Karen Horney's Three Character Styles [Neurotic Styles] as Responses to Early Maternal Deprivation and Unmanageable Rage: Three Illustrative Case Studies

Diana Cuello

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KAREN HORNEY'S THREE CHARACTER STYLES [NEUROTIC STYLES] AS RESPONSES TO EARLY MATERNAL DEPRIVATION AND UNMANAGEABLE RAGE: THREE ILLUSTRATIVE CASE STUDIES

A Dissertation
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Duquesne University

in partial fulfillment of the requirements for
the degree of Doctor of Philosophy

By
Diana Cuello

August 2011
KAREN HORNEY'S THREE CHARACTER STYLES [NEUROTIC STYLES] AS
RESPONSES TO EARLY MATERNAL DEPRIVATION AND UNMANAGEABLE
RAGE: THREE ILLUSTRATIVE CASE STUDIES

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ABSTRACT

KAREN HORNEY'S THREE CHARACTER STYLES [NEUROTIC STYLES] AS RESPONSES TO EARLY MATERNAL DEPRIVATION AND UNMANAGEABLE RAGE: THREE ILLUSTRATIVE CASE STUDIES

By

Diana Cuello

May 2011

Dissertation supervised by Roger Brooke, Ph.D., ABPP

Three of my patients presented with stories of maternal abandonment as well as struggles with rage. One struggled with a vengeful rage, which highlighted deep feelings of injustice. Characterologically he moved against people. A second showed a connection between rage and frightening dissociative episodes that left her struggling with passive fantasies of death and desertion. Characterologically she moved towards people. A third patient made use of rage as a way to stay away from people. She used intimidation as a way to characterologically move away from people, and preferred to remain alone. Although each of these clients struggled with rage tied to maternal empathic failures, they differed significantly in their character style and overall adaptation in adult life. Their
styles of coping with anger corresponded to the neurotic solutions described by Karen Horney (1945) moving against people, moving towards people, and moving away from people. Within the maternal bond, these individuals experienced rage as unacceptable and treatment allowed some of their experiences a voice. This study aimed to reflect on the psychodynamic treatment of rage in each Horneyean character style. This project presents three case studies exemplifying Horney’s theory, and contextualizing the function and meaning of rage in instances of perceived or actual maternal abandonment. Examining these cases through a Horneyean lens shows how her work anticipated contemporary psychoanalytic psychodiagnosics (i.e. The Psychodynamic Diagnostic Manual), and how valuable her work remains to theory and treatment today.
DEDICATION

To my life partner.
ACKNOWLEDGEMENT

My most profound gratitude goes to my dissertation director Dr. Roger Brooke, whose guidance and support allowed me to complete not only this project, but also an enormous step in my training as a clinician. I would also like to thank the rest of my committee Dr. Jessie Goicoechea and Dr. Dan Burston, whose suggestions and thoughts have strengthened this dissertation and helped me to improve it into a piece I can be proud of.

I would like to thank my dear friend and colleague Dr. Kristen Hennessy, who infallibly believed this dissertation was possible particularly at moments when my hope waned. I would also like to thank my dear friend Dr. Daniel Warner, who held my hand through some of the darkest moments of this piece.

I extend my appreciation to many others. To my friends who listened endlessly to my joys and struggles through this training program and the writing of this project. To my chosen family for simply existing. And to my patients, I extend my deepest gratitude. Without them neither my training nor this dissertation could have possibly blossomed.

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Guiding Research Questions

During my clinical training, three of my patients presented with stories of maternal deprivation as well as struggles with rage. One struggled with a vengeful rage, which seemed directed against other people, and highlighted deep feelings of injustice. A second showed a connection between rage and frightening dissociative episodes that left her struggling with passive fantasies of death and desertion. A third patient made use of rage as a way to stay away from people. She used intimidation as a way to move away from people, and preferred to remain alone.

Although each of these clients struggled with rage tied to maternal empathic failures, they differed significantly in their character style and overall adaptation in adult life. Most notably they discussed their experiences as abandonment. I noticed that their styles of coping with anger corresponded to the neurotic solutions described by Karen Horney (1945) moving towards people, moving away from people, and moving against people. I began to wonder about the connection between maternal abandonment, rage, and Horney’s character structures.

I turned to the literature to explore what others had noticed and written about regarding this connection. Although many theorists addressed the impact of maternal deprivation and rage, none explicitly explored the connections between maternal abandonment, Horney’s character styles, and rage (cf, Spitz 1965, Jacobson 1964, Sullivan 1956). I found that each of my patients had experienced maternal abandonment at different stages of their development, and had constructed their experiences around that abandonment as
one of the reasons they were now seeking help in psychotherapy. Each of my three patients experienced the presence of their mother and subsequently were abandoned by that mother. This led me to conclude that this dynamic was different from general maternal deprivation as described in the literature. Since my patients’ struggles so clearly exemplified Horney’s character styles, it seemed to me that further elucidation of the relationship between maternal abandonment, Horney’s character styles, and rage, would be of clinical utility.

Karen Horney’s work is valued in the psychoanalytic literature because of her experience near descriptions of intricate psychodynamics. There is a depth to her structural theory as well as accessibility to early career clinicians. Using the Horneyean tripartite character structure of neurosis, I explored the manifestation of adulthood rage when an individual has also experienced maternal abandonment. I used the method of *theoretical thematic analysis* (Boyatzis, 1998) as well as the qualitative clinical case study (Freud 1905, 1909d, 1939; Edwards, Dattilio & Bromley, 2004; Yin, 1984) to investigate the different ways rage manifested for different character structures, as well as how it was handled differently in the treatment.

My initial pre-understanding was that rage was both indicative of the struggle to develop a more authentic self and that it could further self-alienation. Within the maternal bond, these people experience rage as unacceptable and treatment allows some of their experiences a voice. Thus, one of the aims of this study is to reflect on the psychodynamic treatment of rage in each Horneyean character style.

Further, I was interested in studying how clients come to interpret their experiences of abandonment and how these experiences shape their adaptation to the demands of living.
Simultaneously, I was interested in linking rage and maternal abandonment to the particular ways in which each of these cases correspond to Horney’s three character styles. Examining these cases shows how Karen Horney’s work retains its value in contemporary psychoanalytic thought.

To begin understanding the effect that early emphatic failures in the maternal bond have on the development of rage in adulthood it was important to understand the way in which ruptures in the maternal bond can lead to neurotic solutions. In particular, this study focused on each Horneyean character style’s expression of rage and how to handle its expression in therapy. The following sections include a literature review of the detrimental effects of maternal deprivation, and maternal abandonment. The impact of such an experience can shape the ways in which anger, aggression, and rage are expressed. Further, the repression of such feelings can nurture maladaptative strategies to cope with empathic failures, which continue into adulthood. My clients’ experiences of maternal abandonment and adulthood rage employed the three neurotic strategies explicated by Karen Horney.

**Developmental Maternal Significance for Characterological Integration**

A range of psychoanalytic perspectives—such as classical psychoanalysis, attachment theory, self-psychology, and object relations—explore the bond between infant and mother, and the importance of that bond for the development of the infant (Bowlby, 1969; Freud, 1966; Masterson, 1988; Miller, 1981). Given the cultural weight placed on motherhood and mothering, and the fact that most infants are still primarily raised by the female parent, the maternal bond has been tended to closely in psychoanalytic research,
and a general consensus has emerged: the experience of abandonment itself can be psychically detrimental at any stage of a child’s development.

The following is not intended to be a comprehensive exploration of these theories, as each could be a dissertation in its own right. Rather, I introduce these theorists simply to support my claim that psychoanalytic thought has long established a link between maternal deprivation and rage. I discuss the concept of maternal deprivation in general in this section because this study is concerned with the subject’s experience of abandonment. Although typically referred to as “maternal deprivation,” the subjects in this study conceptualized their experiences as “abandonment.”

Freud (1966) argued that the role of the mother is important because she gratifies the infant’s physical and emotional needs. This gratification eventually allows the child to process conflicting internal instinctual impulses so that they find a way to be expressed. The child learns within this state of pleasure and safety that both rewarding and frightening impulses exist within him or her. The ability to process both positive and negative internal stimuli makes way developmentally for the infant to begin to make sense of his or her external world. This early libidinal attachment (“cathexis”) to the mother is formative in the development of the child’s internal world and is relatively stable through adulthood once internalized.

The developmental ego psychologist, René Spitz (1965), conceptualized the reciprocity between mother and child as a crucial aspect of the infant’s learning to modulate external stimuli and transforming “meaningless stimuli into meaningful signals” (p.43). Spitz theorized that the mother provides an essential bond within which all of the child’s psychological maturity arises. The mother or primary caregiver, then, maintains a bond
that is indispensable for healthy psychic maturation. Winnicott (1965) agreed that maternal care is necessary for the infant to integrate conflicting psychic dynamics. He stated that “the main reason why in infant development the infant usually becomes able to master, and the ego to include, the id, is the fact of the maternal care, the maternal ego implementing the infant ego and so making it powerful and stable” (Winnicott, 1965, p.41). In other words, the child needs the care and support of a maternal figure to become an individuated self.

Through the mother’s modeling, the infant first learns that his unpleasant, as well as his pleasant, perceptions can be accepted and integrated. Jacobson argued, “The mother-infant relationship must certainly be regarded as the matrix of identity formation” (1964, p.62). The more authentic the child is able to be, the more likely he will carry this authenticity in his later life. Authentic here refers to the organic expression of one’s affective state, without the need to change that expression because of fear, anxiety, or other’s perceived needs. The stable presence of the mother, then, facilitates the accomplishment of maturational milestones.

Sullivan (1964) agreed with Jacobson, and similarly alluded to the vital psychological role the mother plays in the infant’s developing psyche. He noted the importance of the infant’s distinction between anxious and non-anxious states in the primary caretaker: “infants can be seen to show much of the same interferences with their behavior when the person who cares for them is anxious, angry, or otherwise disquieted, as they do when they are frightened by painful events” (p.297). The child feels gratified and safe when he is being taken care of in an accepting, non-anxiety provoking way. If the mother is distressed, the infant experiences her anxiety in a painful way and becomes distressed.
The infant is particularly distraught because she or he does not know how to modulate said anxiety; it is overwhelming. The non-anxious maternal bond provides a modeling through which the infant learns how to endure its own anxiety.

Due to his or her attunement to safety, the infant is acutely aware of the mother’s anxiety. The infant can recognize and associate certain behaviors or activities with the anxiety perceived in the caretaker. The mother’s physical and emotional presence is necessary for the infant to continue his or her developmental process. Conversely, if the mother places her emotional needs before those of the infant, he or she will only respond to those needs. This occurrence, subtly appearing in most mother-child dyads, can pave the way for the development of an inauthentic self. The development of an authentic self is always in process, but some environments encourage its progress more than others.

Although infancy is the most acute period for this kind of growth, the process continues as the child matures into adolescence and even adulthood.

According to Bowlby (1969) there is an instinctive and universal bond between human mothers and their babies. He asserted that the quality of the bond between mother and child can help the child regulate his or her emotional experience in adulthood. In other words, if the mother was available to soothe the child, then the child will eventually learn how to self soothe. It is especially important that the child believe he is worthy of being soothed because his mother has been there to soothe him. “The mother’s role is to help metabolize anxiety. It is as though the infant breathes in psychological oxygen through ‘lungs’ supplied by the mother” (Kalshed, 1997, p. 103). The mother provides the child with a sense of safety so that he may go out and explore the world. However, in
situations in which there is a significant or sustained rupture between the infant and primary caregiver, the infant must find a way to adapt.

**Maternal Deprivation**

Freud (1966) argued that if a child is abandoned, deprived, or forsaken by his mother, then that child has difficulties making sense of his internal life. He wrote, “If a mother is absent or has withdrawn her love from her child, [the child] is no longer sure of the satisfaction of its needs and is perhaps exposed to the most distressing feelings of tension” (Freud, 1966, p.551). In the face of sustained maternal deprivation the child suffers from anxiety that he or she cannot understand. Therefore, she may never learn how to make sense of distressing experiences. When such a child becomes an adult he is unable to become sufficiently secure and continues to deal with her anxiety in an underdeveloped way. This reaction to feeling unsafe and insecure sets the stage for a neurotic or maladaptive use of psychic defenses in adult life. Aggressive impulses and anger may increase as a response to a frustrating environment. Although the maternal presence does not guarantee a completely successful developmental process, a perpetually absent mother will hinder the development of the child.

Both the aggressive and libidinal drives manifest toward the libidinal object, the mother (Spitz, 1965). These drives, which structure the infant’s psyche and eventually guide his or her individuation, are tested on the one person that can usually be counted on to be present. When the mother is absent or unavailable the child’s aggression turns inward and becomes self-loathing. Spitz noted that, “we find the infant turning aggression back onto himself, onto the only object remaining” (p.287). So, if the mother’s presence is
deficient, children not only lack a feeling of psychical safety but also become unable to cope with their own aggressive impulses.

Melanie Klein (1932) also asserted that maternal containment provides an invaluable structure to aid in ego development. Klein argued that the Death Instinct arouses anxiety in the infant in the first few months of life. Thus, the infant’s intolerable anxiety manifests in sadistic fantasies towards the maternal object. The result is the infant’s “sadistic phantasies [becoming] bound up with anxiety” (p.201). In the event of maternal deprivation or a failure of maternal containment, the anxiety is indigestible. Rather than projected at an external object it metabolizes against the self.

Ainsworth and Bowlby (1991) found “that only a specific figure, usually the mother figure, could terminate attachment behavior completely once it had been intensely activated” (p.4). According to their findings, children attached intensely to the maternal figure in early infancy, and the rupture in that attachment emerging from abandonment is psychologically damaging to the infant. Early maternal abandonment has a considerable impact in the adaptive processing of inner self-states. One becomes unable to process affect, attach interpersonally, and, have a sense of an integrated inner self.

Ainsworth and Bowlby (1991) defined attachment behavior as the infant’s attempts to escape distressing stimuli and to reach for safety (p. 4). Once the baby has become attached to a mother figure, she relies heavily on that figure for security. Ainsworth and Bowlby pointed out that hostility toward the mother is likely to occur when attachment behavior is frustrated, as it is when the child is separated from her, rejected by her, or when she gives major attention to someone else. When such circumstances are frequent or prolonged, primitive defensive processes may be activated, with the result that the
child may appear to be indifferent to its mother (as in the detachment attributable to separation) or may be erroneously viewed as healthily independent. (p.4)

Here we see that the child attempted to use hostility as a way to signal to the mother that he felt insecure in their attachment. When this gesture was ignored, the child’s ability to attach become compromised. In 1944, Bowlby conducted a study on juveniles who had been arrested for stealing. He discovered that of the adolescents who had a history of stealing, most had either a history of deprivation of maternal care or maternal separation. Bowlby concluded that the maternal bond is indispensable for healthy infant development, and that the experience of maternal deprivation can have lifelong psychological sequelae.

Children will sacrifice their inner being in an attempt to assuage inner tension.

According to Miller (1981), people desire to become as close to their authentic selves as possible, but sometimes the perceived cost is abandonment or the loss of maternal love. The real self is then stifled as the developing self attempts to integrate others’ needs, sometimes at the expense of their own. The neurotic solutions to the dilemma between being authentic and being who others desire are often maladaptive, for they rob the child the opportunity to know his or her actual self.

Some analysts understand rage as a defense against the feelings evoked by maternal deprivation. In the psychoanalytic literature clients who suffer maternal abandonment commonly experience a mixture of rejection and loss (Miller, 1981; Masterson, 1988; Gruen, 1986). In addition, one of the possible consequences of maternal deprivation or abandonment, according to Malan (1995), includes both an expressive and defensive function concerned with rage. He further emphasizes, “Evidence is overwhelming that
aggressive behavior or feelings form part of the response to separation and other forms of maternal deprivation” (p.166). Hence Malan directly links the experience of anger to an observed response in clients who have experienced maternal deprivation, or abandonment. The child cannot integrate the meaning of his feelings and might simply attempt to ward them off or ignore them. What triggers the rage is repressed, but the feeling of rage remains. The child is then forced to use large amounts of psychic energy to maintain the rage outside of consciousness rather than integrate it. This solution is maladaptive because it prevents the child from becoming more fully who she is, in the service of maintaining a cool surface under which a volcano threatens to explode.

**Rage**

Our interest in this study is the rage that results from maternal deprivation and abandonment. Now that I have described the connection between maternal abandonment and hostility in childhood, I turn to explore rage and its manifestation in connection to maternal abandonment. I define rage as manifesting through overwhelming diffuse affect. According to McWilliams (1995), for people who have the most psychological deficits, aggression is experienced in a more primitive form. In rage, the feeling of anger then is more diffuse and intense. When anger loses context and focus, then, it may be more accurately called rage. It may be that the individual experiencing rage loses touch with ethical concerns and care for others’ well being. In the presence of rage, the self loses its sense of interiority and becomes precarious, unbounded. Boundaries become obliterated, and there is no possibility for thought. In rage the individual is called above all else to survive. At this level of rage the individual may act out and destroy the persecutory objects perceived within and outside the self because the boundaries of inner
selfhood become so diffuse. The expression of rage can serve to aid the process of individuation as well as entrench the neurotic solutions individuals have adopted as a means to deal with threatening anxiety.

Freud in *Beyond the Pleasure Principle* (1920) originally theorized the death drive. The pleasure principle is a basic premise that dictates that people are guided by a pursuit of pleasure and an avoidance of pain. However, in his clinical observations, he witnessed traumatic re-enactments, which he could not explain through the pleasure principle, which led to the conception of the death drive. It was a counterintuitive aspect of living organisms that manifested a “pressure towards death” (p. 316). A few years later in *The Ego and the Id* (1923) Freud stated that “libido has the task of making the destroying instinct innocuous, and it fulfills the task by diverting that instinct to a great extent outwards....The instinct is then called the destructive instinct, the instinct for mastery, or the will to power” (p.381). Individuals can manifest this instinct in instances of outwardly directed rage.

Klein regarded aggression as the manifestation of the Death Instinct. In fact, Klein “regarded aggression eventually as the critical factor in development, or the inhibition of it” (Hinshelwood 1991, p.47). For Klein, sadism was synonymous with extreme forms of aggression and rage. In her clinical work with infants, she argued that without a maternal object, the infant is caught in a self-perpetuating cycle where his rageful fantasies increase rather than assuage his anxiety. This then further justifies the individual’s defensive rage. Thus for Klein, rage in reaction to maternal abandonment was rooted in an expression of the Death Instinct.
Bion discussed how in psychotic mental states the struggle between organic constructive and destructive forces is never resolved (1967). In his later works, Bion emphasized the human organism’s tendency to rebel against the life force, because of a profound fear of change or of the unknown. He understood aggressive and libidinal tendencies as cyclical, triggered by perceptions of hope, and returning after periods of development. Rage then, in relationship to maternal abandonment, fuels itself within the individual causing painful attacks against the self in response to the very development of individuation tendencies. The individual’s self-destructive drives emerge while learning how to process his distressing emotions. This causes a self-perpetuating cycle that traps the individual in an internal, unevolving dynamic with the Death Instinct.

Jacobson (1964) revised Freud’s conceptualization of libidinal and aggressive impulses; interpreting them in a more adaptive or functional way. She described the libido as having an integrating capacity that enables the infant to reconcile her positive and negative emotions. The infant’s feelings of “envy and rivalry… will propel him more forcefully toward delineations from his rivals than toward distinction from the mother” (Jacobson, 1964, p.62). The infant can only attempt this separation from other people if he has a solid base with the mother. The child, if separated prematurely from the mother, will experience feelings of abandonment and subsequently fear the intensity with which those feelings manifest in this original relationship, throughout his life.

Aggression provides the counterbalance to the oceanic fused state that often occurs during the first few months of life. Aggressive behaviors encourage separateness and individuation. Jacobson (1964) maintained that in emotionally vulnerable adults, meaning adults who have a difficult time setting boundaries and feel either intruded upon
or fused with, aggression is sometimes used as a way to “promote self-delineation” (p.62), and it is used defensively as a way to maintain safety and intruders at bay. Self-delineation is the lived sense that the individual is a separate being than those around her. It is the active demarcation of boundaries around one’s perceptions, feelings, and expressions as one’s own. For example, emotionally immature adolescents might rebel against their parents and feel very angry towards them; through their rebellion, teenagers assert their individuality and independence, albeit in a potentially maladaptive way. The teenager gains individuality from the parents, but she may still be following a path that is still not authentically individual or following a new external definition of who one should be, as opposed to being more fully who one is.

Sullivan added that we are not often in fear of an imminent threat to our survival, therefore rage “comes from threats to our prestige, to our conviction that we are worthwhile and respected” (p.250). Even though the subjects studied here struggled with anger, aggression, and feelings of indignation, I use rage here to refer to the subjective feeling that if one allows expression of any of his anger it will mean a complete loss of control. People may feel rage from perceived assaults to their self-esteem as well as a subjective sense that they are worthless.

In particular, the subjects of this study struggled with rage that provoked a fear they would lose control. Consequently, these subjects have experienced rage that manifested itself in destructive wishes, fantasies, symptoms, and dreams. The type of rage I explored in the following clinical case material remains bounded, although much psychic energy is devoted to its containment. Within this framework, I now investigate the neurotic
solutions that individuals employ to deal with psychological issues of abandonment and rage.

**Defensive Neurotic Survival**

People use psychological defenses to ward off perceived threats and anxiety. The larger and more enduring the perceived threat the stronger those defenses may become, and the more indiscriminately they may be used. The earlier those defenses form and become survival tools, the harder it might be for the adult to imagine what life would be without them, impeding psychological growth, change, or relief. This phenomenon of the past hampering development due to a historically unresolved conflict can be referred to as “the return of the repressed” (Freud, 1966; Lacan, 1998; Fink, 1994; Malan, 1995). In the case of rage in adulthood, one can argue that the strategies of adaptation due to maternal deprivation in childhood have come back in the form of conscious and unconscious rage.

Terr (1990) argued that traumas, such as real or psychical maternal abandonment, leave deep wounds on the private, authentic self. Such traumas may potentially be more psychologically damaging than physical threat or harm, and need to be intrapsychically defended against. DeMause (2002) states that without a well-developed, enduring private self, people feel threatened by all progress, all freedom, all new challenges, and then experience annihilation anxiety, fears that the fragile self is disintegrating, since situations that call for self-assertion trigger memories of maternal abandonment. (p.95)

As I referenced earlier, the development of an authentic self is based at least in part on one’s relationship to one’s mother. The adult, who did not grow up in an environment where he was well mothered and protected by a stable figure, may have developed a
sense that there is something fundamentally wrong with himself. If this is the case, one must compulsively defend against that feeling of worthlessness or badness in order to ensure psychic survival.

**Implications for Treatment**

Within psychodynamic treatment models (cf, Freud 1940, Malan 1995, McWilliams 1997, Horney 1950, etc) the importance of the therapeutic relationship is highlighted as one of the most important factors for characterological change. It is only through experiencing everyday conflicts within the therapeutic relationship that problematic dynamics may emerge clearly and that individuals have the option to change. Neurotic rage, problematic in the individual’s life, naturally emerges within the therapeutic relationship.

Each individual manifests rage differently and for different reasons. In this study, the focus is on the differences in the experience and manifestation of rage for each of Horney’s character styles. The manifestation of the rage has implications within each therapeutic relationship, and particular obstacles while building a therapeutic alliance. It makes sense that the dynamics of moving toward, away and against would manifest within each client’s attempts to engage in the treatment.

In psychodynamic therapy, the ability to foster change involves the working through of problematic dynamics. These changes emerge and can be worked through in the therapeutic relationship, provided there is a therapeutic alliance. Each character style then requires a different approach to tolerating, highlighting and engaging their rage, in order to nurture lessened neurotic engagements with others in their life. The enacted
neurosis in the safety of a therapeutic relationship provides symptomatic relief, improved interpersonal relationships, and substantive transformation within each personality style.

**Karen Horney**

Karen Horney’s theory of neurosis and its relationship to psychic growth addressed the development of an authentic sense of selfhood. This development emerged from an understanding that an increased alienation from one’s authentic inner self contributes to psychic maladjustments. This dissertation hopes to develop her theory in the specific direction of the relationship between maternal abandonment and adulthood rage. In this section, I briefly introduce the differing Horneyean developmental directions in order to orient the reader to the case studies that follow. Horney’s comprehensive tripartite theory of neurosis (1950), including her concepts of neurotic pride alongside the idealized self, contrasted by self-hatred and maintained by neurotic “needs, claims, and shoulds”, will be explicated in depth in chapter three.

Horney’s theory of neurosis is helpful for this study because of her systemic exploration of differing neurotic solutions, often in response to neurotic patterns in the caretaker and a culture as a whole. The mother is unavoidably implanted in a culture that fosters neurotic coping styles due to conflicting and mutually exclusive aims, goals, and images of an idealized self. It is natural then that individual’s inherit neurotic coping styles through their interactions with other people.

Horney argued that there are three different ways in which individuals can move interpersonally: The need for intimacy and connection fosters the move towards others; the need for independence and self-sufficiency encourages a move away from others; and lastly, the need for self-assertion and friction cultivates the move against others.
However, in neurotic development, the individual compulsively utilizes one of these solutions indiscriminately of what she wishes or what is required in each situation. She becomes alienated from her genuine inner self. By neurotic solutions, Horney refers to compulsive ways in which the individual utilizes these dynamics, irrespective of the needs of the self.

Horney (1945) conceptualized them as the compliant, the aggressive, and the detached personality, respectively. Later, Horney (1950), conceptualized them as the appeal to love, to mastery and to freedom; or the self-effacing, the expansive or the resigned styles. I shall use these terms (Table 1) interchangeably through this study.

*Table 1: Horney’s Character Styles*

<table>
<thead>
<tr>
<th>1945</th>
<th>Moving Against Others</th>
<th>Moving Toward Others</th>
<th>Moving Away From Others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Aggressive Style</td>
<td>The Compliant Style</td>
<td>The Detached Style</td>
</tr>
<tr>
<td>1950</td>
<td>The Appeal to Mastery</td>
<td>The Appeal to Love</td>
<td>The Appeal to Freedom</td>
</tr>
<tr>
<td></td>
<td>The Expansive Style</td>
<td>The Self-Effacing Style</td>
<td>The Withdrawing Style</td>
</tr>
</tbody>
</table>

People may struggle to express their feelings and experiences because there was a developmental frustration that impeded the development of a genuine inner self. Maternal abandonment can stunt the development of an authentic self by forcing the child, as discussed above, to make sense of the loss in terms of his or her own responsibility. Maternal abandonment is the guiding theme of the three cases on which this dissertation focuses. It explores how moving toward, away, or against others represented a neurotic attempt to adapt in the face of sustained maternal deprivation, and further the different functions and manifestations of rage in each neurotic attempt.
Guiding Thoughts

This study explores the explicit connections between maternal abandonment, Karen Horney’s character styles, and rage. I have made only minor distinctions between perceived or actual maternal abandonment as I am focusing on the client’s experience of the abandonment. In this study, I assert that whether the maternal breach was real or imagined is not as important as the intrapsychic struggle that clients manifested in therapy. I reviewed the established psychoanalytic literature on maternal significance and its link to rage. I have then reviewed the literature on rage and the Death Instinct. Finally, I have discussed the tendency for individuals to develop neurotic solutions to unresolved psychic struggles. The purpose of this study is to contribute to the literature on the clinical utility of handling rage in psychotherapy grounded on an understanding of Karen Horney’s tripartite structure of neurosis and her three different character styles.

To summarize, many people have experienced empathic failures within the maternal bond. Sometimes those maternal failures are so great that they are experienced as abandonment. Being left alone when the child should have been protected, guarded, helped to understand difficult emotions, taught to express what they felt and supported by the one person they expected should always be there for them, their mother, leaves adults in a state of despair. It becomes clear while witnessing the intensity of individual’s feelings that the child could not have survived without strategies to ward off anxiety; the inauthentic and protective, yet problematic and alienating, dynamics are crucial.

The following chapter will discuss my rationale for using a thematic analysis methodology, concluding in a case study write up based on Karen Horney’s character styles. Chapter three will provide an in depth introduction to Karen Horney’s theory and
set the stage for understanding each of the three neurotic solutions explored in the subsequent chapters. Chapters four, five, and six will explore each characterological solution through a case study, as well as the therapeutic implications of their respective therapeutic relationships. Lastly, chapter seven will discuss the compound findings of the three case studies and conclude with a summary of the project.
Chapter 2- Research Methodology

Introduction

This research explored Horney’s theory of neuroses through the psychodynamic treatment of three clients, each representing one of Horney’s neurotic character styles. The following section describes the appropriateness of a case study research approach to answer the research questions posed by this project. Subsequently, the subject selection criteria are illustrated. The chapter will conclude with a description of data collection and data analysis.

Case Study Research

This project took a case study research approach to understanding themes across clients who experienced maternal abandonment and struggled with rage in adulthood. The case study, as a qualitative research method, was particularly well suited for the in-depth analysis of psychoanalytic case material, and dates back to the well-renowned cases of Freud (1905, 1909d, 1939)

Case studies have been the cornerstone of learning and practicing psychotherapy since the inception of the field (Freud 1905, Yin, 1984; Stake, 1995). Freud’s case studies, as well as those of many of his followers, are still read by people who want to understand and see the process of psychotherapy in action. As Goldman (2004) succinctly explains, case studies are “particularly well suited for studying real-life events in a manner that keeps the inherent complexity, ideographic nature, and rich context of the event alive” (p. 23). Case studies can be particularly useful in weaving narrative and therapeutic interaction, which is appropriate to clinical phenomena (cf. Pugh, 1998; Yalom, 1989).
In regards to my project, this was helpful. I wanted to capture the dynamics of three challenging therapy cases, because of what the actual dynamics of therapy revealed about maternal rage, as well as how to work with it in the therapeutic relationship.

Case studies are particularly useful in answering “how” questions (Yin, 1984). This was important for my project, since I wanted to understand how, for each of these cases, the particular experience of maternal abandonment affected the expression, experience, and struggle with rage later on in life. I had two access points for this information: what occurred in therapy with the clients, and the narratives they presented about their life including their developmental trajectory. I draw on both of these access points in the cases presented below.

Case data alone is not sufficient to write a case, for it is also necessary to have a theoretical framework to organize the data. In this project, I systematically explored the experience of three individuals who represented each of Horney’s characterological structures. I chose Horney’s theory for several reasons. First, her theory applies to human development and interpersonal relationships. This includes a deep exploration of frustration, hostility, and rage as aspects of both neurotic personality developments as well as factors in the maturation of human personality. Thus, it was well suited for the purposes of this study. Second, Horney was one of the pioneers in experience-near descriptions of psychoanalytic processes contextualized within western culture. Horneyean scholars and clinicians more generally, continue to explore and develop Horney’s work (Paris, 1994; Quinn, 1978). Horney’s theory is acclaimed due to her descriptions of fundamental interpersonal and intrapsychic dynamics. Her theory is well established and rich enough to deepen the endeavor of this qualitative research study.
The actual way that Horney’s theory was “used” in this project was through the process known as “thematic analysis.” Thematic analysis is one of the foundational methods underlying much of qualitative research. Thematic analysis is “a method for identifying, analyzing, and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 79). Finding common themes within a data set is common practice within qualitative research. In this project, thematic analysis was ideal because the questions raised pertain to complex and detailed analyses of psychotherapeutically oriented data. This allowed me to organize meaningful themes pulled out of the data set.

I utilized the approach of thematic analysis called “theoretical thematic analysis” (Boyatzis, 1998). This is a form of thematic analysis that is influenced heavily by the researcher’s analytic interests and usually thematizes an explicit research question. It tends to be “driven by the researcher’s theoretical or analytic interest in the area, and is thus more explicitly analyst driven” (Braun & Clarke, 2006, p. 84). In this project, the themes were defined through a Horneyean framework of neurotic character styles, which I consciously was imposing on the clinical data; in order to gain access to those “themes” I was most interested in. As Boyatzis (1998) explains, “a theme is a pattern found in the information that at minimum describes and organizes the possible observations and at maximum interprets aspects of the phenomenon” (p.4). Organizing the themes following Horney’s character styles allowed for a data analytic structure that was internally consistent and allowed access to the same concepts (rage, abandonment, neurotic pride, etc.) throughout each case.

In theoretical thematic analysis, as described by Boyatzis (1998), there are two different levels at which themes can be established, much like various aspects of dreams can be
interpreted based on their “manifest” or “latent” content. “A theme may be identified at the manifest level (directly observable in the information) or at the latent level (underlying the phenomenon)” (p.4). For example, counting the amount of times the word “mother” appears in the client’s clinical monologue is an analysis at the “manifest” level. Such an analysis provides an “objective” response, which is the same every time any researcher analyzes the data in a similar fashion. On the other hand, an analysis of latent content would involve a thematic attunement to the unspoken or underlying dynamics expressed contextually around this word. This dissertation employed manifest level searches as a guide to latent content interpretations that highlighted complex dynamics. Phrases such as “I should” denoted aspects of each client’s beliefs regarding their idealized image and their characterological structure.

**Method**

This section will describe the method used in this research project. It will include separate sections describing the selection of subjects, data collection, and the analysis of the data.

**Subject Selection**

The subjects were selected based on his or her representation of a Horneyean character style. I chose subjects who dealt with the experience of having felt maternally abandoned and suffered from subsequent adulthood rage. The subject selection was not made a priori, but as the therapies progressed, the relevance on Horney’s work became increasingly salient in their presentations and difficulties. Attempting to capture the cyclical nature of research, clinical work, and Horney’s theory, subject selection emerged
out of the circular process between the ongoing treatment, clinical supervision and my reading of Horney’s work.

Selected subjects were in weekly, or twice weekly psychotherapy treatment with me at the training clinic for a period ranging from one to three years. The length of the treatment ensured an ample quantity of treatment documents available for theoretical thematic analysis. The subjects selected placed their mothers of at the center of their psychodynamic organization and internal object world. The subjects demonstrated their central guiding themes by repeated discussion of problematic mother-child relationships.

**Data Collection**

This study utilized clinical data from closed client records at a university psychology-training clinic with three clients with whom I worked clinically. The research proposal was submitted to the university’s Institutional Review Board. This study was approved as Exempt based on 45-Code of Federal Regulations-46.101.b.4, regarding data without identifiers extracted from already existing records. Data used for research purposes contained no subject identifiers. Records that contain identifiers remained in the repository at the Psychology Clinic of Duquesne University. All identifiers were carefully removed from the inactive client data, in order to protect client confidentiality. Red herrings (cautiously constructed misleading information) were added to the case studies with the purpose of disguising the subjects without effecting any structural changes to the clinical data.

Each of the three cases generated between one and three years of session notes that I analyzed. My session notes during my training were detailed due to my investment in depth and intensity during my clinical training. Thus the data was comprised of detailed
descriptive and process oriented clinical material. The notes were written immediately after each session and I usually attempted to capture a verbatim narrative of the process of the session. These notes were de-identified and taken to supervision. Although my analysis did not include my notes from supervision, the therapeutic process reflects the recommendations made by my supervisors and consultations with my colleagues. Each session note was an average of one single space type written page.

**Data Analysis**

To begin this study, I read the entirety of the session notes from each subject’s file. The first purpose of this was to gather a global view of the three cases, as well as to piece together a cohesive developmental history. During the treatment, different stories that formed important parts of the history emerged at different points, but required a chronological organization for purposes of accessibility. The files documented a circular analytic process where stories were visited numerous times and included more and more revelations as the treatment progressed. The second purpose of this first reading was to determine if in fact each client matched each of Horney’s three character styles. To do so I read with an eye for the ten neurotic needs with which I had originated this project. Horney (1945) referred to these needs in her earlier conceptualization of her personality styles. Table 2 below shows the ten needs, shoulds, and claims, and their respective personality styles. I looked for all ten needs in all three cases.
Table 2: Neurotic Needs, Shoulds and Claims of the Self-Effacing, Expansive, and Withdrawing Personality Styles

<table>
<thead>
<tr>
<th>Need</th>
<th>Personality Style</th>
<th>Description of Needs, Shoulds, and Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Self-Effacing</td>
<td>Need to feel approved of, welcomed, and appreciated</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Need to feel needed, to be important to others, especially to a romantic partner</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Need to be helped, protected, taken care of, and guided</td>
</tr>
<tr>
<td>4</td>
<td>Expansive</td>
<td>Need to have power, including power over the wills of others</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Need to exploit or manipulate others</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Need to be socially recognized as capable, strong, and indispensable</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>Need to see and admire himself as powerful, capable, strong, and indispensable</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>Desperate need to achieve</td>
</tr>
<tr>
<td>9</td>
<td>Withdrawing</td>
<td>Need for independence</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>Need for superiority</td>
</tr>
</tbody>
</table>

This first reading provided extensive evidence for my impression that each client did indeed represent each characterological style. I looked for counter-intuitive and contradictory evidence for my guiding concepts. Horney believed that all needs are present in all personality structures, and that those needs that become centralized, shape the compulsive neurotic characterological nature. I did indeed find that the majority of needs fit the characterological structure with which each client presented. The instances found where other neurotic needs were manifested are documented in the case studies.
For example Rebecca’s case while fitting the withdrawing style, manifested needs for protection and approval, which is a dominant feature of the self-effacing style. This evidence was also included in its respective case study.

While performing this reading I was becoming more familiar with Horney’s (1950) conceptualization of her tripartite theory of neurosis. I organized Horney’s theory into three main components: The idealized image, self-hatred, and neurotic needs, shoulds and claims. These composed her theory of neurosis, and presented differently in each character style. Table 2 above shows the specific needs, shoulds and claims for each personality style. These shape what each client invested with neurotic pride, as well as, what caused attacks of self-hatred if unfulfilled. For example, Adam’s need to see himself as powerful manifested in his withholding of information from his peers. This need highlighted an aspect of his idealized image. When feeling powerless, Adam’s indignant rage over his peers’ perceived superiority over him reflected the attack of his self-hate.

I thus noted instances where aspects of neurotic organization presented themselves. As I read the files a second and third time, I made notes on the moments when the clients made assumptions about their identity: Who they should be, what they should do, how they should behave (e.g. I should not be mad, I should be able to control how I feel). I also noted denial of aspects of themselves (I was not affected, I got over it, I don’t care). Each reading made the themes easier to distill. With this information, I was able to describe the idealized image, self-hatred and neurotic needs, shoulds and claims pertaining to each Horneyean characterological structure.
**Table 3: Thematic Categories**

<table>
<thead>
<tr>
<th>Horney (1950)</th>
<th>Expansive</th>
<th>Self-effacing</th>
<th>Withdrawing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurotic Pride / Idealized Image</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-hatred</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurotic Needs, Shoulds and Claims</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I also read with an eye to instances when these assumptions or claims were related to their relationship with their mother and their current struggles with rage. I noted sessions that held a particularly strong affect or aspects of the client’s experience that were difficult to voice. For example, I noted in the text process comments about how difficult it was to talk about this subject, long pauses, snide remarks, accusations regarding my intentions as a therapist, lateness to sessions, sessions missed, and emotional outbursts such as crying, wall punching, or pushups. While I combed through looking for affective experiences, I documented experiences of both past and present rage. In particular, I marked exchanges about their experiences with their mothers, particularly those related to the abandonment experience. I particularly noted changes on their descriptions of feelings towards their actual or perceived maternal abandonment.

I took quotes, stories, anecdotes, and dreams from each client’s file pertaining to maternal abandonment, rage, and aspects of Horney’s theory as described above, and compiled them into a document. After I finished reading the entire material for each case three times, I went through my notes and organized them into the three categories mentioned above (The idealized image, self-hatred, and neurotic needs, shoulds and claims). Other aspects that I marked were transference interactions i.e.: fantasies about what I might say, do, or feel. These I noted in order to gather data specifically about transference,
countertransference and the therapeutic alliance. Lastly, I had sections for themes that I noticed and remembered as important to the cases (Adam used a “box” metaphor; Rebecca used a “bottle metaphor, Emily referred to her brief use of Prozac sometimes when speaking about her anger). Some of these made it to the final case narrative; others did not, mostly due to issues of focus on the research questions at hand.

I began each chapter with Horney’s description of each personality style. What was theoretically expected in a client with expansive, self-effacing, or withdrawing characteristics? I divided this section into specific descriptions of their idealized image, self-hatred, and neurotic needs, shoulds, and claims. I then compiled a developmental chronological narrative of each client’s history. Here I demonstrate to the reader how each client described themselves even from childhood as having the characterological features they possessed presently.

I then described how each client moved towards, away or against others both in life and in the treatment. I described how each of them fit the idealized image, self-hate and neurotic needs should and claims for their character style using the examples I had pulled and organized from my readings of the session notes. I used the client’s own words as much as possible when I was able to pull them from the text. I then elaborate on the central guiding questions that brought each client to treatment (maternal abandonment and adulthood rage) and how they influenced their characterological direction. I conclude each case with an analysis of the transference/countertransference relationship and how neurotic expansive, self-effacing, or withdrawing trends manifested there as well.
Hermeneutics, the Researcher’s Pre-understanding, and the Question of Validity

Transparency and reflexivity are tenets of legitimacy in qualitative research. Case study research is an interpretation of a data set. This interpretative fact includes a set of pre-understandings or fore-structures. Thus, a different perspective could analyze this data in a different set of narratives. Veracity in relationship to this research project refers to the fact that another researcher sharing the perspective I describe would find my narrative interpretation convincing. The aspects of existence that call my attention are inextricably attached to aspects of my own experience. I also want to note that given my personal interest in therapy and psyche, my “self-knowledge” always affects my stance as a therapist and my interests as a researcher. Broadly speaking the hope of this research is that another psychotherapist would find this narrative resonates with his or her experience. Further still, my hope is that another psychotherapist researcher would find that this case study research deepens the understandings of some of their own clinical cases.

My reading of Horney’s character styles was already being shaped by my clinical experience of these particular clients and my clinical supervision. Thus my reading and presentation here of Horney’s thought are not merely a representation but an interpretation intrinsically linked with the clinical experience at the heart of this research. Situated firmly within the structure and logic of the hermeneutic tradition, my reading of Horney’s work is not merely a theoretical backdrop to the clinical interpretative work, but a further analysis of data, interpretative in its own right. As stated above my hope is to illustrate her theory in way that is easy to follow and that provides a systematic structure to the case studies of Adam, Emily, and Rebecca to follow.
Summary

In this chapter, I have illustrated the research methodology I have used to study maternal abandonment and adulthood rage within Horney’s theory of neurosis. I argued that this research project utilizes qualitative methodology because it alone allows access to research questions regarding fundamental processes. This project involves archival research on closed case files of clients who experienced maternal abandonment and adulthood rage. I have chosen to use theoretical thematic analysis because I want to explore these processes within the theoretic framework of Karen Horney. I have combined theoretical thematic analysis method with case study methodology in order to illustrate clinical processes elusive otherwise. In the chapter to follow, I offer a summary of Karen Horney’s theory of neurosis as relevant to this study.
Chapter 3-Karen Horney’s Theory of Psychopathology

Introduction

In this chapter, I shall explicate Karen Horney’s theory pertaining to both interpersonal and intrapsychic factors of human growth, neurosis, and development. I begin by contextualizing Horney’s theory in a historical context in relation to classical Freudian theory. Horney’s character tendencies can be recognized in the patients described in this study. Given my questions about clinical treatment of maternal abandonment, and rage, I shall illuminate these dynamics in three treatment cases of each neurotic solution. This chapter will detail the structure of Horney’s theory including the pride system, the idealized image, and neurotic shoulds, needs, and claims. Horney argued that, “people hated and despised themselves with the same intensity and the same irrationality with which they idealized themselves” (Horney 1950, p.368). This intensity and rigidity always identifies clinical points of movement, which is why I focused on their rage. I proceed to discuss the clinical assessment of severity in psychopathology according to Horney’s theory of human growth. I shall then explore what Horney discusses about rage in preparation to analyze my data for the case studies to follow.

Historical Context

Karen Horney trained at the Berlin Psychoanalytic Institute under Karl Abraham, one of Freud’s students. She completed her training analysis in 1915 and taught at the institute from 1920 to 1932. Abraham regarded Horney was one of most gifted students. She moved to the United States in 1930 and became Associate Director of the Chicago Institute for Psychoanalysis for two years. She then moved to New York to pursue her
own psychoanalytic practice. Her thinking, originally classical, deviated from orthodox psychoanalytic Freudian theory in fundamental ways and she found like minded colleagues in analysts like Harry Stack Sullivan and Erich Fromm.

In 1941 Horney was disqualified as a training analyst at the New York Psychoanalytic Institute. This proved catastrophic for the collegial development of her theory. The New York Psychoanalytic Institute was committed to promulgating Freudian theory and limited the teaching of Horney’s theories. Horney was forced to resign from her post because her psychoanalytic theory of neurosis deviated from classical Freudian psychosexuality. Horney and her colleagues accused the institute of brainwashing analytic candidates. The institute responded with accusations of their own. These were presented as propaganda against Horney around the country. This ensured that Horney and her colleagues were excluded from all major national and international psychoanalytic journals and organizations. Horney’s books were not reviewed, and her theory was essentially banished until 1967 when her essay collection on feminine psychology was published posthumously (Paris, 1994).

In 1941, with her colleagues Fromm and Sullivan among others, Horney founded the Association for the Advancement of Psychoanalysis and established the American Institute for Psychoanalysis. Horney’s writings always reflected admiration and recognition of Freud’s revolutionary theory. However, Horney, Sullivan and Fromm all rejected the Freudian ontogenetic sequence. As Fromm (1947) argues “the fundamental basis of character is not seen in various types of libido organization but in specific kinds of a person’s relatedness to the world” (p. 58). As a result Horney’s theory of human development lacks a psychosexual dimension.
According to classical Freudian theory, the severity of psychopathology is gauged by how regressed the neurotic trait or behavior was. By this logic an oral trait is more regressed than an anal or a phallic trait, because oral traits refer to a more infantile (helpless) stage of development. Horney argued that this is an arbitrary assumption and the severity of disturbance must be assessed according to the degree of self-alienation within each of her three personality orientations. She considered basic anxiety as central to neurotic development and its presence to lead to the individual’s alienation from their innermost potentialities. This alienation leads the individual to waste his energies in attempting to achieve an idealized self. This pursuit leads individuals to internal conflicts and neurotic solutions.

Horney’s work belongs most clearly to “Third Force” psychology. Third force psychologists believe that “we each have an intrinsic nature that it is our object in life to fulfill” (Paris, p.216). Given this historical context it is significant that her work is still relevant. Paris argues that aspects of Horney’s theory have “made their way, often unacknowledged, into the array of ideas and techniques that most psychotherapists now employ” (p.215). Part of the rationale of the present study is to recover her work for today’s clinicians.

**Horney’s Theory of Neurotic Conflicts**

Karen Horney in *Our Inner Conflicts* (1945) explores the neurotic needs that people struggle with in relationships with other people. In *Neurosis and Human Growth* (1950), Horney extends this theory, describing what she calls the “pride system.” The pride system illustrated the intrapsychic structures of personality development. The pride system, as we will explore below, is constituted of the idealized self, self-hatred, and
neurotic claims, shoulds, and needs. In the section below, I shall unpack these terms, because they are essential for understanding the case material at the heart of this project.

For Horney, neurotics suffer from two fundamental conflicts. First, is “the potential conflict between expansive drives and self-effacing ones.” Second, is the “deeper conflict[…] between the whole pride system and the real self” (1950, p.112). The neurotic is divided between his interpersonal neurotic solutions, and his intrapsychic neurotic solutions. I shall discuss the differing solutions in detail in each of the case studies. Horney argues a further division in the neurotic between attaining his idealized image by feeding the neurotic pride system he has created; versus reconnecting with the vitality at his core by relinquishing the quest for perfection.

Horney emphatically uses experience-near examples to illustrate her theory of the struggle individual’s face when they adopt compulsive neurotic solutions. She explains that individuals could not have developed any other way within their particular context. She emphasizes the importance of honesty with oneself and responsibility for ones actions, which she sees as psychotherapy’s aim. It is important to recognize the extent of the pain and distress in the individual’s intrapsychic life, and how scared the individual is of any other structure because the neurotic solution is the only one he has.

**Development of Neurosis**

I turn now to introduce the process beginning in childhood that leads to the development of neuroses. I shall begin by briefly contextualizing Horney’s theory in Western culture. Her contextualization will point to what are our expectations, duties, and normality. Then, I shall turn to Horney’s 1950 work *Neurosis and Human Growth* in order to introduce the concept of basic anxiety. Next, I shall introduce the individual’s creation of
the idealized image in an attempt to have the illusion of control or protection. Explored in the section on self-hatred will be the neurotic’s tendency to self-punish internally when unable to uphold this idealized image. The last aspect of this system is a structure of rules that the neurotic compulsively follows in an attempt to actualize the idealized self and escape the attack of his own self-contempt. I shall explore these rules and their function in the section on neurotic needs, claims, and shoulds. Fueled by neurotic pride, this whole system demands perfection from the individual regardless of his abilities, faculties, or life circumstances.

Cultural Context

Karen Horney was one of the first psychoanalytic thinkers to contextualize her theoretical explorations within the larger cultural context. Horney grounds her understanding of neurosis in terms of what would be embraced or admonished within the individual’s family and society. She argued that there was no such thing as “normal” but rather expectations we come to understand from the culture around us. Horney challenged our conception of normality as based on standards, which vary according to “culture period, class, and sex” (p.18). Horney criticized Freud, for example, because he “concludes from his observations that woman is more jealous than man, and then tries to account for this phenomenon on biological grounds” (1939, p.17). This was one of her most radical contributions to the neo-Freudian school of thought.

Horney argued that the solutions that neurotic individuals use are rooted within a larger societal milieu. Horney argued that capitalist culture is intrinsically based on ideals of individualism and competitiveness and thus “neuroses are the price humanity has to pay for cultural development” (1937, p.283). Hostility emanates from the desire to gain
advantage while knowing that everyone is possibly everyone else’s competition. This makes for a climate of striving for superiority because “failures in a competitive society entail a realistic frustration of needs” (1937, p.285). This aim for superiority, however, proves impossible to fully accomplish, and pushes the neurotic deeper into a trench of maladaptive solutions. Worse still, it is not easy for a person to reassess their self-defeating attempts at superiority, because doing such releases anxiety of feeling unsafe, and out of control.

Embedded in cultural expectations are the claims that the neurotic presents to the world. The image of success drives our society, rather than the moral or ethical principles that human beings would need to preserve in order to cultivate an integrated self. This image of perfection that individuals continue to encounter in popular culture, that promises fame and fortune to anyone who wants it, underlies some of the neurotic claims in Horney’s theory. It provides some insight into the entitlement characteristic of the neurotic responses to frustrated claims. It also gives us insight into the birth of the idealized image.

Wilhelm Reich introduced the idea that although inadequate parenting transmits and fosters neurosis, the parent is inevitably embedded within a culture that possesses neurotic elements. Horney is central to this study because she grounded her theory of psychopathology on this notion. Marcia Westkott (1986) describes how “a parent who is anxious about competing with others, who needs blind admiration as a bulwark against a hostile world, who has difficulty giving genuine warmth and nurturing to others passes these traits along to his or her child” (p.67). Contradictions that exist within this particular culture fail to nurture the development of a whole, integrated self.
As we will see in the case studies to follow, maternal abandonment is in itself a contradiction to cultural expectations. Individuals feel deeply that they “should” have been well parented. This study examines some of the reactions to this incongruity regardless of the situation. My clients experienced rage during their adulthood, in part because of the experience of abandonment itself, but also because of the inconsistent social norms that they absorbed throughout their development.

**Basic Anxiety**

Karen Horney based her theory on the assumption that children require a nourishing environment in order to develop according to their own potentialities. Horney argues that in order for a child to grow into his authentic self, he needs support and freedom of expression. According to Horney neurosis is brought about “through environmental factors which obstruct the child’s unhampered psychic growth” (1950, p.366). This is not to imply that children should not be limited and encouraged to respect boundaries. The child needs to understand that he does not live in a vacuum and that his actions and desires affect others around him, just as they affect him. What it does point to is the necessity for the child to feel encouraged to respond spontaneously to his environment based on his worldview. In this way, the child grows in himself, depending on his own potentialities, and grows with others and in the world getting a sense of his limitations as a human being. Under these ideal conditions, a child would embody his genuine self, without compulsive neurotic solutions.

Those closest to the child during early development greatly influence his process of developing a self-image. Horney argues that the people in the child’s environment are often “too wrapped up in their own neurosis to be able to love the child, or even to
conceive of him as the particular individual he is; their attitudes towards him are determined by their own neurotic needs and responses” (Horney, 1950, p. 18). The people around the child have their own neurotic compulsions and insecurities, and thus react to or treat the child in ways that curtail his development in an effort to reduce the adult’s anxiety. For example, an adult who needs constant admiration will react with fear and hurt when a child conveys to them anything but blind admiration. The child will then begin to question whether or not to share his genuine feelings of disappointment or anger. The child develops an inner censorship, repressing his aggressive thoughts and furthering self alienation. This he does in order to avoid the reaction of fear and hurt from a parent, and will begin to desire blind admiration for his willingness to take care of other people.

In this framework, the cornerstone for healthy development is that the child understands he is loved for who he is regardless of what he does. For example, a child’s parents may convey anxiety or disgust at the child’s spontaneous attempt at a hug, and scold the child. The child reacts to the parents by suppressing his desire to hug when he does and eventually by failing to notice his desire to hug anymore. The parents leave the child to struggle with the sense that he should not have the desire to hug. Given his parent’s reaction, he begins to fear that spontaneous hugging will result in losing the parent’s love. However, suppressing the desire to hug causes an inner tension. The child starts believing that he is fundamentally unlovable, because this was his spontaneous desire and it was “wrong.” The child now struggles between what he wants, and what he believes he should want. This inner tension with no outlet leaves the child feeling “isolated and helpless in a world conceived as potentially hostile” (1950, p.18). The child knows not yet how to manage or process intense emotions and feels overwhelmed.
Horney continues, “the child does not develop a feeling of belonging, of ‘we,’ but instead a profound insecurity and vague apprehensiveness” which she refers to as “basic anxiety” (1950, p.18). This concept is similarly explored by R.D. Laing (1965) in *The Divided Self*, where he discussed the concept of ontological insecurity and the development of a false self. The child feels different, as though there were something fundamentally flawed about who he is. Horney continues that in an environment where the parent behaves out of anxiety and with neurotic compulsions, the child, “must similarly, unconsciously, blur the truth of what he is, wants, feels, believes” (1950, p.178). The child no longer checks in to see what he is genuinely feeling, but uses neurotic solutions to allay anxiety.

Given the responses that the child encounters, he starts to doubt whether his innate responses and reactions will evoke the responses that will fulfill his needs. Deprivations experienced by the child as necessary for the parent’s satisfaction, rather than for his own good, contribute to neurotic concerns for the parents and their needs rather than for the child’s own development. Horney argued that the most damaging aspects of interactions between parent and child are those where the child does not experience genuine warmth and affection.

*Alienation from the Real Self*

When warmth is absent, he child feels constantly on precarious ground because he feels insecure in his own identity and thus figures out ways to allay basic anxiety. Because of the profound insecurity felt, the developing child loses sense of who he is. As Horney explains “there are several dangers arising from the repression of criticism, protest or accusations, and one is that the child is likely to take all the blame on itself and feel
unworthy of love” (1937, p.84). This self-blaming causes the child to direct his energies at changing the only thing he can, himself.

However, early experiences make it hard for him to “arrive at a proper self evaluation. A blind adoration may inflate his feeling of significance. He may feel wanted, liked and appreciated not for what he is but merely for satisfying his parent’s needs for adoration, prestige, or power” (1950, p.87). For example a child may be musically gifted, but receive continuous praise for his athletic skills, even thought he is less talented and enjoys fewer athletic activities. The child may pursue athletics because this is where he has received praise. He may silence his desire to pursue his musical talents, and infuse his athletic mediocrity with neurotic pride because someone else builds his esteem on his performance. This child may never know what he is actually good at because he is following external demands. Therefore, the child bases changes to his personality on inaccurate self-evaluations that disable his growth. He may make broad, all or nothing, changes, based on factors other than his own genuine development.

The child’s energy is then devoted to figuring out whom he should be, based on originally external criterion. He feels he must protect others from his genuine feelings and needs, and becomes increasingly invested in strategizing and figuring out other people’s reactions and motives. This maneuver kills off the child’s connection to his true self. The child’s emotional resonance is redirected to the extent that “his constructive energies lie fallow, and he actually is less and less a determining factor in his own life” (1950, p.160). He no longer knows how he feels, what he wants, or who he is. His silenced desires no longer spark spontaneous energy, which normally brings them to
consciousness. His energy is devoted to fueling the pride system; no longer propelled to pursue his own potentialities and abilities. He becomes alienated from himself.

The ground for pride, then, is neurotic, not based on actual aspects of the personality, accomplishments, or abilities. The neurotic “may have a vague sense that he is making high demands upon himself, but mistaking such perfectionist demands for genuine ideals he in no way questions their validity and is indeed rather proud of them” (Horney 1945, p.97). The neurotic is desperately trying to find validation from others that he is worthwhile, admirable, or lovable. He demands perfection on aspects of himself that are not necessarily his best assets. Doing this he can try to feel himself an active player in his life. He is doing everything he can to “succeed,” and is proud of his efforts.

The child, in the above example, focused on getting recognition as opposed to satisfaction; devotes himself to sports in an attempt to achieve the perfection that would grant him other people’s praise. In others, he finds a salve to his decaying self-esteem. Nevertheless, he continues to feel worthless, because he has already judged himself unworthy because of his basic anxiety. No matter how hard he tries, athletics are not in his heart, they do not fuel his desire on their own, and he has to make active efforts to continue this endeavor. His energies actively go into frustrating himself because they are in opposition to his inner being.

The denial of desires and the denial of flaws go hand in hand. The self worth gained by attempting to lift oneself above others is not based on a real sense of self, but on neurotic pride. When an individual adopts a neurotic solution, the self-confidence remains grounded on illusory and ephemeral aspects. The individual is unable to attain the acceptance they so desire, unless they deny the realistic flaws and needs of the real self.
Paradoxically, the further disconnected the neurotic becomes from his spontaneous real self, the more unattainable his endeavor for self-esteem becomes.

More specifically relevant to this study are the interpretations children make in the face of abandonment. Adam, Emily, and Rebecca all built their self-esteem while experiencing a lack, which was their mother’s support, attention, and nurturing. Adam built his self-esteem upon the claim that he should be able to control his emotions perfectly, rather than being helped to see how his reactions and sensitivities were strengths for his life. His passion and dedication were mocked and discouraged, which led him to both feel quite insecure, and strive to achieve regardless of his internal state. Emily pushed her inquisitiveness underground because of her family’s need to maintain a gloss of normalcy despite considerable interpersonal dysfunction. She repressed her ability to question others, and instead turned the judgments and questions onto herself. Emily focused on what she did wrong, on how she contributed, on how she could have done better. Rebecca, in the face of abandonment, deserted her own connective human needs. She saw her desires for attachment as the reason maternal abandonment affected her in the first place. She coped with her loss by disconnecting from it, and simultaneously from her own soul.

The repression of the unwanted aspects of the personality “is one of the many attempts a neurotic makes to do away with his conflicts and to create instead a feeling of unity, of oneness, of wholeness” (1945, p.56) This feeling of integration is necessary otherwise the individual would continuously experience himself as being pulled in many opposing directions. He can experience fleeting feelings of safety if he makes a clear delineation as to what his identity should be. Then he can have the security of being always right.
The safety sought, however, comes at a great cost. The individual spends his vitality in suppression and in the attempts to actualize an idealized image, which we will explore in the following section. This attempt causes the individual to lose touch with the spontaneous desires of his real self.

The neurotic suffers because of this self-imposed silence, but he blames his suffering on his incapacity to mold himself into the idealized being he wishes to be. As we will explore below, in the pride system, the neurotic is caught in a cycle where he has little acceptance of himself and sadistically crushes his own spirits. Faced with the reality of his limitations, he falls prey to a barrage of self-hatred or self-contempt. The neurotic begins to hate what he perceives himself to be, in comparison to what he could be if he upheld his demands. This puts the power and control always and only in the hands of others, who he perceives make judgments on him. His inability to have empathy for his suffering, maintains his misery as he strives to actualize what he can only imagine.

**The Pride System**

In response to basic anxiety, the child begins a complex process where he starts to build an intrapsychic system of checks and balances. This system rests on his beliefs about other people’s expectations, as well as his desire to feel integrated and secure. In his imagination, he analyzes a situation and tries to assess what aspects of himself receive embracing interactions in the world, and which receive anxiety-provoking interactions. As a developing infant, the human being is dependent on the care and concern of other individuals around him or her. Thus, the neurotic is attuned to what experiences make him feel embraced or rejected. As we explored in the previous section this causes a
silencing of the individuals actual self. This channels the neurotic energies into a cycling
system which Horney called “the pride system.”

The vicious cycle formed between the neurotic’s attempts to fulfill the idealized image,
falling prey to crippling self-hatred when faced with its impossibility, chasing after
unreasonable claims, and following neurotic shoulds in an attempt to restore said image.
This is what Horney referred to as the pride system. The self-perpetuating pride system
has three main components:

The idealized image the neurotic has created because “self idealization […] gives the
individual the much needed feeling of significance and of superiority over others” (1950,
p.22).

The individual drowns in self-hatred because his despised, yet ever present, actual self
deviates from his idealized image. He can only assuage this self-hatred by disconnecting
from his actual self. This causes an inner conflict, which goes in direct opposition to the
intended function of the neurotic solution, which was to maintain unity in the first place.

Finally, the glimpse of any imperfection equals worthlessness in his imagination. This
provokes the enforcement of checks and balances that he uses to mold and measure up to
this image. The person increases his neurotic pride in his idealized image by trying
harder to uphold his neurotic claims, needs, and shoulds.

In her 1950 work, Horney describes the system of shoulds the neurotic tries to uphold,
and the claims they attempt to have the world meet for them. Her analysis of neurotic
needs from her 1945 work belongs to this system, and is thus included.
Idealized image and Neurotic Pride

The child, in his experience of being unimportant begins—in imagination—to idealize aspects of his character. It is these areas of idealization, which will become central to his “neurotic pride.” Horney defines “the idealized self [as] what we are in our irrational imagination, or what we should be according to the dictates of neurotic pride” (1950, p.158). Since the neurotic experienced humiliation for being himself as a child, he transforms needs into aspects of himself that he can infuse with neurotic pride and pursue to an absolute degree. The individual starts to redefine his vindictiveness as strength, his dependency as devotion and virtue, and his detachment as independence. When glancing at the whole personality structure “an ordering principle emerges: his need to be proud of himself is so imperative that he cannot tolerate the idea of being in the clutches of blind needs; so he uses his imagination to turn these needs into virtues” (1950, p.93, 94). The individual starts to invest himself in self-aggrandizement as a meager substitute for self-acceptance. Again, because the creation of the idealized-self takes continued work and attention, vital energies are lost.

A measure to relieve anxiety is that “any conflict within or without can vanish from sight and actually be (artificially) diminished if one aspect of it is suppressed and the other made predominant” (Horney 1950, p.177). In this imaginative process, the neurotic is more compelled to follow his neurotic dictates than to actualize his given potentialities. The conflicts remain unresolved and the neurotic augments his self alienation. Horney illustrates some of the danger of this maneuver, stating that “while grandiose ideas have a definite reassurance value and afford some support, even though only in an imaginary way, they not only reinforce the tendency to recoil but through the medium of sensitivity
create greater rage and thereby greater anxiety” (1937, p.225, 226). The neurotic temporarily eliminates conflict through an array of mental gymnastics that redefine self, motive and act. However, he is left with more anxiety than when he started, thus reinitiating the cycle of the neurotic pride system.

Increased investment in actualizing his idealized image leads to increased frustration as the neurotic faces the myriad of ways in which he can never attain it. In imagination, he attempts to resolve this dilemma, but because of the deep roots of the disturbance emanating from the neurotic’s earliest years, the attempts are compulsive and reactive.

Perfection is the goal to which the neurotic aims. “The more injurious work of imagination concerns the subtle and comprehensive distortions of reality which he is not aware of fabricating” (1950, p.33). In order to be rid of anxiety, the individual has to believe that he is his idealized image.

The individual caught in the vicious cycle of the pride system begins to present his claims to the world. Based on ideals of justice or fairness the neurotic believes that he should be treated as the superior being that he strives to be. Horney stated that neurotic pride “rests on the attributes which a person arrogates to himself in imagination, on all those belonging to his idealized image” (1950, p.90). Neurotic pride, then, “imposes a handicap that keeps the neurotic from developing a square recognition of his being as he is, without minimizing or exaggerating; a willingness to bear the consequences of his actions, decisions, etc., without trying to “get by” or to put the blame on others; [and from] the realization that it is up to him to do something about his difficulties without insisting that others, or fate, or time will solve them for him” (1950, p.169).
Horney states that “there are two characteristics which one may discern in all neuroses without having an intimate knowledge of the personality structure: a certain rigidity in reaction and a discrepancy between potentialities and accomplishments” (1937, p.22). The neurotic moves in the world in a reactionary way because he knows no other way. However, because of his claims to be treated as the superior being he believes himself to be, he is stunted and often wastes his energy on pointing out the injustices in his life rather than making changes. These are not possible for the reasons we have explored above. Recognizing his commonality wounds the neurotic’s pride.

Horney discerned that in neurosis “what is a shining asset to one person is a disgraceful liability to the next” (p.93) depending on their developmental direction. The idealized self is different for what Horney calls the “self-effacing” style, than for the “expansive” style and the “resigned” style, which will all be described in detail in their respective chapters. In this exploration of the broad characteristics of neurosis in Horney’s theory, it is important to highlight that “as long as his (idealized) image remains real to him and is intact, he can feel significant, superior, and harmonious, in spite of the illusory nature of those feelings” (1945, p109). The construct of the idealized self, albeit problematic, maintains the Horneyean tripartite structure of neurosis (constructed of an idealized image; self-hatred; and neurotic claims shoulds and needs) the individual has come to rely on.

**Self-hatred**

So far, I have inspected how the neurotic sets up an idealized image to build his sense of worth. Subsequently I examine the neurotic shoulds, needs, and claims. In this section, I illustrate Horney’s exploration of the neurotic’s self-hatred. It is important to note that
Horney devoted a more sustained and illuminating reflection to the predicament of self-hatred than any other psychoanalytic clinician. This is one of the contributions that makes Horney’s theory retain imperative value in contemporary psychoanalytic thought.

Central to the development of the neurotic struggle, is the child’s willingness to blame himself above all others. As I shall explicate further “self-hate makes visible a rift in the personality that started with the creation of the idealized self” (1950, p.112). In the struggle with contradictory inner dictates, the neurotic can never fulfill all of them and ends up hating himself no matter what he does, even if he does nothing at all.

When the neurotic cannot live up to the shoulds that he is holding himself responsible for, he will fall prey to deep self-contempt. “No matter how insurmountable the odds were against him in childhood, he, the omnipotent, should have been able to overcome them” (1945, p.120). As I mentioned previously the idealized image is believed in retroactively, so any suffering or humiliation that the child experienced is reinterpreted as something he should have done better, known better, reacted to better. The child directs his criticisms, his contempt, and his fury towards himself. In this way, he can cling to the idealized image that separates him from the weak being he used to be, to the superior being he has become.

Try as he might to disguise his own flaws, the neurotic will always intrinsically know that he is not his idealized self. He is constantly faced with the “very fact of having to make a consistent effort may be felt by the neurotic as humiliating evidence that he is not his idealized image” (1945, p.161). His actual self becomes a constant reminder the he can never truly be whom he aspires. The neurotic encounters the impotent “rage of the proud self for feeling humiliated and held down and every step by the actual self” (1950,
p.114) Sadly the rejection of the actual self, even though the neurotic is not fully aware, deepens and prolongs the experience of depreciation he is trying to resolve. The neurotic is unable to get away from his real self because that is who at core he is. The neurotic solution attempts to assuage the basic anxiety, but only serves to reify it. The neurotic unconsciously believes that it is because he cannot get away that he suffers. Therefore, he resents his very existence, and succumbs to self-hatred and self-contempt.

Thus, the individual is at war with himself. He “becomes ashamed of what he actually is—of his feelings, resources, activities— he actively withdraws his interest from himself” (1950, p.160). The connection to the actual self is so impoverished that the neurotic cannot recognize that its suffering is really his own. He cannot comprehend the destructive power that he wields in his own psyche. In fact “the greater the alienation from self, the more helpless a victim to the machinations of the pride system the neurotic is” (1950, p.173). The self-hatred stems from an injury to his pride in being unable to become the person they feel they should be.

The neurotic begins to punish his real self for not measuring up to the shoulds that he has adopted. Highlighting the division between the individual’s actual self and the idealized self is the lack of identification with it and its suffering. In this struggle, “the actual, empirical self becomes the offensive stranger to whom the idealized self happens to be tied, and the latter turn against this stranger with hate and contempt. The actual self becomes the victim of the proud idealized self” (Horney 1950, p.112). The neurotic does in fact begin to punish himself in an attempt to get more results, to get closer to his idealized self. The attempt to actualize the idealized self, by its very impossibility, heightens the self-hatred the neurotic set out to assuage originally.
The self-hatred reboots the entire system of neurotic pride. To ease the suffering caused by his own self-contempt the individual focuses on the hardships and the injustices in his life. He begins to assert his neurotic claims, which help him to feel again as though he had actualized his idealized image. In true neurotic stride, these stances are rigid, dichotomized and often all or none. This process is largely unconscious and in an attempt to attain that much-needed integration, the neurotic externalizes his inner struggles. He perceives them as interpersonal conflicts over which he has little power. In looking outside himself “he does not experience the forces operating within him; and he cannot conceive of himself as an active instrument in his own life” (1945, p.129). The individual trapped in self-hatred feels disempowered and believes he cannot have an impact on his own life. The neurotic’s perception of his life creates the wish that others would fix things and rescue him from an unfair situation. As we will see below this wish becomes a claim, and informs the response the neurotic expects from the world. When faced again with an unsatisfied claim he faces more tension and reverts again to self-hatred. The vicious attacks of self-hatred cripple the individual and provoke deeper feelings of abuse and worthlessness.

The hatred against the real self, serves to maintain the pride invested in the idealized image. Since investing pride into the idealized self has been the only way in which the neurotic has managed to assuage the feelings of worthlessness and abuse that triggered his basic anxiety in the first place, the self-hatred feels like a necessity that is difficult to give up. The neurotic can react with an array of feelings at his own inability to actualize his idealized self. In this endeavor the neurotic “destroys himself, shifting his very best drive for self realization to the actualization of his idealized image and thereby wasting
the potentialities he actually possesses” (1950, p.377). The person may feel hopeless, ashamed, and distressed. In the face of these feelings, which already violate the idealized claims, the neurotic struggles with rage.

The danger of questioning his idealized image is that “he is immediately threatened with the prospect of facing all his weaknesses, with no title to especial claims, a comparatively insignificant figure or even-in his own eyes- a contemptible one” (1945, p109). These are the feelings he disconnects himself from. The more disconnected the neurotic becomes from his feelings and those of the people around him or her, the stronger and more rigidly his claims and their assertion becomes. The self-contempt experienced is so powerful and crushing that the neurotic will attempt to follow his shoulds in a desperate attempt to not fall prey to his own paralyzing self-hatred.

**Neurotic Shoulds, Needs and Claims**

This aspect of the pride system centrally affects self-hatred. Triggered by the reality of frustrated claims, unmet needs, or unattained shoulds, self-hatred can be assuaged by increased efforts to uphold these inner dictates. Horney defines “shoulds” as the intrapsychic maneuver through which the neurotic attempts to mold his wretched self into the image of his idealized self. They function to maintain the façade of an actualized idealized image that the neurotic seeks to uphold and to have the external world respond to as such.

Unconsciously the shoulds are actual dictates that the neurotic may repeat to himself. Depending on the content of his idealized image, the neurotic should be able to endure all, to achieve all, to be always the best. Neurotic needs, according to Horney, are quite normal and understandable as the desires of the individual. What makes them neurotic is
their compulsive nature and power over the individual’s sense of safety and unity.

Neurotic needs follow the dictates of the shoulds and the idealized image. They appear in the service of upholding interpersonal ideals the individual has already begun to pursue compulsively and rigidly. The connection of needs to claims, as we mentioned in passing earlier is that when the need is presented to the world “they assume a right, a title, which in reality does not exist” (1950, p.42). Neurotic claims are concerned with the world outside the neurotic and are the way in which he “tries to assert the exceptional rights to which his uniqueness entitles him whenever and in whatever ways he can” (Horney1950, p.64). In this section, I shall explore how the neurotic’s shoulds needs and claims function within the structure of the pride system.

The rigidity of these moves in relation to other people is directly related to the intensity of the anxiety the child feels. Horney proposes that, “we conceive of neurosis as a protective edifice built around the basic conflict” (Horney 1945, p.220). The needs start off as wishes that the child may entertain as a way to relieve his basic anxiety. As the anxiety increases due to the necessity of the solution rather than as an attunement to the real self, pressure within the child builds and the wishes become needs. As the needs become compulsive, they inform the content of the claims and of the shoulds to which neurotics attempt to measure up. Rigidity depends on severity in neurosis. However desperate these needs are, “there is rarely an awareness of the existence of the basic anxiety, or of the basic hostility, at least not in the weight and significance it has for the entire life” (Horney 1937, p.93). Therefore, as the wishes become needs, claims, and shoulds; these become the building blocks of the pride system in each personality structure.
The individual feels that given all he has suffered, he is entitled to having his claims be fulfilled. Horney explains, “when claims are raised primarily on the grounds of a “deal” with life, usually one’s own merits are stressed” (1950, p.55). Given how much the neurotic feels he has strived for others, justice or virtue he can be righteously indignant when his claims are not satisfied. The neurotic believes that his claims should be honored as long as he fulfills his shoulds. The world, then, should respond to him differently, fairly. The neurotic need for safety required certain sacrifices from the individual as we explored above. The neurotic then feels entitled to immunity and seeks unconscious retribution for his feelings of having been treated unfairly.

Since these claims are irrational, they must be built up to the level of injustice and unfairness that justifies the neurotic’s response and reaction. Horney asserts, “the misfortune, or the injury, done then appears magnified to sometimes ludicrous proportions” (1950, p.56). The neurotic uses his imagination to highlight and expand his feelings at the occurrence, and feels entitled to it. Psychological working through the feeling is impossible because it is removed from the original humiliation or pain.

Further, because the actualization of the idealized self is retroactive, the child’s original suffering is reconceptualized and illustrated in the service of his particular idealized image.

The shoulds, needs, and claims operate as if the neurotic had actualized his idealized self. As I presented above, the neurotic uses his imagination and alters the facts of his life in order to paint himself as his idealized image. His idealized image supports his sense of unity. The idealized self is fueled by the neurotic shoulds, needs, or claims because “the premise on which they operate is that nothing should be, or is, impossible for oneself.”
Given our understanding of the idealized image, the neurotic shoulds, needs, and claims are examples of the kinds of things neurotics might do or say to themselves in order to present to others the idealized image. Since the neurotic’s choice of what he idealizes and infuses with pride depends on the experiences under which the child started neurotic development, the shoulds come into play as unrealistic demands on the self. They “result from the necessity a person feels to turn into his idealized self, and from the conviction that he can do so” (1950, p.65) He develops over time a system of shoulds that are just as unattainable as the claims they attempt to assert in the outside world.

The three conditions that Horney discusses with regards to the shoulds is that the neurotic has a disregard for their feasibility, a disregard for the external conditions and a disregard for his own emotional condition (Horney 1950). In other words, the recognition that these dictates are impossible in themselves, in a shared external reality and within the means of any individual, does not stop the tyranny that the neurotic self-enforces.

Horney describes these strivings as normal, but sets apart our motivations. She states, “if we are impelled by a direct wish for satisfaction of any kind our attitude will have a quality of spontaneity and discrimination. If we are driven by anxiety, however, our feeling and action will be compulsory and indiscriminate” (Horney 1937, p.104). The shoulds are neurotic because of their rigid and compulsive nature regardless of external conditions.

Shallow self-esteem develops from this cycle. The neurotic is continuously disappointed and faced with the reality of his own limitations, which makes evident the external need of the neurotic to be valued and recognized by others. The child continues to be
dependent on other people and his blind need for admiration, rebellion or independence. He cannot value and recognize his own gifts because they are not the absolute of what he thinks they should be. The neurotic develops neurotic shoulds that spell out both what he believes he should be, feel, and be capable of; as neurotic claims, which spell out what he expects from the world and others around him. Concerning neurotic shoulds “the individual must abide by them lest he incur anxiety, feel torn by conflicts, be overwhelmed by guilty feelings, feel rejected by others, etc” (1950, p.29). The striking difference being that the person feels like he has to comply to avoid feeling his safety threatened, as opposed to doing what feels most natural or spontaneous based on his wishes or feelings.

The compulsive nature of his neurosis removes his ability to make choices with advantages and consequences. Interestingly, a characteristic of the neurotic shoulds is the resemblance they have to actual moral strivings. Given that the neurotic structure saps the energy the neurotic has to actualize his spontaneous self, and the neurotic receives orders from, rather than being in charge of, his neurotic structure. The problem is evident when caught in a contradiction. “The anxiety which will arise in such situations is great because he has no other directive to follow…His real self is…confined in an oubliette; he cannot consult with it, and for this very reason he is a helpless prey to contradictory pulls” (1950, p.167). The neurotic turns to his compulsive solution, his shoulds, needs, and claims, in an attempt to relieve the anxiety, which reinforces the neurotic’s notion that he lacks control over his own life. Horney notes, “incompatible sets of moral values appear in the basic conflict. Despite all attempts to harmonize them, all of them keep operating” (1945, p.162). Think for example of comic book characters who become
vigilantes with the claim that they will attain justice at any cost. Their shoulds contain the moral pursuit if justice, however they are contradictory in that the character also has the belief that they should be above the law.

Unavoidably the neurotic’s claims collide with the reality principle. Horney states, “[his] claims prevent him from squaring himself with his difficulties, and […] thereby they perpetuate his neurosis” (1950, p.63). The neurotic will encounter his own limitations as well as those of the people around him. When the individual’s claims are frustrated, he feels righteously offended. The intensity of this reaction bears witness to the neurotic necessity of the claim in the first place. If the neurotic believes he is his idealized image “the claims are his attempt to assert his pace in the world, a place that is adequate to the significance of the idealized self and one that supports it” (1950, p.109). The claims allow the neurotic to place responsibility for his life on other people, enforcing the feelings of loss of control, creating a need for further asserting those claims. Horney described this cycle as neurosis. “When a person is basically divided he can never put his energies wholeheartedly into anything but wants always to pursue two or more incompatible goals” (1945, p.155). This maneuver will lead to the squandering of the neurotic energies and end up in an onslaught of self-hate emerging from his having to face the idea of his own limitations.

The neurotic solution gives the pride system more power and more autonomy, which in turn makes the person’s maneuvers more and more compulsive. The person becomes alienated from self, or as Horney explains “not only is his real self prevented from a straight growth, but in addition his need to evolve artificial, strategic ways to cope with others has forced him to override his genuine feelings, wishes, and thoughts”( 1950,
The self-alienated neurotic strives paradoxically to maintain that division as a means to alleviate inner conflict. Concisely, Horney’s argument is that “to compensate for feelings of worthlessness and inadequacy, we develop an idealized image of ourselves, which generates neurotic pride, neurotic claims, tyrannical shoulds, and self hate” (Paris, p.137). This position is strikingly similar to Alfred Adler’s (1927) argument that neurotics suffer from an “inferiority complex” and subsequently engage in unfavorable overcompensation with ego-defensive “safeguarding tendencies.” For Horney the idealized image, self-hatred, and neurotic shoulds, needs and claims form the neurotic pride system. In the following section I discuss Horney’s conception of neurosis as a continuum ranging in severity depending on the individual’s alienation from the self which fuels the pride system I just discussed.

**Assessment of Severity in Horney’s Theory**

According to Horney, the severity of psychopathology is co-extensive with the intensity of the person’s alienation from his real self. Self-alienation is the extent to which an individual’s energies have been diverted from authentic self-development and self expression, to actualizing the idealized self and suppressing feelings of inferiority and self loathing. Factors that both result from and maintain the neurosis contribute to alienation from self and others. These are the factors on which psychotherapy focuses. The more entrenched these factors are, the longer it will take for the individual to witness them, and work through them in the psychotherapeutic encounter. Simultaneously, the more severe the disturbance, the more clinically salient, and repetitive the pattern will be. For example an individual who only has problematic patterns in romantic relationships, or only in relationships to people in authority, is less disturbed than someone who
experiences the same patterns globally in all or almost all relationships. The rigidity and compulsivity of the problematic patterns may become evident when similar solutions are evoked for different problems and in different relationships.

Similar to her contemporary Neo-Freudians, Horney placed a heavy emphasis on addressing self-hatred in her clinical work. Self-loathing and self-alienation go hand in hand, just like cruelty and lack of empathy will result in alienation from other people. Thus the ability to relate well to oneself and to others is a sign of psychological health.

In the clinical situation, self-loathing often emerges as recriminatory statements. These statements often reflect the neurotic claims, needs and shoulds of each personality organization. Thinking of character organization and psychopathology as a gradual continuum between health and disturbance, the level of self-alienation is parallel to severity of disturbance. An individual’s self-alienation is assessed by evaluating their regard for self and other, their capacity for intimate and mutually connected relationships, and their ability to have an accurate and stable view of themselves and others. A wild fluctuation in assessment of self and others is indicative of disturbance. This is characteristic in Horney’s clinical descriptions of believing in one’s idealized self and feeling a subjective elatedness, in contrast to feeling one’s despised self and having a subjective experience of being worthless.

Contemporary psychoanalytic diagnosis has been significantly anticipated by the theoretical writings of Horney and her contemporaries. The Psychodynamic Diagnostic Manual argues that it is not possible to address an individual’s range of concerns unless one understands the mental life of that individual. In particular the PDM focuses on the individual’s current state and the ways in which their personality structure manifests in
counterproductive or maladaptive ways. Horney anticipated some of their insights in her theory of human development grounded on the principle that psychopathology is characteristic of alienation from one’s self. The PDM, similar to Horneyean theory, discusses a range of possibilities from healthy to pathological. This can be interpreted as levels of self-alienation and will be further addressed in the final chapter of this work.

The content of the different aspects of Horney’s pride system depends on the orientation of the neurotic solution. The following section describes the three different developmental directions that the neurotic pride system can adopt.

**Horney’s Neurotic Solutions**

Horney observed and theorized about three spontaneous interpersonal solutions to conflict. Horney wrote that a child could choose to move towards, away, or against, others, reflecting the healthy moves individuals make to develop intimacy, assertiveness, and independence. These moves can all co-exist in healthy human relationships, but in the face of basic anxiety, they can become unyielding. The developing neurotic makes a compulsive choice to appease, attack, or ignore those around him. The following case studies explore the three neurotic solutions briefly surveyed here. The developmental direction adopted by the child will determine what he infuses with neurotic pride, as well as what taboos his personality holds. As Horney explains “in each of these styles we shall find that the basic attitude toward others has created, or at least fostered, the growth of certain needs, qualities, sensitivities, inhibitions, anxieties, and […] a particular set of values” (1945, p.49).

Throughout childhood, these solutions to the child’s basic conflict may shift between the three developmental directions. In relating to other people the child may “try to cling to
the most powerful person around him; he may try to rebel and fight; he may try to shut others out of his inner life and withdraw emotionally from them” (1950, p.19). These choices speak to the needs of the child, both those felt most powerfully and those that feel the least fulfilled.

In relying on someone more powerful than they are, the child will secure the company of someone who would protect them. This is an example of a child moving towards others, or the self-effacing neurotic solution. A child who perhaps has felt his independence cramped and has more of a desire to be his own person may attempt to emulate the person who is more powerful in an attempt to learn how to protect himself. This is an example of a child moving against others or the expansive solution. Finally, a child who feels hopeless in his ability to share his internal experience without it being distorted by people may withdraw from the conflict altogether and neither join nor fight. This is an example of a child moving away from others or the neurotic solution of resignation. The basic anxiety that threatens the child creates the context within which the child starts to use these interpersonal strategies compulsively, and eventually they become habitual aspects of his character. The move toward, against or away becomes rooted in what will attenuate basic anxiety rather than what the child needs or desires from a connection to another human being.

Rage

Thus far we have described the pride system as explicated by Karen Horney. The pride system is a response to basic anxiety tailored to the particular developmental direction each individual found most fitting. The needs and claims mirror the idealized image that the neurotic wants to attain for himself. As the neurotic is confronted with the reality that
his real self pales in comparison to the idealized image he hopes to mold himself after, he wages a war against the real self. Indignant or vindictive rage, Horney argues, is the resulting experience the neurotic faces every time he glances at the impossibility of what he ought to be. Rage is the manifestation of the self-hatred the neurotic experiences when he realizes his real self will never truly be his idealized image.

Given the amount of energy poured into the justification of the neurotic claims, Horney discusses how fear, but more often rage is a reaction to their frustration (1950). The neurotic experiences the frustration of his claims as an unfairness perpetrated on him, which triggers his vindictive drives. The neurotic amplifies the frustration he feels to match the importance of the claim. Simultaneously the neurotic works very hard at maintaining control over his feelings and their expression. Horney explains, “since the most disruptive impulses are those of violence prompted by rage, the greatest degree of energy is directed toward the control of rage” (1945, p.137). Rage as a reaction to frustration is expressed in different ways.

The demands the neurotic makes on himself to measure up to the shoulds are constant. The individual awakens vindictive rage when he does not measure up to those inner dictates, and self-hatred is often the price to pay. The neurotic creates a vicious cycle because “the rage, by reason of being suppressed, attains explosive strength, which in turn requires still more self control to choke it” (1945, p.137). The person will continue to mold himself into absolute perfection, because no matter how close he gets he can always notice where he went wrong. This may not often even be a conscious realization. The individual may simply feel irritable, sad, or tired. Moreover, in order to allay the
anxiety provoked by an unfulfilled should, the person may engage in the solutions they have already developed for themselves.

**Function of Therapy**

Horney’s primary therapeutic goal is improving the client’s sense of self-responsibility. In contrast to the escape from responsibility that the pursuit of the idealized self provides, therapy facilitates the ethical examination of one’s life for the purpose of change. Horney believes that therapeutic change comes from challenging the feasibility of the neurotic claims and idealized image, and redirecting energy towards the “real self’s” strivings, in an attempt to grant the individual back choice making power.

In therapy highlighting shoulds, self-hatred and facets of the idealized image may heighten anxiety and facilitate change. The individual may be able to glance at the unrealistic nature of the attitudes or characteristics they desire from themselves. However, an intellectualized understanding does not change the nature of the pride system with its strivings and destructiveness. Horney argues that “the intellectualizing attitude is then used as a protection which prevents them from experiencing anything emotionally, and thus from realizing that they would have to change” (1937, p.247). Therapy, Horney argues, must include an emotional component. Implicitly she asserts the importance of the therapeutic relationship. Neurotic processes cannot be simply understood, but must be lived out and worked through within the therapeutic relationship. Neurotics are typically most troubled by challenges to their claims of an idealized existence. This is the only solution he knows, and thereby the only protection from his overwhelming attacks of self-hatred. It grants him superiority over others and he really believes that he can be his idealized self; he has only survived thus far because of those
personality features which approximate the ideal. The neurotic will attempt to cover over this budding realization with the same measures he uses to build his idealized image. This in turn “is one of the main causes preventing people from being objective toward their problems. The necessity to ward off any self accusation stunts the capacity for constructive self criticism and thereby mars the possibility of learning from mistakes” (1950, p.131).

Horney believes that the therapeutic relationship is required, for intellectual insight to turn into the real grist of therapeutic change. Moving toward, against or away from the therapist will recreate external dynamics in the consulting room. The therapeutic relationship is the fertile ground for recognition of the recurring neurotic dynamics. The individual benefits from the relationship by experiencing their limitations in a safe and nurturing relationship, leading to the strategizing and implementation of change tactics.

One of the challenges in working with the clients presented in this study, was managing rage in the therapeutic relationship. It manifested differently with each individual, but the expression of rage was always a notable point. It was often where individuals could recognize and start to understand their reactions as part of the neurotic system they had adopted. To better elucidate the important role of the therapeutic relationship in bringing about change, I shall now turn to an analysis of transference and counter-transference in Horney’s model.

**Transference and the Therapeutic Relationship**

Horney believed the therapeutic relationship was central to therapeutic change. She discussed how individuals from each characterological style would employ their neurosis within the therapeutic relationship: “The particular means by which a patient in analysis
wards off the realization of conflicts or of self-hate are those which, in accordance to his whole structure, are available to him” (1950, p.335). The expansive style, the self-effacing style, and the withdrawing style will flavor the therapeutic interaction with their neurotic difficulties.

Given that the therapeutic relationship is still a relationship, Horney stated that “all the difficulties the patient has with regards to other people operate here too…his compulsive need for mastery, love or freedom largely determined the tenor of the relationship and makes him hypersensitive to guidance, rejection, or coercion” (1950, p.339). The patient will overrate the therapist’s significance and similar to the internal pride system, he will project both idealization and self-hatred onto the therapist. The therapist “has the power to hurt them, to crush their pride, to arouse their self contempt-but also to effect a magic cure” (p.339). Thus, the patient will demonstrate in his relationship with the therapist how he treats others, as well as how he treats himself. Further, he will arouse in the therapist countertransference feelings of competition, sadism, and frustrated investment among others.

The expansive style will attempt to gain mastery in the therapeutic relationship just as he does in all other areas in his life. As Horney describes “analysis should remove all impediments to their having an undiluted or a never failing, magic will power” (p.336). Further, he expects the therapist to build, not hurt his pride. The problem is that in order to combat the self-hatred, the patient must be made aware of its connection to his neurotic pride. The patient may then “become argumentative, sarcastic, assaultive” (1950, p.339). In this way he moves against the therapist and plays out in the transference his reaction to the limitations he encounters in his everyday life.
The self-effacing style hopes the analysis will perfect “an irresistible attractiveness, an unruffled saintliness” (1950, p. 336). He expects to be accepted wholeheartedly and to be pitied in the treatment. When confronted with aspects of his own aggressiveness, he may “respond with spells of self hate or self contempt, thus cautioning the analyst not to proceed any further” (p. 339). He attempts to become a caretaker for the therapist in an attempt to both secure her love and ward off her aggressive impulses. This is yet another situation where love becomes the magical element that will cure the patient. The seeking of affection from the therapist is most salient in the therapeutic relationship with the self-effacing individual.

The withdrawing style will move away from the therapist in an attempt to retain his claim to freedom. He may “be evasive, drop the subject forget about it; he may talk about it with sterile intelligence as if it did not concern himself” (1950, p. 339). He will maintain distance in an attempt to not engage the inner conflict. The therapeutic relationship with the withdrawing style proves to be the most challenging, as the investment of the client lies in denying the mere existence of the relationship. Although the therapist may be aware of the actuality of attachment and connection, and make repeated attempts to make this conscious, the withdrawing individual will do whatever possible to refrain from acknowledging it.

**Conclusion**

Thus far we have explored the neurotic’s pride system, the creation of the idealized self, the neurotic claims, shoulds and needs, as well as self-hatred. We investigated under Horney’s structure of neurosis that the neurotic attempts to change through a myriad of psychic defenses, who he is; into who he wishes he could or should be. Individuals
encounter normal strivings through culture, family, and upbringing. The desires to be in charge, to be kind, to be self-sufficient are values we all strive for to differing degrees. However, when encountered as rigid demands they lose the potential for growth and become stilted in themselves.

The diverted strength that would allow the neurotic to develop his sense of self fuels him instead to feel like he is inferior in the context of his world. Since so much of the person’s energy has been devoted to coping with other people, the person never develops a sense of belonging. These are all aspects of the neurotic cycle that promote the disguising of feelings, motives and desires for the sake of actualizing the idealized self.

The frustration the neurotic encounters internally builds and is repressed and redefined in imagination in a way that will fuel the cycle of the neurotic solution. The challenge of therapy is to channel the rage out of the neurotic cycle and use it to return psychic energy to the real self.

In the following chapters, I shall explore the differing neurotic solutions as Horney described them. I shall also explore the connections between maternal abandonment and rage within each of these character styles. The next chapter will introduce the case of Adam, an example of the expansive personality style and his struggles with maternal abandonment and adulthood rage.
Chapter 4-The Expansive Solution: The Appeal to Mastery

Now that I have explained the Horneyean theory of personality development, I shall illustrate the “expansive” solution. This character style solved his basic conflict by attempting to gain power and control in response to his overwhelming feeling of powerlessness. Horney explains that for this neurotic “the appeal of life lies in its mastery. It chiefly entails his determination, conscious or unconscious, to overcome every obstacle—in or outside himself—and the belief that he should be able, and in fact is able, to do so” (1950, p.192). This neurotic solution operates by presenting as though he believes that he is his idealized self and acting as though he has achieved perfection. For Horney, the expansive “individual prevailingly identifies himself with his glorified self” (1950, p.191). However, the expansive individual is all too acutely aware of his failure to live up to this glorified self and feels all the more defeated as a result. Horney offers to think about this conflict as if dealing with two people. In neurosis, “the actual, empirical self becomes the offensive stranger to whom the idealized self happens to be tied, and the latter turns against this stranger with hate and contempt. The actual self becomes the victim of the proud idealized self” (1950, p.112). The expansive style is victimized by his fantasies of omnipotence, and in contrast to the withdrawing style is wholly invested in actualizing them.

In contrast to the self-effacing solution, explored in the next chapter, the expansive individual finds the acknowledgement of his flaws to be excruciatingly painful. His strivings for power are born out of a neurotic need to manage anxiety and fear, rather than actual strength. Thus, the veneer of confidence serves mainly to protect the neurotic from feelings of helplessness or insignificance. “This basic attitude gives him the
buoyancy or the resiliency entirely lacking in other groups. It gives him a seeming abundance of self-confidence which appears enviable to all those chaffing under self doubts” (1950, p.194). However, those parts of the self that are not “ideal” are despised, denied, or eradicated by the expansive neurotic. In pretending that his flaws do not exist he is able to present to the world a persona that reflects his idealized desires, but it is fragile and when it crumbles, it unleashes a profound attack. The expansive style then is continuously using his energies to defend against his own self-hate.

In this chapter, I shall show how the expansive style’s repression of his feelings of doubt and pain ironically contribute to an increased sense of vulnerability. The expansive style sets himself up so that any failure in perfection signifies a humiliating defeat that must be further protected against. In the case to follow, Adam’s vulnerability relates to an early maternal abandonment, and results in struggles with vindictive often self-defeating rage. I shall show how working with the expansive neurotic’s rage worked in therapy to help bring about characterological change.

**Pride System for the Expansive Style**

*The Idealized Self and Neurotic Pride*

The expansive style has resolved his basic conflict by moving against people. According to Horney “to him life is a struggle of all against all, and the devil take the hindmost” (1945, p.63). He embraces an ideology of social Darwinism. The expansive neurotic idealizes the faculties in himself that allow him to feel superior to others. He prides himself in being able to plan, to be vigilant, to have foresight. He cultivates and glorifies in himself anything that entails mastery. He believes he should be able to gain mastery over any task including life.
For Horney “the reverse side of the necessity for mastery is his dread of anything connoting helplessness; this is the most poignant dread he has” (1950, p192). He hates the idea that he could feel helpless, compliant, or dependent and he prides himself in being able to maintain this proud stance. Of course, the neurotic does feel helpless, compliant, and dependent which hurts his neurotic pride. Since “the neurotic lives between the two alternatives of pride and self-contempt...hurt pride pushes him onto the abyss of self contempt” (1950, p.102). The neurotic then is forced to come up with remedies to mend his hurt pride. For the expansive style such a remedy is vindictive triumph. This neurotic reacts with vindictive indignation when faced with a flaw in himself or the world. Further, the inability to retaliate, be it because internal or external limitations prevented the strike, further injures the neurotic’s pride and he feels doubly humiliated and victimized.

The early environment of the expansive style “who either got early admiration, grew up under the pressure of rigid standards, or [was] harshly treated—exploited and humiliated” (p. 221)—develops into this style’s inability to integrate flaws as part of their human condition. Anything other than perfection in various spheres depending on personality will leave the expansive neurotic vulnerable to the humiliation experienced in childhood. This style is neurotically proud of being above pain and suffering. As Horney explains “the need for triumph and the need to deny positive feelings [...] are intimately interrelated” (1950, p.203). He never allows himself to feel his pain because he experiences his suffering as a distressing reminder that he is not perfect and in complete control. If he does manage to experience pain, he attacks himself with caustic self-
contempt for failing to maintain his idealized image of godlike omnipotence and perfection.

The expansive style attempts to convince everyone to believe he is all he believes he is. This he attempts to do with various strategies that include charm, coercion, and emotional strategizing. As Horney describes, he can only prove his own worth by “arrogating to himself extraordinary attributes” (1950, p.204). He moves against others as a means to intimidate them, and assure that they do not challenge his idealized image. “The patient tends to despise summarily in himself all that is not invested with pride—which would include his real self” (1950, p.190). This neurotic reacts with anger and entitled indignation because it is unjust he should experience distress at all. The vindictive rage allows him to believe himself powerful and in control. He interprets his pain as another’s intentional attempt to humiliate him. The expansive style was often shamed or ridiculed as a child when he acknowledged his basic anxiety. Thus, the expansive individual wants to shame and humiliate those who he perceives hurt him. He idealizes the stance of being in opposition, on guard, in charge. His focus on evoking fear and respect from others is so powerful that he loses interest in finding out what he desires or who he is. He threatens to demonstrate his rage, complete with vindictive righteousness, and emerge superior from any struggle.

In response to basic anxiety during childhood, the expansive style concluded that the only way to survive was to squelch the tender feelings he may have experienced. The child was able to express his anger at the expense of “softer” feelings, which he experienced as “weaknesses.” The expansive neurotic makes the unconscious choice to defend himself against feelings of humiliation and suffering by demanding from himself to feel nothing.
“The choking off of tender feelings, starting in childhood and described as the hardening process, is necessitated by the actions of other people and is meant to protect him against others” (p.208). Thus, the move against others emerges out of his belief that others are out to get him. The individual following this developmental direction feels fundamentally betrayed by significant people in his life. He thinks it very important to have power over other people; otherwise, they will have power over him.

Mastery over others reflects his idealized need to protect himself from hostility. He externalizes his own aggression, to justify his hostile stance. This style will suppress his feelings of hurt and pain in service of attempting to attain revenge over perceived slights. These tendencies limit him in “the emotional area and concern his capacity for friendship, love, affection, sympathetic understanding, disinterested enjoyment” (1945, p.68). He can only use his intellect because his positive feelings have been cut off. However, even though he consciously believes he is his idealized image, he still needs external confirmation.

He believes fundamentally that he is unlovable. This style does away with his basic anxiety “in a simple and radical way; he convinces himself that he just is not lovable and does not care” (1950, p.203). The expansive neurotic’s idealized self scoffs at the idea that anyone could truly care about another person except to justify their own means. He is convinced that people are not to be trusted. As Erik Erikson (1959) would describe this, the expansive style has developed at core “basic mistrust.” He prides himself in believing that genuine affection is unattainable and thus foolish to pursue. He feels a deep contempt for those who seek it, as he unconsciously does for himself.
If he is not lovable, he does not have to try to be loved. It is just as well, if not preferable, to dominate, to have power. As Horney describes him “to hit back or—preferably—to hit first appears to him (logically!) as an indispensable weapon against the crooked and hostile world around him” (1950, p.206). This—to the expansive solution—feels like honesty. Since he builds his self-esteem on his neurotic pride in values like honesty, this proves to him that he is upholding his idealized image.

By suppressing his feelings, he attempts to eliminate inner conflict. He then is “no longer anxious to please but can give free range, at least in his mind, to his ample supply of bitter resentment” (p.203). The expansive neurotic resists compliance because this would make him vulnerable. Ambition becomes his motivating force, which makes him extremely competitive. Further, he tends to hold grudges that fuel his retaliatory standpoint. This is something he infuses with neurotic pride because anyone who does not take up this position toward the world is asking to be taken advantage of.

The attitude of being prepared for defensive warfare makes him feels as though he is taking the only intelligent position against a hostile world. His idealized image depends on this stance. This style notices those around him as pretending to be more altruistic than they actually are, and feels that he at least does not pretend to feel anything he does not. His charm of others or his artificial friendliness is present because he understands it as necessary for his quest. This maneuver strengthens his idealized image because it once again bolsters his sense of superiority. “It makes him appear to himself as the one person who is above common hypocrisy” (1950, p.207). This is how he convinces himself that he is his idealized self. It helps him believe that he is being more honest and justifies his vindictiveness.
Even though he might be unable to recognize that he is afraid of people, he at some level is afraid that others may retaliate, or hurt his pride. He is guarded and controlled in his dealings with people, because he needs to keep an internal balance between showing his vindictive wrath and holding it back. He is afraid of others because he can only justify his own hostility by exaggerating other’s hostility. This he attains in imagination by being “better than” other people, and looking towards a future where he will demonstrate how great he is and how they have wronged him. He needs to be able to express his vindictiveness without any awareness of fear. Claiming that he is invulnerable is one way to solve this dilemma.

There are three different maneuvers that the expansive style can move between: The narcissistic, the perfectionist, and the arrogant-vindictive (Horney 1950, p. 193). The narcissistic maneuvers strive to win the adoration of those around him by using charm. Perfectionistic maneuvers become obsessed with the “shoulds” of the expansive neurotic’s claims, and obsessively implement them on the world and those around him. Last, arrogant-vindictive maneuvers punish those that threaten the neurotic’s idealized self. We will see in the case below how Adam moved between these different maneuvers at different times to maintain his claims on the world.

**Self-Hatred**

Horney highlights that the expansive neurotic tries to avoid consciously experiencing his self-hatred. It exists in the ways in which we will examine, but a large portion of the neurotic’s energy goes into protecting against it. As Horney explains, any qualm that he might allow into consciousness “about his failings in human relations, about having others having reason to resent his attitudes, would be like a hole in a dike, through which
the flood of self condemnation would break and sweep away his whole artificial self-assurance” (1950, p.209). The expansive style maintains his neurotic pride through intricate mental gymnastics that prevent this onslaught of self-hatred.

The expansive neurotic hates the desire for love that he sees in others because he has been unsuccessful in eradicating it from himself. As much as he wishes it away, he still desires the connection to others that would soothe his basic anxiety. The knowledge, conscious or unconscious, of this fact is the heart of his vulnerability. His attitude could be articulated as “it is out of the question that they should love me; they hate me anyhow, so they should at least be afraid of me” (1950, p.211). His focus is to continue upholding his neurotic pride, which would evoke the response in others to adore, respect, or fear him.

The neurotic pride of the expansive style calls for “rigorous self-protective measures.” The self-hate that appears in the expansive personality direction has the potential to be so destructive to his sense of self that the individual launches desperate attempts to protect against feeling it in its full force. Because he prides himself on his ability to mold himself—“he is a ruthless slave driver of himself, and frustrates himself—glorifying the frustration as asceticism” (1950, p.208). He believes his self-frustration will help him maintain his idealized self. Frustration of desires is one of the few facets of self-hatred that he may willingly face, although formulated as an aspect of his idealized image.

When the defense of glorifying suffering in the service of neurotic pride fails, his self-hatred gets projected onto others. He externalizes the cause of his suffering, for to look within would be to admit to a flaw. He despises in others all of the things he hates in himself “Their spontaneity, their joy of living, their appeasing trends, their compliance,
their hypocrisy, their ‘stupidity’” (1950, p.208). His pride must be urgently mended, and the expansive’s vindictiveness is one such attempt at restoration. He experiences rage and hostility in reaction to his hurt pride, and interpersonally he “believes that by getting back at the offender one’s own pride will be restored” (1950, p.103). The neurotic believes that the offender has put himself higher by hurting his fragile pride, and that only through revenge can he reverse the situation and put himself on higher ground in relationship to the offender. This maneuver, of course, is all rooted on the expansive style’s beliefs about those around him.

When the expansive style accuses others, he dodges his feelings toward himself and gives himself justification for his hostile stance towards the world. He thus has an investment in maintaining his vindictive stance because it wards off his self-hate. His stance of aggression towards the world is the bill he presents for suffering owed. As Horney explains

his punitive attitude towards others, which looks altogether vindictive, is instead a mixed phenomenon. It is partly an expression of vindictiveness; it is also an externalization of his condemnatory punitive trends towards himself; and finally, it serves as a means of intimidating others for the purpose of asserting his claims. (1950, p.208)

It is self-protective to blame others. His energies, then, focus on taking revenge and evening the score in what Horney refers to as “vindictive triumph.”

Organizing his life around vengeance requires he keep alive the injuries that he has endured. This is the claim he presents to the world and “both the need to justify his claims and his responses to their frustration work like vicious circles, supplying a constant fuel to his vindictiveness” (1950, p.201). He is compelled to drag his rivals down and prove in any way he can his superiority. As Horney explains:
The aim of the neurotic vindictive revenge is not “getting even” but triumphing by hitting back harder. Nothing short of triumph can restore the imaginary grandeur in which pride is invested. It is this very capacity to restore pride that gives neurotic vindictiveness its incredible tenacity and accounts for its compulsive character. (1950, p.103)

The expansive style, in his desire to make those responsible for his suffering pay, negates his own self-hatred and attempts to find a way to maintain his idealized image.

When he is not being punitive towards others he berates himself for having not been strict enough, demanding enough. Again, this is the only way in which he can consciously question himself. In analysis when he complains, “about his inhibitions or ‘compliance,’ in part he means to convey, without knowing it, his dissatisfaction with the imperfection of these techniques” (1950, p.200). His rages, then, are a way to intimidate others and assert his claims. He faces his self-contempt in the sheer realization that his techniques are not perfect.

Interestingly the scheming that he does is often unproductive and his self-destructiveness is often present in rages and feelings that indicate he is going to lose control. When seemingly possessed by a vengeful wrath, the expansive neurotic might jeopardize important aspects of his life just to prove his superiority over someone who questioned it.

If anything does happen that reflects a failure of his own making or highlights his vulnerability; he may spiral into a crushing self-contempt. When he expresses tender feelings, the expansive neurotic is disgusted and fears that they will overtake him. He feels that they shine light on his weakness, and thus turns against himself in self-loathing.

If something does manage to register as painful, coming face to face with his own vulnerability, as well as his humiliation at having felt the pain, could conceivably create an emotional crisis.
Neurotic Shoulds, Needs and Claims

The expansive style has “the need to have power, including power over the wills of others; he needs to exploit or manipulate others.” He needs to be “socially recognized as capable, strong, and indispensable.” He needs to “see and admire himself as powerful and has the desperate need to achieve” (1945, p.65). These needs, as all neurotic needs, emerged as necessities to ward off basic anxiety as a child. As the expansive solution becomes more compulsive, the needs become shoulds and eventually neurotic claims. They become necessary to sustain the neurotic’s pride system. The expansive style believes that following his dictates to perfection will ward off his self-hatred.

According to Karen Horney’s (1945) theory of personality structures, the expansive style struggles primarily with the need to have power, including power over the wills of other people. He has the need to “exploit others, to outsmart them, to make them of use to himself” (p.65). Often, in childhood, he perceived this stance from powerful others. He also needs social recognition as someone capable, strong, and indispensable, and he has the profound need to admire these qualities in himself. Last, he has the desperate need to “excel, to achieve success, prestige, or recognition in any form” (p.65).

The expansive neurotic unifies his existence with the idea that everyone should be out to get what they can for themselves, and so he wants to be the best at getting what he can for himself. He feels entitled to have his needs respected, with a complete disregard for others’ needs or wishes. As Horney described “he feels entitled both to having his neurotic needs implicitly respected and to being permitted his utter disregard for others’ needs or wishes” (1950, p.200). He feels he should be able to criticize, but never submit to criticism. He is entitled to shame, but never to be shamed. His claims reflect a
disregard for other people and their needs. His assumptions are that if he is a “good” person then he is entitled to life treating him fairly and with respect. His perfectionism makes him entitled to success and good health, and a mastery of life. He should and is able to overcome all conflicts, all problems, fate and life themselves. He has to have control.

This style believes that he makes no claims. Again, as he is his idealized image, he is honest and fair. What he asks for from life is what he deserves, that to which he is entitled. Thus, he has a very specific way in which he asserts those claims. Since other people are simply there to fulfill his need to be adored, the expansive neurotic feels humiliated and resentful if people as much as voice their opinions. He can try to persuade through charm, however react with an underlying suppressed rage when unsuccessful. He may become rageful and give up on a relationship looking for someone else who will understand him better. The expansive neurotic’s aggression highlights “his need to intimidate others and to keep them in awe of an armed fist” (1950, p.206). As I mentioned earlier, his rages are a way to assert his claim at control and superiority through intimidating other people.

He feels like nothing should be able to touch him, and thus nothing does. His claims reflect the unconscious determination to magically wave away all insecurities, vulnerabilities and fears. Any suffering he endures he must not reveal to others and even to himself. He cultivates his idea that he works better with the stick than with the carrot and beats himself into subjugation and grandiose achievement. His belief in invulnerability, albeit unconscious, claims that he should be able to hurt anyone and they
are not allowed to get back at him. He is interested in becoming less compliant, but not as interested in noticing that he has an utter disregard for others.

He is extremely wary that someone may be trying to fool him, which justifies his being on guard. Since his idealized image includes convincing others that he is as awesome as he attempts to convince himself he is, he imagines others are attempting similar things. He suffers from an impostor fear that even the things that he has achieved through hard work he has achieved due to his ability to put something over others. The expansive style needs the world to recognize uniqueness and grandiosity, but knows at various levels that he is not everything he wishes he could be. Thus recognition, even earned recognition, feels empty. It feels as empty as his self-esteem when fueled and maintained by his pride system.

Now I shall demonstrate how Adam exemplifies Horney’s description of the expansive style. Horney stated that the expansive style suffers from humiliation due to his fragile pride and unrealistic expectations of self. To do this, we will look at how Adam’s discourse demonstrated the expansive needs, and summed into a certain idealized self that was perfectionistic, aggressive, and ultimately, glorified. I present the maternal abandonment experience, its subsequent rage, and Adam’s struggle to reacquaint himself with the desire for love and connection at the core of himself.

**ADAM**

Adam was a twenty-four year old, white, heterosexual male when he began treatment. He was studying biomedical engineering, and trying to decide what to do after graduation. Adam reported a fear of losing interest in any career path after a short period. He said he felt like “if I settle into one thing now I shall be locked in it for the rest of my
life.” He said he felt trapped and could not reap a sense of satisfaction. He felt hopeless. He stated that he did not want to restart medication because it “didn’t cure me” from using “guilt to motivate myself.” As therapy progressed, we began to discern that what he referred to as guilt was rage reflecting the self-hatred he experienced over “not being perfect.” In sessions Adam highlighted the instances of humiliation that he remembered and his attempts at covering over his pain with his expansive maneuvers. He also vividly described his vindictive rage in response to repeated injuries to his neurotic pride. As Adam discussed his life, his alienation from himself became increasingly evident. Adam’s treatment took place in a twenty-seven month treatment period with a fifteen-month break after the first seven months. During this time he consulted a psychiatrist twice, but declined the use of psychotropic medication because of his previous experiences with antidepressants.

He was born an identical twin. Adam described himself as an intellectual child who struggled with his expression of rage. He remembers feeling mistrustful of people from early in his childhood. As a child, Adam said he tried to control his anger because he felt shamed for it. When he entered treatment he was angry but experienced his anger as unacceptable because he felt it made interpersonal relationships difficult for him. This he blamed on a brief course on anger management and antidepressant medication he received when he was a child. His presenting goal, as I eventually understood it, was not to control his expressions of rage but to eliminate his anger entirely. He experienced anger when facing his imperfections and believed that removing his anger would actualize his idealized image.
One of Adam’s first memories involves an expression of rage that resulted in maternal abandonment. While fighting with his mother after becoming frustrated at his inability to perform a gymnastics trick, Adam started to bang his head against a wall. When Tara, his mother, stopped him, he directed his rage at her and screamed: “I wish I were an orphan!” Tara became infuriated herself and said that if this was what he wanted she could drop him off at an orphanage. She grabbed Adam by the arm and started to drag him towards the car as he kicked and screamed. In tears, as they rounded the driveway, Adam started to beg her not to take him. He did not remember how the incident was resolved, but he vividly remembered his horror that she would have abandoned him. As a child, he believed wholeheartedly that she would have. This trauma’s meaning multiplied when, a few months later, she received an actual death sentence in the form of a slow acting brain cancer. Her illness would claim her cognitive health for the next fourteen years and her life just after Adam’s high school graduation.

When Adam was a child, he remembers Tara used to keep all of his and his brother’s school knick-knacks in boxes. He said that looking through these things now he could see his mother’s investment in him and his brother. However, his memories from boyhood, reflect a woman who was cold and “emotionally distant.” Adam reflected miserably “it was as if she kept us in these boxes.” Adam and his brother were kept as things: cold, accurate, concrete, and emotionally unavailable. Adam experienced her as cold and shut off from them as actual beings. Adam later stated that his “problems with women” were due in large part to his “refrigerator mother.” Adam remembers, “I acted mature, but it felt fake because sometimes I wanted her to be strong for me.” Adam remembers that his mother would say, “I love you” a lot, but he never felt that she
demonstrated it by taking care of his needs. On the contrary, Adam often felt he was taking care of her needs at the expense of his own.

Adam and his twin brother Neil lived with their married parents for the first eight years of their lives. Adam’s parents divorced when he was eight-years-old, due to his mother’s cognitive decline and the increased parental conflict in the home. Adam remembers his mother “picking fights” with his father, Liam, over the boys’ affection. Adam remembers an atmosphere of competition between his parents, which he attributed mostly to Tara’s insecurity. Adam stated that Tara would have “irrational outbursts” and become angry with them for showing affection to their father. Adam remembers one instance where he and his brother were laying on Liam’s lap watching a movie. Tara came into the room and yelled at them for not spending enough time with her and doting on their father. Adam said that he and Neil rushed to console her, but that he felt “fake and angry” for indulging his mother’s “irrational” request.

Adam began to experience rages. He stated “I would get so frustrated at not being able to get things right that I would bang my head against walls.” He discussed that in gymnastics he would become enraged because he was “not being perfect.” He said that at first he would cry and feel embarrassed. He said when he cried he felt ridiculed, whereas when he raged he was “steered away.” Adam remembers specific instructions not to cry as a child, and said “people run away from me when I’m angry.” Adam felt humiliated at being unable to control his own emotions. He said that he felt “like a puppy getting his face shoved in his accident.” He added that in such a situation he would rather push his own face into his mess rather than have it highlighted by someone else. Adam
was sent to anger management for having tantrums and hitting himself. He attended group sessions of anger management with his brother.

Adam’s parents divorce came as “no big surprise” when his parents announced it. He remembers seeing a divorce pamphlet lying around their house. Adam remembers his parents breaking the news of the divorce where he attended anger management sessions. Adam and his brother, Neil, collapsed on their father’s lap in tears because they thought they would never see him again. When they found out that they would be living with him, Adam said they went to Tara’s lap. However, to Adam, this felt disingenuous. Adam and Neil chose to live with their father and visited Tara at their grandmother’s house on summer vacations.

A significant event in Adam’s narrative about the family transition was an instance of coercive sexual contact with an older boy, Keith. While living with Liam they moved a few times. After their second move, when the boys were about eleven-years-old, Adam and Neil felt betrayed in their first attempt to develop friendship. Adam said that they invited Keith to sleep over, and he “talked us into” performing oral sex on him. Adam wished at the time that his father would have burst through the door and rescued them, and his fantasies expanded to helicopters and swat teams rushing to prevent this event. Adam and Neil never invited other kids to have sleepovers with them after that incident. They also never discussed the incident between themselves.

During the summers, Adam remembers dreading visiting Tara. She was physically limited and he remembers feeling embarrassed that they had to take her wheelchair everywhere they went. Adam felt guilty about how angry he felt towards his mother and wished he had a “normal” mother. Adam resented her for not being normal and able to
take them “bowling, doing the things other kids did with their moms.” For her part, Tara would confide in him thoughts that were overwhelming to him at this age. Adam remembers his mother sharing with him that she was trying to convince her mother to bring her to Mexico where “euthanasia” was legal. In other words, Adam, as a teenager, had to struggle to process Tara’s desire to die.

It is interesting to note that although Tara was cognitively declining and coping with her own upcoming death, Adam holds her more responsible for her actions than he does Liam. It sounds as though Adam’s understanding of his family narrative is that people leave you when you are angry, and it is your fault for being angry. Adam never questioned during our work together his father’s decision to divorce after Tara’s terminal diagnosis.

Adam said that he had a number of “normal” memories with his father. Adam remembers visiting intellectually stimulating places with Liam and Neil. They frequented museums, historical monuments, and architectural wonders. Adam does not remember being able to share with Liam any aspect of his feeling life, particularly his rage, as this got him sent to anger management, which in a sense felt like a punishment. He never shared with his father his wishes that he would have protected him and Neil from their experience of sexual coercion. Adam described Liam as “calm” but due to the fact that he had been taking antidepressant “meds for 10-15 years.”

Adam recognized his tendency to idealize his father. He said that anything “good about my father was probably imagined better than it was.” He said that when things got “difficult and awkward” at his grandmother’s house, they could just look forward to going back to his father’s house where everything would be “better…perfect.” Adam
said that he tried to “mimic the more alive of my parents” identifying with Liam’s workaholic nature; in contrast to Tara whom he saw as “a decomposing bag of flesh.”

Adam remembers that once while visiting Tara she fell in the shower and he had to go help her. He remembers feeling “angry and embarrassed” and stated that he felt “disgusted when a girl loses control due to her body or her emotions.” Adam understood his rage as a reaction to being required to be “more mature than he wanted or stronger than he wanted to be.”

Adam described feeling an underlying anger at the way people treated him or judged him. During high school, Adam remembers having people to hang out with, but being hyper-vigilant that they were going to “trick him.” As graduation drew near, Adam said he was more concerned with other people judging him for not being normal. It was during this period that he became “infatuated with self discipline: thriftiness, vegetarianism, and with an anarcho-punk lifestyle.”

After graduation, Adam and Neil visited Tara and brought her their graduation DVD. They watched it together and spent a few days with her. Adam and Neil had planned a graduation road trip and a week after they left, they received news that Tara had passed away. When Adam shared this story, he said, “a week later we died” instead of “she died.” Adam said that he knew Tara would improve physically when they visited, and so he felt as though he had “killed [his] mother by leaving.”

Sexuality and dating were another arena where Adam struggled with rage. In Adam’s family there was a running joke about him being gay. Adam dreamed of sexual acts involving himself and his brother about three times a year. He was concerned about their frequency and was actively trying to “bury them.” Adam feared these dreams meant he
was “a homosexual.” Once while thinking about the possibility of being attracted to men at the gym Adam “thought about tossing one of the dumbbells into the mirror.” Adam believed that everyone had homosexual tendencies and that if he tried to have sex with men he might enjoy it. However he was scared of “being out of sync with the larger society.” Adam believed that if he were “a homosexual I would be hated by society at large.” He said that “everywhere in time and space there has been homosexuality” however, “seeing that I had an uncomfortable experience I would rather start slashing throats than experience physical homosexual sex.” Adam dated women but most of his relationships with them were short lived. Adam lumped together his distaste for “homosexuality, trickery and women.” He said he placed them in the same “metaphorical box,” and judged them as “silly, immoral and fragile prone to disease.” Given his age and tendencies to unleash self-hatred when embarrassed, Adam discussed little about his actual sexual experiences or his sexual fantasies.

Adam was talented academically and had little academic difficulty while at college. He worked as a laboratory assistant, where his rage was becoming increasingly difficult to manage when he began therapy. In our very first session, he talked about his being “quick tempered” and “impatient.” He ascribed his rage to these perceived character flaws. According to Horney (1950), “reactions of panic, depression, despair, rage at self and others to what is conceived as ‘failure’ is frequent, and entirely out of proportion to the actual importance of the occasion” (p.31). Adam recognized that he could not understand why he felt so enraged, but his feelings were so overwhelming that they aroused a great deal of anxiety in him. He was afraid that he would lose control over his rage and attempt to physically gratify it by destroying the nearest person or object. His
initial goals for treatment were to be able to be “more in control” of his rage. Adam’s rage manifested in the form of snide remarks, destructive fantasies (he would say he wanted to throw the coffee table out the window), push-ups on the floor of the session room when upset, and once by punching the session room wall.

**Early Developmental Expansive Direction**

Now I shall demonstrate how Adam exemplifies Horney’s description of the expansive style. To do this, we will look at how Adam’s discourse demonstrated the expansive needs, and summed into a certain idealized self that was perfectionistic, aggressive, and ultimately, glorified. Once I have established this I shall turn to Adam’s central concerns, maternal abandonment, and rage. By considering Adam’s early major life experiences, it is possible to contextualize Adam’s resolution to move against people. Adam struggles with rage as a reflection of his own fallibility given his identification with his mother. He was angry with her, yet he felt like her. Thus he attempted to not be like her, by alienating aspects of himself. Subsequently, he projected this rage to the world in general and saw them as moving against him. This will be explored in the context of the therapeutic relationship below. The perception of hostility justified his neurotic solution as the only rational (albeit compulsively employed) option.

Adam’s earliest memory of maternal abandonment because he was enraged sets the tone for his developmental direction of moving against people. Wishing that he were an orphan and having his wish “come true”, sets up the fantasy that his rage is powerful and dangerous. Tara’s threat to punish Adam by pretending to take him to an orphanage is an instance Horney would classify as one where “a child may not be permitted to grow according to his individual needs and possibilities” (1950, p. 18). Adam experienced his
loss of control as having allowed his mother to assert the power she had, which felt humiliating. Adam stated that Tara “could get angry because she was in charge and was allowed to have it and I couldn’t.” He felt as though Tara gained satisfaction from humiliatedly proving to him that he indeed had no control over the situation and had to submit to hers.

The expansive neurotic painfully notices the ways in which others assert power. This was true for Adam, particularly in relationship with Tara. Silence was one of the ways in which he felt she would punish him and Neil. Adam said that “crossing her arms and looking away” was a way to assert power, a “typical female response.” Adam said that this was what his mother used to do when she was fighting with him or Liam. Adam experienced Tara’s anger as manipulative and stated that his mother and grandmother used to “be angry in order to get us to do what they wanted us to do.”

Adam started to feel his anger was unacceptable because “you can’t be angry at someone who is dying.” Adam’s rage connects clearly here with his self-hatred at having wished Tara’s death as a child and throughout his adolescence. He categorized his rage as something that made him “a monster” and dedicated his energies to try to contain it. This runs seemingly counter to Horney’s exposition of the expansive neurotic, however, what makes Adam fit this characterologically is the meaning that propelled his endeavor. Adam still strived to be better than other people were and to have power over them. His competitive and aggressive impulses fueled the neurotic claims we processed in treatment. The distress of feeling fundamentally unacceptable fed the desire to gain full mastery of life.
For Adam, being able to control his rage made him feel superior to others, which was the preferable position in a dichotomy of superior versus inferior. He was suppressing anger that attempted first to highlight an affective experience, but with time progressed to a way to demonstrate to the world that he deserved better treatment. His rage spoke to the perception that injustice surrounded him. That other people should strive to be different towards him because he tried so hard to perfect himself. Suppressing his rage, striving for perfection, achievement, and intellectual accomplishment were the characteristics that he cultivated as a way to attain his idealized self. Yet he remained deeply unsatisfied, because at core the rage was an indication for him of his insignificance.

**Idealized Image and Neurotic Pride**

In neurosis, according to Karen Horney, the central problem is the individual’s alienation from himself. Adam came to therapy because he wanted to strengthen his pride system. He wanted to become stronger, more assertive, and better able to withstand pain, or rather not to feel it at all. Adam wanted go be better able to avoid his rage. Although Adam consciously wanted to eliminate his rage, it emerged when he wanted to gain power. Adam reacted with rage at feeling powerless and struggled with feeling as if his rage was going to overcome him. His rage presented the ultimate power, something that would overcome him and terrify the world around him.

About work, Adam said, “I need to feel superior to others and people are competitive because they have to be.” He stated that he “had a sense of pride because he felt he belonged to something bigger.” Adam’s strivings in biomedicine were “oriented toward power, inasmuch as success and prestige lend power in a competitive society” (Horney, 1945, p.65). Adam was invested in gaining and maintaining power and would share
anecdotes from books he read on the subject. He told me that he would “get a valuable piece of information and not share it with other people.” He raged when he had to show a lab mate how to perform an operation. He stated “I felt special. I need to create something special that no one else [can] produce.” In this way he could convince himself of his own worth.

Adam felt humiliated when his ideas were not heard, and continually interpreted other lab assistant’s carelessness and nonchalant attitudes as insults to his own hard work. Adam demanded that he should be perfectly able to control himself. He stated that he wanted “absolute control and dominance” over his space. He felt he was more talented and more intelligent than other people were, but was made constantly aware of his unimportance by the hierarchy of the lab. He said “I have as much if not more to offer than other people so why am I not higher on the priority list?” He would become increasingly angry at the way things were running but doubly frustrated because he believed this only confirmed his inferiority.

Adam believed that he could get more out of himself by “the stick rather than the carrot.” He thought that there was “no greater contribution than grinding yourself to a dull piece of metal to provide.” Adam dialogued his need for society to see him as capable, strong, and indispensable, and his own needs to see himself in that way. As Horney describes, “this type feels superior because of his high standards, moral and intellectual, and on this basis looks down on others” (1950, P.196). Adam said “I put work ahead of what I want to do” and reflected, at first with pride, that he had “abandoned the things [he] enjoyed” like playing the saxophone and reading prose. This is a prime example of his alienation from himself. He said that it was hard for him to rationalize spending time on anything
that he was “not going to make a living out of” because he feared that if he did not do enough work he was “a waste of space, energy and oxygen.” In these endeavors, Adam could believe he was his idealized self.

Adam expected others to know and notice his efforts and his sacrifices. He demanded to be socially recognized for doing something for the welfare of the planet. He discussed wanting to use up as little planetary resources as possible in order to not be a societal burden. Using the same water bottle instead of a disposable cup, starving himself, and using his sexual energy, like Gandhi, to altruistically help people instead of attaining sexual gratification were some of the examples he used. By taking as little space as he can, he wins a moral battle with those around him. We can look at these techniques as ways in which Adam reasserts his neurotic ideals to be better than others. By taking a quantifiable outlook on life, Adam attempted to feel in control.

His interpersonal idealized image is manifested in a dream Adam shared. In the dream, “I was [a] hit man compelled by god to kill people.” When discussing the dream Adam stated that being ordered by god meant that he was “in some way more special than anyone else.” There was a righteous belief that he should have the power to punish and look down upon those around him who did not uphold the image of perfection in which he believed. Adam openly admitted that he “wanted to be the center of attention” and rationalized his desire as a reaction to not having gotten enough attention as a child. If others were not living up to his standards, how dare they reject him? Further, they deserved punishment. Here we see Adam’s conscious desires and beliefs about himself as his idealized image.
He desired to form and maintain relationships with people. In Adam’s idealized image, he believed himself to be friendly, charming, and “nice.” He should be able to make friends, but feared they would see his rage. Adam felt his rage was his fatal flaw and it manifested when he did not feel his idealized image reflected back to him in the eyes of others. When speaking about everyone’s “obvious flaw” he asserted that it was that they “had not called him.” He said that he felt “deep survivalist dissatisfaction at being beaten by non-intellectuals.”

Adam wanted to have friends because he thought “normal” people had friends, and not having friends branded him as an outcast. However, he did desire intimate human connection. As Horney explains about the expansive style, “we discover self-effacing trends in all of them, trends which they have not only suppressed but which they hate and loathe” (1950, p.192). Adam wished he could be a hermit, and the fact that he felt the desire for human connection was one of the things he despised about himself.

Adam claimed to be invested in developing intimate relationships with “females.” Having a romantic relationship and “passing his genes” were the abstract ideas that he coveted. Adam explained that because other people were more confident or had “jock personalities” they would likely beat his own genes and “knock up” more girls than he would. He felt entitled to romance, and felt enraged when it was not forthcoming. However, this endeavor was not free of his striving for perfection. Adam explained that when he first met someone they were “a blank screen onto which [he] could project whatever [he] wanted.” However, after a relationship started to develop he would “start to ignore her and ultimately let her go because she was not perfect.” Adam would become enraged with women because they were “incompetent and helpless” and felt they were...
“dependent” on him for even simple things as making a reservation decision for a restaurant. Adam described once his ideal woman as “standing on top of a mountain looking away.” He said that after he got to the top of the mountain there was already a higher mountain that he wanted to climb and he would lose interest in this woman.

Adam offered a concrete example of his need to be capable and indispensable and his angry reaction when he is not being unquestionably seen in this way. Adam said once that he had participated in a white water rafting competition. Adam said that because of his “obvious superior physical attributes,” prior competitive experience, and knowledge about white water maneuvers he was invited to be captain. The competition required making quick choices about water levels and direction over rocks. Adam started the competition feeling confident, but was deflated as soon as his teammates questioned his decisions. He was infuriated when his teammates decided to take a turn he disagreed with, and left the raft before the end of the competition because of his fury. Adam felt that he should not have been named captain if people were going to challenge his assertions. Adam here recognized that he is unwilling to accept limitations and reacts with rage. Even with this insight, he remained unable to assuage his frustration. Karen Horney (1945) reiterates, “neurotic conflicts cannot be resolved by rational decision” (p.19). When not regarded as perfect Adam reacted with rage, or as Horney argues imperfection triggers self-hatred. The paradox is that his rage reinforces his notion that he is not perfect.

**Self-Hatred**

Adam described himself as “a very self critical person.” He said that he feels as though he is constantly raising his arms and gesturing, “Look at me! Look at me!” because he
hopes to get from others the approval that he will not give himself lest he achieve perfection. Moreover, as described earlier, the desire to induce fear or have adoration or respect requires the attention of other people. In Adam’s logic if he continually treats himself with disdain then he imagines he will not have to feel any shame when the contempt comes from society. Adam said that he repeatedly tells himself “I am not doing good enough” in an attempt to force himself to do better. Adam added that if he was able to criticize himself, and not fall for the part of himself that wanted to reassure, then he would never have to worry about an outside authority figure. The setup is that when he does experience shame he feels his claims violated and his pride system falters. Horney asserts that for the neurotic “the glorified self becomes not only a phantom to be pursued; it also becomes a measuring rod with which to measure his actual being” (1950, p.110). Here we hear the shackles of his idealized image, and the punishment that Adam undergoes when he does not meet his own expectations.

Karen Horney (1950) argues that under neurotic compulsions individuals cannot differentiate between self-frustration and a healthy self-discipline. Such discipline “presupposes knowing one’s wishes and having the capacity to renounce a less important for a more important one. This is difficult for the neurotic because his ‘wishes’ are mostly compulsive needs” (p.141). In Adam’s strivings for god-like perfection, he strives to meet all of his neurotic needs. “The tyranny of the should drives him frantically to be something different from what he is or could be” (p.159). This inevitably leaves him feeling inadequate, or worse, like a monster.

According to Horney the expansive neurotic attempts to actively externalize self-hate by directing it “outward, against life, fate, institutions or people” (1950, p.116). Adam
ascribed his struggles with rage mainly to his mother. During session, I asked him what he might say to her. He stated that because of her

Now I’m a monster. All the things that I hated you doing; now I am doing. How dare you make me shut myself from the world then force me to learn again when I am almost too old? I was only doing the best I could based on the little experience I had. The only thing that made you happy was if I just sat there and did nothing. Now I have nothing because I can’t show what I have when I have it because it is all acid eating away at me

Adam’s attacks of self-hatred were intolerable because they made him a monster, the diametrical opposite of being a god. Although, there is a strikingly accurate self-assessment in this statement, Adam uses it to externalize his self-hatred by stating that another has made him the way he is.

This theme recurs in a dream he shared in treatment. Adam stated that he “walked into a town and people would run into their houses and close their shutters. I felt abandoned and started to behave like they expected a monster to behave. I started to tear down walls.” Upon reflection on the dream, Adam stated, “hurt brings on this violent physical immediate reaction.” Here again we see Adam’s dynamic of hating his anger, but feeling like it is brought on by other people. Adam once said that he felt “justified in acting like my mother when I am angry.” If only other people would behave better around him, as Tara expected her children to, then he would not experience the anger that made him hate himself.

Adam’s rage and self-hatred form part of a perpetual loop. Adam describes how he and Neil “kick themselves for not making things perfect” and “sabotage” their own efforts so that when nothing works out the way they wanted, then at least they can gleam satisfaction in the fact they were right. As Horney states, “He suffers because he feels he has failed to achieve supreme success, to do things to ultimate perfection, to be so
irresistibly attractive as to be sought out always, to make everybody love him” (p.163). He attempts to achieve this ultimate perfection by eradicating his rage, which only infuriates him and makes him hate himself more.

Since Adam’s world was composed of relationships based on domination versus subordination, “there is always a vulnerability and a readiness to feel looked down on and humiliated” (Horney, 1945, p.101). Adam, as an expansive neurotic views vindictive triumph as an antidote to humiliation. He told me that he “wanted to make someone feel helpless and make [himself] feel powerful.” When he felt rejected after asking a girl to stay after a date he said that he wanted to “take revenge on her and every other girl for making me feel helpless and unhappy because I really put myself out there.” He thought aloud what he wanted to say to another girl that he dated “hey honey, you need to work out…and by the way, I’ve been thinking about my ex-girlfriend and that I might have made a mistake in breaking up with her.” Adam thought, “there are nothing but negative categories that society can put a male who is unable to make and maintain relationships with females.” Adam saw his rage as prohibiting of his making and maintaining relationships, which placed him amongst the “losers, assholes, and homosexuals.” However, he avoided responsibility by placing the blame on others. This allowed him to feel righteous in his rage and prevented him from facing his own contributions.

Just as the need to have power and control over others exist in Adam’s psyche there is also a fear that actually attaining this power is an illusion. Karen Horney (1950) writes that the neurotic who appeals to master “is most afraid of being fooled himself and may feel it as a profound humiliation if he is” (p.193). Adam described his feelings of ultimately being inadequate and being “found out” as someone who had slipped through
the system. He feared that, just as he thought people were out to trick him, he had tricked himself and the world around him, feeling “a constant lurking fear of being just a bluff” (p.193). The notion, that he just wasn’t good enough, educated enough, male enough, underlined his quest for achievement.

The humiliation he experienced at the hands of Keith was one of the sources of Adam’s self-hatred, as it questioned most deeply his idealized image. Reasonably, Adam was angry about Keith’s sexual coercion. However, this made his homosexual thoughts and desires shameful, as well as not his own. He felt tricked, which contradicted one of his neurotic inner dictates and triggered his self-hatred. “We shall not understand a neurotic’s rage at himself or the dimensions it assumes unless we keep in mind how immeasurably important it is for him to maintain the illusion that he is his idealized image” (Horney, 1945, p.199). Adam feared that he had “fooled himself into living a heterosexual life” and experienced rage in talking about this topic. He said that he “worked hard at avoiding any realm that was not straight or heterosexual” mainly due to his fear that he would feel “humiliated, out of control, or powerless.” The striving for power, in a way assuaged his fears, and gave him a structure within which, if he was hard enough on himself, he would eventually become his unattainable idealized self.

**Neurotic Shoulds, Needs, and Claims**

Adam acknowledged that he cannot ask someone to do something without expecting full compliance, or else he will rage. Adam discussed an incident with a roommate, where he felt such rage at his roommate’s lack of contribution with household chores, that he was unable to ask him to do his share. In an above example, Adam asked a girl to stay over after a date and feels rage after she declines. For Horney the expansive style does not
understand his anger as vindictiveness. “In his mind it turns into a warranted wrath at a wrong done and into the right to punish the wrongdoer” (1950, p.205). Adam’s neurotic need to have power over others and feeling entitled to asserting his claims fed into his frustration and anger. Horney describes that the expansive neurotic solution subscribes to the Social Darwinist notion that, “only the fittest survive, and the strong annihilate the weak” (Horney 1945, p.64). For Adam, the neurotic need to manipulate and have power over others’ will stems from the expansive fear that otherwise, people will take advantage of him.

Some of the indignation that Adam felt linked to his desire to “find the easiest way to do things.” He became angry when he encountered limitations, when people rebelled and when they had opinions and desires different from his own. Adam said that he “wanted to outsmart the requirements of a relationship…society…time.” As I mentioned earlier Adam believes in the ideal of justice, but as Horney describes “does not question his rights and expects others to ‘love’ him ‘unconditionally’ no matter how much he trespasses on their rights” (1950, p.195). This illustrates his claim that the world should somehow respond differently to him. It should recognize his intrinsic significance and make things easier for him. He resented people at work for correcting him and vindictively enlisted all of the mistakes he had seen them make as a way to restore his pride.

Adam’s neurotic claim is to be regarded as “a special little snowflake.” While taking a class he missed a deadline and asked for an extension. The teacher refused and he fumed about getting “bloody satisfaction” and feeling “if I acted like the brute everyone says I am, I would get more accomplished.” This authority figure challenged Adam’s claim
that he should be above the rules as he saw himself. The rules Adam’s pride system placed him as superior to, included aspects of his own physical capacities. Adam talked about being unable to invest himself a long-term project because he wanted immediate results. He said, “when things are not perfect I get angry.” He wanted to be able to draw well but did not “want to be satisfied with the doodles I can produce now” thus gave up drawing. Instances where his neurotic needs, claims, and shoulds were challenged of unfulfilled triggered both Adam’s vindictive rage and his self-hatred at feeling powerless or incapable.

Maternal Abandonment

Adam’s need to have power may have stemmed from the two major experiences of maternal abandonment around which our treatment centered. The first instance was when he screamed at his mother his wish to be an orphan. In this instance he wished for her death and she reacted by threatening to leave him. Adam experienced this as an emotional abandonment, one that reflected a fundamental rejection due to his rage. The second instance was the process that took place after her cancer diagnosis. This included her cognitive decline that disabled her from taking care of Adam’s feelings and reactions to her illness. Adam encountered here his feelings of powerlessness over Tara’s illness. Conversely, he also found imaginary power in the fear/wish that he caused her illness by wishing her death.

The dynamic of feeling abandoned was present throughout Adam’s life in different ways. The sexual experience he had with Keith, accompanied by the wish that his father would rescue him can be interpreted as abandonment. Adam experienced his mother’s desire to commit assisted suicide, and his caretaking of her in ways that made him uncomfortable
as further abandonment. These all factored into his feelings of rage, which he identified with Tara and interpreted as feeling out of control, irrational and being in the position of a woman. Finally, abandonment was an aspect of the termination of psychotherapeutic work with me.

When describing Tara’s illness, Adam focused on his feelings of “annoyance and resentment.” He later termed it “sympathy fatigue.” Adam’s demand of perfection is illustrated by his expectations from his mother even while she was suffering from a physically disabling illness. His attitude seemed to reflect a stance of being unable to acknowledge that Tara’s emotional and cognitive capabilities were limited as her cancer advanced, and a feeling of having been cheated by her. For Adam, it seemed, managing his anger around Tara was a reminder of the injustice he suffered from her as a toddler. Adam’s experience of abandonment seems to have earlier, more primitive qualities.

Adam used an image to depict his feelings when he was a child. He had said that when he was having a tantrum, he imagined a giant crane would lower a padded room over him. He would then be able to “rage [himself] into exhaustion” safely inside the room, until he was “spent, like a little fish.” At this point, the crane removes the room and he would have vented all of his frustration. In this way, he would still have had an outlet and his mother and other adults would not have told him to “stop freaking out.” For Adam a container would protect his idealized image, and he would be “spared the embarrassment” of having a tantrum in front of other people.

Interestingly this image has a womblike quality. A spent little fish is reminiscent of a baby having just emerged from his mother’s womb: tired, helpless, and ready to be comforted. This image suggests a primitive need to be comforted and perhaps a fantasy
of preconscious abandonment (of having been abandoned even before he left the womb).

If the anger he experiences is related to having been expelled from the womb, it makes
sense that his rage is something fundamentally defective about him as a person. His
anger makes him so bad, that even his own mother’s womb expelled him.

This image was mirrored when Tara fell in the shower and Adam had to rescue her.
When he went into the shower, Tara’s body was naked, wet, and slippery like a fish.
Adam felt this was a poignant example of where he had to swallow his feelings and help
a woman who had “lost control of her body.” Adam raged about feeling compelled to
provide help and comfort for his mother as a young adult when he felt she never provided
it for him.

Let us return to Adam’s complaints about his mother keeping them in boxes. Adam said
jokingly that this was like saying that they “had never left the birth canal.” He feels as
though he never really left his mother’s box (a slang term for vagina); he was still a part
of her. Adam perceived women as “black [boxes] of mystery” that could “never be
satisfied” and could always “take and take and take.” In Horney’s terms, we could
understand Adam conceptualization of his actual self as all of the negative projections he
had about his mother. He remained trapped in her box, unable to get away from her and
unable to feel contained by her, torn between wanting to be everything for her and feeling
as if he would never be able to measure up. It seems as though Adam felt abandoned both
when he was left to his own devices, but also when he felt too much was demanded from
him. This, of course, is symbolically played out in his character structure where he
abandons himself by demanding perfection and offering little comfort.
We could look at Adam’s identification with Tara as symbolic of the way he devalues his actual self. He described Tara once as a “decomposing bag of flesh” and then later, while discussing an episode of rage, described himself as “having no bones” and as “a sac being dragged on the ground.” Adam worried about being sick and stated that some of the intentions behind his “anarcho-punk” sensitivities had to do with remaining healthy. He would go to the doctor for tests on various cancers. The language of decay, corrosion, and festering pervades Adam’s perception of his genuine self. Here we see the level of his self-alienation and self-hatred. His language suggests that he imagines a pathogen of feeling within his body, one that could possibly be eradicated, or cured. Her abandonment then, feeds into his neurotic structure in the following way. He should be perfectly able to take care of himself, and free of her as a pathogen. His rages, as Horney puts it “are demands for retribution for injury done” (1950, p.201). He suffered her abandonment, so at least he should be able to achieve perfection.

Rage

Adam demanded a lot from himself and failures at perfection would throw him into rages. The rage, it seemed, was evidence of his perceived failures. In the treatment, Adam’s rage was present as a physical presence in the room, almost as a threat that I should not ask him to talk about the things that made him angry. At first, Adam only described his rage in fantasy. He described dreams where he would be able to yell at his coworkers without restraint. He considered throwing the dumbbells into the mirror at the gym. He said that if he talked about the things that made him angry he would “tip over the table and climb up the walls.” When asked to give words to his rage he threatened in session to throw a chair out the window. Adam imagined himself “taking a large link
chain and destroying the windshield of every car” that cut off his bike on his morning commute. He said he fantasized about this an average of ten times in a twenty-minute bike ride.

As therapy progressed, Adam’s intensity manifested physically in the consulting room. Once while discussing his experience with Keith, Adam got up off the couch and closed the blinds. He then walked to the opposite side of the room, place a pillow against a wall, and started to punch it as hard as he could.

Adam- “Is this ok!?” Adam glared at me as he asked.
Diana- “No, please sit down.”
Adam- after sitting. “I’m glad I had to restrain myself. At least I didn’t disappoint myself.”
Here is evidence of the fantasy of power that was camouflaged by his fear that his rage would be out of his control. The powerful-powerless dynamic did not evade our therapy.
If he managed to scare me then he was on top, whereas if he talked he felt powerless and tricked. He said he needed to exert physical energy when enraged. I told him he could not destroy things in my office, threaten me or hurt himself. Soon after this episode, we arrived at a compromise. When he felt overwhelmed with his rage he would go to the ground and do pushups as necessary.

The main sources of Adam’s rageful reactions were when we talked about his mother and when we talked about his experience with Keith and his questions regarding his sexuality. At first in the treatment, Adam directed his rage explicitly at Tara. As I described above Adam was angry with Tara for many reasons. Adam attempted to suppress his rage towards Tara as he believed he was better than she was because of his “ability” to control his emotions. Adam states that although “my rage is still as strong as it was” now he was better able to contain it. He said that back then it was easier to “set him off.”

Adam
lifted himself in his imagination above women in general, and projected his self-hatred towards them.

Adam felt he needed reassurance, validation and someone telling him his anger was legitimate, which he felt he never got from Tara. He felt being “needy hurt those around you till they are all dead.” On the other hand, he thought, “the opposite was also true. Criticism produces results as opposed to slowly degenerating.” Adam took control over life and death by conceptualizing Tara’s illness and death as a manifestation of a lack on internal control or judgment.

Horney, describing this style in the therapy process, states that “the first picture we get is the one sided aspect of themselves which they pretend is their whole being in order to create a subjective feeling of unity”(1950, p.192). Adam, as treatment progressed started to present a richer, more complex picture of his emotions towards Tara.

The rage, interestingly, presented a conundrum for Adam. In his anger towards his mother, he did not want to be anything like her. He did not want to be in the position of a woman, which he saw as shameful and standing in the way of actualizing his idealized self. He did not want to be out of control and powerless as he remembered her. He consciously did not want to be dead, which he alluded to when he said he wanted to emulate the “more alive” of his parents, his father. In his idealized image, he wanted to be the opposite of Tara, perfectly free of dependency and perfectly free of rage.

However, the rage allowed him to feel powerful and made him more like her. Adam despised her “irrational outbursts” which did not differ significantly from his own. Like her, Adam was able to assert his needs by becoming angry, and felt powerful in doing so. It was through this contradiction that Adam’s anger gave way to an acknowledgement of
the pain underneath his anger. The pain he experienced at having lost his mother in numerous ways.

As Adam elaborated on his rage, he was able to see some of his neurotic claims. He said once “I want the world to be fair, but I want to be able to treat the world like crap.” This recognition emerged accompanied by the pain he experienced with the loss of his mother. His vindictiveness had to do with feeling cheated out of a relationship that he had seen as incredibly important, but against which he had protected because of fear. Fear he had covered up with his rage. He started to question his own reactions. He described visiting her one of the last few times when she had still been able to form “a few coherent sentences.” He reflected on her effort “to be able to wrench herself out of a psychical disability and I was angry to just be there.” Adam wept feeling that the loss of his mother had somehow destined him to be alone, like his father.

The squelched rage that emerged after his parents’ divorce returned after Tara’s death connecting it directly with his grief and loss. Ten years after her death and four years since the beginning of therapy, Adam accessed more complex repressed feelings. “I never did anything to help my mom. I just tried to let it affect me the least possible.” He wished “I had told her I loved her one more time.” His anger shifted from her personally to his neurotic claims “Why did this happen to her? We didn’t deserve this. Why did she have to decompose?” He also started towards the end of treatment to challenge his perception of his father. Adam shifted his anger towards Tara onto Liam without a nuanced assessment. This allowed him to continue to avoid his self-hatred, by projecting it onto another negative external object. In the next section I shall further explore the
transference relationship which carried many of his unresolved feelings towards those important in his life.

**Transference and the Therapeutic Relationship**

Adam was able to present both his idealized image and his self-hatred in the transference relationship he developed with me. Adam’s expansive characterological style was lived in the transference/countertransference relationship. His moving against influenced the therapeutic process, and although some progress was made, his characterological structure remained insurmountable.

Adam expected his world to move against him, and was thus suspicious of my motives and interest. One way in which this played out in the therapy was in his concern about how I saw him. Once while discussing his ex girlfriend:

*Adam*- “I feel women already have an opinion made up and don’t really listen.”
*Diana*- “Does it feel like I don’t listen to you?”
*Adam*- “I know you’ll never tell me I’m full of shit.”

In this exchange, we can see his generalization of women, which included me as his therapist. He devalues my attempts to be present for him, based on my gender.

Generalizations with an edge, such as this one, indicate the presence of neurotic processes. Highlighting the neurotic process is the incongruence between his accusation and my comportment in session. Furthermore, given his identification with women and his statement that I would never claim that he is “full of shit,” his self-hatred is also in evidence. Horney described a similar instance of a rage that was “a composite of his fury against others and of his fury against himself for his own meekness” (1945, p.29).

Adam’s neurotic solution can only grant enough room for him to be perfect or “full of shit.”
Adam expressed his desire for power in the therapeutic relationship:

*Adam*- “I feel like I want power over you.”

*Diana*- “Say more about how you feeling right now?”

*Adam*- “Helpless.” Brief pause…”it’s not part of the backlog of helplessness.”

We had been discussing instances where he had felt helpless. The “backlog of helplessness” to which he was referring, was his inability to prevent his mother’s death, as well as his feeling helpless in his encounter with Keith and generally unimportant to people in his life.

*Diana*- “Do you feel like I am powerful because you feel helpless?”

*Adam*- “I think you are.”

Here we see his desire to be able to have full, perfect control over every aspect of his world. He projected onto me the power he desired and then wanted to regain that power by stating he wanted power over me. Gaining power would assuage the feelings of helplessness, while acknowledged vulnerability unleashed attacks of self-hatred.

Adam despised the fact that he could be vulnerable. As Horney put it “to admit any human need becomes a sign of despicable weakness” (1950, p.204). After a particularly difficult session, Adam looked on the verge of tears:

*Diana*- “Tell me what you’re feeling. You look distressed.”

*Adam*- “I’m done crying in front of you. Crying is emasculating, and a weakness.”

*Diana*- “Is there something in particular about crying in front of me?”

*Adam*- (after a lengthy pause) “I feel like I’m being broken. Like my tears are entertainment for other people”

In this occasion, we witness how helplessness provokes an onslaught of self-contempt.

After this exchange he begins to attack himself. He projected onto me his unfulfilled shoulds and claims, and proceeded to withdraw emotionally. Adam felt that showing me his pain was giving me more power, rather than considering that expressing his emotions could be of therapeutic use in a more global sense. In a paradoxical, but common
neurotic move, Adam cut off his emotions and disconnected from himself, imagining this would bring him closer to his powerful idealized image. Instead he was crushing and further wounding the sensitive emergent real self.

Adam developed a maternal transference towards me, which played out in various ways. He was on guard for my attempts to “trick him,” he felt I was manipulating him into showing his emotions in session, and he was hesitant to share his anger with me for fear I would retaliate. One of the most significant emerged during the termination phase of our treatment. Adam felt that the end of therapy with me, which was due to my moving on in my training:

*Adam*- “It’s abandonment in that slow way that women specialize in.”
*Diana*- “Is there a feeling in that sentiment?”
*Adam*- “Yes, but I don’t really want to share it.”
*Diana*- “What’s the fear?”
*Adam*- “If I tell you I’m angry you might leave sooner.”

He hesitated in sharing with me the anger that he felt because he believed my reaction to his anger would be similar to his mother’s. He thought that I would “leave sooner.” Adam started to recognize that his idealized image escaped his abilities. His mood in sessions became more subdued and depressed, and the potency of his hopelessness highlighted the intensity of his neurotic needs. Adam, in experiencing abandonment by another important female figure in his life, got an opportunity to have his rage validated.

What is particularly interesting is that the slow abandonment he feared was something he put into motion. Adam asked about termination seven months before I was due to terminate my treatment with him. In this way, he constellated the same conflict with which he came into the therapy. He symbolically experienced my leaving as a slow death, similar to what he had undergone with his mother. He was then in the transference
able to have me withstand his sadness and his grief, which he was unable to show and
have soothed by his mother. It also highlighted the torturous and sadistic nature with
which he treated himself and held up his neurotic claims to perfection.

During the treatment, he was able to acknowledge some of his own self-effacing trends
and some of his desires for human connection. He allowed himself to be vulnerable in
certain ways and connected to me. He discussed his embarrassment about his neediness
and his inability to ask for things because of pride. I asked what he would ask for. He
told me “an eternity of…psychological treatment, with no fee increase and if I moved
you would move too, of course.” Adam’s increased ability to acknowledge and process a
loss of a connection during the termination phase of our treatment allowed him to get in
touch with earlier feelings of abandonment and loss.

Although I presented progress in a linear fashion above, Adam’s therapy was cyclical.
The length of the treatment allowed for us to discuss many of these themes a multitude of
times allowing us to deepen our understandings. Adam would make gains and regress
into rage. He would feel better about his past and rage about the present and then vice
versa. He cycled through being able to see aspects of his neurotic structure and going
back to their compulsive use because they were the tools he possessed. At the end of the
treatment, Adam was able to leave with more insights and an increased ability to express
himself. Adam was tremendously more conscious of the grief he buried along with his
mother when she died. However, his character structure remained fundamentally
expansive in its movement.
Conclusion

Adam believed his mother abandoned him because of his rage. Adam’s manifestation of rage fulfilled the neurotic need to have power denoted by the expansive personality structure. Adam’s self-identification was complicated because Adam saw his mother as all powerful and utterly powerless. This dynamic also played out in his transference with me. Adam saw his own rage as omnipotent, able to cause his mother’s death. He also saw it as his greatest weakness, which he wanted eradicated. It emerged as a defense when he felt insignificant, the dynamic he played out himself in his expansive solution.

As we see in this case, the experience of abandonment highlighted for Adam the significance of his rage. He believed that because he had been angry he had been abandoned. Only through living out this belief in the therapy was he able to catch a glimpse that sequential events do not necessarily have to be causal. In the therapeutic relationship, his moving against me was not the reason for my leaving him. Further his courage in sharing with me his anger, and having the relationship remain, deepened even because of his candor, provided a corrective experience which paved the way for further reflection on his part.

Adam’s moving against others remained at the core of his character. In fact, it proved to be one of his strengths. In the treatment and in his life it had played out in problematic ways, but it remained the fire of his passion, his beliefs, and his pursuits.

Now that I have explored the neurotic solution of moving against others, I turn to the case of an individual who neurotically moves toward others. As I shall show in the next chapter, the self-effacing neurotic solution is almost contrary to what Adam adopted.
The attempt of the pride system is to be attuned to the needs of others rather than to have power over them. Thus, I now turn to the case of Emily.
Chapter 5-The Self-Effacing Solution- the Appeal of Love

The self-effacing style does not long for power, at least not consciously. This solution operates by keeping most of the strivings for superiority suppressed or unconscious; the person “is his subdued self; he is the stowaway without any rights” (Horney 1950, p.216). The self-effacing personality style mistakes her neurotic needs for affection for actual strivings to love those around her.

According to Karen Horney this style of personality development is the opposite of the “appeal to mastery” discussed in the previous chapter. This neurotic holds herself to such high standards, that she invariably fails to attain them, and resultantly feels worthless and helpless. In this chapter I shall also show how the self-effacing style’s repression of aggressive drives actualizes her worst fears: he or she often is truly helpless.

Undoubtedly, as Horney points out, “the feeling that under no circumstances could one possibly fight or compete does promote actual weakness” (1945, p.53). This neurotic solution, as opposed to the move against others, appeals to others to fight for her in exchange for submission, devotion and unconditional love.

In the case below, Emily, I shall demonstrate the particular way that rage can play out in this character style, in regards to maternal abandonment.

Pride System for the Self-Effacing Style

The Idealized Self and Neurotic Pride

This personality style solved her early neurotic conflict by idealizing the qualities in herself that would help move towards others. She becomes “‘unselfish’, self sacrificing, undemanding” (1945, p.52). However, she faces a particular predicament in terms of her
pride. She shuns superiority and embraces humility and selflessness. Horney explains that she cannot allow herself to feel pride consciously without violating her self-effacing claims, and thus she experiences deep ambivalence about her own pride. “It would be impossible for him to identify himself with his proud glorious self. He can only experience himself as his subdued victimized self. He feels not only small and helpless, but also guilty, unwanted, unlovable, stupid, incompetent” (1950, p.223). This inner conflict causes the neurotic to constantly tear herself down. This she does so in an attempt to eliminate any trace of pride, which leaves her weak and helpless. She can only identify with her feelings of worthlessness, which resets the cycle and the self-effacing neurotic begins again to suffer under her self-contempt.

The self-effacing neurotic moves towards others with a constant concern about the way others judge her. Again in contrast to the appeal to mastery, the self-effacing style tends to deny and hide those aspects of herself that reflect pride and vindictiveness, fearing that this will force others away from her. Horney (1950) explains:

While curtailed to do anything in his own behalf, she is not only free to do things for others but, according to his inner dictates, should be the ultimate of helpfulness, generosity, considerateness, understanding, sympathy, love and sacrifice. In fact love and sacrifice in his mind are closely intertwined: he should sacrifice everything for love--love is sacrifice (p.220)

The self-effacing neurotic will deny or suppress thoughts and wishes that she perceives as self-serving or as a pursuit of her own desires. She will deprive herself in an attempt to demonstrate her selflessness. When she does express her needs, she fears that she is taking advantage of other people. This fear prevents her from asserting herself. She then
is an easy prey for those looking to take advantage of her. “He is defenseless, often becomes aware of it much later, and may then react with intense anger at herself and the exploiter” (1950, p.217). According to Horney, this rage emerges from the neurotic’s entitlement to have the love she desires in exchange for her sacrifice.

The parent’s failure in encouraging and sanctioning the separation-individuation processes is evident here: “the parent has an intolerance for loss of relationship and a readily mobilized separation anxiety. There is a tendency to hold on to the child” (Settlage 1994, p.29). The individual who adopts this solution fears the vindictive consequences of individuating from the powerful parent. The self-effacing neurotic thus aggrandizes those who seem powerful, and who seem to not sacrifice their expansiveness in the way she unconsciously chooses to. She seeks out these “powerful” people, and prostrates herself to them. Horney states “the real nature of other beings does not matter, except in so far as the more aggressive ones, being the more frightening, are the one’s whose ‘affection’ is the most necessary” (1945, p.51). She is thus not submissive to everyone, but only to the most powerful.

The neurotic has feelings of being “accused by others, suspected or neglected, kept down, treated with contempt, abused, exploited, or treated with outright cruelty” (p.225). This interpersonal move is problematic for this style, because she depends on her relationships with others for her very sense of self-worth. Thus she may seem as though she is more intensely self-hating than the other styles. “he exaggerates in his mind his feelings of guilt, his helplessness, his being badly off in every way- in short he emphasizes his suffering” (p.225). The neurotic catastrophizes her faults and beats herself up for any shortcomings she encounters. She constantly attacks herself before anyone else has a
chance to do so. In this character style the “focus is on the realistic self which in comparison with the idealized image is highly despicable” (1945, p.98) bringing self-derogatory criticism to the foreground. This facilitates a feeling of victimization that is internal, constant, and often externalized. “The very process of self minimizing is not only a means of avoiding expansive attitudes and keeping within the confines of his taboos but also a way of appeasing his self hate” (1950, p.225). The self-effacing neurotic attempts to obtain the sympathy of others by exaggerating her suffering. In this way, she can gain external reassurance to soothe the pain induced by her self-hatred.

Self-Hatred

Horney states that “because any kind of aggressive behavior is taboo, we find here inhibitions in regard to being assertive, critical demanding, giving orders, making an impression, striving for ambitious goals” (1945, p.53). Although she shuns aggressive or expansive drives, there is an internal conflict. The self-effacing neurotic, crumbling under the weight of humility she places on herself, admires and desires the aggressive or expansive moves she sees in others. However her “ever alive readiness to accuse and despise himself” (1950, p.221) enforces an inner tyranny that the she also fears. The painful experience of her self-hatred is so powerful that the self-effacing neurotic spends most of her energy attempting to alleviate its effects. These confrontations with the parent, which cause the need for self-effacement, leave the child, as Wolf says, “feeling inadequate, bad, and unacceptable, and the child’s self […] weakened” (1994, p.95). The self-effacing style faces an internal attitude where she feels fundamentally worthless and the only way she can fathom having any self worth is if others see it in her.
She feels that any superiority she might have over others will awaken their competitive drives, and she feels she can never compete. Horney describes: “in an unconscious but systematic process of self-minimizing he leans over backward to avoid anything which he feels to be arrogant, conceited, or presumptuous” (1950, p.217). She becomes unable to recognize accomplishments, consumed as she is by self-hatred at not being the self-effacing ideal.

The function of the self-hatred is two-fold. The self-effacing neurotic uses it as a way to mold herself into her idealized image. She also uses it as a way to assert her claims for care and protection. The self-effacing neurotic then is stuck in a vicious cycle where the more suffering she feels the more she is entitled to help and care thus she continues to suffer more and more. “The self–effacing type suffers under the shackles that prevent his expansion, under his self abuse, under his ambivalent attitude toward others” (p.234). However accurate this suffering, Horney adds, the suffering itself also feeds the fantasy of actualizing her idealized image. The neurotic is perpetually chasing after a mirage that moves further away from her reach the more she chases after it.

Additionally, the self-effacing neurotic is more likely to encounter others in her life who will take advantage of her. The abuse that other people inflict on her is augmented by her willingness to accept faults. This willingness, however, serves an unconscious purpose. This suffering is the only way in which this style allows herself to experience superiority. The suffering “allows him to put him hostile aggression against others on a legitimate basis; and it finally allows him to disguise him hostile aggression because…most of the hostility is suppressed and expressed in suffering” (1950, p.232). The vindictive resentment that the self-effacing neurotic experiences has to remain unconscious, because

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for it to come to the surface would threaten everything she consciously believes about herself.

*Nerotic Shoulds, Needs and Claims*

Self-effacing neurotics are typically raised in authoritarian environments, where their role is to appease an autocratic parent or guardian. The dynamics of this are as follows: After some time “the wish to rebel struggled in the child’s heart with his need for affection, he suppressed his hostility, relinquished the fighting spirit, and the need for affection won out” (1950, p.222). The child then starts to foster only those characteristics in herself that allow her to be liked by others. In the abandonment of her expansive drives, she becomes increasingly helpless and dependent on the care and protection of powerful others.

Horney provides an example with a “a long suffering mother who made the child feel guilty at any failure to give her exclusive care and attention” (1950, p.222). The self-effacing style feels guilty for mother’s suffering that she cannot assuage herself. She then begins to keep her own needs in check in order to nurture those of the mother, as well as responding to feelings of guilt when she can attain moments of pleasure or happiness that her mother cannot.

As with all neurotic solutions, suppressed intense feelings manifest themselves despite the conscious efforts of the individual. Aggressive impulses must be repressed in an attempt to maintain the neurotics way of life, and “the more destructive the aggressive trends, the more stringent the necessity to exclude them” (Horney 1945, p.57). This will lead the individual to try increasingly hard to contain the aggressiveness, which in turn reinforces the compliant trends in the personality.
Horney explains: “Rage can be absorbed in increased suffering from whatever psychosomatic symptom he has, or from feeling prostrate or depressed” (Horney 1950, p.232). What the neurotic experiences is that her rage is not manifested, but she simply feels worse and worse. This may be true in the therapy where the feelings of hostility experienced towards the therapist cause increased subjective distress. In fact, Horney argues, only an increase in hostility and inner tension can bring about change in this developmental direction because it allows the neurotic to experience the feelings that have for so long been kept in check.

The emerging feelings of hostility and rage bring the self-effacing neurotic to the nadir of her self-hate, which often entails the fantasy of falling apart. The self-effacing neurotic may fear, but also play with the idea, of discontinuing the struggle. Exhausted from the inner struggle, the neurotic sees “going under…as a way out of all his difficulties: giving up the hopeless struggle for love and the frantic attempts to fulfill contradictory shoulds, and freeing himself from the terror of self accusations by accepting defeat” (1950, p.236). This again fits with the neurotic pattern of passivity, of retracting responsibility for her suffering and for her own redemption. Kohut noted that these feelings may arise later in life when “nearing the ultimate decline, we ask ourselves whether we have been true to our innermost design. Those who feel that they have failed and cannot remedy the failure in time and with the energies still at their disposal” (Kohut 1977, p.241). This is the time of utmost hopelessness for some, of utter lethargy, of that depression without guilt and self directed aggression, which overtakes the self-effacing neurotic and can lead her to seek therapy.
As we will see with the case I present below, the self-effacing neurotic’s willingness to accept fault often shows up in dreams or fears of torture and persecution (Horney 1950). The self-effacing style lives out this intra-psychic stance and thus she finds no respite from this cycle. She also finds little relief in her relationships with others, for she continues this cycle in her interpersonal relationships. I shall explore this dynamic in the next section.

The interpersonal needs of this style are as follows: She feels the need to feel approved of, welcomed, and appreciated. In her attempt to get these needs met she will adopt others’ values regardless of her own wishes. She is in fact seldom aware of her own desires anymore. The power that she admires in those she submits to, will help shape the decision, conscious and unconscious, of what will gain their approval. The self-effacing neurotic also needs to feel needed, to be important to others, especially to a romantic partner. This is one of the claims that she asserts through the self-effacing passive aggressive cycle. She will give everything for the other and expect then to be the center of the other’s life. Her fantasies of romance are that her partner will give her the most importance, and that because of this importance she will also fulfill her need to be helped, protected, taken care of, and guided.

As it happens with all neurotic needs they become “claims,” (1950, p.28). The self-effacing neurotic expects to be accepted, loved, and helped, and views her need as so great as to entitle her to the pity and helpfulness of others. “Suffering is unconsciously put into the service of asserting claims, which not only checks the incentive to overcome it but also leads to inadvertent exaggerations of suffering” (1950, p.229). She feels abused when other’s don’t fulfill the claims she places on them, interprets this as her fault
for not measuring up to her projected internal demands, and succumbs to the barrage of her self-hatred. The self-effacing neurotic, suffering under basic anxiety that others will not assuage, feels perpetually abused. Horney continues: “dependence upon others makes for exceptional vulnerability, which in turn leads to a feeling of being neglected, rejected, and humiliated whenever the excessive amount of affection or approval demanded is not forthcoming” (1945, p.56).

This developmental direction results in passive aggressive behavior. She works so hard at pleasing others, that she feels her requests for their care are reasonable. The neurotic “does not consult his own feelings or judgment but gives blindly to others all that he is driven to want from them” (Horney 1945, p.52). Furthermore, she experiences her suffering so acutely that the help she neurotically needs feels justified. She feels entitled to it. “It is but natural that he overrates what, in this or that way, he does for another person. He is oblivious to the fact that the latter may not at all like this kind of attention or generosity; he is unaware that there are strings attached to his offers; he omits from his consideration all the unpleasant traits he has” (Horney 1950, p.229). The self-effacing neurotic, because of the nature of her idealized image believes that she is the utmost in lovability because she has sacrificed everything to love others at the expense of herself.

As noted above, the appeal to love pushes the self-effacing neurotic to seek out approval and acceptance from others because given her experience of herself as worthless, her good attributes are only valid if they are employed in the service of other people. “Even at those times in which his self-hate keeps within moderate limits, his feelings that everything he does by himself or for himself is meaningless, makes his profoundly insecure” (1950, p.226). Her devotion to others is always in the service of attempting to
actualize her idealized self. Therefore, the self-effacing neurotic needs others to satisfy her needs.

In the following case of Emily, I shall examine how she fits with this personality pattern. Looking at her developmental trajectory, I shall explore how this pattern emerged and was reinforced in the environment where Emily grew up. I shall examine how she fits this personality structure, as well as how she differs and how she negotiates the discrepancies. Emily, as all of us, needed to flexibly move towards, move against and move away from others. However, Emily’s case study will show how she started to compulsively employ the self-effacing solution, exemplifying Horney’s theory. The needs became neurotic and created the cycle of self-idealization and self-hatred that brought her to therapy. Given my questions I shall describe how the maternal abandonment experience, and its subsequent rage, relates in Horney’s theory. Finally, I shall analyze how her rage affected her personality structure and how it was both constructive and detrimental in her struggle to reacquaint herself with the powerful and spontaneous core of herself.

**EMILY**

Emily was a twenty-two year old white heterosexual female when she started treatment. She was studying graphic design and had been in a committed relationship with Zach for just over a year and a half. They had been engaged for eight months, and shared an apartment. Emily came to the psychology clinic because she was experiencing dissociative episodes where she felt herself “detach” from her body. With time, it became clear, that these dissociative episodes were linked to her history of sexual abuse.
Emily was the youngest of four children living with her parents. They were a white, low-income combined family where both parents were in their second marriages. Emily’s mother, Sandy, had two sons, James and Joshua, from her previous marriage. Emily’s father, Dave, had one son, Billy, from his first marriage. James was the oldest, followed by Joshua, Billy and finally Emily. They all lived together and Emily remembers moving frequently during childhood due to financial difficulties. She also remembers being bullied in school for being “poor.”

Emily’s father was an alcoholic factory worker and her mother was a stay at home jewelry maker. Given the size of the family, and Dave’s limited income as worker, financial stresses were common in the family. Emily, aware of her family’s financial difficulties, “knew” not to expect toys on Christmas, and wore her brother’s hand-me-downs because they could not afford new ones. Emily asked her mother for more “girlish” clothes, but Sandy was never able to acquiesce. Emily describes herself as a clingy, shy child who received praise for being helpful and understanding.

Emily’s first recollection of sexual abuse was from a neighbor who had sexually fondled her at a park nearby her house when she was five years old. At age 9, James started to sexually abuse her when her parents were out of the house. This behavior continued until he moved out of her parent’s house when Emily was 14. Emily said that the abuse “took my childhood away.” Emily remembers having had trouble falling asleep and experiencing night terrors from the time she was 10 until about 16.

Emily found the love she believed would save her in the arms of her first boyfriend. She started a three-year long relationship in high school when she was sixteen years old. Kyle was attentive, and made her feel essential to him. Emily left her parents house to
move in with him when she turned 19, after she graduated high school. The relationship became abusive. He forced her to curtail her social contacts, and would have huge temper outbursts, though he never physically hit her. Her night terrors started again shortly before they broke up and she moved back to her parent’s house.

At this time, Emily started to share the memory of the abuse at her brother’s hands with friends who were also survivors of incest. She also entered her second romantic relationship with a coworker, Sam. She described him as attentive and protective of her. They met during a work incident, where she was engaged in a conflict with a co-worker. Sam stepped in on her behalf, and this started their relationship. While dating Sam, Emily disclosed the incest abuse she had experienced to her mother. Emily thought long and hard about whether she should disclose the incident to her mother, but decided to confide in her. Emily asked her mother not to tell anyone, especially her father. (She was fearful that her father might kill James, who was not his biological son, but her mother’s biological son from her previous marriage.) Emily felt as though her mother “kicked me in the face” when she responded to the story by dismissing it as merely an act of immaturity on James’ part, not a matter of grave concern.

Retreating from her mother’s abandonment in this way, her relationship with Sam became serious quickly and they moved in together. However, the relationship with Sam quickly “turned” controlling and abusive. Sam accused her of infidelity and Emily again curtailed her social contact. Emily turned to her family for support, but her father pushed for Emily and her mother to renew their relationship. Emily refused to reconcile her relationship with her mother. Sam attempted to manipulate Emily into staying in the relationship, by threatening to tell her father about the abuse she suffered at the hands of
her brother. As the relationship progressively deteriorated, Emily responded by disclosing this information to her father, only to find out that her mother had violated her trust, and already told him.

Her reaction to this discovery is telling. She felt further abandoned by her mother for violating her trust, and was slightly disappointed that her father was not as violent and outraged as she had imagined he would be. As the relationship with Sam continued to worsen, Emily decided to move back to her parent’s home.

A few months after moving out of Sam’s apartment, Emily met Zach at a party of mutual friends. Emily stated that she had felt the safest with him out of any of her previous romantic relationships.

When Emily turned 21, she started to have dissociative episodes triggered by media depictions of a rape.

Emily called her dissociative episodes “the detachments,” and described them as if she “was inside the shell of my body” and then “out of my body.” Emily feared that she would not be able to reconnect with her own body after these dissociative episodes, or alternatively that she would “go crazy” and become institutionalized; taken away from the people she loved.

When Emily first came to treatment, she complained of an inner deadness that scared her. She described her professional work as “pleasant,” but felt unable to become excited or derive any real pleasure from what she did. Emily said that she found no joy in her hobbies or activities, and, in fact, did not really have any. Emily’s treatment goal was to “feel more.”
Early Developmental Self-effacing Direction

Now I shall demonstrate why Emily can be usefully understood as an example of the self-effacing style. To do this, we will look at how Emily’s clinical discourse demonstrated the self-effacing needs, and summed into a certain idealized self that was quintessentially self-effacing, and ultimately, self-hating. Once this is established we will turn to Emily’s central organizing themes, in which maternal abandonment and rage play an important role.

Of her three siblings, only Emily was the full biological child of her two parents. Emily remembers idealizing her parents. However, Emily’s father was a “mean and abusive” alcoholic, and he would beat her half-siblings terribly during drunken rages. This resulted in a constant sense of fear in the home. Emily feared many things, not only her safety and that of her brothers, but also that her parents might be taken away from her due to their abusive parenting. A prime example of this occurred when a Child and Protective Services worker came to her home to investigate allegations of her father’s abuse. She so feared that her parents would be taken away because of their behavior that she lied about the beatings she was witnessing. Emily was already compulsively attempting to assuage her basic anxiety. She knew what her parents needed from her in order to gain their acceptance and love. Thus even though, as we’ll see later, Emily’s values would have compelled her to tell the truth and she felt guilty for not protecting her brothers, her need to protect her “powerful” parents took precedence.

Emily interpreted her sibling’s rebellion as bad, given her necessity to maintain her idealization of her father. Emily’s parents did not validate their children’s feelings, but simply characterized them as bad or unlovable. In Emily’s understanding, her siblings’
rebellion and hostility were dangerous. Their rage made her parents more stressed and brought about her father’s rage, which resulted in unpredictable punishment. It also jeopardized, in Emily’s eyes, her parent’s love of their children. She thus protected her parents from her rage and herself from losing their love. Consequently, she became alienated from her feelings, especially rage, which she found dangerous. Anger developed into a strong taboo, and she tried to love without any resentment, hostility or, of course, rage.

Since the adults around her were intimidating, dangerous, or neglectful; Emily’s basic trust was compromised. She thus dedicated herself to maintaining an alliance so that they would protect her. Emily took care of others before herself, which was manifest during this period of her childhood. Her altruism was compulsive and embedded in dependency rather than her own desires. For example, Emily remembers the frightening sensations she experienced when her neighbor abused her, but she did not tell her parents because she was concerned that they were already struggling with financial matters as well as her brothers’ behaviors at school. Although she might have had other reasons for keeping this incident a secret, it is noteworthy that this is the reason she gave for her choice during treatment, since it highlights her personality structure.

Being appreciated was something that Emily desired desperately as a little girl. Hand in hand with her compulsive tendency to take care of others, particularly her mother, Emily would minimize her own needs, in order to protect rare moments of parental praise. Here we see the beginnings of her alienation from self. For example, Emily was mercilessly bullied in school, but never told her mother about it. She explained that one of the few areas where she was complimented by her mother, was in her good school behavior, and
feared this compliment would be withdrawn, if she admitted to any problems like bullying. Emily took care of her mother by suppressing and denying her own needs if they might distress her mother. This dynamic is obviously evident in the sexual abuse Emily suffered within the family.

The early structures of Emily’s pride system appeared when her mother once lost control of her temper. Emily’s mother hit one of her brothers in a moment of rage. Emily said that her mother had become very depressed because she was shocked at how angry she had been. She began spending a large portion of her time in bed, and suffering from a number of somatic complaints including, headaches, stomachaches, and nausea. This image speaks to the deprivation of care Emily suffered. Emily remembers how hard her mother’s depression had been on her, as well as the many months it lasted. Emily walked away from this experience associating anger with a loss of self and depression. She further developed her desire to “be positive” both as a way for others to find her more likeable, but also to safeguard from depression.

**Idealized Image and Neurotic Pride**

The self-effacing neurotic idealizes her lovability. Emily found the adoration she wanted in her boyfriends’ arms. Kyle, her first boyfriend, was attentive and met her need to be essential to another person. Her relationship with him enabled her to leave her parents house and validated her lovability. Emily described Kyle as becoming increasingly controlling and demanding that she stay with him rather than spend time with her other friends. Emily at first described feeling really loved. The fact that he “needed” her was flattering, and she felt generous in sacrificing her time with her friends. Emily’s need to be loved, as well as her idealized attempts to be self-sacrificing were maintained in this
Emily’s relationship with her fiancée coincided with the self-effacing idealized image. She described aspects of their relationship that were intimidating or scary to her. These she was willing to ignore as long as he made her feel important and protected. Emily described his rage, and hid her fear from him. She justified his behavior stating that he had never yelled directly at her. Zach reminded Emily of her father; he protected, guided, and scared her. Emily sacrificed the expression of her fears for the sake of maintaining the relationship.

Given Emily’s necessity to uphold her idealized image, her unacknowledged rage was externalized and experienced as fear. Emily said that she had always feared being kidnapped, taken away from her parents, and even her own premature death. During childhood, Emily avoided sleepovers because of these fears. Emily did not believe that she could prevent the occurrence, but what was important to her was that her family remain together. Emily felt her life would lack meaning without her family and was not aware that her fears were manifestations of hostility towards them. The reaction formation masked a wish for them to be gone so that Emily could be in touch with her own wishes and desires. This wish however was unconscious, and guarded against for the sake of the stability of the foundation of her pride system.

In a profound sense, Emily knew that she was living her life for other people. She even said in therapy on a few occasions, “I always think about others before myself.” This was her cycle: she always thought of others before herself (i.e. idealized image), which meant she didn’t take care of herself since she was instead taking care of others, and
when they did not reciprocate she blamed herself (i.e. self-hatred) for not being enough of a caretaker. This cycle perpetuated her self-alienation.

**Self-Hatred**

Emily’s self-hatred when she failed to be the utmost of generosity and self-sacrifice manifested unconsciously. I shall show that Emily conceived herself as worthless unless others valued her as the most essential part of their life. As noted above, Horney described tendencies to self-abuse manifested in the self-effacing neurotic’s dreams, and her compulsion to seek other’s attention and company. The unacknowledged rage in her personality was present early in Emily’s childhood. Emily remembers suffering intense headaches and stomachaches when she was young, just as her mother had after allowing herself to express her own rage. As discussed above, Horney argues that somatic symptoms are an expression of self-hatred for the self-effacing neurotic.

Emily considered her family very important in her life. Emily feared the insecurity of having no family at all, and worked hard to keep the family together. Her hostility and rage for unfair and abusive treatment was repressed. It manifested in her self-hatred for failing to uphold the idealized image she thought would secure their love and protection.

Emily started to express her self-hatred in her teenage years. Emily said that when she was about 16 she had written a story about “a girl who was masking herself. Everyone thought she was pretty, but she didn’t believe it so she slit her wrists.” Emily said that she had thoughts about suicide around this time, but she never thought of following through on them. However, Emily used to scratch herself when she was angry. She stated that she engaged in this behavior because she wanted to “feel something other than feeling numb.” Given her experiences with dissociation, it seemed that feeling angry in a
way in which she could not express made her disconnect from herself. The self-injurious scratching was a manifestation of her rage, expressed through self-hatred in the self-effacing neurotic direction she was already following. Emily directed her anger at her own body because rage was set up as so dangerous. Moreover, the mere existence of hostility violated her idealized image and triggered further self-hate.

In Emily’s relationship with Kyle, he triggered Emily’s self-hatred. When Kyle started to accuse Emily of being selfish and uncaring, she felt guilty. Emily remembers Kyle telling her that she did not care about him if she went out with her friends. He would point to her selfishness for leaving him alone, and would demand that she take care of him. As Horney describes, “he is terrified lest anybody be hostile to him, and prefers to give in, to ‘understand’ and forgive” (1950, p.219). She started to fear her boyfriend going into rages that scared her as her father used to. Emily felt distanced from her friends because she felt limited in her ability to contact them for risk Kyle would get angry. Emily’s self-minimization was evident in this relationship, which only ended when Kyle expressed his disgust for Emily’s neediness and lack of self-assertion.

Emily’s self-hatred was evident when she did not feel her needs to be appreciated, approved of, or welcomed fulfilled. Emily said that she felt as if everything she was doing was wrong and that no one noticed when she did things right. Emily explicitly talked about feeling better when doing things for other people than for herself. The need to be externally validated as worthy of appreciation and approval, takes precedence because of the self-effacing neurotic needs to assuage her own self-hatred. Emily’s statement that no one noticed when she did things right, is an externalization of the minimizations of her own accomplishments.
Neurotic Shoulds, Needs, and Claims

Given the self-alienating nature of Emily’s neurotic solution, I shall explore the ways in which she sacrificed herself, and made every effort to be the idealized image she held of herself as generous and caring. In this section, I shall explore how she expressed and met her needs to be approved of, welcomed, and appreciated as well as her needs to be helped, protected, taken care of, and guided. Also we will see her need to feel needed, to be important to others, especially to a romantic partner.

Emily’s relationship with Sam, her second boyfriend, highlighted Emily’s need for safety. His protection at work and his invitation to move in when Emily fought with her mother, satisfied her need to feel taken care of, important, and protected. Emily lived out a similar pattern with Sam as she had with Kyle. Sam too “changed” and started to limit Emily’s relationships. Sam’s temper was similar to both Kyle and Emily’s father. He would fly into rages, scream, and break things around the apartment. Emily again invested herself in avoiding behaviors that would trigger his anger, as she believed that she should be able to be the utmost in consideration and sacrifice.

In particular with Zach, his financial stability guaranteed the protection she desired. Emily grew up in poverty and stated her “need to feel stable,” referencing her desire for financial stability. Emily attempted to support his endeavors, while undermining her own. She felt unable to acknowledge that she deserved payment for her time and work. Emily described her discomfort at being paid, and stated that she had even more difficulty if she had to charge. Emily reacted guiltily when people haggled the price of her work, settled for a lower price and consequently felt abused because she was being unappreciated. This is a clear example of Emily desiring to be taken care of others at the
exclusion of taking care of herself. I shall increasingly clarify in the next section Emily’s self-hating trends, as well as how she asserts her claims on others to have her needs met.

Emily heightened her fears and neediness both as a way to get her needs met, and as a way to express her hostility. The unconscious passive aggressiveness with which the self-effacing neurotic manipulates others is a give away for the resentment she experiences under her torturous internal demands. As we will explore below, Sandy shared Emily’s developmental direction. She required Emily to call every night and thus asserted her own neurotic needs. If Emily did not call, Sandy would leave guilt inducing messages on Emily’s machine expressing her hurt and worry for Emily’s safety. Prior to flying, Emily was struggling with fears that she would die in a plane crash. For a week before the plane trip Emily would call her mother and “say goodbye” because she was sure she was not going to survive the plane ride. Although Emily’s fears were real, they also expressed her anger at her mother for attempting to assert her own self-effacing claims.

Emily’s process of self-alienation and claim that she needed and was entitled to protection is characteristic of the self-effacing neurotic solution. Emily limited of her own mobility and independence to have an other demonstrate affection. Emily concretely asserted this claim by not getting a driver’s license. Emily claimed that she would not get a driver’s license because she had known someone who had been in a car accident, and she feared her own death. Again, we see her self-hatred manifested in passive death wishes, as well asserting the claim that another should protect her because she is scared or defenseless. In particular, she presented this claim to her fiancé Zach,
who was forced then to do the driving for her. Finally, we see her internalized rage manifested in fears, that she would indeed fall to pieces, die, or go crazy.

In her relationship with Zach, her self-effacing trends were apparent. She would ask him to distract her when she was having a dissociative spell. In this way, she attained the affection that she needed to quiet her self-hatred because she was becoming angry. Emily cited an example while camping. Zach’s attention was on a woman who Emily thought was flirting with him. Unable to express her jealousy she started to “detach” and demanded Zach’s help. Emily struggled with dissociative spells when she became angry and felt she could not express it. Having all of her fiancée’s attention validated her self-worth, and ameliorated her self-hatred. Emily, thus, asserted her claim that others should care and protect her, in light of her suffering.

Maternal Abandonment

In the interim between her relationship with Kyle and with Sam, Emily had sought support from friends that helped her to put into words her memories of the abuse. By the time, she disclosed to her mother she had been talking to her friends and other incest survivors who validated her experience. She decided that she wanted to share this with her mother in an attempt to attain further support and validation. This disclosure was also done on Sandy’s behalf, because she needed to believe that Emily and her were close and trusted one another. This coincided with Emily’s neurotic needs to be guided and protected, as well as her claims to be self-sacrificing. Emily found that her self-sacrifice would not suffice to have her brother, the perpetrator, be protected at her expense.

Emily described having a very close relationship with her mother, one where they were like “best friends.” Emily told her mother what her brother had done, and felt “blown
away” by her mother’s reaction. “The greatest cruelty that can be inflicted on children is to refuse to let them express their anger and suffering except at the risk of losing their parents love and affection” (Miller, 1983. p.106). Sandy attempted to minimize the significance of Emily’s experience by stating that her brother had been young and did not know what he was doing. Emily felt “like the connection between us broke.” Emily felt abandoned by the person she had most expected to be by her side.

Emily reacted with rage to her mother’s response and refused to speak to her mother for over a year. Emily, it seemed, was awakened by her mother’s reaction. She was able to overcome some of her self-alienation and connect to her most genuine reaction. She started to reconsider her position within the family, and shifted within this relationship the neurotic solution she had developed and that had sustained her thus far. She felt that her mother had turned her back on her and had picked her brother over her. During that one year Emily remembers she took pleasure in speaking her mind to her mother and seeing her cry. Emily justified this behavior as “being honest” about her feelings. After a year Emily’s father pressed for a conversation between them. Emily spoke to her mother at the request of her father, but their relationship was damaged already. Emily suppressed her rage again. She, however ambivalently, reassumed the role of confidant and caretaker of her mother’s troubles both financially and within her marriage to Emily’s father.

**Self-effacing similarities within the mother-daughter bond**

Emily’s self-effacing tendencies shifted in relationship to her mother after the concrete abandonment experience. Emily embraced her aggressive drives in the context of the maternal relationship. Emily directed her hatred at Sandy as opposed to her brother or
father, because she saw Sandy’s weakness and fear. Emily raged at her mother’s reaction to her disclosure of the abuse, which propelled her to question her compulsive neurotic character. Her hypothetical question, “what would have been my reaction?” had she been in her mother’s shoes, led Emily to re-evaluate her understanding of her role within the family structure. It seems as though Emily recognized how Sandy’s passive stance worked to perpetuate Emily’s abuse. Directing rage at her mother, as opposed to at herself for once, bolstered neurotic pride in her expansive drives. In contrast to her overall character structure, analyzing the maternal abandonment enabled Emily to own her rage as a source of power rather than a reason to hate herself.

In the therapy, Emily articulated for herself aspects of her mother’s character that she recognized in herself. As mentioned above, Sandy was still attempting to secure a care for herself at the expense of Emily’s own self-care. It is important to note that Sandy’s self-effacing tendencies were present before Emily disclosed her experience of abuse at the hands of her brother. This indicates that Emily suffered Sandy’s emotional abandonment since Emily’s childhood.

Emily said that Sandy had given up a scholarship to go to music school when she was college aged. Sandy stayed to please her mother, and resented having given up her dreams as a musician. Yet Sandy expected Emily to do the same from her. Emily nevertheless had come to school against her parent’s wishes. Emily wanted to assuage her parent’s pain as they faced an empty nest, but questioned her mother’s investment of what was beneficial for her. Fueled by her suppressed, but still conscious rage at Sandy, Emily explored her childhood traumas.
Emily said the reason she lied about her father’s physical abuse was that she felt she was taking care of her mother. Emily does not remember her mother being beaten, but she does remember pushes and bruises on her mother. Emily remembers believing that Sandy appeased her father as a protective measure. Emily recognized this maneuver as one she had engaged in as well. However, Emily’s perception of Sandy shifted when she remembered that Sandy, in a fight with Dave, told him to stop abusing her sons.

Emily assumed the beatings her brothers were receiving were normal, and that fathers in general were angry and frightening. Emily thought that standing up to her father was the strongest thing her mother had ever done because Emily could sense and identify with Sandy’s fear. Interestingly Emily’s recognition of her mother’s strength to stand up to someone that scared her, further infuriated Emily in the therapeutic work. Emily started to realize that Sandy’s “depression” prevented her from seeing the abuse Emily was suffering. This had been Sandy’s unconscious choice. Emily deduced her mother had thrown herself into being taken care of by others, rather than in taking care of Emily and keeping her safe from her brother. In recognizing Sandy’s power and her own, Emily challenged her own perception that her mother was inherently weak.

Emily started to re-evaluate memories from her childhood. She remembered that during Christmases, her mother would take away the pleasure of having a surprise by announcing, before the children got a chance to open their gifts, what was wrapped inside. Emily remembered bitterly “I never got to be surprised.” Emily recognized Sandy’s need to be the center of attention and needing a particular kind of care at the expense of her children’s pleasure. Looking back Emily was able to connect her annoyance, in this instance, with her rage at her self-effacing position as a child. As she
described later in therapy, she felt she was “parenting her parents” at the expense of her own safety. Although the experience of maternal abandonment crystallized at the instant Emily disclosed her sexual abuse, Emily became aware during the course of therapy that this episode was merely the culmination of a long history of neglect.

Rage

In Emily’s case, the crystallized experience of her mother’s abandonment precipitated a reaction of rage. It seems then, that for Emily, the conscious experience of her rage mobilized her to take care of herself, in contrast to her self-effacing demands to care take. The shift was, however, counterproductive to her family’s structure. The structure that encouraged and supported Emily’s neurotic solution of moving towards others to alleviate basic anxiety now faced her conscious desire to move against her mother. Her rage allowed her suppressed aggressiveness to come to the fore, but only in relationship to her mother. Thus, Emily’s construction of her experience of maternal abandonment allowed for enough room for her to feel justified in embracing some of her expansive drives.

However, the overall self-effacing structure remained her relationship with all others except her mother. In her blossoming relationship with Sam, Emily failed to notice her self-effacing trends until the relationship became outright emotionally abusive. The relationship with Sam became increasingly constraining, regardless of her efforts to take care of him at her own expense. The focus on Sam enabled Emily to embrace her rage at her mother; nevertheless, Emily continued to place strict taboos on her anger at other people. Emily’s self-effacing character structure disempowered her from asserting herself in her romantic relationship without her father’s support. Receiving help from her
family necessitated the reconnection with her mother as per her father’s wishes. Emily’s emotional safety became more important than continuing to express her rage at the impunity with which her abuse disclosure was dismissed.

When we started to discuss her dissociation in therapy, Emily said, “perhaps the detachment is protecting me from doing something.” Emily feared going crazy, but perhaps the detachment prevented her from experiencing the onslaught of self-hatred that would have otherwise be triggered if she allowed herself to experience her rage. Horney argues that the fear of insanity is provoked by “a sudden threat to the idealized image, or a mounting tension—most commonly due to unconscious rage—that puts excessive self-control in jeopardy” (1945, p.145). Emily, true to her self-effacing development, said “my mind always turns [my anger] around to something I did.” Emily discussed how even when she was able to be in touch with her anger at her mother and brother, she would start telling herself that it was her fault. She said she was used to “blowing off my feelings when someone upsets me.” To Emily, the detachment revealed aspects of herself that she thought would make others not like her. The detachment challenged her idealized image. It eventually revealed her anger at their negligence and abuse.

Emily described feeling she had “lost a part of” herself when her mother abandoned her. This incident is one of Emily’s clearest experiences of her own rage. Emily used the same words to describe her fear that if she stopped being positive, that she would “lose a part of myself.” For Emily there is a connection between rage and losing a part of oneself. Emily’s detachment was distressing and understood as a manifestation of her self-hate due to her valid rage. As Emily started to become more comfortable voicing her anger with her mother, the detachment occurrences and the distressing nightmares started
to diminish. It is noteworthy that Emily’s night terrors started after she renewed her relationship with Sandy. Emily’s rage, for a year expressed and targeted, turned into a feeling of numbness that made her detach from her body. She, in her anger, lost a part of herself.

Emily further described her dissociative experiences in therapy as she worked to become more aware of possible triggers. During this period she had multiple dreams where she would see blood and guts splattered against walls, she would see herself falling down, or lying in a coffin. These dreams panicked her, and she would break into tears in sessions while discussing them. Emily stated that during detachment episodes she would feel a combination of intense anger and sadness and stated that she “turned it off.” She stated that she felt like her mind was stuttering, and that she felt frustrated with herself for not being able to express what she felt. The inability to express her anger seemed to be at the root of her dissociative episodes. After the maternal abandonment, Emily was able to express her rage for a year. It seemed as though having had this experience of abandonment allowed Emily to recognize the degree of abandonment she had suffered her entire life. Having a concrete abandonment experience validated for Emily years of repressed rage.

Emily’s rage intensified as she became increasingly aware of Sandy’s need to be taken care of. Emily stated that she had not had the opportunity to “hate” her parents like her friends did. Emily remembered feeling guilty and angry about her mother’s request she remain home instead of going to college. Emily described her mother’s over protectiveness and her passive aggressive messages when Emily failed to call. Emily, in therapy, struggled with becoming conscious of her anger with her mother. As mentioned
above, she unconsciously lashed out by passive aggressively voicing her fears of death in the required nightly phone calls. Emily’s personality structure holds strong claims of needing to feel needed and important. Resurgent hostility was a sign of progress for Emily, given that in her developmental structure she feared her hostile impulses would obliterate love. As Horney describes “only a considerable increase in frustration and hostility brings about the end stages [of the neuroses].”

Emily’s rage was productive in terms of making her aware of her compulsive needs. Her ability to become a more active agent in her own life started to manifest in her romantic relationship. In relationship with Zach, Emily struggled with his complaints that she did not participate in the decision-making aspects of their relationship. Simultaneously, and as therapy progressed, when she did voice her opinion her fiancé would confront her with being “negative.” Emily struggled between feeling that she didn’t care about decisions as long as he was happy, and her perception that she was still allowed to dislike things. Emily linked her fiancé’s rage to that of her father and consequently became aware of how much he scared her. One evening Zach accidentally spilled some water in the kitchen and started to yell at one of Emily’s pets. Emily became angry and stood up for her animal, yelling at Zach. Symbolically, this was a re-enactment of her mother challenging her father’s abusive conduct towards her children. Emily had been able to use her rage productively to defend herself. She did not succumb to her self-hatred and she did not detach. She reported during our next session that she had “felt alive” when she had stood up for herself.
Transference and the Therapeutic Relationship

In this section, I discuss the nature of the therapeutic relationship with the self-effacing neurotic. Emily’s self-effacing style emerged in the transference/countertransference relationship. Her neurotic moving towards created obstacles in the therapeutic relationship that Emily was loath to consciously admit. Given her investment in love, she was willing to tolerate some anxiety provoking aspects of her personality in an attempt to move towards me. Her structure, however, remained self-effacing, as did our premature termination.

When working with Emily, her self-effacing self-hatred was palpable within the relationship. Emily was able to convey in various ways how much she hated herself, evoking in me feelings of pity and rescue fantasies. For example:

Emily- “I feel like it was my fault, but I’m over it now.”
Diana- “What’s it like to be over it?”
Emily- “I don’t let it affect me. I try not to think about it.”
Diana- “What happens when you think about it?”
Emily- “I feel guilty.” Long pause. “I know that it’s not my fault but I still feel guilty. It makes me feel like I’m a fake. Every time I say I’m over it I feel like I’m a big fake because it affects everything I do now.”

Emily elaborated that the guilt she felt over her abuse turned into anger that she said she “could not stand.” In repressing this, anger and it resulted in dissociative moments (her “detachment”). These dissociative spells were neurotic attacks on her character. Strongly directed towards herself, her rage was evident in her death wishes and her dreams of torture and death.

As her therapist, I wanted to help her free herself of her self-hatred. My initial countertransference to her was that I felt sad for her suffering. At first, I saw the people in her life as “mean” to her, and Emily as a defenseless victim that needed someone to
save her. In this way, I was hooked into the characterological structure. However, the boundaries of the therapeutic relationship, as well as my training to be aware of my countertransference reactions, prevented me from leaping in. I refrained from giving advice, which was difficult as Emily frequently asked about how she “should have” handled a myriad of situations. Instead, I set very clear boundaries and pushed her to come to her own conclusions as she re-examined her life story.

The therapeutic trap with Emily was that she had been deeply hurt by the people in her world, and she wanted to both shoulder all the blame and hide her rage about being hurt. It created a situation where she cast me in both a persecutory role, and a savior role. When we talked about her wounds, she would feel angry about what happened to her, panic, and then habitually dissociate. In treatment, her idealized image wanted her rage to go unnoticed. She wanted me to collude with her in believing that she was pure and free of rage. When her rage and her aggressive impulses where addressed in the therapeutic relationship she reacted with panic and onslaughts of self-hatred that were in a way a caution for me to stop.

It had been historically true that people did not hold her best interests at heart. She had perceived goodness in people that had hurt her. It was also true that she had been victimized. It made more sense that she should be distrustful of me than to trust me completely given her history. However, being mistrustful was one of her taboos. It questioned her claim to expect the best in others, which was incongruent with her idealized self. This would trigger an attack of self-contempt, from which she demanded I rescue her.
Once in session, after talking about her feelings towards her abusive brother, she started to “detach.”

Emily- “Oh my god! its happening right now. I feel like I can’t breathe.”
Diana- “Try to talk about what is going on…”
Emily- “I know I’m going to detach” Emily was crying now. “I don’t want to detach! I don’t want it to happen! I don’t know what to do!” She started to hyperventilate.

Still early in the treatment, I guided her through slow deep breaths. She was able to calm down and did not “detach.” Emily spent the rest of the session discussing the “detachment,” how much she feared and hated that feeling. The “detachment,” was directly connected to her feelings of repressed rage towards her brother. In this instance, I offered a practical solution in an attempt to demonstrate that together we could survive the attacks of her self-hatred. This intervention greatly supported our therapeutic alliance.

Simultaneously, Emily voiced her tendency to censor herself in order to protect my feelings. She often wondered, “How much can I talk about without making you feel weird.” She told me that she felt “really guilty about missing sessions,” which she experienced as “letting you down.” She wondered if she was “annoying” me and said that she would never know because I “would never tell” her. I once commented on her strength due to her commitment to work on her struggles and her continuing to come to sessions. After a missed session she told me that she did not think she was “strong anymore.” Emily would also tell me that she felt I was “abandoning her” because I would be leaving in May. She said that she was afraid that she would “stop coming to therapy” and wished that I would “force me to feel.” She wanted me to ask questions and continue asking questions because it forced her to feel. She then reached out for my caretaking by stating that she does not know how to do it without “shutting it off.”
In the transference when I highlighted her aggression, I was actively siding against her ego. She had said that she felt that if she stopped being positive she would “lose a part of herself.” She also said that when she felt angry she detached and when she detached she “lost” a part of herself. In these instances, she would relate to me as she had with her mother. She felt as if I had sided with someone else against her, even though that ‘other’ was a disowned aspect of herself. She was however unable to even verbalize or face her anger with me. It was too threatening to her structure. Facing her anger with me would have required acknowledging that she had aggressive impulses, which was what she was mad at me for suggesting in the first place.

Her idealized-self was invested in not seeing that anger because it violated her neurotic shoulds. She said, “I get angry with myself, and punish myself for feeling bad for myself.” She would even go as far as acknowledging that anger, but retaining the conscious stance that she was still rage free. Emily said, “Sometimes I feel so angry I can’t stand it, but I don’t let myself feel that.” Often we would discuss anger, which as she described earlier her “mind always turns my anger around to something I did,” which in turn emerged as her self-contempt.

There was evidence of both her aggression, and her self-punishment when she talked about her sexual abuse. Emily described how people would “look devastated” when she shared that story. However, this did not stop her sharing, hinting to some unacknowledged gain. Her reaction to their devastation, and perhaps to her own gain, was guilt. In the therapeutic relationship, I imagine she could see in my face the reflection of the horrors she confided in me. She could make other people feel bad in this
way. Furthermore, in this these interactions she caught glimpses of her own aggressiveness, which triggered attacks of self-hatred.

During our last session Emily expressed:

*Emily*- “I’m afraid I’m letting you down?”
*Diana*- “Do you want to let me down?”
*Emily*- “No. I don’t want to stop therapy. I have to move… and it’s not fair.”
*Diana*- “I wonder if your concern about letting me down has to do with your own feelings about leaving therapy prematurely. How are you feeling about moving?”
*Emily*- “I’m fine with it. It works for everyone else.”
*Diana*- “…and for you?”
*Emily*- “I always worry about other people before myself.”

She was highly concerned about “letting [me] down.” Given the abruptness of her termination, I wondered about other motivations. She was moving with her boyfriend to another state and this was unexpectedly her last session. The sudden onset of this decision, as well as the details of the move, which was not to happen for a few weeks, told me that there was more ambivalence to her feelings than she was willing to acknowledge. She retreated into stating that this was the way she operated.

Here, I focused on safeguarding a positive therapeutic attachment in the hopes that she would seek out therapy again in the future, even if she was not able to express how she felt about me. Her self-effacing structure was evident in her presentation. She offered her decision to leave as a further victimization on the part of her fiancée and her family. Further she placed me in the position where questioning it, would be indifferent to her suffering and her loss. Emily refused to own her anger for terminating when she said she did not want to, but also refrained from expressing whatever other feelings (relief, disappointment, mistrust) emerged in the treatment and the transference. Her
presentation remained in line with her idealized image, self-sacrificing with the expectation that her family would take care of her.

Emily covered a lot of ground in terms of verbalizing her trauma, and discovering some of her angry feelings towards her mother and her brother. At termination, Emily’s “detachment” episodes were less frequent and she understood how to calm herself while in the midst of them if she chose to. She gained some insight into her relational patterns, and did not report nightmares during the last few months of treatment. Emily, however, still had difficulty asserting herself, and viewed self-sacrifice as something fundamental about who she was.

**Conclusion**

Through the therapy, Emily became increasingly able to recognize and discuss her fear of her own rage. Emily was able to integrate her rage during the year she had not spoken to Sandy, and her lessened concern over others in her life. Emily described being able to voice what was on her mind, rather than tailoring her expression based on what would make others happy. Emily feared that she would become frightening like she remembered her father acting while he was angry, and all of her romantic pursuits including her current fiancée. Becoming angry might push others away, may make them abandon her which would contradict her neurotic shoulds. Given her character structure pushing others away, being unable to evoke their love would trigger her self-hatred. She had learned to not only hide her self-assertion, but also internally punish it, just as her father punished self-assertion on the part of her siblings. When she terminated therapy she had begun to seek a balance between caring for others and validating her self-assertion, even in anger as discussed above.
Emily retroactively realized the parental expectation placed on her that she know between right and wrong, and how it contributed to an inner demand that she maintain that responsibility. Emily remembered that her mother had never set appropriate limits to ensure her safety. Emily remembered specifically not having had a curfew or feeling like her parents knew where she was and that she was safe. This led to Emily reevaluating her charges against herself for lying about her father’s abuse, which she did not know at the time was out of the norm. She presented her mother with responsibility for not having protected her as a girl from her brother’s abuse. In these reassessments of her past Emily was able to begin to lift some of the shackles of her self-hatred, and soften her demand to actualize her idealized image. Her strengths however, remained in moving towards people.

Emily placed such a taboo on her rage that she detached from her body when she felt angry. Emily was unconsciously willing to pay in order actualize her idealized image. Emily’s feelings of worthlessness emerged from the childhood understanding that her feelings were not respected or heard and that in order to attain the affection and protection of others she had to numb out aspects of her spontaneous self. In particular, Emily had to numb out her rage. When her rage was present, she was the victim of such self-hatred, that she felt worthless. This eventually culminated in her experiencing dissociative episodes. Through the therapy, Emily became able to recognize and discuss her fear of her own rage. Emily described the relief she had felt when she verbalized her anger, as well as how her anger took her thoughts away from “the morbid stuff.” Thus, when Emily was able to talk about her rage, her suicidal and self-berating thoughts reduced greatly. In therapy, the stance towards the self-effacing personality structure is
to allow the movement towards, while also drawing out the aggression, even in the face of self-hatred.

In Emily’s case, maternal abandonment served as a push towards her real self, by putting her in touch with aspects of her feeling life. The rage at this particular instance allowed Emily to validate feelings she had experienced from when she was a little girl. The connection between her rage and her self-hatred was crystallized in her relationship with Sandy. It was also evident in the transference relationship with me. At the end of the therapy, Emily still followed a self-effacing direction; however, she had begun to question who she was attempting to become and for whom.

Now that I have explored the neurotic solutions of moving towards and moving against others, I turn to the case of an individual who neurotically moves away from others. As I shall show in the next chapter, this neurotic solution is rather different that the direction Emily or Adam adopted. The attempt is to withdraw from the struggle altogether creating a different picture of what I have explored thus far. Thus, I now turn to the case of Rebecca.
Chapter 6-The Resigned Solution: The Appeal to Freedom

The “Resigned” solution consists of the individual withdrawing and stating through voice and action that she does not care about inner struggles. As Horney says, the resigned neurotic resorts to “not actively participating in living and unconsciously refusing to do so” (Horney, 1950 p.261). This solution in a way criticizes the other two solutions and attempts to reject both of them; she withdraws from both her expansive and her self-effacing drives. For Horney “comparing the three major attempts, a person hopes to reach integration by trying to exclude one of the conflicting forces; in the resigned solution he tries to immobilize both of them” (1950, p.272). The individual convinces herself that she has no desire either to love or to master. Her drive is the avoidance of conflict. This solution constricts needs, wishes, and spontaneity in the service of a kind of peace. Rather than living her life according to the spontaneous desires of her soul, she amputates the source of her own passions lest they lead to her entrapment.

In contrast to the previous two solutions, the appeal to mastery and the appeal to love, the resigned individual is distinguished by an attempt at a life “without pain or friction but also without zest” (1950, p.260). This character style solved his basic conflict by attempting to withdraw from it. Horney explains, “The resigned person believes, consciously or unconsciously that it is better not to wish or to expect anything” (1950, p.263). This individual sometimes adopts “a pessimistic outlook on life, a sense of its being futile anyhow and of nothing being sufficiently desirable to make an effort for it” (1950, p.263). The resigned style focuses her energies on remaining detached, and not becoming invested because she “does not care” and believes “nothing should matter.” When aspects of this neurotic’s life manage to penetrate through the thick apathetic
defenses and manage to make an impact of any kind, this neurotic will react with self-hatred.

Interestingly we see both expansive and self-effacing trends in the resigned neurotic. Expansive trends show in her feeling consciously superior to others, and in her confidence in her own attributes. However, these trends are manifested in the service of resignation. Pride is invested in being detached, stoic, independent and, in contrast to the expansive drives she is proud of being above competition. We also see self-effacing trends in that the resigned individual may be manifestly compliant, would rather accuse herself rather than put the blame on others, and be “keenly sensitive to the needs of other people, and may actually spend a good deal of their lives in helping others” (1950, p.271). Nonetheless, these self-effacing trends manifest in the service of assuaging fear, and avoiding friction rather than in becoming close to others. In contrast to the self-effacing neurotic, she imbues with pride her ability to remain emotionally unattached from others.

In this chapter, I shall show how the resigned style’s attempt to withdraw from conflict causes her to experience her own existence as a burden. Her claims are to be left alone, not to be bothered, not to be sought out, not to become attached. As Horney states, “nothing should be so important that he could not do without it” (1950, p.264). In the case to follow, Rebecca’s reactionary stance of “not caring” is rooted in an early repeated maternal abandonment. However, bearing a daughter significantly challenges her claim that she is unaffected and uncaring about her own life. Lilly, for whom she feels morally responsible but from whom she desires to remain unattached, complicates Rebecca’s withdrawal, and eventually thrusts her into psychotherapy. Rebecca struggles with self-
defeating rage, which contradicts her stance of being a disinterested and unaffected onlooker. I shall show how working with this resigned neurotic’s rage in therapy facilitated the possibility for characterological change.

**Pride System for the Resigned Style**

*The Idealized Self and Neurotic Pride*

The resigned style bases her idealized image on not needing anything or anyone. She desires to have freedom from the desires of others as well as her own. Determined not to want or expect anything from others, she develops an aversion to ties of any kind, which she infuses with neurotic pride. The possibility that others are expecting things from her makes her resent the relationship as a whole. Also, she “takes extraordinary pride in having kept free of the leveling influences of environment and is determined to keep on doing so” (1945, p.81). This is manifest in her claim to not care, and to remain unaffected by anything or anyone. Given the strenuous investment in not experiencing her own wishes, the resigned neurotic will externalize them and experience them as demands from others.

The childhood of the individual who adopts the neurotic solution of resignation often had an erratic unstable flavor. Horney argued, “there were often cramping influences against which the child could not rebel openly, either because they were too strong or too intangible” (1950, p.275). The resigned individual could not find a groove where she could explore her individuality. In terms of affection the child “may have received affection, but in a way that more repelled than warmed him” (1950, p.275). The child eventually decides that she does not want this kind of attention or affection. The adults around this child created “an environment which made explicit and implicit demands for
him to fit in this way or that way and threatened to engulf him without sufficient regard for his individuality” (1950, p.275). The child is at first “torn for a longer or shorter period of time between futile attempts to get attention and interest and resenting the bonds put around him” (1950, p.275). Given the unpredictability of early contact with other people, the child solves his early conflict by moving away from people. Unable to develop her individuality because there is a threat of having it crushed, the child eventually understands that whoever she is does not fit the mold to which she must conform.

The pride system of the resigned neurotic revolves around independence. With regards to self-alienation, this solution attempts to safeguard the connection to the self. However, because of the human inability to exist in a vacuum, resignation too falls prey to alienation from the self. The resigned neurotic feels “it safer not to let anybody know that anything matters to him lest his wishes either be frustrated or used as a means to make him dependent” (1950, p.276). By numbing the experience of the conflict between the desire to comply with others and the compulsion to overpower them, the neurotic strives to attain a feeling of inner peace. As a way to achieve and maintain this illusion of serenity, the resigned neurotic must “retract all those wishes and needs which would require other’s for their fulfillment” (1950, p.276). She no longer desires affection or conflict because of the feelings of futility emanating from her earliest relationships. It also allows the individual to get along well enough with those around her, because it minimizes external conflict.

The need for independence and her glorification of it in the service of freedom form part of her pride system and encourage further and further isolation into herself. The resigned
neurotic trains herself “(automatically) not only not to show suffering but also not to feel it” (1950, p.276). This she does because she does not want sympathy. To the resigned neurotic, the show of sympathy from another triggers a threat of becoming attached and thus not free. The pride system revolves around not only not showing these wishes, but also making the self decreasingly aware of them. Eventually the resigned neurotic’s idealized self strives not to have any wishes at all. This defensive solution ultimately means that she keeps all of her experiences to herself. Further, this is both how she protects herself and how she meets her own idealized need for superiority.

As Horney states “his idealized image, chiefly, is a glorification of the needs which have developed. It is a composite of self-sufficiency, independence, self-contained serenity, freedom from desires and passions, stoicism and fairness” (1950, p.277). The resigned neurotic’s idealized dictates state that nothing matters enough to be worth fighting for, preventing her from engaging in a struggle. However, Horney argued, “in spite of a restriction of activities many such people are capable of doing their daily work” (1950, p.281). In other words, although the resigned neurotic strives to immobilize her inner drives, she can and does still function in the external world. As with the previous neurotic solutions, the withdrawal is incomplete. Horney discussed a few different maneuvers with which the resigned neurotic may operate.

One tendency Horney describes is that of the persistently resigned neurotic. Persistent resignation may leave the individual feeling useless. Horney describes that although the resigned neurotic cultivates emotional distance; she is interested in helping others, and often very effective in doing so because of her detached interest. In contrast to the self-effacing style “it rather exasperates them if others mistake their willingness to help for
personal affection” (1950, p.281). She states that for despite being themselves resigned they feel “the need to be useful to others” (1950, p.282). Horney explains that daily work may help in “getting away from the feeling of futility they possess when left to their own resources” (1950, p.282). The persistent resignation strives for freedom, but lacking the spark to actually pursue anything, they may succumb to inertia. Horney states that in an unchanged environment the resigned neurotic may remain in this state, as “many attributes of the resigned style combine to make it so: his check on strivings and expectation, his aversion to change and inner struggle, his capacity to put up with things” (1950, p.283). However, the appeal that freedom has for him makes the resigned style a “subdued rebel.” If things become so unsatisfactory, the persistent resignation may shift from a passive resistance into an active one.

This second tendency, Horney describes as the “rebellious” stance. Sometimes the appeal to freedom turns the passive resistance into a more active rebellion. In this maneuver the neurotic in her attempts to be “free from,” in contrast to being “free to,” takes up the stance of a rebel. She is opposing the things that manifest in her environment, unconsciously remaining a slave to them. The resigned neurotic may encounters a situation that she can no longer put up with and will challenge the situation openly. How constructive the rebellion is for the shifting of this neurotic solution “depends on the relative strength of expansive and self-effacing trends and on the degree of inner aliveness the person has managed to salvage” (1950, p.284). As the resigned neurotic bumps up against what she cannot change, her inner dictates may remind her that she should not want or expect change. On the other hand, the rebellion may trigger an inner revolution that questions the very neurotic structure under which the neurotic is
chaffing. Horney describes that such a move may liberate some of the resigned neurotic’s energies. However, if the rebellion is mainly directed outwards, and not addressing the inner tyranny the neurotic suffers under, it may “drive a person further away from” (1950, p.284) herself.

Theoretically, the appeal to freedom for the resigned style has to do with protecting an autonomous inner life from coercive pressures perceived as emanating from the attachments one has with other people. The psychological stance of the resigned neurotic is marked by a “hypersensitivity to influence, pressure, coercion or ties of any kind” (1950, p.267). Conversely, the more distanced the resigned neurotic becomes from their inner self; the freedom they seek becomes decreasingly meaningful. “Withdrawing from his inner conflicts, from active living, from an active interest in his own growth, the individual incurs the danger of moving away also from the depth of his feelings” (1950, p285). The closer the neurotic comes to achieving his full withdrawal, the less that goal is meaningful for it has crushed the very individuality that she so sought to safeguard.

The feeling of futility present in the resigned style gives way to “a dread of emptiness that calls for unceasing distractions” (1950, p.285). This dread, if not managed in various ways, gives way to hopelessness or as Horney describes it “shallow living” (1950, p.281). The resigned neurotic becomes an unmoved and unaffected observer of her own life.

The appeal to freedom and its ever present idealized strivings for self-sufficiency form the core of the resigned neurotic’s idealized self. All of the static, withdrawing characteristics that we have discussed serve the purpose of retaining freedom. In maintaining her attachments in check, she manages to preserve her freedom and this process continues to reinforce the resignation solution. This solution in a sense preserves
the integrity of the individual. The neurotic has alienated her true self from others, but
the manner in which this is accomplished does not allow her to discover herself. She
undertook this solution in an attempt to preserve her individuality, which was in
jeopardy. However, the danger is that if this process is carried out long and pervasively
enough, the neurotic will profoundly alienate herself from the very self she was
attempting to preserve.

Self-Hatred

The resigned personality style has built her idealized image around remaining
uninfluenced. However, as we have seen with all the previous neurotic solutions, this
ideal is unattainable and recognition of its unattainability triggers attacks of self-hatred.
The resigned’s pride system works in a vicious neurotic cycle where self-hatred and
neurotic pride perpetuate and continue to paralyze the neurotic’s energies. With regards
to the appeal to freedom Horney states “the fallacy here is that he looks upon
independence as an end in itself and ignores the fact that its value depends ultimately
upon what he does with it” (1945,p.77). Resignation, then, is in itself a manifestation of
self-hatred, as nothing, not even the deepest desires of the self, should matter.

In her attempt to avoid outside influences, which restrict her freedom, she restricts it
herself. The appeal to freedom and the fear that another might impose on her connects
intimately to the retraction of her own wishes. The resigned neurotic is afraid “that
anybody with stronger wishes might easily impose on him and push him into something
by dint of his greater determination” (1950, p.266). Frustration and irritation are the
markers of the resigned neurotic’s encounters with her own self-hatred, for they bear
witness to the resigned neurotic’s connection to the human world outside of herself.
Horney argues, “Being afraid of emotional involvement is not the same as an absence of positive feelings. On the contrary, he would not have to be on his guard so vigilantly if he had put a general check on tender feelings” (1950, p.266). In an attempt to maintain the aloof idealized image, the resigned neurotic will bristle at any expression of her needs or feelings. The resigned style then, labels his feelings as private. A reaction of frustration or irritation is alarming to the resigned neurotic because it signifies that she has allowed herself to be influenced, obligated, constrained, or forced. Self-hatred arises and it is met with the dictate of withdrawal.

The positive feelings she has are perceived as if coming from those people around her. Externalized and berated in others are her own desires for closeness. “Not experiencing his own wishes or preferences, he will easily feel that he yields to the wishes of another person when he actually follows his own preferences” (1950, p.267). The attack of self-hatred dictates that to regain the ideals of superiority, independence and self-sufficiency, the neurotic should withdraw. The resigned neurotic may do the opposite of what he is told simply because “advice is felt as domination and meets with resistance even when it coincides with” (1945, p.79) her own wishes. Self-hatred is the killing off of the self, a mostly unconscious cost of the appeal to freedom.

Since this is solution to basic anxiety, the experience of the individual’s early life contributes to this reaction. It is futile to strive for anything because disappointment has been crushing or coercive in the past. The mere memory of having felt hurt or disappointed is enough to trigger self-hatred and further withdrawal and resignation.

“All desire, interest, or enjoyment that might make the detached person dependent upon others is viewed as treachery from within” (1945, p.84). Dependency is regarded as a
taboo, as something to be avoided. Memories of past pain and disappointment are met with the dictate of avoidance and withdrawal, for they violate the dictate on unattached disinterest.

The resigned neurotic will find that, in shutting off the conflict and withdrawing from her internal life, she experiences fatigue. Given her sensitivity to coercion, “everything then meets with a silent resistance, resulting in pervasive inertia. Activities therefore are restricted to a minimum or, more frequently, are performed under a strain” (p.279). Her self-hatred is evident in her inertia and inability to use the freedom she so craves. Simply feeling like she is doing something because she is compelled to do so, triggers her claims to freedom, and saps her energy. This makes sense when it comes to the things that she dislikes, but depending on how strong her resolve was to eliminate all her wishes and aspirations it starts to envelop all of the activities in her life. “The very essence of this solution is withdrawing from active living, from active wishing, striving, planning, from efforts and doing” (1950, p.268). The neurotic gives up any struggle and thus becomes defeated, unproductive, and slow.

The resigned neurotic’s self-hatred is most evident in her tendency towards inertia. The resigned neurotic experiences others expectations as demands. In her attempt to avoid friction she complies and believes there would be repercussions to noncompliance. She anticipates hostility from others, which in turn reinforces her expectations of outside pressures. She would rather endure her situation than make any active attempts to change it. Thus, a last characteristic of this neurotic expression of self-hatred is an aversion to change. As Horney claims, “since he does not expect much from any situation, his incentive to change it is small anyhow” (1950, p.268). The aversion is as strong as the
particular individual’s withdrawal. She believes that this is just the way life is, which enables her to continue to withdraw, remaining outside of the struggle.

Avoidance, withdrawal, and resignation are the main gateways to manage self-hatred for the resigned neurotic. Given the cyclical nature of the neurotic system, she will attempt to continue to resolve conflicts as she did when she veered toward this direction of development. She tries to convince herself that as long as she does not do anything then she is not violating any of her claims and does not have to deal with her self-contempt. She will attempt to avoid situations or interactions that trigger her self-hatred. Nevertheless, when the resigned neurotic does encounter her own self-hatred, she will resort to upholding her neurotic shoulds, needs, and claims to restore her idealized image.

**Neurotic Shoulds, Need and Claims**

Similarly to the other neurotic solutions, the resigned neurotic strives to maintain her idealized image by upholding her neurotic dictates. In resignation, the neurotic claims involve grandiose fantasies about her superiority to other people. As explored earlier she invests her pride in being detached and independent. She consciously experiences and expresses her idealized image in her claim that she should never need anyone other than herself.

She considers most things unworthy of making an effort towards attaining, and those things that do appear desirable often fall under the claim of “I don’t care.” As Horney describes “if a wish or interest has enough zest to penetrate through the ‘I don’t care’ attitude, it fades out soon after and the smooth surface of ‘nothing matters’ or ‘nothing should matter’ is reestablished” (1950, p.263). A central claim for the neurotic solution of resignation is that she “should not be bothered” (1950, p.264). The resigned neurotic
should not have any strong wishes, except for this expectation that the world should
leave her alone.

Horney points out that the neurotic lacks the drive to plan her life and to make goals for
herself. “The mere feeling that he should do something is often sufficient to make him
listless” (1950, p.279). The focus becomes not to have a focus at all, for having a
direction would violate independence. Given that she spends much of her energy
attempting to minimize her wishes, a negative valance guides the trajectory of the
neurotic’s life. She should not do, not wish, not think, not express. “The more radically
he has eliminated personal wishes the more anything he does—good, bad or indifferent---
may register as something he should do” (1950, p.279). Even though the neurotic
originally adopted this solution was as a way to safeguard the neurotic’s identity from
being hijacked by others around her, it eventually begins to erode that identity. The
independence and self-sufficiency she ‘should’ attain become the very entrapment under
which she chafes.

Horney explains that this character style settles for less than they are capable of in the
world. This solution is only partially functional, as all neurotic solutions, because as long
as the neurotic does not withdraw to the point of extinguishing the inner flame of vitality
within her soul, there will be conflict. The neurotic will still experience the needs for
closeness with others as well as her desires to triumph over others. The process of
utilizing withdrawal as a solution maintains the conflict internally. Since the neurotic
invests herself in not recognizing it as such, the conflict is externalized and experienced
as though others perpetuate it around her. This can lead to increasing frustration, which
can, depending on the level and strength of the neurotic withdrawal, culminate in rage.
Now I shall demonstrate how Rebecca is an example of the resigned style. To do this, we will look at Rebecca’s clinical discourse demonstrating the appeal to freedom. Rebecca’s character structure will center upon the neurotic needs of independence and superiority. We will look at Rebecca’s idealized self, which was characteristically withdrawing and ultimately, self-hating. Once I establish this, we will turn to Rebecca’s central organizing themes in which maternal abandonment and rage play an important role.

**REBECCA**

Rebecca was an African-American, working class, female in her mid twenties who came to see me for outpatient psychotherapy for 27 months. She was initially seen twice weekly with session frequency decreasing to once weekly for the last four months of treatment. Rebecca was struggling to complete college when she began therapy. Her initial concerns were that she struggled with rage, particularly towards her own mother and the father of her four-year-old child, Lilly. Despite this obvious investment in therapy, Rebecca repeated regularly that she did not believe therapy would help. She in fact expressed with hostility that she “didn’t care” and that she “got over it” when describing distressing aspects of her life. Rebecca’s motivation to seek treatment was her desire to be a “better mother” for her daughter Lilly.

Rebecca stated from the first time we met: “I don’t let things bother me, worry doesn’t fix anything’, as well as “My attitude all the time is: OK, Whatever.” Rebecca’s affect was most often flat. Rebecca stated that she had difficulties with rage, and that the only way she found to manage it was to avoid people. Rebecca did not want Lilly to have “the same issues” as her. Rebecca wanted Derek, Lilly’s father, to be a part of Lilly’s life. However, Derek was not as invested in parenting Lilly, as was Rebecca. This pushed
Rebecca to rage, engaging in physical fights with him, arguing over parenting in general, and, to Rebecca’s chagrin, knowing that she was not fulfilling her neurotic claim that she would be a better mother than, her own biological mother, Harriet was.

Abandoned as an infant, Rebecca grew up knowing Rose as her mother. Rose, as Rebecca described, seemed more devoted to preserving the image of Rebecca’s birth mother than in fulfilling the role. Rebecca remembers Rose telling her that that she was not her mother when Rebecca was about three years old. As an eleven-month-old infant, her biological mother, Harriet, had abandoned Rebecca at Rose’s house. Rose was then a distant relative who was habitually counted on by her community to take care of their children. Rose, having served as Harriet’s as well as many other family’s babysitter took up the task of raising Rebecca.

A feeling that marked Rebecca’s childhood was that she did not belong. Rebecca was the surviving sister of a birth of twin sisters. Rebecca grew up in the company of as many as ten unrelated children who would leave with their parents for extended periods. Rebecca’s only knowledge of her mother during childhood consisted of her abandonment and of her polysubstance addictions.

Rebecca stated that at first she “needed to be the center of attention.” Rebecca stated that she was the first of the children in the home to learn how to spell. Rebecca said that she was able to impress Rose by being able to spell “supercalifragilisticexpialidocious.” This example illustrates how important it had been for Rebecca to have Rose’s affection, attention, and motherly love. Nevertheless, Rebecca made a point in therapy to state that Rose’s revelation had “not affected” her and that she “didn’t care.” Rose insisted that Rebecca’s mother loved her, and she silenced any attempts Rebecca made to express
anger at her mother. For example, when Rebecca would ask why her mother hated her so much, Rose would tell her not to say such things and sometimes smack Rebecca cross the mouth.

Grateful for having had a home, Rebecca remembers feeling that she should not complain about anything. Rebecca discussed her early struggles with Rose’s authority. Rebecca said, “I used to puke when I got my hair done because I hated it so much.” Rose had many children to care for and strict rules about acceptable and unacceptable behavior. Rebecca was told to stop throwing up and her hair was braided regardless of how she felt. Rebecca remembered her failed attempts to assert her own desire for self-expression. Rebecca described disliking skirts but felt forced to wear them to avoid friction with Rose. Rose used corporal punishment with all the children, and Rebecca admired her ability to “keep them in line.” Rebecca stated once “I peed on a brand new carpet when I was two. I got a beating and learned my lesson.”

Rebecca met her biological father, Al, when she was ten years old. Al found her at Rose’s home and told Rebecca that Harriet had lied to him about her whereabouts. Al had other children with different women and began to visit Rebecca regularly. Rebecca stated that she learned from him how to do heavy contractor work. She cherished that he treated her as “one of the guys,” and retained good memories of them fishing and spending time together. After meeting her father, Rebecca discovered that her neighborhood was full of extended relatives who knew everything about everyone’s family. Rebecca met paternal brothers, cousins, aunts and uncles, as well people related to her mother.
Rebecca grew up thinking her mother had chosen drugs over her. Rebecca remembers getting home after school when she was twelve years old and finding a woman talking to Rose at the kitchen table. Rose introduced the stranger as Rebecca’s mother. Rebecca greeted Harriet and attempted to retreat to her room. However, Rose did not allow Rebecca to leave. Harriet did not explain why she had left Rebecca, and promised to come back and visit. Rose expected Rebecca to accept Harriet with open arms and was not tolerant of Rebecca’s rage. Rose encouraged and facilitated visits that Rebecca dreaded. Rebecca did not want contact with Harriet, and remembers at the time a growing rage directed at her mother that she did not express out of “respect” to Rose.

Rose encouraged Rebecca to educate herself and Rebecca found in school a place that appreciated her gifts. However, since Rose never formally became Rebecca’s guardian, Rebecca had trouble with documentation in school. Rebecca could not go on school trips that required permission slips, nor could she claim her academic achievement awards because of school policy to hand them directly to parents.

Harriet, during one of her visits, shared with Rose and Rebecca that she had lost Rebecca’s twin sister shortly after childbirth. Rebecca remembers being there but she did not participate in the conversation. Rebecca would sit there as requested by Rose and just say nothing. To add insult to Rebecca’s injury, Harriet was an active mother to a brother Rebecca had never known. Rebecca met her older brother Matt, who lived houses away, when she was in her mid teens.

Rebecca had come to know Harriet as someone who was unreliable and dependent on family members for money. Harriet would regularly disappear for extended periods due to her polysubstance abuse. Under Rose’s pressure Rebecca maintained a relationship...
with Harriet, who would sporadically show up at Rebecca’s place of employment, ask for money, and “make a scene.” Harriet was verbally abusive to Rebecca when they seldom spent time together, going as far as to tell Rebecca that “the wrong one died,” referring to her twin sister.

Rose was diagnosed with a terminal illness when Rebecca was fourteen and passed away when Rebecca turned nineteen. Rebecca’s father died the same year, taking with him the only other important attachment in Rebecca’s life. In his death, her father contributed to Rebecca’s disdain of doctors and disbelief in medical assessment or advice. Unable to access her feelings of grief, Rebecca blamed the medical profession for not “knowing what they were doing.” Rebecca’s biological family had an extensive history of heart disease, diabetes, and blood related disorders. Rebecca struggled herself with advanced untreated diabetes, and had been warned she would eventually have to go on dialysis. Rebecca stated that she “would never become dependent on a machine” and failed to follow doctor’s instructions.

When Rebecca graduated high school, she had a very difficult time getting into college. Discovering that her social security number and her birth certificate were erroneously documenting the life of her dead sister, she had to change her identifying documents.

Rebecca pursued college as an honor to Rose. She believed that Rose’s rules had kept her “in line” and made her successful. Rebecca had not been allowed to date, or bring friends into the home while growing up. In fact, Rose had told her that she would not date until she graduated college. Rebecca had been told as a teenager that she would not be able to conceive, nevertheless became pregnant with Lilly her second year of college. Rebecca was not aware of her state until she was five months pregnant, making it
impossible to terminate the pregnancy. Given that she routinely minimized and ignored any medical ailments because she “didn’t care” Rebecca missed early pregnancy signs.

The impending birth of her child was only one complication, albeit a considerable one. Rebecca had struggled financially to afford school. Rebecca was offered a scholarship for African American students, which would have paid for tuition, room and board. Rebecca had declined it because she “didn’t need a handout.”

One of Rebecca’s friends told her that giving away her baby would make her no better than her own mother. Rebecca then decided to keep Lilly. With a newborn baby, Rebecca soon stopped going to classes, and never finished her bachelor’s degree.

Lilly was born with a rare hereditary disease, breathing problems and eventually a respiratory condition. Doctors predicted Lilly would not survive her first two months. When Lilly made it past this mark, Rebecca’s beliefs in doctors’ incompetence strengthened. However, Rebecca knew the oldest surviving child with this disorder had made it to his early teens before passing away.

Rebecca devoted herself to earning money so she could buy Lilly anything she wanted. Rebecca had inherited some money and she used it to start a fund for Lilly that would cover her schooling as well as expenses should anything happen to Rebecca. Rebecca consciously avoided spending time with Lilly through working long hours to make money. Of course, this disregarded the fact that Lilly might not live long enough to get into college. Lilly was three years old at the time Rebecca began therapy.
Early Developmental Resigned Direction

Rebecca referred to Harriet’s abandonment often, however, this usually came with a verbal disclaimer that she was unaffected by it. Rebecca described herself as “coming to terms” with the knowledge that she did not have a present or caring mother early on in her development. However, her discussion of her early life, her struggles with mothering, and her rage contradicted her ego stance.

In Rebecca’s description, Rose attempted to minimize and diffuse the meaning of Harriet’s absence. Rebecca felt conflicted about her needs for affection and understanding from Rose. On the one hand she wanted to please her, grateful for what she provided. On the other hand, she had her own desires and opinions, which contradicted Rose’s. Since Rose was “not her mother,” Rebecca began to demonstrate her self-sufficiency.

Rebecca as a child did what Rose said, wore what Rose asked. Yet the coercion she experienced continued the process of withdrawal that had already been set in motion. She started to hide what she experienced when asked to wear clothes that made her feel uncomfortable. Rebecca also continued this internal process of withdrawal because of her relationship with Harriet. What Rebecca experienced was not recognized and accepted but challenged and corrected. Rebecca’s stance of “not caring” safeguarded what she intrinsically knew were genuine aspects of her personality.

Rebecca developed a thick skin, and continued the long unconscious process of “not caring,” or what we can refer to as self-alienation. This was a stance that she was not able to sustain when Rose or her father died. Rebecca said she had expected them to “live forever,” turned her grief to rage and “moved on.” Nonetheless, Rebecca thought
that had she not expected anything she would not have been disappointed. Given her
experience with Harriet, Al, and Rose, Rebecca was further determined to avoid
attachment. She stated that becoming attached made her dependent. What Rebecca did
not realize was that her rage at Harriet remained a connection. Arguably, her rage
prevented her complete neurotic withdrawal.

**Idealized Image and Neurotic Pride**

Rebecca was proud of the turn toward independence and self-sufficiency to which she
gravitated in her childhood. She understood it as determination, courage, and virtue. Her
pride helped her to deny her unfulfilled needs while she was a child and the extent of her
pain. Rebecca’s idealized image consisted of aggressively verbalizing her lack of
attachment. It also involved keeping a detached observant attitude on her life, as well as
keeping things off limits and private from the therapy. In this section, we will look at how
Rebecca conceptualized her childhood through her idealized image, as well as how this
affected her relationship with her daughter.

Given her mother’s abandonment, Rebecca knew early on that she would have to fend for
herself. In her memories of herself as a little girl, Rebecca stated, “I never missed
anything I needed.” Characterologically for Rebecca, this statement highlighted an
aspect of her idealized image. She never missed what she needed because if she needed
it she understood she might not obtain it, so she did not get her hopes up. This protected
her from depending on others to fulfill her needs, as well as undermining the very
concept of needing itself. If Rebecca could go without what she needed, then anyone else
who missed what they did not get were inferior in their ability to endure. Independence
and superiority gave a kind of backbone to Rebecca’s life without which she might not have survived.

Caretaking became emblematic of superiority for Rebecca. However, it did not signify attachment. Her understanding of why Rose took care of her was rooted in an understanding of fairness and morality. Rebecca’s rage towards her mother was rooted in her failures as a caretaker. Rebecca claimed she was unaffected, that she did not care that her mother had not been present for her. In this way, she presented her idealized image to the people around her.

Rebecca’s attitude, her attempt to be a better mother, spoke to the superiority necessary for her idealized image. Rebecca wanted to be superior to her mother. In fact, a trigger for Rebecca’s rebelliousness was any indication that she resembled Harriet or that she was doing as her mother predicted. Early in the therapy while Rebecca was still struggling to continue her schooling she revealed that one of the reasons she wanted a college degree was that her mother had once told her “you’ll never amount to anything.” In her idealized image, Rebecca achieved independence from her mother and superiority to her.

Rebecca discussed the childhood precursors to her neurotic pride. Rebecca’s example of attempting to impress Rose by learning “to spell huge words” was rooted within her strivings for independence and superiority. In doing this, she demonstrated her superiority to the other children and her ability to do things by herself. As a child, however, Rebecca remained consciously ambivalent about her achievements. She stated once “I dreaded report card day… because other children would be angry with me for getting good grades.”
As Horney describes, the resigned neurotic retains safety by keeping her feelings to herself. More drastically, eventually, even to keep feelings from herself. Rebecca exhibited this characteristic by utilizing a number of avoidant techniques (i.e. sleeping, overworking, and drinking alcohol) to maintain her resigned idealized image. Rebecca told me that she “slept through” Lilly’s birth and that she “didn’t feel any pain.” She elaborated as the therapy went on that sleeping was a way in which she could wait for anything to pass or go away. Rebecca used alcohol for this purpose for a short while in her teenage years, but her strivings for superiority above her drug-addicted mother kept this at a minimum. This stance solidified after Lilly was born, as Rebecca stated she never wanted her daughter to see her drinking.

Guarding her privacy was a priority for Rebecca. She seldom shared aspects about her internal life, even with the few people she considered her friends. She told me that her friends had to do “detective work” to get anything out of her because she was “a very private person.” During the therapy, Rebecca gradually discussed aspects of her life, but she remained guarded in general. Rebecca discussed on numerous occasions a metaphorical shelf where she kept bottles containing aspects of her life she stated she would never unpack. Sexuality, as well as Rose’s death and what I deduce was her anger at Rose for dying, were simply not discussed.

Since her treatment goals revolved around being a better mother to Lilly, we repeatedly came upon such topics. Rebecca refused to discuss her knowledge of sexuality, what precautions if any she had taken with Derek, her menses, or any conversation she had with anyone about sex in the past. Rebecca labeled her current relationship with Derek as private. She would become silent in sessions when contradictions between her actions
and behavior with him arose. In her attempt to be superior to her mother she was
determined Lilly would have a relationship with her father. This, however, became
intricately complicated as Derek had his own troubled relationship with Lilly, which
came crashing against Rebecca’s idealized image on a regular basis.

Rebecca was less rigid in her discussions of Rose, but most of what was broached about
their relationship, her death, and Rebecca’s reactions after her death, emerged within the
last twelve months of therapy. Rebecca would sometimes laugh at my questions about
such topics, and dismiss their importance. It is my sense that maintaining certain topics
off limits maintained her independent and superior idealized image. She remained
unattached to the therapy itself.

Projected Idealized image: Lilly

Rebecca gave birth to Lilly with little support from the baby’s father, Derek. He had two
other children at the time with two different women, and Rebecca prided herself in not
needing anything from him to raise her daughter. Rebecca was demanding of Lilly in
ways in which Rose had been demanding of her. My understanding was that if she could
actualize her idealized image on Lilly then she would succeed in being superior to her
own mother. Rebecca failed to notice how, in her attempts, she was re-creating similar
abandonment dynamics with Lilly.

Rebecca allowed Lilly to cry herself to exhaustion as an infant and justified her actions as
an attempt to foster independence in her child. Rebecca was proud to have toilet trained
Lilly at one year of age. By age three, Lilly was able to run her own breathing
treatments. Rebecca expected Lilly to be self-sufficient and to exercise restraint at a level
that was age inappropriate. Rebecca enforced self-sufficiency by creating non-negotiable
“rules” similar to how Rose had raised her. For example, if Lilly did not pick up her toys Rebecca would throw them away. Rebecca had such difficulty with attachment that she attempted to teach independence to Lilly, both as a way to maintain her own neurotic detachment and as a way to make her daughter closer to the idealized image she wanted to uphold for herself.

Understandably, Rebecca started running into regressive toilet training behaviors as well as defiance from Lilly given that her mother and father had differing and often contradictory expectations. Rebecca stated that Lilly started to have bedwetting problems when she was four years old, and her solution had been to prohibit liquids for the child in the evening. If Lilly drank anything in the evening then she was responsible for her bedwetting because she “should know better.”

Simultaneously, Rebecca attempted to preserve Lilly’s individuality and wanted Lilly to be able to say what was on her mind. Lilly, as Rebecca had when she was a child, would pee on herself when Rebecca was getting her braids done. Rebecca did not see this as a potty training problem. Instead, she referred to her own childhood vomiting in the same situation. Rebecca remembered this for herself as an act of disagreement, as the way in which she expressed her opinion. Since the motive for her withdrawing solution had been to preserve her identity, she would not fault Lilly for this behavior.

Given that she had not been able to finish college, Rebecca exerted a lot of pressure on Lilly to achieve academically. Lilly thrived and Rebecca was able to meet her own need for superiority. Rebecca proudly described how Lilly was writing her name in preschool, while other children in her class were still learning shapes and colors. Rebecca was
proud that Lilly could be independent in school because it reflected positively on the values she felt she was teaching her daughter.

Rebecca talked about her disgust at parents who spent their day at school the first day their child went. She said this was not giving kids their independence. She attributed any complaint the school had to Lilly being bored in school as she had been growing up. Lilly struggled socially, but Rebecca would not see this as a problem as long as she was doing well academically because she was not invested herself in developing social relationships. Rebecca was proud of what she perceived as Lilly’s independence.

Independence for a mother, particularly one that was compelled towards independence because of maternal abandonment, was a tall order. Rebecca coped with this discrepancy by projecting her idealized image onto her daughter Lilly. This led Rebecca to perpetual frustration because she expected Lilly to be self-sufficient and detached from her. In an attempt to foster self-sufficiency and superiority in her daughter, Rebecca attempted to remove herself from Lilly’s attachment. Rebecca’s doctors were increasingly concerned about her life due to her advancing untreated diabetes. Not wanting Lilly to experience the surprise and disappointment she had suffered through Rose’s and her father’s death, Rebecca had a preparatory conversation with Lilly. She told Lilly that she could not be dependent on anyone. When Lilly expressed her desire and already existing dependence on her mother, Rebecca disclosed to her four-year-old daughter that she could die at anytime, and thus was not a reliable source. Lilly should always be prepared to take care of herself.
**Self-Hatred**

Rebecca’s self-hatred provoked both conscious and unconscious attempts at self-destruction. As described previously, threats to the integrity of the idealized image trigger self-hatred for any neurotic solution. For Rebecca, self-hatred was triggered when she considered her attachments and the idea that she was not free. Any indication of Rebecca being dependent, medically, physically, emotionally, or financially was enough for her to react with hostility in the treatment room. It also warranted Rebecca’s avoidant patterns, her inertia, and her attempts to deaden her inner feelings in hopes of retaining her detached uncaring stance. In this section, we will examine Rebecca’s self-hatred, particularly the difficulties that emerge for Rebecca given her goal in therapy of being a better mother, her projected idealized image onto a child that was dependant on her and desirous of her attachment, and her efforts to cope with the rage that maternity brought up for her.

It seemed that the most dangerous and evident manifestation of Rebecca’s self-hatred had to do with her actions demonstrating her lack of care for her life. Rebecca’s stance toward doctors reflected a deeply ingrained disregard for her own life. Rebecca stated that she would not take insulin because her “organs were going to degenerate anyway.” Rebecca seemed to welcome the idea of death. In death, she would no longer have to struggle. This attitude was complicated because in wishing for her own death, she was fulfilling her mother’s declaration that she should not have existed in the first place.

Rebecca’s fears of following on her mother’s footsteps informed a contradictory stance. She told me that she taught herself to write with her right hand after she found out that Harriet was left handed. Rebecca directed her rage at her own body. Ironically, she
shared with mother a hatred of doctors and medical treatments. In fact, her brother mentioned that she resembled their mother’s “doctor thing,” referring to Harriet’s own avoidance of the medical profession. Rebecca reacted by refusing to speak to him for a couple of months.

For Rebecca, acknowledging that she did not want or love Lilly triggered somatic symptoms. Rebecca once said that she just ignored Lilly sometimes. Rebecca stated that she did not want Lilly to “feel unwanted” because “she knew what it felt like.” Asked to elaborate she said that it had made her angry, that she had gotten over it and that she did not care. After discussing that she had not wanted Lilly, Rebecca developed a headache that lasted until our next session.

Although Rebecca insisted she did not want or love Lilly, this statement was complicated by the actuality of Lilly’s illness and the prediction of her early death. Given her neurotic structure, it made sense that Rebecca would resist the attachment. However, Rebecca’s refusal to acknowledge Lilly’s death as a real possibility (i.e. working towards a college fund) betrayed her detached stance. It seemed that her decision to raise Lilly carried a lot of ambivalence. Rebecca struggled with regret which violated her idealized image and which she continuously used to punish herself.

Rebecca would work for days and nights without breaks, and then sleep through entire weekends just to go back to work again. Lilly noticed Rebecca’s workoholism and complained about not seeing her parents enough. This in turn made Rebecca sink even deeper into her self-reproaches that she was just like her mother. The solution to this cycle: “I don’t care, “I am not affected, “worry doesn’t solve anything.” Rebecca
continued to silence her feelings in an attempt to cope with the deep self-hatred that emerged out of her actual and symbolic similarities to her mother.

Rebecca’s self-hatred was apparent in her perceived superiority to other blacks, women, and other poor members of our society. When discussing her tendency to be “a private person” she told me that she did not like dealing with black people. She told me that she did not have friends because she could not have an intelligent conversation with anyone in her community. She said “most people want to talk about how they were oppressed by white people, or getting high.” Rebecca’s sensitivity to dependence was obvious in her inability to perceive racial oppression and in her belief that blacks could get the same opportunities as everyone else.

Seeing herself as superior from members of her race was particularly damaging because it reflected her hatred of herself. As mentioned previously Rebecca declined a scholarship for African Americans. She angrily stated, “blacks always think someone is oppressing them, but if they really wanted to learn they would.” Rebecca felt strongly that people in her community were less independent and hardworking than her. It cost Rebecca the possibility to become as educated as she consciously wished to be.

Passed down to Lilly was Rebecca’s perception of racial superiority. While in school, at the playground, Lilly ran away screaming when approached by a black peer. She told her teacher that she did not want him to touch her because “he was dirty.” As Rebecca told me this story, she asserted casually, Lilly “does not like to be touched by black kids.” After being asked for an apology, Rebecca took Lilly out of this school and placed her in a “white” school, where Lilly would not be confronted with this problem in the future.
Lilly’s performance of her mother’s self-hating racism alarmed Lilly’s teachers and her extended family. Rebecca thought this was an assertion of her daughter’s individualism and supported it as a reflection on her own. Rebecca’s needs to be superior to her racial peers led her to deny that Lilly’s behavior was problematic. Further, she said it benefited her since she would not have to deal with black parents, “particularly mothers.” In Rebecca’s opinion, black women were “loud, irresponsible for their children, and dependent.” These attributes clashed with Rebecca’s idealized self. Not only did Rebecca hate her own race and gender, but she was also projecting onto black women the counter-attributes to her most pressing basic needs, those of independence and superiority.

Neurotic Shoulds, Needs and Claims

Rebecca’s need for both independence and superiority manifest throughout her attempts to uphold the idealized image and self-hatred described above. Rebecca’s claims and shoulds spoke to her desire to avoid conflict and to find a way to retain superiority through having access to money. Rebecca attempted to remain unattached as a way to maintain independence. Making statements about unimportance, or lack of significance allowed Rebecca to circumvent the very struggles with which she presented. Making money was a way in which she attempted to convince herself and others that she could compensate them for her shortcomings.

As already discussed, Rebecca held a primitive need to feel superior to her mother. Monetary contributions were one of the ways in which she counter-identified to Harriet, the unemployed drug addict. Rebecca started working at a young age, and being able to both contribute to Rose’s expenses, as well as obey Rose by bailing out her mother,
allowed her to feel she was fulfilling this neurotic claim. Since working also provided her with an escape, making money became the universal escape to most of Rebecca’s problems.

When Rose passed away, Rebecca spent a lot of money on the burial, the headstone, and the funeral expenses. This she did although she had other, more pressing, financial necessities. Rebecca never visited Rose at the cemetery. She told me that the closest she had been able to get were the cemetery gates, where she became physically paralyzed and had to take a taxicab home. When talking about her desire to visit, she would say that she knew Rose had not gotten the headstone she had ordered. She would focus the importance of her visit on having to “get it straightened out.” Concerning her avoidance of visiting Rose at the cemetery Rebecca’s focus on the monetary aspect was a way for her to avoid dealing with her loss. She told me that she did not “want to ever deal with it.” She remarked bitterly that she should not have been attached to Rose in the first place.

Rebecca’s financial struggles during early college came to a head when Lilly was born. Here, she found justification for spending all of her time earning money. Rebecca found in work a way to remain away from Lilly, which was justified in her wanting to provide for her. Rebecca and I discussed frequently how, although Lilly was not getting her needs for affection met, she would never miss the basic things money could provide. Food, clothing, entertainment, and education ranked high for Rebecca, in addition to allowing her to remain unattached.

Rebecca once said that her friend thought that she “threw money at everything” which Rebecca found “hilarious.” This exhibits her amused intellectual observation of her life,
remaining unattached from her struggle. Rebecca resisted processing what this meant for her life and her daughter. This attempt highlights her denial of Lilly’s advancing disease. In “throwing money” at her daughters college fund she attempted to deal as she habitually did with any situation. However, there was no precedent Lilly would live to college age.

As Lilly aged, she started to notice that her mother was not around. Rebecca would talk in sessions about the extravagant measures she took for Lilly’s birthdays and Christmas. She stated that she did not like these occasions and would buy Lilly entire lines of toys. When it came to the actual day, she would “make sure” she was working. Lilly would ask her mother to be present, but Rebecca considered it more important for Lilly to “have everything she wanted.” Towards the end of our work, Rebecca was able to acknowledge verbally that she did this in an attempt to mask her true feelings for Lilly. She wanted Lilly to have everything she wanted because she knew she “didn’t love her.”

For Rebecca having access to money was of dire importance when it came to dealing with Derek. Derek was supporting two other children, and Rebecca bristled at the thought of the other women asking him for money. While being sued for child support, he encouraged her to join the lawsuit so that Lilly would receive some of his garnished wages. She said, “I can take care of myself and I don’t need any money from him.” This highlighted her pride as well as her neurotic claims and shoulds to be independent and superior through the ability to be financially responsible only to herself and her daughter.

**Maternal Abandonment**

Harriet’s abandonment became a guiding principle in Rebecca’s psychology. As evidenced above, Harriet’s abandonment affected every aspect of Rebecca’s life. Actual
maternal abandonment, however, was not the only concern. Rose also symbolically abandoned Rebecca in her insistence that she was not her mother. Furthermore, Rebecca experienced Rose’s death as a maternal abandonment of its own. Given Rebecca’s characterological organization geared towards resignation, Rebecca compulsively re-enacted abandonment in her treatment of her own feelings. Finally, Rebecca neurotically continued this cycle of emotional maternal abandonment with her daughter. Lilly, although extravagantly monetarily doted upon, was growing up with the same message Rebecca had gotten from Rose: You should not depend on me as a mother.

In Rebecca’s history, the impact of maternal abandonment was particularly traumatic given the repetitive nature of the experience. Rebecca’s abandonment experience was not a single traumatic event, but repeated, compounded acts. Rebecca believed strongly that her mother hated her. Rebecca, discussing what it had been like meeting Harriet stated that she had never gotten to ask the question she wanted answered. Rebecca’s question, “What is wrong with me?” reflected most poignantly the impact that Harriet’s departure had on her. As is common for children who develop neurotic solutions, turning against the self because it is the only place available to turn, Rebecca resented her very existence.

Finding out about the death of her twin sister, and the error that occurred with her birth certificate and social security card arguably solidified her sense that she should be dead. Perhaps she had been living under her sister’s name because of her mother’s wish that she had been the one to die. If this were true, then she had no reason to be alive now, no reason to exist, and no reason why she should have had a daughter. Lilly should never have existed. Rebecca’s complete disregard for her body and its medical care embodied
this death wish. The passive degeneration of her kidneys highlights the inertia of neurotic self-hatred motivated by maternal abandonment.

The repetition compulsion, this chain of maternal abandonment, was observable in Rebecca’s relationship with Lilly. Rose had told Rebecca that she was not her mother when Rebecca was four-years-old. When Lilly was four, Rebecca discussed with her the certainty of her own death and the necessity for Lilly to be independent herself. Rebecca, of course, exhibited surprise and annoyance at the fact that people around her thought her disclosure was in any way unreasonable or damaging. However, it fit the highly defended structure that offered Rebecca a sense of safety and control. Acknowledging that what she was doing to Lilly was detrimental would imply an acknowledgement that Rose’s words had deeply affected her. It would face her with the fact that she had needs, and that they mattered just as they mattered to Lilly. This recognition would threaten to topple her superior and detached safety within “I don’t care.”

A few months before termination:

Rebecca- “Derek will make time to see his boys. But he never makes time to come and see Lilly, unless I bring her to him. I know she notices. And I’m the one that has to answer her questions.”
Diana- “How do you imagine she feels when her dad makes room for her brother’s and not her?”
Rebecca- “She asks when her father is coming, when she can go see him. I don’t lie to her. I tell her what he said, but I still have to deal with what happens if he doesn’t show up.”
Diana- “I’m wondering if this is reminiscent for you of when your mother would visit your brother across the street but not come see you.”
Rebecca- “I am the only one that’s upset at my mother. Part of what makes me so mad is that people tell me I shouldn’t be mad at her. She raised two other kids, one before me and one after me, but not me.”
Diana- “What does that say to a child?”
Rebecca- “I wondered- what is wrong with me? Why did she leave me? What did I do?”
Diana- “How would you answer those questions?”
Rebecca- “I don’t know. It doesn’t matter. I don’t care.”

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This was the only time during the therapy that her eyes filled with tears. Rebecca wondered bitterly why her mother had left her, and then quickly reverted to making statements about how this did not really matter. However, it was evident from her affect that she did care.

Paradoxically, Rebecca wanted Lilly to embody the detached idealized image, which she developed from her reactions to maternal abandonment. All of the answers that Rebecca had unconsciously reached in that search for a reason manifested in her relationship with Lilly. Lilly, in Rebecca’s assessment, was “too girly,” she sought attachment which was not good for her, she liked “dolls and skirts,” was fundamentally “the opposite” of Rebecca. Rebecca stated that she would never say these things to Lilly, but when asked about whether Lilly knew, just as she had known, that she was unwanted the answer was affirmative. I asked her what she thought that would say to a child, and she said that the child would start to question, “what is wrong with me?” Rebecca said that if she could “take back” having Lilly, she would.

For Rebecca these feelings were what kept her coming back to therapy. The fact that she knew she felt this way, that she conveyed these feelings to her daughter and that in a sense she was also abandoning her as Harriet had, triggered powerful feelings of self-hatred and rage. Rebecca’s attempts to withdraw from these feelings were compulsive and strong, but given that a facet of her neurotic structure included the compulsion to be different, superior, from Harriet, Rebecca struggled with tremendous internal frustration. Outwardly, she attempted to present an attitude of detached uncaring, but often, both internal and external frustrations triggered her rage.
Rage

Rebecca’s rage could manifest in explosive and consuming ways. Although it seldom surfaced in all its intensity, it materialized enough for Rebecca to bring it into therapy. Rebecca fueled her neurotic claim to being better than her own mother with her rage at her abandonment. Rebecca explained that her anger intensified when she was told that she should not be angry. In these statements, we see her unacknowledged rage at Rose. Rose’s attitude towards Rebecca’s rage at her mother constituted another emotional abandonment for Rebecca.

Rebecca’s rage was the clearest evidence of just how dire her childhood experiences had been, regardless of her denial. Rebecca remembered that she had been the only one that had been angry at her mother amongst the cohort of children she grew up with. Since they all had contact with their biological parents, she thought their feelings had not been as intense. Furthermore, parents leaving their kids at the houses of older relatives to take care of them was not out of the ordinary in Rebecca’s community. Thus, close and distant relatives were puzzled by Rebecca’s reactions. Unsurprisingly Rose’s demand that Rebecca suppress her rage heightened the feeling. The process of withdrawal and alienation from herself exacerbated her rage.

Rebecca described several episodes where her rage had been concerning. Let me clarify here that her concerns pertained feeling out of control, not a sense that she “cared about what anybody thought.” Rebecca threatened the life of one of Derek’s girlfriends earning her a restraining order. She also threatened the life of a college authority figure after Rose’s death. Rebecca had a number of physical fights with Derek, which Lilly had witnessed, and which required police involvement. Often however, her rage manifested
in more passive aggressive tendencies that ultimately hurt her chances at survival more than they vindicated her in the eyes of an oppressor.

Rebecca routinely switched employment because she would feel undermined by “people who don’t know what they are doing.” As I explained earlier, given Rebecca’s limited schooling her needs were undermined at her jobs. She was not the superior, even if she did manage other workers. Rebecca responded to this roadblock aggressively, unfortunately not in a way that supported her interests and mitigated her struggles. Just the opposite, Rebecca would suppress her rage at anyone who challenged her, then suddenly explode. Rebecca had very narrow parameters within which she would take or keep a job. She would not work certain hours, or on commission, or with people with whom she had previously had disagreements. These self imposed limitations made Rebecca have fewer possibilities for jobs and she was starting a new job just about every few months. Rebecca would not consider the consequences to her actions, and would revert to her worn “I don’t care.” However, the intensity of her rage betrayed this stance, and provided evidence for both the intense investment she held and for her unacknowledged pain.

Although this rage fueled Rebecca through her everyday life, Rebecca ultimately coped with life by expecting less and less for herself and fundamentally hoping for death to come to her. There was a palpable sense of helplessness and powerlessness to her narrative, even though she was constantly trying to challenge her inner inertia. The rage was one of the expressions of her individuality and ultimately one of the only connections to her sense of self.
Transference and the Therapeutic Relationship

In this section, I discuss the nature of the therapeutic relationship with the withdrawing neurotic individual. Rebecca’s withdrawing characterological style was lived in the transference/countertransference relationship. Her moving away rigidly undermined any deepening of an alliance. Although she made some progress, her characterological structure remained most unchanged given her neurotic investment in avoiding human relationships.

For Rebecca therapy was “a place to complain” and in relationship to her, I “was doing my job.” Rebecca set the parameters of distance from the beginning. In the first few months, she discussed leaving treatment, and when I brought it up at the subsequent session she denied this was a concern and changed the topic.

I typically begin my sessions with a waiting silence. Rebecca’s response to this showed her distress: “What’s the look for?” she demanded. I explained that this was an invitation for her to begin where she needed. When I attempted to explore what fantasies she might project onto my “look,” she denied thinking anything about it and changed the subject. A few times, I interpreted the expectation of a criticism or a scolding from my look in an attempt to build the therapeutic alliance. Rebecca then stated that she did not care what I thought, and minimized my interactions with her as part of “doing [my] job.” When I did begin session by asking her a question about her life in an attempt to alter this interaction, she said, “things are fine,” which inevitably lead us back to silence and the conversation about “the look.” This interaction exemplified her dynamic of moving away during the first few months of our work together.
Rebecca moved away from me in the transference by talking about her disdain for therapists, and her family’s beliefs that talking would not help anything. When I attempted to personalize her statements, bringing into awareness the fact that she was currently in treatment, she would dismiss them and withdraw. For example once she was talking about Lilly being able to “push my buttons” by asking too many questions.

*Rebecca*- “She knows I don’t like that. She does to push my buttons.”
*Diana*- “So is it annoying when people ask too many questions?”
*Rebecca*- “Yeah.”
*Diana*- “I wonder if that happens here sometimes. I wonder if I annoy you.”
*Rebecca*- “You’re doing your job.”
*Diana*- “What are your reactions?”
*Rebecca*- “I don’t care. You’re doing your job.”
*Diana*- “Feeling your button’s pushed must evoke some reaction. I wonder if you could speak to that.”
*Rebecca*- “I don’t care. Ask what you have to. It doesn’t affect me.”

Further attempts to engage her in discussing her annoyance were ignored or treated as questions so foreign and ridiculous that they did not deserve acknowledgement. “pushing buttons” was something she had traditionally used to describe both Lilly and Derek who wanted to “try and get a reaction” from her. This, of course, triggered her neurotic claims that she should not be invested, and she would withdraw, covering over any sign of a reaction. I often faced the decision of following her lead and dropping the subject.

As the therapy went on she was increasingly able to acknowledge a connection between us. Eventually after repeated instances where I insisted she said:

*Rebecca*- “You’re good at pushing my buttons.”
*Diana*- “What does it feel like when I do that?”
*Rebecca*- “It’s your job.”
*Diana*- “Does it feel like I am trying to get a reaction from you?”
*Rebecca*- “It feels like you’re doing it with a purpose. Like to try and fix something.”
This was one of the few instances where she was able to acknowledge a connection between us, the fact that I cared about her. Rebecca missed her next session and a canceled the one after that, which highlighted her neurotic withdrawal. Rebecca’s structure was so rigid that two months before termination this slight acknowledgement of connection triggered a defensive reaction.

During our sessions, we often engaged in circular discussions where she evaded connection, investment, or responsibility. These conversations were also designed to keep me at a distance, and to keep herself at a distance from what she was discussing about her life. During the treatment, the knowledge that Lilly was going to die was something that Rebecca was never able to acknowledge emotionally. Rebecca would group me with those that “did not understand” (e.g. doctors, family, friends) when I attempted to focus our session on the fact that Lilly was dying. She would deny her imminent death as a possibility, and stated “doctors don’t know anything.” When I managed to break through the denial momentarily, she would say that in the event of Lilly’s death “things will go back to the way they were before Lilly was born.”

Continued attempts at engagement would lead us back to Rebecca stating she “didn’t care…would get over it…things would be fine.” Rebecca’s withdrawal was lived out in her relationship, or lack thereof, with me.

The termination phase of our treatment offered concrete examples of her withdrawing characteristics. One of the therapy metaphors we had used often was that of her keeping a bunch of unopened bottles on a shelf. During one of our final sessions she said,

Rebecca - “I actually have one big bottle with all kinds of different characters in it, but filled with the same thing.”
Diana- “What do you think fill this bottle?”
Rebecca -“A whole lot of abandonment. I’m angry at having been left behind”
Diana-“I wonder if you also feel like I am leaving you behind.”
Rebecca- “No.”

Her statement that she was “angry at having been left behind” hinted at an unconscious communication including her feelings about her work with me. I attempted to personalize the exchange by wondering if feelings like that were emerging because I too would soon be leaving her behind. Her response was to withdraw.

Rebecca- ““It would simply be someone else in my head.”
Diana- “What do you mean?”
Rebecca- “I don’t attach to people. Another therapist will just fill your place.”

My continued attempts at engaging her in discussing the imminent termination seemed to trigger somatic symptoms. In subsequent sessions, she discussed a headache that would not go away. On our next to last session,

Rebecca- “I have a bad headache. Hasn’t gone away in a week.”
Diana- “I wonder if the headache is connected to our ending. This is our next to last session.”
Rebecca- “Getting a new therapist will not be a big deal.”
Diana- “What do you think its going to be like?”
Rebecca- “Fine.”
Diana- “What was this therapy like for you?”
Rebecca-(Shrug). “You probably know me better than people who have known me for years.”
Diana-“…and starting with someone new?”
Rebecca-“It’s going to suck. I don’t do change or meeting new people.”

On our last session, her headache was gone which I attributed to her having verbalized difficulty in starting this work again with someone new. Here we see the therapeutic connection between us. She felt I knew her better than others in her life, and she was disparaging of meeting a new therapist. She, however, at the end of treatment continued to compulsively use withdrawing neurotic tactics, such as denying the significance of the therapeutic relationship between us.
Rebecca was able to leave treatment with a slightly more complex perspective on both herself and her relationship with her daughter. Rebecca, within the therapeutic relationship, was able to acknowledge some of her inner conflicts, but her withdrawal was entrenched. The most difficult aspect of her neurotic solution was that it undermined my attempts at building our therapeutic alliance and thus slowed down progress considerably. Rebecca is someone who could benefit from a longer treatment period, which I unfortunately was unable to provide. Although she managed to make some gains, her neurotic structure remained entrenched.

Conclusion

Maternal abandonment had profound consequences for the emotional and psychological development of Rebecca. Originally abandoned by her biological mother, then subsequently emotionally abandoned by Rose who occupied a maternal role for Rebecca. Rose’s abandonment pushed Rebecca in the neurotic direction of resignation, for otherwise she would have had a stable maternal figure throughout her life. Paradoxically, Rose’s stance also fueled the rage that countered the strength of the resignation, giving Rebecca, albeit constricted, the strength to survive.

Rebecca’s rage served the primary function of scaring people away from wanting to develop an attachment with her, as well as making it clear to them that she was uninterested in forming attachments. In the therapy, working with Rebecca’s rage proved difficult because given her personality structure the therapeutic relationship always felt tenuous. Rebecca stated frequently that she was not invested in the work, although she had average attendance and continued to come back for 27 months of treatment. One of
the most powerful gifts the treatment was able to offer was to help Rebecca’s rage be a meaningful experience for her by situating it in her biographical context.

Rebecca discussed how part of what had been so destructive while growing up, was the forced suppression of her feelings of rage towards her mother. For Rebecca the fleeting recognition that something had affected her signified tremendous movement within her resigned character structure. However, there was still the rage she must have felt towards Rose that was never addressed. It is my suspicion that this rage was the reason why she seldom spoke about her relationship with Rose. For Rebecca, accessing her feelings towards Rose would possibly crush the idealized image she had of her caretaker and destroy one of the few positive attachments in her early life. It seems to me that intuitive wisdom caused Rebecca to protect the image of Rose.

Problematic for Rebecca was the conundrum in which she found herself as a mother. Rebecca knew that informing Lilly of her feelings regarding motherhood would be psychologically damaging for Lilly. She desired to conceal from her daughter the wish that Lilly had never been born. Lilly, of course, was well aware that her mother was not present in the way she needed her. She had begun asking Rebecca about her prolonged absences, and Rebecca’s explanation was decreasingly able to justify her actions. Lilly’s questions were also triggering Rebecca’s fears that she was just like her mother. In Rebecca’s attempts to avoid being like her mother, and concretely setting out to meet that goal by being financially stable and a good provider; Rebecca emotionally abandoned Lilly. Rebecca, in developing some empathy for herself in the last few months of therapy, took the first steps towards actually becoming a better mother to Lilly as she wished to be. For example, Rebecca became a Girl Scout volunteer leader in her
community because Lilly wanted to belong to a troupe and there was not one available. This gesture illustrated her attempt to reach out to Lilly despite her neurotic withdrawing compulsion.

In Rebecca’s case, maternal abandonment was so profound that it threatened her very existence. Her rage was emblematic of an aspect of herself that remained affected, attached, and did not withdraw from the conflict. Even though the resigned neurotic structure attempted to immobilize inner drives, Rebecca’s rage at her mother was the strongest connection she retained to her feeling life. The therapy highlighted the internal struggle and brought it often to the fore. At the end of the therapy, Rebecca remained neurotically resigned. However, she managed to acknowledge some of the complications of her stance as well as some of the hurt she harbored from when she was a young child.

Thus far, I have shown the reader maternal abandonment and rage in these three case studies. Each neurotic solution, the expansive, the self-effacing and the resigned, dealt with these psychological conflicts in differing ways. Now that I have explored the three neurotic solutions of Horney’s theory of personality development, I turn to a discussion of lessons learned. The clinical utility of working with each client’s rage and the different approaches warranted by each personality style will be explored in the chapter to follow.
Chapter 7 - Lessons Learned

Introduction

This chapter examines the significance of the findings for the research questions I proposed in this dissertation. My initial intuition led me to believe that rage was both indicative of the struggle to develop a more authentic self, and that it could deepen self-alienation. In the following pages, I further reflect on the presentation of rage in each Horneyean character style. I also discuss my different approaches to each client’s rage in differing clinical situations.

One of Horney’s unique contributions to the literature of psychoanalysis is her focus on self-alienation which is evident in manifestations of self-hatred. In the pride system, as we have explored, self-hatred maintains neurotic pride and fuels the neurotic shoulds, needs, and claims. When addressing self-hating or self-defeating patterns of behavior, the acknowledgement and resolution of basic hostility is crucial. Horney (1937) asserted that due to basic anxiety, children feel menaced and develop a defensive attitude that she called basic hostility. However, for children, there are consequences to expressing hostility toward their parents. Horney argued that repressed hostility becomes “highly explosive and eruptive and therefore tends to be discharged” (p.67). Thus the treatment of rage is one which Horney considered central to addressing self-defeating patterns in neurosis. As a therapist, each of these manifestations required different approaches, which I highlight below.
The Expansive Style

*Presentation*

Adam understood his characterological organization as rooted in his experience of maternal abandonment. He experienced his mother as emotionally manipulative and in the transference worried about my “tricking” him. His focus on attacking versus being attacked and humiliated, originated in his relationship with his mother. He, thus, spent a good deal of energy evaluating his worth in relation to other people, including me. As he stated, “I focus on making sure no one is tricking me.” After reflecting on Horney’s theory, I understood this statement as a reflection of his self-hatred, tricking him into further alienation from his real self.

As explored earlier, Adam was attempting to actualize his idealized self. His rage manifested when he felt that he had caused his mother to abandon him. Adam’s self-hatred attacked when he felt powerless to contain his rage, and resulted in him feeling enraged. Adam worked hard to be a “good” patient, although given his characterological organization he was never able to satisfy his own expectations. His quest for power, led him to adopt a suspicious attitude towards others. This, of course, included me, his therapist.

Adam once enumerated both his fears and the things that enraged him. In a rapid speech he declared, “I am afraid of being humiliated, of feeling out of control, of being coerced into doing something I don’t want to do, of feeling powerless. I feel afraid of disease, of public embarrassment, and of being out of sync with the larger society.” Through Horneyean theory, we can see that buried deep in his pride system was the claim that
these things should not happen to him. Yet, these were the very factors of Adam’s characterological structure that were available for psychotherapeutic work.

Treatment

In the treatment, I attempted to attend to his conviction that aggression was inherently dangerous and, respectfully, conveyed that although I had reactions, they would not lead me to prematurely terminate with him. I asked frequently about his anger, as it was one of our goals for treatment. My questions pertained to what had occurred to him that particular week that had made him feel angry or out of control and what about the event made him feel that way. Adam felt angry that others were angry at him. He tended to perceive others as angry and react angrily toward them. In the therapy, it was important to validate his perceptions in the hopes of strengthening his ability to discriminate internal versus external stimuli.

In the following instance, I reflect on a moment where I may have contributed to his anger. We had an interaction where he snapped at a comment I made. I asked how he felt and he said he felt mad.

Diana: “What’s it like to be mad at me?”
Adam: “Feel like you are provoking me”
Diana: “What makes it feel like I am provoking you?”
Adam: “You keep asking about the same stuff!”

Adam was frustrated with me, and in this particular instance, left me in a conundrum. In my work with him, I welcomed his rage into the treatment room. It was my sense that there were unspoken feelings that needed to be voiced. However, at this moment it was difficult to discriminate between his expressing anger and my welcoming it into the work versus my asking about aspects of his life I knew made him angry.
Diana—“I apologize if it feels I am provoking you. It was not my intention to do so. But given that you are feeling that, perhaps we can make use of that feeling. I know it may feel redundant, but could you please try and describe what you are feeling toward me?” This was a moment where I wanted to validate and acknowledge his perception, repair the therapeutic alliance by stating my intentions, and bring the energy back to our work.

One of the lessons I gathered from reading Horney’s work was that for the expansive personality style devaluing the therapist can be an expression of self-hatred, as well as, an opportunity to blame others before oneself. In future clinical work with someone who utilizes the expansive solution, I would have additionally insisted that Adam reflect on what he was feeling about himself during this clinical moment.

Adam tended to be critical both about the therapy and about people in his life, which after studying Horney I now understand as a manifestation of his self-hatred. He disapproved of his father’s use of psychotropic medication, and did not want to undergo psychiatric treatment himself. After discussing an incident where his father had once again recommended he take medication, Adam stated:

Adam—“I felt really aggressive the past few days.”
Diana—“What’s been going on?”
Adam—“I still have to go through my day and can’t really alter my behavior.”

There was a tone of contemptuous disappointment in this last statement. Horney teaches us that this is a manifestation of Adam’s idealized image. He was conveying his disappointment in the therapy for not having changed him into his idealized self. After studying this case through the Horneyean lens, we can see a quick shift into self-hatred.

Adam –“I’m often condescending. To myself. Sometimes I will tell myself that I won’t be as productive today as I would if I were on top of the world.”
Diana –“On top of the world?”
Adam –“So I better hurry up and get there. But the tone I use to motivate myself is still very negative.”
Diana –“how do you motivate yourself?”
Adam –“I tell myself that what I’m doing is not good enough. I remember when I was learning how to whistle with my brother. I used to think to myself, ‘well if he can whistle then I can whistle too.’ Still negative”

Diana –“I have noticed how bad that tone makes you feel.”

Adam – Sarcastically: “Sometimes, I even double cross-myself. I’ll promise myself a new part for my bike if I get a paper done early. And then I won’t get it.”

Adam tells me how he feels about himself in the sadistic flavor of this last statement. His delight in denying himself something he wanted was only comparable to the look in his eye when he punched my session room wall. From Horney, we learn that it is important to highlight the bad feelings an individual described previously when encountering self-hatred as a way to invite the person’s real self into the room.

Countertransferentially, I needed to internally process his attack. He was angry with me for not having changed him. I felt attacked. I reacted with momentary self-doubt, and compartmentalized the feeling to examine later. Sometimes the self-doubt would last longer. I would discuss Adam in supervision and wonder if I should have done something more or differently. Interestingly, after studying Horneyean theory, I found this had been an important part of containing his affect. Contextualized in Horneyean terminology, my self-hatred mirrored his. It was as if only through experiencing some of what he was going through could I hope to help him.

I offered Adam consistency. No matter how many times he expressed anger at me, I continued to ask for it. “Tell me about it, what it is like, how does it make you feel?” I have to admit that initially working with rage is intimidating. To work with rage, one has to be willing to endure it. Personally, reminding myself in supervision and with colleagues that his recriminations and his attacks had only marginally to do with me was useful. His rage was something that had never been acceptable. Horney would argue that at this point it covered over a lingering need to cling onto his idealized self. He needed to
embrace the rage in order to move through it, and hope to eventually give up his neurotic claims. For this to occur, Horney teaches us, the therapist has to be able to tolerate it.

Adam’s rage was a fuel for his self-hatred, because it manifested the level of his alienation from himself. I raised questions about the power he would possess by acting on his aggressive impulses. The time when he started to punch the wall was a moment where his rage, his quest for power and his self-hatred all surfaced. The fact that he had to restrain himself and his comment that he would not have to “disappoint himself” conveyed his self-alienation. There were both fear and self-hatred within his aggressive impulses, as well as, the illusion of power. This was an instance where my reaction emerged from my fear of his rage and he perceived it. Looking back, I feel my intervention of telling him to sit fell flat. A lesson learned from studying Horney would be to ask about his motivation for seeking my permission in his question “can I do this?” This might lead us into an interesting discussion regarding who I represented for him in the treatment and how his attempt to please or displease contributed to his notions of self. This moment was one he referenced later in the treatment as evidence that he could not explore “everything” in the treatment room. This limit may have given me more insight into the composition of his idealized image.

Once, I pointed out his self-hatred directly. After studying Horney’s work, I learned this kind of intervention is fruitful to short circuit the expansive type’s identification with their idealized image.

Adam- “I start to feel ragey when I feel I have to be more mature than I want to be and stronger than I want to be.”
Diana- “Is there a specific memory you are thinking about?”
Adam- “There was this one time me and my brother were visiting my mom. She was taking a shower and she fell and she called for our help. Neil had just done the last thing
she needed so it was my turn.” Adam starts to scrunch his face. “She had fallen in the shower and was naked and soaked and I had to go in there and pick her up.”

Diana- “Can you speak to how you’re feeling?”

Adam- Angrily, “so disgusted when a girl loses control due to her body or her emotions. I should have been better. She was hurt and I felt so helpless. I’m such an asshole!”

Diana- “It sounds as though you still helped her. Even though you felt mad. Recriminating yourself just makes you feel worse now.”

Adam-“I feel as though I am on a treadmill running too fast. I don’t like staying in this cage that I have constructed, and I don’t want to cry. But I don’t cut myself slack because I’m afraid that if I listen to my needs something terrible is going to happen. I don’t see happiness in the horizon, just this rain cloud perpetually floating over my head.”

Adam defensively justifies his self-hatred, nevertheless his rage becomes subdued. It opens the way for feelings of helplessness. In my validating his intentions (to help his mother), and his feeling (both angry with her for needing him, and angry with himself for being unable to be more fully there for her), he starts to discuss his fears. Using Horney’s work, we can interpret that the sadness is closer to his genuine feelings as it is no longer an attempt to actualize his idealized image.

**The Self-Effacing Style**

**Presentation**

Emily’s experience of maternal abandonment did not crystallize until she was 19 years old. After this experience, Emily began to understand her long repressed rage. Emily’s character, although not explicitly affected developmentally by maternal abandonment, was shaped by her repressed rage due to her mother’s neglect. Emily’s need to maintain connections to others at the expense of her own feelings and wishes led her to repress her rage. This was true of all her romantic relationships as we discussed in the self-effacing chapter. Rage was an expression that she believed would make her frightening (like her father), and which could rupture the relationships she desperately clung on to.
Treatment

In therapy, Emily was more willing to talk about her suffering than her anger. After examining Horney’s work on the self-effacing type, I learned that pointing out her rage was therapeutically beneficial. Often, when I would state that she was angry or had been angry, she looked bewildered. In hindsight, I interpret her look of disbelief as evidence that mirroring her anger was important. Below, I offer an example of such a clinical intervention.

*Emily-* “I couldn’t sleep last night. It was something weird in my body.”
*Diana-* “What was happening?”
*Emily-* “I felt sad and then I started to feel angry and I turned it off. It’s like it just happens. I have no control over that.”
*Diana-* “What was making you sad and angry?”
*Emily-* “I just felt bold and brave and full of something that needed to come out, but I was frustrated that I couldn’t put it into words.”
*Diana-* “Try to put it into words now.”
*Emily-* “I feel like my mind is stuttering. I feel frustrated with myself for not being able to express what I feel.”
*Diana-* “It sounds like you were angry at something last night. Then you turned it off, and now you feel frustrated with yourself for not having access to it. You seem angry now. Try saying whatever comes to mind”

In the session room the affect intensified during these interactions. Horney teaches us that repressed hostility is one of the causes of neurosis. My statement “you were angry” was a way to acknowledge her affect from the night before.

It was distressing to her to recognize that she had any aggressive impulses. Helping her to identify and reframe rage when it appeared made it more manageable. This was a lesson learned from Horney’s theory and work with self-effacing types. For example:

*Emily-* “My mom calls and leaves these messages if I don’t answer.”
*Diana-* “How does that make you feel.”
*Emily-* “Makes me worry about her. And then I call and she just wants to tell me all her problems. She never listens to mine. I say something and she doesn’t even hear it.”
*Diana-* “Sounds like it makes you angry when she doesn’t pay attention to you.”
Emily —“…and then I feel bad about it.”

Here, I wanted to highlight with her that sometimes what she described as “feeling bad,” or “detached” had to do with having had an angry impulse that was covered over by what she deemed more acceptable feelings, such as worry or concern for another. Suppressing her anger and intensifying her desire to take care of her mother felt more acceptable. Horney would argue this was fundamental to maintaining the self-effacing neurotic structure. In future clinical cases with individuals who utilize the self-effacing solution, clearly labeling aggressive impulses would be clinically useful.

The Resigned Style

Presentation

Rebecca’s detached structure gave her little insight into her own character. She was rigidly invested in denying feelings and attachments. However, her presenting concern for her daughter’s well being (e.g., I want to be a better mother), betrayed all of her claims. It reflected Rebecca’s traumatic repeated abandonment in childhood, and her hesitancy to trust and attach to people. Rebecca’s rage toward her mother also showed her denial of feelings as reactive and gave further evidence to her past and present suffering.

Treatment

Rebecca’s aggressive impulses were a constant presence in the therapy. With Rebecca, what was most challenging was my fear of her rage. After studying Horney, I have come to understand her rage as an expression of self-hatred. I knew she had been physically aggressive with people in the past, and she had stated that she would refrain from
physical aggression in our session room. What I learned from Horney in this case was that for Rebecca to engage in this rage was a failure in her idealized image.

My work with Rebecca was the most challenging of these three cases. For one, I was unable to simply open a space for her to talk. As I learned from Horney’s work, the resigned style will attempt to flee from any investment. She would frequently state “I have nothing to talk about,” forcing me into asking specific questions. A lesson learned from my exploration of these cases through Horney’s work was to continue to ask, specifically about the investment that managed to bring the resigned type to therapy.

Most often I would inquire about Lilly and their continual relationship.

*Rebecca* – “Lilly was disappointed that she didn’t get a big party for her birthday.”
*Diana* – “was she expecting one?”
*Rebecca* – “She knew she wasn’t gonna get one because she drank juice after seven when she knew she wasn’t supposed to and peed on the bed. She still got lots of presents. Only parents who are cheap will give their kids only one present for their birthday.”
*Diana* – “What did she get for her birthday?”
*Rebecca* – “The entire collection of Bratz Babies, along with the dollhouse and three sets of changes of clothes for each doll.”

Rebecca listed a number of other extravagant presents, as well as, how Lilly had already started her list of “demands” for Christmas. Rebecca’s tone was one of resignation almost as if this was the only way she could provide for Lilly’s happiness, so she did.

Simultaneously, she conveyed Lilly’s dissatisfaction. Her desire for toys only grew, and she still discussed wanting her mother to be more available. Rebecca would openly acknowledge that she wanted Lilly to be content with presents, and that her motivation was to distract Lilly from the fact that Rebecca didn’t love her or want her. Rebecca then discussed a doctor’s visit Lilly had:
Rebecca – “What is not going to fly is that her new thing is sucking her thumb. The doctor says that she may be doing this out of stress. She’s a kid; she has no reason to be stressed.”

Diana – “What do you think is causing it?”

Rebecca – “I don’t know, but it better stop.”

Diana – “I wonder if she may feel stress in her relating to you. Just now you said that she has no reason to be stressed. Maybe she can tell you don’t think there should be anything she should be stressed about. So, she doesn’t tell you she is stressed, but manifests it in another way.”

Rebecca – “There isn’t.”

Diana – “We have talked about your feelings toward her in here, don’t you think she might sense that the reason you buy her all of these things is because of your feelings about being her mother?”

Rebecca – “She doesn’t have anything to be stressed about. She gets everything she wants”

Diana – “It sounds like she might want more of you.”

Rebecca – “Well, she better get over that quick. I’m not going to be around forever.”

The tension around this conversation is palpable in the room. Horney would again encourage a clinician to think about this as a challenge to the idealized image. When we talked about Lilly, I alternated between supporting her enforcement of discipline and good boundaries (e.g. during similar conversations I would support her upholding consequences for a disobedience, even if I disagreed with whose responsibility it should have been to monitor a four-year-old’s liquid intake), and highlighting opportunities for Rebecca to connect emotionally with her daughter. A lesson learned from Horney’s theory is that engaging the resigned type’s rage is beneficial simply because it puts the individual in touch with their inner conflicts. Rebecca would sink into a defensive rage. Her affect was aggressive and hostile, and sometimes it would end the productiveness of the session. Asking her about her affect resulted in denials and “I don’t care.”

Regardless, Horneyean theory suggests that the resigned type can benefit from these interactions.
There was an instance where Rebecca had scolded Lilly for treating her paternal grandmother in the same way her grandmother treated Rebecca. In this instance, Lilly was “tipping” her grandmother for doing the dishes. Rebecca had complained about being “tipped” and the rage that accompanied her being treated like a servant. I was addressing Rebecca’s rage and willingness to scold her child, but not addressing the environment in which Lilly was learning the behavior.

*Diana* – “You wouldn’t address this with her because it is disrespectful…what about her having respect for you.”

*Rebecca* – “I don’t care. I don’t let it bother me.”

*Diana* – “It obviously bothers you. And it’s affecting what you want to teach Lilly.”

*Rebecca* – “When I grew up I was taught to respect my elders. She is an elder.”

*Diana* – “Isn’t being honest with someone respectful?”

*Rebecca* – “It has nothing to do with it. When I was raised I was told to respect my elders but it doesn’t mean that my attitudes toward people changed.”

*Diana* – “So as long as you pretend to have respect for people it does not really matter if you have any real respect for them?”

*Rebecca* – “Yeah.”

*Diana* – “So you pretend to have respect for people just like you pretend nothing bothers you?”

*Rebecca* – “I don’t let things bother me.”

This kind of intervention had an edge of confrontation. It conveyed to Rebecca that I was not afraid to engage her anger, or disagree with her, or as she would later call it “push her buttons.” It, unfortunately but not surprisingly, did not encourage her to emerge from her denial and sometimes made her oppositional stance more entrenched. I felt the most ambivalent about these interventions. I often wondered if I was acting out of my own countertransferential frustration. Therefore, I limited these interactions, and sought clinical support after sessions like this one. What is interesting is that at the end of the treatment Rebecca remembered these moments, and she saw them as my attempts to help her.
My understanding of this phenomenon was that in this instance I allowed her to matter to me. What I understood after learning the Horneyean structure of neurosis is that I was able to connect with her on a level that few people in her life accessed because of their fear of her rage. Horney’s arguments regarding the detriments of repressing hostility help us to interpret this interaction as one of connection with her real self. I let go of my fear that she would be mad with me if I pointed out her inconsistencies. Further, I learned that when her affect was rageful in the room, or she left angry, her consistency in attendance improved. Horney might understand this as the drive of her real self emerging in the therapy. Even when she dug in her heels, my efforts were not worthless as she may have me believe. Weeks, often months, later she would display a behavioral change that I could connect to an earlier intervention. Her eventual coaching of the Girl Scout troupe came after years of encouragement to listen to what her daughter wanted and Rebecca’s insistence that Lilly had nothing of value to contribute to their relationship.

**Summary**

Working with rage in these three cases proved challenging. Although some of my technique regarding affect remained the same in the three cases, conceptualizing each case in the Horneyean framework offers some guidelines for future treatment. The general guidelines of maintaining a neutral stance towards all affective expression, maintaining consistency, and allowing myself to become invested in the cases in order to make use of my countertransference reactions, were uniform through the cases. There were specific differences for each character style as I discussed above. It is important to note that individuals require individual responses and treatment which cannot be determined by understanding their characterological direction. Most individuals,
including the ones above have a wide array of tendencies, and my suggestions for
treatment are general guides rather than prescriptions.

Horney’s theory of neurosis and human growth enables us to interpret the aspects of the
pride system in each personality type. The lessons learned are the ability to distinguish in
each individual the manifestations of the idealized self, and the attacks of self-hatred.
Through the examination of these, we can gain a sense of the overall character structure
which can help the clinician position himself or herself. The important knowledge is the
ability to gauge whether someone is predominantly moving towards, away, or against
people. As we saw in the case study discussion above, interpretations and techniques are
usually aimed at calling attention to these structures, particularly in the ways in which
they have become problematic and maladaptive. Defining what is problematic is usually
based on the client’s treatment goals. The client’s shifts in the treatment of rage are
ultimately influenced and determined by their central neurotic solution.

Now that I have discussed the meaning of rage for each personality style and some
guiding lessons for the future treatment of rage in response to maternal abandonment, I
turn to discuss Horney’s impact in current clinical psychoanalytic understandings. In the
following chapter, I shall examine the contributions of Horney’s work to a contemporary
diagnostic model, as well as, final thoughts and areas of future clinical research
contributions on these important topics.
Chapter 8- Horneyean Theory and the PDM

In the following sections, I shall explore Horney’s theory and how her characterological styles anticipated dynamics that are still clinically relevant. To do this I shall reference the Psychodynamic Diagnostic Manual (PDM, 2006) and explore contemporary diagnostic categories that also describe the expansive, the self-effacing and the withdrawing style. As I mentioned in Chapter 3 her deviation from Freudian psychosexual theory had a political impact on her writings within the psychoanalytic community. The implications of her exclusion from major psychoanalytic journals were long standing and affect where she is known and credited for her work today. Although the work of her contemporaries is credited in the PDM, Horney’s theory is not cited nor mentioned. I shall conclude this chapter with a reflection on the limitations of this research project and a discussion of further research possibilities.

“Karen Horney is at once one of the most important and one of the most undervalued psychoanalytic thinkers of the twentieth century” (Paris, 1994, p. xv). This is partly due to her published works in the late 1930’s which moved away from ontogenetic Freudian theory. In this section I attempt to demonstrate how her theory influenced psychodynamic thinking in clinical diagnosis and practice today.

Horney’s use of the term “neurotic” seems to apply to what we would currently consider characterological or personality disorders. This is important because the basic patterns that she describes cover over a number of different clinical presentations. Horney’s character styles offer us a birds eye glance at mood disturbances and anxiety patterns, as
well as contributing maturational patterns, central tensions, affects, beliefs about self and others, and central ways of defending.

The PDM pulls together the rationale behind psychodynamic diagnosis, and similar to Horney, in concrete observable variables, describes a system to assess severity based on the individual’s adaptability. The PDM also breaks away from the classic Freudian model and taken a revisionist approach with regards to severity of disturbance. Some of the factors of this adaptability are factors that could be also described as the individual’s degree of alienation from their innermost potentialities.

Horney’s character styles can be further divided into a number of different diagnostic categories commonly used today. The PDM

“uses a multidimensional approach to describe the intricacies of the patient’s overall functioning and ways of engaging in the therapeutic process. It begins with a classification of the spectrum of personality patterns and disorders, then offers a “profile of mental functioning” covering in more detail the patient’s capacities, and finally considers symptom patterns, with emphasis on the patient’s subjective experience” (2006, p.7)

Both the PDM and Horney take a similar assessment of pathologic severity. The PDM assesses an individual’s functioning on three axes: 1- The Axis of Personality Patterns and Disorders, named the P-axis. 2- The Axis of Mental Functioning, named the M-Axis. 3- The Axis of Symptoms and Concerns, named the S axis. Each of these is subdivided into subcategories. The PDM discusses the P-axis in three levels: healthy (absence of personality disorder), neurotic (relatively rigid personality patterns), and borderline (recurrent maladaptive patterns of behavior in most areas). It goes on to discuss the M-Axis:

It takes a more microscopic look at mental life systematizing such capacities as information processing and self regulations; the forming and maintaining of
relationships; experiencing, organizing, and expressing levels of affects or emotions; representing, differentiating and integrating experience; using coping strategies and defenses; observing self and others; and forming internal standards (p.8).

Lastly the PDM presents the patterns of symptoms as the individual’s subjective experience of concerns or difficulties. These symptoms are then integrated into the context of individual’s personality patterns and mental functioning as described above.

Compared with the Horneyean theory of personality organization the PDM describes more specific snapshots of personality organizations. It describes 14 different personality patterns that can be considered dominant in a personality organization. Horney’s three characterological styles seem to include combinations of the more specific 14 the PDM described. The PDM resembles Horneyean theory in that it attempts to focus on the present psychic situation rather than on the past. Although both understand the importance of historical experiences, the focus of diagnosis and initial psychotherapeutic work focuses on the individuals present state.

Further the PDM has elaborated on how to concretely assess self-alienation although they do not utilize this language. The M-axis looks at stable identity formation, the quality of interpersonal relationships and affective regulation amongst other factors. With these alone we can gauge an individual’s level of alienation from himself. Horney’s work was most invested in characterological patterns, as opposed to acute reactions to difficult current strains. The PDM contributes here, because it assesses for acute reactions to environmental disturbances in the S-axis. These descriptors can inform the clinician about the quality of these experiences for the individual. Accompanied by a thorough history and description of where and when these difficulties emerged, we can get a sense of where in particular maladaptive personality patterns reside. In the following
discussion I will use the PDM to diagnose the case studies I used in this dissertation. The purpose of this discussion is to further assess each clients level of severity, as well as to demonstrate how Horney’s work can offer a guiding overview for contemporary psychodynamic diagnosis.

**Contemporary Diagnosis**

Adam, as diagnosed through the PDM, has a personality disorder at the neurotic level of functioning with prominent depressive features and some narcissistic tendencies. As described in the PDM he “behaves ingratiatingly, seeks people to idealize, is easily wounded, and feels chronic envy for those seen as in a superior position” (p.40). Adam also could be classified as having “introjective” depressive concerns, such as “self-definition, self-worth, [and] self-critical thoughts (p.46). Adam exhibited paranoid traits as well, which accounts for his focus on “attacking vs. being attacked and humiliated by others” (p.35). These personality traits limited his interpersonal relatedness, and fit with Horney’s characterization of the expansive style.

Using both Horney’s theory and the PDM’s criterion we can gauge Adam’s level of alienation and thus the level of severity of his suffering. One of the most important things to note would be Adam’s commitment to therapy. His attendance and his investment in the work spoke volumes to the adaptability of his character. It was as if he knew there was another way, and was committed to finding it. In the three short years we worked together, he was able to come in contact with the pain he had been harboring for such a long time. And although his symptoms were at times severe, he was quite controlled in his everyday life. He was able to maintain some friendships, and felt it important to him to be able to relate to other people, even though at times he was at a loss
on how, and this helplessness triggered his rage. The M-axis in the PDM was most useful to clarify this diagnosis. Adam furthermore did not engage in physical altercations although he fantasized about it extensively. Adam was never involved with the legal system. This is a particularly important facet to note. He was able to modulate his feelings through imagination, which shows a more stable sense of selfhood than if he had been experiencing more instances of acting out.

Emily, similarly diagnosed through the PDM, also functions at the neurotic level. She presents with dependent and relational masochistic patterns. According to the PDM “relationship is unconsciously believed to be dependent on one’s suffering or victimization. Existence outside of one’s current relationship, however abusive it may be, may seem unimaginable” (p.44). Emily also could be classified as having “anaclitic” depressive concerns described as “concerned with relatedness, trust, [and] preservation of attachments” (p.46). According to the PDM, someone with dependent personality features has a central preoccupation with maintaining or losing a relationship, feels pleasure when securely attached and sadness/fear when alone. She feels “inadequate needy and impotent, which leads her to believe that other’s are powerful and she needs their care” (2006, p.52). Emily also displayed dissociative features which further elucidate her central ways of defending through dissociation, further encompassing her central preoccupation with feelings of fear and rage.

Emily’s level of alienation from herself was concretized in her dissociative spells. Her basic hostility and its repressed power were so overwhelming that she would “shut it off.” Emily was better off than Adam in terms of her ability to connect to others, but suffered in her inability to disconnect from others, even at her own expense. Her alienation from
self had more to do with her ignoring her own desires in the service of others, rather than at the expense of others. These observations conform to Horney’s descriptions of the self-effacing style.

Rebecca exhibited schizoid, paranoid and paradoxically also dependant traits. Her schizoid organization lay in the borderline level, making Rebecca my most severely disturbed client. According to the PDM, a converse manifestation of dependent personality features manifest in a counter-dependent manner. As described here Rebecca’s central preoccupation is in demonstrating a lack of dependency, displaying denial and contempt of “weaker” emotions such as fear sadness and longing, and believing that she did not need anyone (p.54). Rebecca also believed others were potential attackers and users, from which she needed to protect herself. Schizoid traits manifest in Rebecca’s central preoccupations regarding closeness (fear of/longing for), general emotional pain when over stimulated, which required the defensive suppression of feelings, and sometimes manifested in somatic complaints. Rebecca felt that the social world was “impinging, dangerously engulfing,” resulting in her withdrawal “both physically and into fantasy and idiosyncratic preoccupations” (p.34). Rebecca’s neurotic resignation as portrayed by Horney included all of these fixations.

In terms of severity, I would argue that Rebecca was the most severe out of these three clients. Her level of alienation from herself was the most rigid, and her hesitation to changing it or to integrating new knowledge about her personality structure the most unyielding. In the PDM these characteristics would be salient in the M-axis. Further, Rebecca encouraged self-alienation in her daughter, and believed this to be the most productive stance for her to take. Rebecca and I repeatedly discussed the importance of
her finding her own way, even if what she desired was at odds with Rose’s wishes. Rebecca however could not acknowledge that the same would be important and beneficial for Lily. In terms of relationship to herself, Rebecca longed to die, which speaks to the boredom and helplessness she felt. Further, her relationships with other people were marked by Rebecca’s investment in them not becoming important, therefore remained severely limited. In the therapy, Rebecca worked to maintain me at a distance, and her expressions of connection remained minimal as we saw in her descriptions during our last hours of work together. In terms of countertransference reactions, managing my reactions to Rebecca’s was most difficult. The information provided by my level of intensity in countertransference reactions, corroborated my continual assessment of the severity Rebecca’s psychopathology.

**Can Character Styles be Challenged or Changed?**

Horney stated, “As long…as we believed that a disturbance in human relations was the crucial factor in neuroses, we aimed in therapy to help patients establish good relations with others” (1950, p.334). When Adam, Emily and Rebecca came into treatment they were struggling with aspects of the characterological organization (what Horney calls neuroses) that were impeding their interpersonal relationships. All three of them experienced distressing feelings about themselves and the people around them.

As discussed by Jonathan Shedler in a recent article “psychodynamic therapy may not only alleviate symptoms but also develop inner capacities and resources that allow a richer and more fulfilling life” (2010, p. 106). Therapy accomplished significant characterological transformation, although all three clients retained their original personality styles. The work that they accomplished in therapy was invaluable.
Interpersonally moving against people provided Adam with a sense of individuality, which, although isolating and painful at times, provided a sense of security. The security that was more difficult for someone like Emily to accomplish, given her reliance on her relationships to other people. Emily, however, had an easier time developing intimacy, and maintaining attachments. This in fact proved to be one of her strengths.

For Rebecca, withdrawal was the only way she knew how to cope with the profound trauma that being rejected at such an early age caused her. She attempted to keep herself safe, and this for her as well was a strength. The function of therapy, for all three cases was to help these individuals develop a richer more resilient inner life. Ultimately, the task of therapy is to embrace more fully who one is, which for this cases was organized around moving against, away or against other people. This, I believe, holds true for us all.

Limitations

A case study is selective in many ways: which cases to present, what material is recorded in session notes, what data is accessed by the research questions. Aspects were omitted because there was already a breath of material to cover. In narrowing the field of study, I inevitably had to choose what to highlight.

In addition, my attempt was to weave a narrative that was reader friendly. An analysis such as the one presented here is interpretative. I had access to written case notes, which sometimes paraphrased the client’s speech. There were no audio or video recordings available and thus the written text is ultimately an interpretation of what occurred within each session. However, the length and detail of the session notes satisfied the need posed
by theoretical thematic analysis and provided with enough data to carry out this research study.

There were also, of course, limitations in the subject selection process. I limited my selection to subjects who made a commitment of time to the therapy that was not possible for every client. Finally, given the nature of therapy these clients committed to working specifically with me. The interpersonal connection I may or may not have developed with other clients may have contributed to shorter therapies, thus limiting my ability to select them for a case study research project.

Finally, this dissertation is a story, but certainly not the only possible story. As Edwards et al articulately state “because human life is so rich and complex, it seems probable that in any specific area of psychopathology and treatment there will always be room for new observations within cases that will contribute to and extend theory” (2004, p 592). This research project is born out of my position as clinician and researcher. It is both limited and intrinsically complex as it is the exploration of three lives evolving through time. I believe that another researcher would arrive at conclusions compatible with my own, given the same orienting questions. Another researched might arrive at different, albeit equally legitimate conclusions through an analysis of my data if different questions were asked. However, I do claim that another researcher would not have contradictory findings, since Horney’s theory is well-established. It continues to stand the test of time. It is our task now to use the tools of those before us who have mined these dynamics to understand them deeper, and perhaps, if we can, engage them for healthy change.
Further Research

The scope of this project was limited in order to properly address the questions set forth by this dissertation. Having gone through the research, I am left with various questions that could become research projects in and of themselves. In this section I set forth suggestions for further research.

One of the most central questions for me was to wonder about the role of paternal abandonment in terms of influencing character structure development and rage in adulthood. It is my sense that a cultural gender reflection could broaden the implications of both this study and one examining the impact of paternal abandonment and adulthood rage. Further still would be an examination of the influences of paternal and maternal abandonment depending on the gender of the adult suffering from rage.

It would also be worthwhile to do further research on the implications of the particular dynamics that I have pointed to in a longer course of therapy. What kinds of characterological change could we expect from longer courses in insight oriented psychodynamically oriented therapy? In particular, it would be interesting to further the research on the manifestation and evolution of rage.

Further research could also focus on instances of more intense rage. The clients studied in this project had comparatively mild instances of rage than those that have been documented in other clinical literature. I wonder if the treatment implications would change or remain the same. Further, if indeed they changed based on these factors, what would those changes be?
Although in this discussion chapter I attempted to draw some general parallels between Horney and the PDM, which is considered a contemporary global understanding of psychodynamic theory, a further exploration of this seems indicated. Where else has Horneyea...
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