ISSN: 2755-0192

Journal of Psychiatry Research Reviews & Reports

SCIENTIFIC Research and Community

Review Article

Open Access

A Study on Neo-Freudians-Part 1

Dr. Malleeka Bora

MBBS, MD (Psychiatry), Executive Director at SRK Medico-Dynamics Private Limited, Bangalore, India

ABSTRACT

Freudian libido and instinct theories were the pioneer philosophies of classical psychoanalysis. However, ego-psychology, object- relations theory, developmental psychology and self- psychology- all these psychoanalytical theories along with psychodynamic psychiatry, are, by and large, making their way into the realm of modern psychiatry ; fundamentally by modifying the classical Freudian doctrines, although respectfully safeguarding the bonafide Freudian original concepts. This article sheds light on some of the theories of prominent Neo- Freudians. Nevertheless, the neurobiological bases of these theories are tenuously questionable, hence prompting a good amount of further study and research.

***Corresponding author**

Dr. Malleeka Bora, MBBS, MD (Psychiatry), Executive Director at SRK Medico-Dynamics Private Limited, Bangalore, India.

Received: August 23, 2025; **Accepted:** August 29, 2025; **Published:** September 05, 2025

Keywords: Harry Stack Sullivan, Alfred Adler, Karen Horney, Prototaxic Mode, Parataxic Mode, Syntaxic Mode, Interpersonal Psychotherapy, Fictional Finalism, Striving for Superiority, Style of Life, Basic Anxiety, Basic Hostility, Pride System, Womb Envy, Flight from Womanhood

Introduction

Originally classical psychoanalysis referred primarily to Freud's libido and instinct theories, but it has evolved to include concepts from ego-psychology, object-relations theory, developmental psychology and self-psychology. Many great psychoanalysts and legendary philosophers have contributed to this branch of psychiatry with their immense work and propositions. Psychodynamic psychiatry still continues to be an important aspect of modern psychiatry [1].

Neo-Freudianism relates to or characterizes any **psychoanalytic system** based on but **modifying Freudian doctrine** by emphasizing **social factors, interpersonal relations or other cultural influences** in personality development or in causation of mental symptoms and illnesses. The 11 Neo-Freudians included- Adolf Meyer, Alfred Adler, Carl Gustav Jung, Sandor Rado, Otto Rank, Karen Horney, Harry Stack Sullivan, Franz Alexander, Erich Fromm, Eric Berne, Wilhelm Reich [1]. Here in this article, we shall discuss about Harry Stack Sullivan, Alfred Adler and Karen Horney.

Harry Stack Sullivan

"*Once upon a time everything was lovely, but that was before I had to deal with people*" ....

...Sullivan...!

The significant life events of Sullivan include

- February 21,1892- born in Norwich, New York
- 1917- Received medical degree from Chicago College of Medicine & Surgery
- 1933- Became president of William Alanson White Foundation
- 1936- Founded & became director of Washington School of Psychiatry
- Published a number of papers which were later compiled in his book "*Schizophrenia as a human process*"
- January 14,1949- died in Paris [2-4].

Life Story of Sullivan

Sullivan was the sole surviving child of poor Irish Catholic parents & so was highly pampered by his mother. However, he never developed a close relation with his father until his mother died [2-4].

When he was three years of age, his mother mysteriously disappeared, due to which he was taken care of by his grandmother. After about a year, his mother, who likely had been in a mental hospital returned. So, in effect Sullivan had two women to mother him [2-4].

As a preschool child, due to his Irish accent & quick mind, was unpopular among his classmates. But at around 8 years of age he formed a very close friendship with a thirteen year old boy named Clarence Bellinger. Both became psychiatrists later & neither of them married. So many considered Sullivan to be a homosexual. His friendship with Bellinger awakened in him the power of intimacy in preadolescent years [2-4].

He was suspended from Cornell University for academic deficiencies & mail fraud following which he suffered a schizophrenic breakdown. In 1921 he went to St Elizabeth hospital & worked with patients of Schizophrenia. In 1930 he moved to New York & got into the Zodiac group. Even as an adult he brought a 15-year-old boy named James Inscoe home & kept him for 22 years [2-4].

Citation: Malleeka Bora (2025) A Study on Neo-Freudians-Part 1. Journal of Psychiatry Research Reviews & Reports. SRC/JPSRR-247.
DOI: DOI: doi.org/10.47363/JPSRR/2025(7)208

Personality Theory of Sullivan

Harry Stack Sullivan defined **personality** as a relatively enduring pattern of interpersonal relationships. He saw personality as an *energy system* which can exist either as

a. **Tensions:** It is the potentiality for action that may or may not be experienced in awareness. Tensions are of 2 types- *Needs* & *Anxiety.*
b. **Actions or Energy Transformations:** It is the transformation of tensions into covert or overt behaviours to reduce anxiety & satisfy needs. Needs lead to productive actions & anxiety to unproductive ones [2-4].

Needs can be divided into

a. **Needs for Satisfaction:**
   - Physical Needs- Air, Water, Food.
   - Emotional Needs- Human Contact, Tenderness.
b. **Needs for Security:** Needs that reduce or prevent anxiety.

Needs can also be broadly grouped as

- **General Needs:** Needs concerned with overall wellbeing of a person.
- **Zonal Needs:** Needs from a particular body area.

Some areas satisfy both zonal & general needs eg. Mouth (general- food; zonal- oral activity).

Anxiety interferes with satisfaction of needs. According to Sullivan anxiety is transferred from parents to the infant through empathy.

Energy transformations become organised as typical behaviour patterns that characterise an individual. Sullivan called these energy transformations "**dynamisms**" which can be classified as

Related to Specific Body Zones

- Examples: Mouth, Anus

Related to Tensions

- **Disjunctive** – e.g., Malevolence
- **Isolating** – e.g., Lust
- **Conjunctive** – e.g., Intimacy, Self-System

Malevolence: Occurs when parents try to control children's behaviour by physical pain or reproving, so that the children withdraw any expression of the need for tenderness & adopt malevolent attitude to protect themselves.

Intimacy: involves 2 people of almost equal status to draw a loving reaction & reduce anxiety.

Lust: is an isolating tendency, as an autoerotic behaviour. Since lustful activities are often rebuffed by others, it increases anxiety & decreases self-esteem.

Self-System: a consistent pattern of behaviours that maintains a person's interpersonal relations & protect them from anxiety.

Self System

- Develops by 12–18 months of age.
- Reduces anxiety via three mechanisms, called security operations— 1. Apathy 2. Somnolent Detachment 3. Selective Inattention
- Self system is divided into
  a. **Bad me:** Associated with ideas that provoke anxiety & disapproval from caretakers.
  b. **Good me:** Ideas associated with empathy, love & approval from the environment.
  c. **Not me:** Due to sudden severe anxiety which leads to either dissociation or selective inattention to reduce anxiety. Seen in *dreams* & *schizophrenic* episodes.

Selective Inattention

It is the refusal to see things one does not wish to see.

- Accessible to awareness
- Active even though not fully conscious.

Types of Personifications

a. Bad mother, good mother-depending on the mother satisfying the needs of the baby.
b. Bad me, good me or not me.
c. Eidetic personifications or imaginary friends that children invent to protect their self-esteem. May cause conflict when imaginary traits are projected onto others.

Sullivan gave 2 developmental theories

- Cognitive
- Social

Cognitive Development refers to ways of perceiving, imagining & conceiving & includes

- Prototaxic Mode
- Parataxic Mode
- Syntaxic Mode

Prototaxic

- Series of brief, disconnected states with no temporal relationships.
- It is beyond conscious recall.
- In later life persists as mystical experiences & schizophrenic states.

Parataxic

- Momentary experiences in sequence with an apparent connection but with no rules of logic.
- Coincidence plays a major role.
- Explains transference, slip of tongue, paranoid ideation.

Syntaxic

Meaningful interpersonal communication eg language including words & gestures.

Social Development is based on evolution of these cognitive modes. Disturbed interpersonal relations may cause persistence of primitive modes.

Social development is characterised by the satisfaction needs predominantly & the interpersonal sphere in which satisfaction needs & security needs are sought to be fulfilled.

Each stage of development is characterised by primary zone of interaction (i.e. the bodily areas which channel the need).

Stages of Development

According to Sullivan there are certain stages of development. These are

Infancy

- Spans from birth to onset of language
- Primary need for bodily contact & tenderness
- Prototaxic mode predominates
- Primary zone of interaction is oral (anal to some extent)

- Apathy & somnolent detachment (security operations)
- Coexistence of bad & good mother personifications

Childhood
- Spans from onset of language to beginning of school
- Parataxic mode predominates
- Fusion of dual personification of mother into one & me-personification into a single self
- Imaginary playmates by which children become ready for intimacy with real friends
- Emotions become reciprocal
- Period of rapid acculturation via *dramatisations* or *preoccupations*
- Malevolent attitude reaches peak & children also learn about restrictions put on their freedom by society
- *Sublimation* occurs
- Primary zone of interaction is anal

Juvenile
- 5 to 8 years of age
- Shift to syntaxic mode begins
- Interpersonal focus shifts to peers of equal status, regardless of gender, for intimacy & to outside authority figures.
- Learn to cooperate, compromise & compete.

Pre-Adolescence
- Genuine intimacy with a "chum" especially of same age, gender & status.
- Mistakes made during early stages of development can be overcome during preadolescence due to the effects of an intimate relationship but those made during preadolescence are difficult to overcome in later stages.
- Major shift to syntaxic mode

Adolescence
- Begins at puberty
- Need for intimacy with a parallel need for lust
- Security needs are active at this stage
- Intimacy,lust & need for security collide & cause conflict
- Transition to heterosexuality
- Syntaxic mode expands
- Adulthood
- Adolescence culminates in adulthood
- Establishes a love relationship with at least one significant other person
- Syntaxic mode predominates

Theory of Psychopathology as per Sullivan
Sullivan saw psychopathology as occurring from *excessive* anxiety arresting development of the self-system thereby limiting interpersonal satisfaction & security operations. He saw psychiatric patients as struggling to maintain self-esteem with very limited means [3]. Several factors play a role in that these disturbances might occur
- Increased level of anxiety can lead to developmental arrest.
- Disturbed cognitive function may affect the choice of security operations, resulting in failed defenses.
- Stresses encountered during life can also be a triggering factor.

Interpersonal Psychotherapy
Psychiatrist is a participant-observer in all interactions with patients. The therapist elucidates the patient's interpersonal patterns, manage the patient's *interpersonal process* & shapes the patient's emotional experience.

Sullivan divided psychotherapy into 4 stages
a. Inception
b. Reconnaissance
c. Detailed inquiry
d. Termination

Goal is to change the parataxic distortions & experience as much as possible within the syntaxic mode & elaborate the self-system.

Critique of Sullivan
- Lack of organisation in his writings & speeches.
- Theories are based on interpersonal relations & not on any biological value.
- His penchant for creating his own terms add needless bulk to his theory.

Freud Versus Sullivan
- Sullivan did not believe that instincts are important sources of human motivation, and not accept the libido theory of Freud. An individual learns to behave in a particular way as a result of interactions with people. In contrast to Freud's view that development is largely an unfolding of the sex instinct, Sullivan argued persuasively for a more social psychological view of personality growth, one in which the unique contributions of human relationships would be accorded their proper due.

Recent Research on Theories of Sullivan
- Recent studies suggest that sometimes dynamics of a particular friendship can actually be damaging.eg.. rumination. Rumination is the act of dwelling on a negative event or on negative aspects of a positive or neutral event & associated with an increase in depression [6].
- Rumination in context of friendship is called co-rumination which means excessively discussing personal problems within a relationship. Co-rumination in same-sex friendships was related to more depression but better friendship quality. It was particularly bad for girls. So boys with psychological issues with supportive friends may adjust better. So Sullivan was right in emphasising importance of childhood friendships.
- Children with imaginary friends tend to be more creative, friendly & sociable.

<u>Alfred Adler</u>
The significant events in the life of Adler include
- Born in Vienna, Austria in 1870
- 1895- obtained medical degree from University of Vienna
- Never accepted libido theory, sexual origin of neurosis or importance of infantile wishes [2,7].
- 1911- Resigned as President from Vienna Psychoanalytic Society
- Started his own association "Individual Psychology"
- Established the first child guidance centre in Vienna
- 1927- published 'The practice and theory of "Individual Psychology"
- 1937- died in Aberdeen, Scotland

Life Story of Adler
Adler was the third child of a Jewish grain merchant. As a child he did not walk till, he was 4 years of age due to rickets & at 5 years he almost died of pneumonia. Besides he always wanted to outdo his brothers which prompted him to be a physician.
So, in 1895 he got his medical degree from University of Vienna where he also met his wife Raissa Epstein. Both had four children out of which two became psychiatrists.

Adler however began his career as an ophthalmologist but later turned to psychiatry & wrote papers on organic infirmity by studying the strengths & weaknesses of his clients who were mostly circus performers [2,7].

Personality Theory of Adler

- Adler introduced a *principle of dynamism* which propounds that every individual is future directed and moves towards a goal. Once the goal is set, the psychic apparatus shapes itself towards the attainment of the goal. Life goals are subjected to change and these changes require modification of memories, dreams and perceptions to help accomplish the new goal [2,7].
- Also introduced *community mindedness* or the concept of *social interests*. Social interest consists of the individual helping the society to attain the goal of a perfect society. According to Adler, social interest is inborn-man is a social animal. The social or interpersonal relations formed shape the personality and provide outlets for his striving for superiority.
- **Concept of Creative Self:** i.e. the self makes meaningful the experiences of the organism that will help in fulfilling the person's unique style of life. If these experiences are not to be found in the world, the self tries to create them. This compensated for 'objectivism' of classical psychoanalysis.
- **Fictional Finalism:** Humans are motivated more by their expectations of the future than by those of the past. The final goal maybe a fiction but strivings for that goal influence the present conduct of the individual. When required, a normal person may free himself from the influences of this fictions & face reality: something that a neurotic is incapable of.
- **Striving for Superiority:** It is innate and a person always strives to move from a sense of inferiority to superiority. An ideal person does so through high social interest & activity whereas an emotionally handicapped or a neurotic person continues to feel inferior & reinforces that inferior position through lack of both striving & social interest (i.e. high self-centeredness).

Obstacles to development of self-esteem

- Poorly developed organ systems,
- Childhood diseases,
- Pampering or Neglect.

- **Inferiority Feelings & Compensation:** A person compensates for his organ inferiorities or any other feelings of inferiority by many ways. Adler equated inferiority with unmanliness or femininity: compensation for which was 'masculine protest'. But Adler also agreed that inferiority feelings are not a sign of weakness & instead are a cause of all improvement in the human lot.

- **Style of Life:** This explains the uniqueness of a person. It is formed by age 4 or 5 & practically impossible to change it thereafter. Specific inferiorities determine style of life. Every person has the same goal of attaining superiority but there are a number of ways of striving for this goal & this decides the style of life. As for eg an intellectual has one style of life i.e. studying, thinking etc.

Style of life determines how a person confronts the three life problems- social relations, occupation, love & marriage. (preliminary versions include friendships, school & opposite gender). When these tasks are guided by social interests, the person is on the useful side of life; but if 'personal' striving for superiority displaces social interest, the person distances from the life tasks & becomes useless.

Adler described 4 different styles of life:

Styles	Social Interest	Social Activity
Ruling	Low	High
Getting	Low	Low
Avoiding	Low	Low
Socially useful	High	High

- **Neurosis:** A neurotic overcompensates for his perceived inferiorities & develop 'safeguards' analogous to Freud's defence mechanisms. These are- excuses, aggression & distancing. These safeguards protect the neurotic from decreased self-esteem but not from anxiety.

- **Order of Birth:** The first-born child gets good amount of attention till the second one is born and this conditions the first born to hate people and protect self from sudden reversal of fortune & feeling insecure. They may turn into neurotics, criminals, drunkards and perverts; whereas the second born is usually ambitious in order to surpass the older one and better adjusted. The youngest one is likely to be a spoilt child with neurotic features growing up to be a maladjusted adult.

- **Early Memories and Childhood Experiences:** Adler felt that the earliest memories a person could report was an important key to understanding one's basic style of life.

Early childhood experiences that predispose a child to a faulty style of life include-

- Organic infirmity
- Pampering
- Rejection

Adler's Psychotherapy

Adler mainly focuses on

a. Removing the blockages to a productive living in the real world,
b. Non-exploration of unconscious conflicts & instead pointing out mistaken self-views & of the world & making required changes [5].

He mentions three sessions per week, then tapering to one per week with due consideration to the following points

1. **Lifestyle Awareness: M**ake patients aware of their own lifestyle and help them realize how it may be discordant with social reality.

2. **Focus on Social Goals:** Encourage patients to focus on social goals to feel more accepted by society.

3. **Removal of Concrete Obstacles:** Address practical obstacles in self-conscious patients, e.g., use of contact lenses.

4. ***Hermeneutic* Approach:** Use early recollections, dreams, and present-day interactions to help patients recognize the falseness of their ideas and build a more useful conception of themselves and the world. No need to explore the latent content of dreams or actual life events.

5. **Reframing:** Viewing the same data from a different point of view. Eg. Indecision may be reframed from mixed feelings to a wish to maintain the status quo.

6. **Paradoxical Communication:** Instructing the patient to do the opposite of what the therapist asks him to do. Eg. An indecisive person is asked not to do anything rash. Adler considered consciousness to be the centre of personality.

Freud Versus Adler
- There are no separate drives- striving for superiority powers all the drives
- People create their own destiny
- Parents are more influential
- Striving for superiority in the context of social interests is what drives us-not sexuality
- Dreams are not sexual but an attempt to reach personal goals
- Different therapy goals

Similarities with Freud
- Importance of the first few years
- Personality forms by age 5
- Dream analysis

Strengths of Adler's Theories
- Comprehensive
- Parsimonious – uses few constructs
- Generativity – later theorists built on it
- Very relevant to our competitive, achievement-oriented society.

Weaknesses of Adler's Theories
- Principles are global and poorly defined, hard to test
- Can be over-simplistic (striving for superiority accounts for everything)
- Not empirically supported (much)
- Hard to measure the concepts

Current Research on Adler's Works
Scales for Measurement of Social Interest
1. Social Interest Scale (SIS)
   - Provides an overall index of social interest.
2. Social Interest Index (SII)
   - Includes separate subscales for
     - Love
     - Friendships
     - Work
     - Self-significance

Research using SIS shows that high scores signify- more cooperation, more close friendship, less hostility (Watkins & St John,1994) & a strong sense of purpose in life (Leak & Leak, 2006).

The Basic Adlerian Scales for Interpersonal Success (BASIS-A) is a 65 item self-report inventory to assess lifestyle & social interest.

<u>Karen Horney</u>
- Born on September 16,1885 in Hamburg, Germany
- Received medical degree from University of Berlin
- Associated with Berlin Psycho- analytic Society from 1918 to 1932
- 1941- founded American Psycho- analytic Institute
- One of the three women trained by Freud himself: the other two being Anna Freud & Helene Deutsch [2,7].
- Died in New York on December 4, 1952;

Life Story of Karen Horney

Born as Karen Danielsen. Karen's father was a ship-captain who was a strict disciplinarian & Karen always felt it in her head that her father held her older brother in higher regard than herself. So despite her father bringing her gifts from faraway countries, she felt deprived of her father's affection & in the process became more attached to her mother. In 1904, Karen's mother left her father taking her children with her. As a young teenager, she always felt that she was not pretty and so she focused on developing her intellectual capacities. While still young, she developed a crush on her older brother who getting to know about her intentions pushed her away. She thenceforth developed several bouts of depression. In 1909 she married Oscar Horney-a medical student. In 1923 her husband developed meningitis & her older brother died of a pulmonary infection which worsened her depression & she tried to commit suicide. In 1926 she moved to Brooklyn in US & became friends with Eric Fromm & Harry Stack Sullivan. She embarked on an intimate relationship with Fromm which ended bitterly [2,7].

Personality Theories of Karen Horney
- Horney believed that personality results from interaction of biological & psychosocial factors. At the core of each personality lies a *real-self* & the natural process of realisation of this real-self leads to development of human potential in three basic directions- towards others, away from others & against others. Families & cultural norms have an important role to play here [5].
- Horney explained neurosis on the basis of intra-psychic & interpersonal terms. Children naturally experience helplessness, anxiety & vulnerability & without loving guidance from parents, they develop *basic anxiety*.i.e. a feeling of being isolated & helpless in a potentially hostile world.
- All the adverse factors in the environment, termed *basic evil* by Horney, provoke *basic hostility* in the child, which in turn produces conflict because expressing hostility would jeopardize parental love. Hence the child represses the hostility, but *repression* in turn exacerbates the *conflict.*
- The conflict produces an excessive *need for affection* which if not met intensifies both anxiety & hostility. Again, this new hostility has to be repressed which in turn increases anxiety & thus this vicious cycle continues. To combat this the child develops coping strategies in the form of seeking affection & approval, withdrawing themselves or becoming hostile; but if only one of these strategies are used repeatedly, there is a danger of repressed feelings getting driven into the unconscious leading to anxiety, discomfort, apprehensions & insecurity in the child.

She mentions three-character types
a. Compliant / self-effacing
b. Aggressive /expansive
c. Detached /resigned.

Normal persons are a balance of these three-character types. Over- development of any one of these three may suppress the other two, so that this repression causes conflict-the person thereby attempting to seek artificial harmony via rationalization, blindspots, externalization etc.
- **Idealized Image:** Teenagers who grow up to be neurotic develop it. Provides self-fulfilment & leads to end of sufferings. Counterbalances alienation from their core or real selves which a neurotic normally experiences. Energy for self-realization is now diverted to the creation of the ideal image. It conceals the defensive nature of their behaviour, Because this image is imaginary, neurotics are bruised by

confrontations with reality & thereby work excessively to prove that they are in fact their ideal selves. This leads to a sense of perfectionism- the neurotic ambition & a strong drive for revenge against those who interfere with their efforts.

- **Claims, 'Shoulds' & Self-Hatred:** A neurotic's *claims* to special treatment, '*shoulds'/self imposed demands* are projected, felt as demands made by others & are demanded of others. *Self- hatred* results when the neurotic is not treated like their ideal-selves. They hence are critical of others and are very sensitive to criticism themselves.

- **Neurotic Pride & Pride System:** A glorified idealized self or *neurotic pride* substitutes for healthy self-confidence. [Claims + shoulds + self-hatred + neurotic pride = PRIDE SYSTEM]
  Injury to pride system is felt as an attack on the neurotic.

- **Central Inner Conflict:** It is the conflict between the forces guiding towards a healthy self-realization & the pride system.

- **Alienation:** Repeated denial of external reality + repression of genuine feelings/impulses. Ultimately lose touch with core selves & cannot act right.

- **Feminine Psychology**: On Freud's *Oedipus Complex*, she said that conflicts between children & parents did not have a sexual origin. She reinterpreted the situation as a conflict between dependence on one's parents & hostility towards them. It develops when parents undermine their child's security.

- **Womb Envy**: Men envied women because of their capacity for motherhood. So men sublimate their womb envy & overcompensate by disparaging women, denying them equal rights & downgrading their achievements- in an attempt to retain men so called natural superiority.

- **Flight from Womanhood**: Due to these imposed feelings of inferiority, a woman might choose to deny her femininity & unconsciously wish to be a man leading to *flight from womanhood* which may in turn lead to sexual inhibitions or fears. Part of this fear arises from childhood fantasies about the difference in size between an adult penis & a female child's vagina. These fantasies focus on vaginal injury & the pain of forcible penetration; producing a conflict between an unconscious desire to have a child & fear of intercourse. If the conflict is strong, these women tend to resent men.

Analytical Treatment of Horney

Stressed the importance of dreams to
- Show the constructive forces at play
- Mobilise the constructive forces
- Remission of internal conflict

Removal of internal blockages that impede healthy growth [5].

Her Therapeutic Process Involved

1. **Disillusioning Process** – Liberation of internal blockages.
   a. **Protective Blockages:** To avoid anxiety caused by self-awareness.
      - Examples: Use of drugs, self-accusations, etc.
   b. **Positive Value Blockages:** Reinforces patient's satisfaction with their ideal self.
      - **Note:** If analyzed first, it may arouse excessive fear.
2. **Reorientation** – Setting in which the patient is able to assess the self and choose personal values that fit their real self, often through the help of dreams.
3. Discovery & Use of Real Inner Self

Differences with Freud
- Personality is changeable, not due to unchangeable biological criteria.
- Sexual pleasure is not the primary factor in personality development.
- Oedipal theory is disputed
- Rejects the concept of libido
- Rejects the 3-part theory of personality (id, ego, superego)
- Opposes the concept of penis envy
- Introduces the idea of womb envy
- Freud was a pessimist and a sceptic of the growth potential of humans, whereas Horney was an optimist who believed humans are generally good and capable of change.

Similarities with Freud
- Importance of childhood relationships
- Importance of unconscious
- Defenses are inevitable result of inner conflicts and anxiety
- Removing defenses crucial for good functioning
- Free association, dream analysis.

Strengths in her Theories
- More optimistic than Freud
- Inspired cognitive therapists to create useful therapy

Weaknesses in her Theories
- Hard to test
- She made an effort to define her terms, but they're still vague
- Not much research has been done on her works

Recent Research on Horney's work

Research on Oedipus Complex supports Freudian concept of penis envy & fails to support Horney. But it refutes Freud's notion that women have inadequately developed superegos & inferior body images & supports Horney on that [8].

Conclusion

Freud is considered as the father of psychoanalysis but his being stubborn at his beliefs left many at odds with the father; who then began to break from the Freudian camp. While the neo-Freudians may have been influenced by Freud, they developed their own unique theories & perspectives on human development, personality & behaviour. All these have given a newer dimension to the aspect of personality. But their application is questioned with the advancement of the neurobiological approach in psychiatry.

References

1. Sadock Benjamin James, Sadock Virginia Alcott, Ruiz Pedro, Harold I Kaplan (2003) Theories of personality-other schools of psychoanalysis: Comprehensive Textbook of Psychiatry: 9th edition: Lipincott William & Wilkins 1: 848-869.
2. Hall Calvin S, Lindzey Gardner, Campbell John B (2014) Social Psychological Theories-Adler, Fromm, Horney and Sullivan: Theories of Personality: 4th edition: John Wiley & Sons, Inc 123-169.
3. Wolberg Lewis R (2013) Reconstructive Therapy- The Technique of Psychotherapy:4th edition: International Psychotherapy Institute E-Books 385-544.
4. Feist Jess, Feist Gregory J (2009) Sullivan- Interpersonal Theory: Theories of Personality: 7th edition: Mc Graw-Hill Companies, Inc 212-241.

5. Raghuveer Reddy G (2011) The Stalwarts- Harry Stack Sullivan: APJ Psychol Med 12: 87-89.
6. Rose AJ, Carlson W, Waller EM (2007) Prospective associations of co-rumination with friendship and emotional adjustment: Considering the socio-emotional trade-offs of co-rumination: Developmental Psychology 43: 1019-1031.
7. Schultz Duane P, Schultz Sydney Ellen, Alfred Adler, Karen Horney, Erich Fromm (2005) Theories of Personality: 8th edition: Thomson Learning Inc 125-173.
8. Hall C, Van De Castle RL (1965) An empirical investigation of the castration complex in dreams: Journal of Personality 33: 20-29.