I have in my possession a letter from Karen Horney, written on May 10, 1950, a few days after a round table discussion on "Psychoanalysis and Character Development in Children," held in conjunction with the annual meeting of the American Psychiatric Association in Detroit. This particular event had been arranged by Dr. Horney and her co-workers, and it was with a feeling of pride and with a sense of responsibility that I accepted a cordial invitation to take part in the program. "We all felt," Dr. Horney said in her note to me, "that barriers were really brought down as people with varying initial orientations focused on one problem in a spirit of search for the truth."

I had chosen for that occasion the topic: "Centrifugal and Centripetal Forces in Personality Development." Because of the number of distinguished participants, each of whom had a meaningful message, the time limit imposed by necessity called for a terse, condensed presentation. Therefore, when I was honored by the invitation to deliver this year's Karen Horney lecture, I welcomed this distinction as an opportunity to enlarge upon a subject to which, primarily in the area of psychoanalysis and more broadly in the general field of psychiatry, Dr. Horney had made an impressive contribution.

One does not have to be an expert historian to be aware of an age-old—and as yet unsolved—dilemma which has troubled philosophers and physicians and which has been, and still is, responsible for the "varying initial orientations" referred to by Dr. Horney.

The dilemma has arisen from the basic inability to find a clearly perceived link between the propensities residing within an individual—which may be termed his inherent destiny—and those influences which come upon him from beyond the boundaries of the self. The search has been going on for at least two-and-a-half millennia. It is fascinating to see how, until considerably less than one century ago, there was a prevailing tendency to dismiss all perplexities by viewing characterological differences, behavioral peculiarities, and somatic diseases as the results of conditions and happenings inside the human microcosm, with little concern about the impact of external forces on personality, conduct, and health. One need not be bothered by the latter if it is assumed a priori that the stimuli originate in a self-contained unit which,
amoeba-like, sends out its pseudopodia centrifugally into an environment whose structure is of little consequence other than as a benefited or injured, approving or disapproving, lenient or censoring recipient.

It is interesting to note that for many centuries this position was held equally by theologians and by scientists, regardless of whether they happened to see eye to eye or were in vehement disagreement with each other. The concept of body-soul dualism made it possible for the theologians to regard “sinful” nonconformity and mental illness as the manifestations of possession of the soul by evil spirits. This pointed, with a logic consistent with the premise, to the only acceptable form of treatment: once the demon was exorcised, the internal stimuli could be altered to the therapist’s satisfaction.

The bulk of the scientists, most of whom would have been indignant about any such juxtaposition, had no patience with the primitive idea of spirit occupancy. They did not feel that they had to fall back on the unnatural and looked, instead, for explanations more in keeping with what impressed them as natural phenomena. Yet, though turning their backs to the belief in one kind of “possession,” they still focused their searchlights exclusively on some features inside the individual that could be viewed as the sole foundation of his personality. Hippocrates, while denouncing the superstitions of his day, correlated differences in mood and behavior with “the four humors” of the body and grouped mankind accordingly into sanguine, melancholic, choleric, and phlegmatic “temperaments.” Demonism was thus happily dispensed with, but instead of harboring a soul governed by a kindly or malevolent deity, a person was declared to be shaped by the rule of a predominant humor which alone held the key to his temperament. The typologies thus inaugurated by Hippocrates were revived from time to time in one form or another, based more recently on body configuration, eidetic imagery, or on whether one’s main focus of interest and preoccupation is directed inward or outward. These and other dichotomies, or trichotomies, of the species were represented by sets of adjectives. The types themselves were looked upon as something that was chromosomally preordained. A person was just made that way from the start. The typologies were guided by something like the Popeye philosophy: “I am what I am; I am Popeye the sailor man.” A person behaved in a certain way or had a certain disease because people of his “type” were constitutionally predisposed to this particular form of behavior or this particular disease.

The terms constitution and predisposition, used in the preceding sentence, are borrowed from general medicine where the origin of disease was thought for a long time to reside principally within the afflicted patient. Aside from mechanical insults, the effect of poisons, and the consequences of starvation, outside agents were not readily acknowledged as possible producers of illness. This explains, for example, the storm of skepticism which greeted the first bacteriological discoveries, not only on the part of the laity, but also of many members of the medical profession. There seems to have been, if I may be allowed a bit of facetiousness, a “predisposition” among physicians, eager to avoid frustration from unsatisfied inquisitiveness about external sources, to stifle their uneasiness by a handy reference to predisposition, constitution, innateness, idio-