LEO RANGELL: THE JOURNEY OF A DEVELOPED FREUDIAN

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Abstract

Leo Rangell has made countless contributions to the field of psychoanalysis. This paper presents an overview and a more detailed account of the development of his work. Rangell has advocated for the unification of psychoanalytic theory in what he calls a “total composite psychoanalytic theory.” He placed unconscious intrapsychic conflicts at the center of “the human core” and elaborated on five interconnected and contiguous psychic phenomena. These included: anxiety, the "intrapsychic process," a new ego function of unconscious decision-making, the syndrome of the compromise of integrity, and the exercise of free will as an aspect of ego autonomy. Through the development of this intricate and cumulative model he has added significantly to our understanding of clinical and theoretical issues and provided us with wise counsel on complex group, organizational and political dilemmas. His work has focused on how these specific intrapsychic events lead to action as they affect and are affected by the varieties of human experience.

Keywords: clinical theory, human core, intrapsychic process, total composite theory, unconscious decision making, integrity
Throughout his career Leo Rangell has been a major contributor to the scholarly corpus of psychoanalysis. He has been a strong advocate for an important theme – the unification of psychoanalytic theory. He has been a man on a mission - the development of what he calls “total composite psychoanalytic theory.” He has added significantly to our understanding of clinical and theoretical issues and provided us with wise input on complex group, organizational and political dilemmas. His ideas have matured and deepened over the years as they have been refined by the inclusion of new data. His work has focused on how intrapsychic events lead to action as they affect and are affected by the varieties of human experience. The body of his work includes over 450 articles and 8 books, soon to be 9, and he continues to write and contribute to our science. He is often engaged in a dialogue with the profession about the significant issues of the day - original but always anchored in sound psychoanalytic theory, grounded in the works of Freud and his successors, chief among them Heinz Hartmann, Otto Fenichel, David Rapaport, Anna Freud and Edith Jacobson. He writes from a position of psychoanalytic leadership: twice President of the International Psychoanalytic Association, twice President of the American Psychoanalytic Association, and three times President of his local Society. Dr. Rangell is currently Honorary President of the International Psychoanalytic Association. Throughout his professional career he has been at the center of the psychoanalytic world and from that vantage point he has witnessed and contributed to the great debates for more than half a century. In this paper, our aim is to present an overview and a more detailed account of the development of Rangell’s work.
Rangell begins his efforts to unify psychoanalytic theory by looking at the problem of anxiety and then considers four additional concepts. In an early Alexander lecture, (1967) he places unconscious intrapsychic conflicts at the center of what he identifies as “the human core.” In subsequent papers which elaborate on this concept (1990, 2001a), he discusses interconnected and contiguous psychic phenomena, anxiety, the "intrapsychic process," a new ego function of unconscious decision-making, the syndrome of the compromise of integrity, and the exercise of free will as an aspect of ego autonomy.

**Anxiety**

Rangell (1955b, 1968c) began his unifying efforts by addressing Freud's problem of anxiety. Freud had two theories of anxiety: the first viewed anxiety as the direct transformation of libido (actual-neurosis) (1895), in the second theory anxiety was a signal (1926). Freud's first theory was a somatic formulation: anxiety was the painful consequence of repression (defense) that interfered with the discharge of libido. This painful affect was experienced passively by the ego.

Freud’s second model (Freud, 1926) became more universally accepted and was in part a consequence of his adding the structural point of view to the topographical one. The second model was psychological rather than somatic: anxiety was a signal of danger,
and thought was an experimental action. Freud (1926) was uncertain about the compatibility of the two theories, ending his monograph *Inhibitions, Symptoms and Anxiety* with the phrase “non liquet”, i.e., they do not flow together. Rangell proposed a "Unitary Theory" that contained the critical elements of both theories along a spectrum of the "intrapsychic process." With this understanding, Rangell felt anxiety was, "now liquet."

Freud did not abandon his first theory of anxiety although he believed that his newer signal anxiety theory was better suited for the understanding of specific clinical phenomena. Freud, Rangell noted, continued to distinguish his two types of anxiety. Freud (1926), in his most definitive work on the subject, noted: “In these two aspects, as an automatic phenomenon and as a rescuing signal, anxiety is seen to be a product of the infant's mental helplessness which is a natural counterpart of its biological helplessness” (Freud, 1926, p. 137). Rangell maintains that this broader view is necessary to account for the phenomena of early traumatic anxiety. But he also agreed with Kris (Rangell, 1955b) that the basis for trauma was not sexual frustration.

Drawing on the findings of the day (Kubie, 1941; Spitz, 1950; Brenner, 1953; Schur, 1953; Greenacre, 1952; Bibring, 1953) Rangell elaborated a developmental perspective and traced the origins of anxiety to the first pleasure-unpleasure sensations in infancy. Spitz's (1950) empirical work with early infants found that anxiety begins around the third quarter of the first year of life. This left the question open as to whether or not anxiety existed before there was an ego, when only ego precursors exist. Greenacre
(1941) believed that the organic components of anxiety were increased when distress, danger or threat, was present in fetal or early post natal life. These painful moments were experienced prior to the capacity for organized psychological content or defense functioning. She suggests that the negative consequence of these painful situations lead to an increase in faulty reality testing and pathological narcissism, and promoted the predisposition for severe neurosis and borderline states. Building on these ideas, Rangell proposed his unitary theory of anxiety that includes the concept of the new 'signal' theory but also applies to the whole gamut of anxiety reactions. The theory rests on three propositions: a) actual neurosis is indeed a valid and demonstrable entity; b) the idea of "automatic" anxiety without ego participation does not necessarily follow; and, c) a dual theory of anxiety is not necessary or desirable. Rangell follows Fenichel who believed that "actual-neurotic symptoms form the nucleus of all psychoneuroses" (p. 192) (quoted in Rangell, 1955b, p. 396-7). In other words, the dread or distress set down by trauma in early development, before the organization of thought or the functions of defense, is at the heart of all pathology. Following Greenacre (1941) and Fenichel (1945), Rangell stresses that during the course of development the ego emerges and acts to continuously integrate internal and external stimuli seeking maximum satisfaction. With this developmental progression, the individual moves from experiencing helplessness as an all or nothing response to attaining a more modulated reaction with the ability to anticipate - a signal anxiety. The traumatic situation and all its' associational elements provide an anticipatory or signal quality that alerts one to a sense of danger. These identified or tagged elements herald a future state of impending helplessness or danger. At times, when the ego’s control weakens, it becomes incapable of anticipating and
signaling. Then regression follows and internal and external factors converge as a traumatic situation converts signal anxiety into traumatic anxiety. The regression produces motor and psychic helplessness. In this state of fear, the ego does not have sufficient resources to master the intensity of the painful affect and “an anticipation of being overrun by stimuli” (1955b, p. 391) occurs.¹ It is the unpleasant affect, not anxiety, that occurs automatically, but depending on circumstance unpleasant affect may not mean that there is an absence of ego involvement. Anxiety is always a reaction to the danger that either “the helpless state will get worse, and/or it will continue and never stop” (1955b, p. 396). The fear the ego faces, Rangell notes, has been given various descriptions: the "dread of the strength of the instincts" (Anna Freud, 1936, p 63; qtd in Rangell, 1955, p. 397)²; trauma based on a primary model of passivity (Rapaport,1954; qtd in Rangell, 1955, p. 397); the notion of being abandoned to one's fate or as a presage to annihilation (Fenichel,1945; qtd in Rangell, 1955, p. 398), the nature of "an overthrow or extinction;" (Freud, 1923; qtd in Rangell, 1955, p. 398) and a view of the destruction or submergence of the ego (Waelder, 1936; qtd in Rangell, 1955, p. 398). Melanie Klein (1946), Rangell notes, was more specific in her belief that the danger is destruction of the ego by the force of instinctual aggression.

Rangell next describes the signal process used for testing for the presence or absence of anxiety. The ego experimentally permits a small, controlled discharge of instinctual

¹ Earlier Rangell (1954b) had studied the dynamics of similar states, e.g., the state of being flustered, where the unexpectedness of the moment seize the ego unaware and a mild, and transitory, state of helplessness ensues. The ego recovers, in most cases, fairly quickly and the helplessness subsides.

² Anna Freud’s offered a broader revision which included: (a) loss of love, with separation from the source of narcissistic supply; (b) castration; (c) alienation of the superego; and (d) instinctual flooding (p. 58-64). Given the nature of intense states of unpleasure Rangell also felt this more accurately reflected the childhood dangers.
tension, which tests associated memory traces for the possibility of mastery or the onset of a small, trial traumatic reaction. The ego samples the results of this experimental conflict, search for either safety or a small signal anxiety at the onset of a controlled and incipient traumatic state. The ego judges the potential outcome of further discharge by comparison of the induced traumatic state with the memory of previous traumata. The discharge is an active process, while the anxiety signal is automatic, impinging experimental trauma upon the ego. It is through this testing that the ego, through the anxiety signal, becomes aware of danger. Over time this will lead to the automatic signaling of anxiety. In a later paper on intrapsychic conflict, Rangell (1963a) distinguishes this process as a testing for either anxiety or safety. Moore (1988) also noted that the ego's use of such trial discharges and fantasy may be central to this process.

Rangell believes that in his unitary theory of anxiety, the formulations of the actual neurotic state and signal anxiety are compatible and supports the view that anxiety is always a response to danger. Rangell’s first anxiety paper (1955b) demonstrated that the actual neurosis of Freud’s first theory also results in the signal anxiety of the later theory, while his second paper (1968c) showed the reverse, that signal anxiety is preceded by, an actual neurotic phase. This is in accord with the views of Kubie (1941), Spitz (1950), Schur (1953), Greenacre (1952), and others. Rangell, however, disagrees with Brenner (1953) Strachey (1959) and Waelder (1929, 1967), who feel that Freud’s first theory has been discarded. Rangell fuses the two theories as does Fenichel (1945). Although this line of research has not remained prominent in our field it has foreshadowed the work of others. Rangell's approach is compatible with the psychoanalytic advances in
understanding persons suffering from schizophrenia and borderline organizations

Rangell’s model, following Greenacre (1941), maintains the belief that very early life experiences can shape behavior and can be stored in the brain in adulthood. One can make the case that Rangell’s unitary model of anxiety has presaged the growing body of literature relating increased risk of psychopathology (e.g., ADHD, schizophrenia) to children of mothers exposed to severe stress or toxins during the first trimester of pregnancy (Kimhy, et al., 2006; Malaspina, et al., 2008; Perrin, et al., 2007; Richardson, et al., 2006; Weinstock, et al., 2005).

From Intrapsychic Conflict to Intrapsychic Process

Rangell continued his effort to develop a total composite theory in a series of papers detailing the specific mental activities, which incrementally take place in the unconscious, starting with the original stimulus to going on to final psychic outcome. His ongoing elaboration of the unitary theory of anxiety (Rangell 1968c, 1978) parallels

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3 A neuroscience explanation might account for this regression as “amygdala overactivity.”
and supports his research into the sequential steps of intrapsychic conflict, which is ultimately expanded to the entire intrapsychic process.

Hartmann (1950) and Hartmann and Loewenstein (1962) had argued for the significance of intrasystemic conflicts. In a 1962 panel on the “significance of intrapsychic conflict,” Rangell and Arlow suggested the concept needed to be qualified (see Nemiah, 1963) and Rangell began to spell out the scope (1963a) and structural problems (1963b) of intrapsychic conflict.

Rangell (1963a) charted the progression of an unconscious conflict from the initiation of the precipitating stimulus to some final resolution. He (1990) mapped out a model, or “microscopic view,” of 12 steps that outline the process.

1. The ego samples reactions from the external world and superego by discharging a small amount of instinctual impulses which are both tentative and experimental. The ego does this from an inactive and homeostatic state.
2. The ego automatically scans memories associatively connected to the intended actions.
3. The ego receives a danger signal accompanied by the affect of anxiety, or a signal of safety and freedom from anxiety.
4. The ego pursues the direct external activities when it receives the signal of safety.
5. The signal of anxiety signifies to the ego that there is a conflict.
6. If anxiety is mild and controllable the ego can pursue external activities (e.g.,
thought, affect or action) similar to the processes it follows when it gets a safety signal.

7. Defense is instituted when anxiety crosses a quantitative threshold or is of a certain unbearable quality of unpleasure.

8. An intrapsychic state of poise develops when the psychic forces between ego and id find a balance.

9. If stability is lost and the id becomes stronger than the ego’s capacity to contain it psychic tension builds.

10. This state is accompanied by anxiety rooted in the fear of traumatic helplessness.

11. Following receipt of the signal of anxiety, the ego is confronted with a choice or dilemma type of conflict, as to what to do next.

12. The variety of potential outcomes of ego action constitutes the great multiplicity of clinical phenomenology.

To reprise the ego initially tests for the signal of anxiety. The ego initiates a series of trial actions. The ego then appraises the reactions from the superego and the external world to determine if either the signal of anxiety or of safety appears. If there is an anxiety signal, conflict has ensued. If there is not an anxiety signal, the ego indicates safety in movement towards the intended acts. This sequence mapping project by Rangell continued well into the 1980s. The sequence he outlined moves from dilemma/choice conflicts to oppositional conflicts and back again to dilemma/choice types with choices and compromise formation outcomes at different stages. His microscopic view contrasts with the "macroscopic view" of the clinical material seen in the therapeutic situation.
Rangell (1967) defined the domain of psychoanalysis as the area of unconscious intrapsychic conflict. Studying this process is what separates it from the other behavioral sciences. He later (1969a) expanded the notion of unconscious intrapsychic conflict to the broader and more comprehensive concept of "the intrapsychic process." This more extensive view of mental functioning includes the outcomes of trial actions, which do not result in conflict. This is in harmony with both Hartmann’s (1939) work on adaptation and the conflict free sphere of ego functioning and Rapaport (1951a, 1958) contributions on autonomy.

As Rangell continued to explore the unconscious process, he became more focused on the ego as agent, as the principle mediator which provided direction for life in the social and physical surround. He turned his attention to the final common pathway for the expression of action; "the unconscious decision-making function of the ego" (1971). This function is needed to resolve intrapsychic choice or dilemma conflicts. Unconscious decision-making is involved in most aspects of psychic life. It is, Rangell notes, like "the psychological sea or air around us" (p. 426).

Rangell proposed making choices and carrying out decisions, among competitive alternatives, is a key and essential unconscious function found in both conflict and non-conflict spheres, i.e., problem-solving activities which make “explicit 'a decision-making function of the ego' among the inventory of ego functions” (Rangell, 1969b, p.599). This
unconscious function of the ego must choose whether or not to institute defense or some
other measure to deal with the anxiety once the danger has been perceived. Once the
signal of anxiety or safety has been established the ego proceeds to unconscious decision
making, which leads to an outcome: resolution of conflict, choice between alternatives
(Rangell 1969b, 1971), compromise formations, which includes choice of compromise,
autonomous acts or adaptive responses. The individual’s personal history of previous
internal ‘solutions’ determines the facilitating pathways which guide future alternatives
so that these choices seem, at times, to be automatic or seamless. Over time choices are
incorporated into durable character traits and fixed expectations from the individual.
Rangell emphasizes that unconscious choice and the function of decision making are not
always or automatically followed by compromise formations, even though this may be a
major psychic outcome. Other possible outcomes may involve choice between
alternatives, for example, the choice of one arm of a conflict over another; or instinctual
discharge or denial. Rangell feels that both methods are operative, with countless
variations of external psychic outcomes possible. Differing from Brenner, Rangell points
out that not every outcome of conflict is, or necessitates, or even can be a compromise.4

4 Rangell’s finding on Unconscious decision-making has found some support in the psychoanalytic
2000, Weiss 1995), however, no studies or theoretical perspectives have deepened this work with new
findings. Decision-making continues to be of enormous interest to many fields including: medicine, law,
economics (e.g., behavioral economics and management theories), cognitive sciences, neuroscience and
political science. Unconscious decision making in the non-psychoanalytic literature has also blossomed.
We see evidence of the pursuit of this concept in Economics (Simonson 2005; Simonson & Nowlis 2000,
Zhou, et al., 2009), cognitive neuroscience (Bechara, et al., 2000; Dijksterhuis, et al., 2006; Dijksterhuis
2004; Wilson, 2002; Soon et al. 2008). It is significant that the studies we reviewed in the non-
psychoanalytic literature did not reference Rangell’s work. Our assumption is that Psychoanalysis is still
viewed by most disciplines as dealing primarily with the unconscious and have not caught up with theory
development.
Both Rangell and Brenner (1982) would agree that aspects of drive derivatives, unpleasurable affects, defense, superego manifestations and environmental influence all effect behavior. Brenner argues that compromise formation is the basic unit of the mind. Rangell argues that unconscious choice is a critical factor neglected by Brenner and most other psychoanalysts. He also emphasizes that unconscious choice and decision making are not limited to individuals without psychopathology. Whether behavior is pathological or not, outcome choice is made during the intrapsychic event sequence: “filtering, scanning, judging, then deciding, choosing—whether defense, or adaptation, motility, etc.” (1963b, p. 124). Symptoms, for Rangell, are as much an unconscious choice as normal behavioral outcomes. He notes that while we speak freely of choice of symptoms, we do not as readily acknowledge the unconscious choice to have symptoms at all.

This brings up the problem of “free will.” Rangell (1986b, 1989a) differentiates free will from both the instinctual wish (the wish of early psychoanalytic theory) and from a superego demand or requirement. Free will is an ego faculty, a directing capacity which takes into account motivations from the id, superego, external reality, and the goals and intentions of the ego itself. For Rangell (1986b, 1989a), the extent of the presence of freedom of the will is a measure of the degree to which there is ego autonomy. Free will is not absolute but is on a spectrum that includes psychic determinism. Free will and psychic determinism define a complementary series in which there are no absolutes. Psychic determinism is derived from the instinctual wish; free will is the result of the active, directing, executive function of the unconscious ego that shapes intention, purpose
and creates action. The operation of “relatively free will” is firmly rooted in unconscious intrapsychic activity. Relatively free will (relative autonomy) shares the psychic stage with determinism. For Rangell, there are forces that impinge on the person in daily life, from within and without. Rangell (1986b) concludes, “Human history, individual and collective, results from a combination of determinism, random occurrences, and the guided event” (p. 30). From the perspectives of psychic determinism, and degrees of ego freedom, he states that: “Life is a combination of what has to be, and what we make of that” (2004, p. 314).

Addressing the matter of mental functioning in social and political life, Rangell (1974) introduced the “syndrome of the compromise of integrity” (1974, 1976, 1980, 2000a) as on par with neurosis in human affairs. Integrity, Rangell observed, relies upon a necessary willingness to live by superego values and “where ego interests are high enough, the effectiveness of superego control lessens” (2004, p. 198). The compromise of integrity is ubiquitous: it ranges from being ego-syntonic to ego alien and falls on a continuum of psychopathology from mild to severe. While neuroses arise from conflicts between the ego and the id, the syndrome of the compromise of integrity is the outcome of conflicts between the ego and the superego. “Narcissism unbridled,” he notes, “is the enemy of integrity” (1974, p. 8). These moral and ethical conflicts, like the subclinical neuroses, are built into ordinary human conduct and play a part in the psychopathology of everyday life. The syndrome of the compromise of integrity is to sociopathy and crime as the neurosis is to psychosis. The two sets of dynamics are not mutually exclusive, nor is either excluded from general intrapsychic dynamics. Rangell points out that ambition,
power, opportunism, in the service of the ego are desired qualities sought after in our culture. These traits can become excessive in direct proportion to the reward wished for or expected and any of these traits may be a prodrome for the pathological syndrome of integrity. Clinically, we see these excesses in greed and envy. Therapeutically, one addresses these conflicts as any other conflict, through analysis, with the analytic aim of “turning out an honest man”...“one as much free of C. of I. (compromise of integrity) as neurosis, which is not complete in either case” (1974, p.10). Here Rangell highlights the continuous pull from the interaction of the analytic relationship. This is not a cold sterile engagement void of any genuine relationship. Instead, it is a fusion of empathy with objectivity. The advantage for the analyst lies in the relentless incorruptibility of the analytic attitude. In Rangell’s words: “The scientific attitude of psychoanalysis is carried to the patient by a caring human. The capacity to achieve the proper blend between the two is one of the most difficult but necessary goals for training to impart” (1974, p.11).

This concludes our tracing of Rangell’s expansion of theory on the model of the mind. The line of thought has taken us from anxiety, to active unconscious decision-making, to breaches of integrity and to questions of personal responsibility and accountability. In reviewing his own contributions, Rangell concludes that: “Man is both less responsible and more responsible than he thinks. Psychoanalysis has always exposed contradictions” (2004, p. 202). Next we will explore Rangell’s contributions to the psychoanalytic process.
THE PSYCHOANALYTIC PROCESS


A PSYCHOANALYTIC CORE

Contributions made to the psychoanalytic core concentrate on the technical procedure. This topic is part of the fabric of Rangell's "total composite theory." For Rangell (1992, 1995, 1996, 2001b) psychoanalytic change, comes from strengthening the ego's control over anxiety, defense, trauma, and symptom formation. This psychoanalytic process is the psychoanalytic core.

Rangell (1954a, 1981a,) first defines the ever-changing border between psychotherapy and psychoanalysis. In a 1953 panel (Rangell, 1954a; O'Neil and Rangell, 1954), “On Similarities and Differences between Psychoanalysis and Dynamic Psychotherapy” he focused on both defining the borders of psychoanalysis, as well as how to extend the borders, establishing a wider province, without losing the center. In
1953, he asserts that there are sharp demarcations between psychoanalysis and dynamic psychotherapy, and offers the following definition of psychoanalysis.

Psychoanalysis is a method of therapy whereby conditions are brought about favorable for the development of a transference neurosis, in which the past is restored in the present, in order that, through a systematic interpretative attack on the resistances which oppose it, there occurs a resolution of that neurosis (transference and infantile) to the end of bringing about structural changes in the mental apparatus of the patient to make the latter capable of optimum adaptation to life (1954a, pp.739-40).

There are crucial differences between psychoanalysis and dynamic psychotherapy. "One method is neither better nor worse, more or less praiseworthy than the others. There are indications and contraindications for each which must be applied on rational grounds. There is a spectrum of patients who require one or the other method and a spectrum of therapists able to do one or both" (1990, p. 484). The difference between psychoanalysis and psychotherapy is not based on differences in the basic views or conceptualization of psychopathology nor on a model of how the mind works. He believed that both technical methods needed to rely on "a single correct estimation of psychodynamics and pathogenesis" (1990, p. 478) both methods must “…spring from the same rational and correct evaluation of the origins of mental disease, rather than on basically opposed or contrasting systems” (1990, p. 478) and "the validity of the basic theories is certainly open to contest or revision which should be derived from endless clinical and experimental studies for whatever extensions or modifications are seen to
hold true must then be applied equally to both disciplines" (1990, p. 478). As early as 1953, Rangell took the position that there is a body of knowledge, a science of psychoanalysis, which best explains the facts but which could change with new facts.

By 1979, the participants from the 1953 panel had undergone an apparent transition. Rangell (1981a) was more comfortable with the essential aspects of treatments. He was less concerned with formal and logistic considerations, the number of times per week, and the posture of the patient that required restructuring on the words and attitudes of the analyst. He has become more technically flexible willing to see patients sitting up as well as lying down, conducted sessions on the telephone, sessions back-to-back, in regular schedules, etc. For Rangell, these 25 years had underscored the point that "the therapeutic process was determined not by outer mechanical but inner processes" (1990, p.488).

In his second paper on the distinction between the psychoanalysis and psychotherapy Rangell (1981a) considers the divisive issues of the day and tries to demonstrate the unity between many of these discordant theoretical positions (e.g., transference versus reconstruction, Oedipal versus pre-Oedipal or post Oedipal, the cognitive-affective duality), and also considers the negative therapeutic reaction and the fate of signal anxiety in the patient during the process of change. One of the problems with the emphasis on transference is that it can be overdone obscuring the rest of the analytic process. He challenges the trend by transference purists, those for whom "the centrality of transference has acquired almost a moral tone" (1981a, pp. 675). He points
out how this is a problem in the work of Gill (1979a, b,) where “transference neurosis becomes the neurosis, that antecedents and genetic roots are not only out of reach but more and more become unnecessary” (Rangel, 1979;1990, pp. 549). Contrasting his position with Gill’s, Rangell maintains, like Bird (1972), Gray (1973), and Stone (1981a&b), that transference is the most difficult and subtle part of analysis. He highlights the excessive dependence and the absence of working through. "Patients treated with excessive, even compulsive concentration on transference can emerge looking and feeling analyzed but with a pathetic and clone like quality of dependence. They cling to the analyst, can become devotees or even benefactors of analysis, but with a shallow defensiveness through which the opposite can break through" (1990, p. 551). The same poor end result, he states, can come from too little as from too much interpretation of transference, and countertransference can lead equally in either direction. Rangell offers three additional thoughts about the inherent limitations in transference and its relationship to other critical elements of the clinical method. The transference is not sufficient to capture the complex development of a neurosis (1981a, pp. 675/6); transference is more likely to demonstrate issues of separation anxiety than castration anxiety or negative oedipal phenomena; and, transference is not the best vehicle to reveal the patient's aggression.

Rangell offers us a revised perspective of the transference noting that new approaches tend to downplay the crucial role of insight in psychoanalysis: “Transference facilitates the approach to certain important aspects of neurosis without being able to recapitulate them in depth” (1981a, pp. 677). Rangell believes that all elements in an
analysis (e.g., dreams, symptoms, character traits, material from the hour, the neurosis, and the analysis as a whole) require an understanding of the present, past and transference without an excessive attachment to any one. By highlighting that stress in a patient’s life is not limited to the time of the original traumas but continues throughout life, he alters our perspective and reveals the broader scope of the analytic task. Transference becomes "a necessary but not sufficient condition to see an analysis through to its goal" (1981a, pp. 675).

Rangell evaluates other clinical phenomena (e.g., Oedipal/pre-Oedipal, cognitive/affective, and the complex nature of the therapeutic reaction) and concludes that most alternative schools contain within their systems important individual contributions, which could have been supplemental to the total theory, but which are instead usually immersed in “more global substitutes which detract and obscure, rather than clarify and expand” (1981a, p. 684). Their interests get stuck in one or more areas. In this regard, he refers to Erikson's ego identity, the self-object of Kohut and separately Kernberg, the self schema as a unit in George Klein’s formulations, the whole person responsible for action in Schafer’s work, and Green’s emphasis on the defenses of splitting and decathexis. All can be seen as contributions to the larger theory. In later works, he continues this train of thought extending it to the nature of the self (1982a) and the object (1985b). Rangell asserts the self has always been part of the structural theory and that narcissism “does not delineate a specific segment of psychopathology but is as central as anxiety and as much to be dealt with in all patients” (1990, p. 504-5). He finds similar problems with Kernberg's (1975) insistence on the predominance of the defenses
of splitting and projective identification in borderline states, and with Green’s (1975) replacement of separation and castration anxieties with the existential fear of death and/or fear of madness. This highlights one of the values of Rangell’s total composite theory. It allows one to follow the historical developments, the various points of view and various differences in psychoanalysis as they unfold. The two examples we have outlined so far are the differences between psychoanalysis and psychotherapy and the role of interpretation of the transference. Rangell tries to show how fateful certain definitions or definitional positions can be for the development of a psychoanalytic theoretician’s thinking, e.g., Kohut’s distinction between narcissistic and object libido.

In summary, Rangell (like Arlow, 1979, 2002; Jacobs (Beland & Bergmann, 2002) and Stone, 1981a, 1981b) rejects privilegedging of any technical aspect of the psychoanalytic process until it is clinically called for. Transference analysis has clearly been privileged by many analysts, in many different schools, as has defense analysis. He views the unfolding of the psychoanalytic process as immersing oneself in an understanding of the analysand’s life. This process is facilitated technically by working with material closest to consciousness with an understanding of its multi-determined derivatives and functions. For Rangell it is not frequency or furniture that make the difference between psychoanalysis and dynamic psychotherapy. The analysand might be seen on a four times a week basis, be on the couch yet remain in intensive therapy. What defines psychoanalysis from psychoanalytic psychotherapy, for Rangell, is the process that goes on between analyst and analysand. Where there is not a psychoanalytic process, there is not analysis. The condition of seeing a patient four times a week on the couch facilitates the process but does not define it.
The term composite, which will later (1985a) be broadened to the total composite theory, was introduced by Rangell in his plenary address to the International Psychoanalytic Congress in Rome (1969). The theme of this Congress was "recent developments in psychoanalysis." In that paper, after presenting his views on the "human core" Rangell (1969a) showed how the intrapsychic process moves from the core to the periphery and back. This interactive process situated clinical practice closer to external action and had a specific impact on technique, as well as on research and current social issues. Clinically, he noted “one is confronted by a composite mass, an aggregate consisting of diverse elements,…” (1990, p. 518). Technically, the task is to deconstruct, to “decompose, de-stratify, analyze, break up the agglutinated whole into its component parts, and set the latter into their proper order, into their logical syntactical relationships, according to cause and effect” (1990, p. 518). Here Rangell noted aphoristically, "the psychoanalytic process is the intrapsychic process under supervision." (1969a, 1990, p. 519). In that vein, he offered some thoughts on the concept of the therapeutic alliance popular at the time. "The therapeutic alliance in analysis is, in my opinion, between the analyzing function of the analyst and the observing, critical and judging functions of the ego of the patient, i.e., between the analyst and the healthy part of the patient’s ego" (1990, p. 523). Rangell points out the commonality of his views with those of Bibring (1937) and Arlow and Brenner (1966), and this leads to another clinical contribution - the psychoanalytic process (1968a).

Rangell offers an interesting account of what happens in psychoanalysis: "Only in psychoanalysis, under the protection of the analytic situation, is the patient motivated and
willing to produce voluntary psychic disequilibria in a regressive path toward such original nuclear etiological situations" (1990, p.540-1). Rangell emphasizes the analyst as a "stabilizing, predictable, and unswerving object around which the patient's regressions and undulations can safely occur if they are to have the possibility of coming back" (1990, p. 543). Here Rangell emphasizes that symptom analysis although important plays only a small part in psychoanalysis. The analytic process for Rangell takes place in the patient, as the patient identifies with the analyst's analytic functions, (i.e., the analyst's rational, observing, understanding, objective, scientific views). The core of this process, i.e., self analysis, outlives the analysis in the postanalytic phase.

APPLICATIONS

Specific clinical issues in the applications of technique include the components at the core of psychoanalytic treatment, in the process of change. Here Rangell returns from the more abstract and moves closer to the experience-near. In On defense and resistance (1983) Rangell looks at the present status of these subjects 50 years after Anna Freud's classic book on the topic. On Understanding and Treating Anxiety (1978), Rangell follows anxiety from its theoretical centrality to its role throughout the clinical treatment situation. Other papers examine the nature of structural change (1989a, 1989b), the core of the treatment process (1987), the phases of insight and after insight (1980/81), and the termination phase (1966, 1982c).
In the contribution, "Defense and Resistance in Psychoanalysis and Life," (1983) Rangell describes what he believes is a very common characteristic of Freud's thinking and of the thinking of some of his successors as well, including Anna Freud; namely, the tendency to divide larger categories into their component parts. "The principle followed was the same. In regard to the understanding of larger groups as composed of smaller ones" (1983, p. 154). Rangell observed that there was also an opposition and resistance to distinguish part processes within the whole, as if it “does violence to the subjective integrity of the individual.” (1983, p. 155). He cites the work of Rogers, Horney, Sullivan and more recently, Kohut, Klein and Gedo as examples and states: "a common motivation for the followers of these theories is the feeling that scientific decomposition of the mental apparatus is somehow accompanied by psychological fragmentation of the person or personality or in the latest theory of the self” (1983, p. 155). Rangell, however, believed that mainstream psychoanalytic theoretical development retains the importance of integration as "a parallel process and principle alongside the process of differentiation" (1983, p. 156). Relevant here is the ego’s “synthetic function” described by Nunberg (1931), the “organizing, integrating function” described by Hartmann (1950), and of course, the “unconscious ego decision-making executive function” described by Rangell (1969b, 1971). “The road to healthy integration in analysis is differentiation and reintegration, by destratification of clinical aggregates and their resynthesis into more stable and adaptive wholes” (1983, p. 161).

Rangell (1989b) leaning on the work of Spitz, Anna Freud, Brazelton, Stern, as well as Greenacre noted the continued importance of preoedipal issues throughout
psychoanalytic literature. He warned, however, against the overuse of some concepts and gives as an illustration Mahler’s "rapprochement crisis." Rangell is concerned about its overuse as a specific etiological determinant of pathology. He points to Socarides and the Tysons for their primary reliance on the concept to explain the etiology of perversion and pseudo-narcissistic personality. Rangell writes that the term rapprochement should take "its place alongside all such universal tools of insight. But its enlistment as a distinct memory or as a developmental year or few months of specifically experienced anxiety, trauma or depression cannot be automatically pointed to, or taken for granted from universal knowledge, as an individually exposed and remembered event or condition or series of experiences (1989b, p. 28). He concludes "Psychopathology stands on a base, not a point." (1989b, p. 28)

It is in remarks such as this that Rangell, who so often is taken as the representative of an outdated and ossified classical Freudian theory, demonstrates an outlook that preempts the criticisms of would-be revisionists. In these papers, he has elaborated the developed body of Freudian thought in a way that highlights its longstanding attention to both wholes and parts. While he rejects any easy dichotomy that would identify a psychology of the whole as humanistic and a psychology of the parts as mechanistic, he insists that "the self, and the object, as whole entities, have always had a firm place in central unified psychoanalytic theory" (1990, p. 6). That theory is not ego psychology but a total composite psychoanalytic theory, embracing id, ego, and superego, as well as the external world. Pluralism is not an option for Rangell. Borrowing from Fenichel’s axiom, Rangell believes: "there are many ways to treat
neuroses but there is only one way to understand them” (quoted in Rangell, 2004, p. ).
Resisting the widespread tendency to characterize the classical position narrowly as drive theory or ego psychology or structural theory, Rangell presents an approach whose aim is to render unnecessary a plurality of competing theories.

MODELS OF THEORY

Rangell believes that the main problem for psychoanalysis today is the current state of theoretical pluralism. He has repeatedly outlined his view of (1988, 1997, 2000b & c, 2002a & b, 2004, 2006, 2007a & b, 2008) how pluralism has cumulatively been the most erosive force to psychoanalysis leaving it fragmented and deadlocked. Ultimately, the problem of pluralism shakes the confidence of the psychoanalytic consumer and inspires doubt and insecurity. “Is it acceptable” Rangell asks, “that a patient should turn out to have an Oedipal conflict or a problem with self-cohesion depending on which analyst he is with?” (2007a, p. 7). Tracing the array of pertinent historical players and incidents he (Rangell, 2004) outlines the development of pluralism beginning with Freud. Here he proposes that the early fractures with Jung, Adler and Rank, which resulted in their official separation from the field, fashioned the prototype models for future splits. Rangell (1982b) has detailed how a powerful dynamic leadership can become a negative force in theory development, due to a phenomenon he calls “transference to theory.” After the first split Rangell identifies the second series of splits beginning with Horney, Sullivan and Fromm as they attempted to show how political, economic, and interpersonal forces affect the individual. Next, are the splits after the war that cut across
ideological lines between Otto Fenichel and Franz Alexander on the topic of the analytic attitude and its technical implications. This contributed to the organizational splits in L.A., N.Y., Philadelphia and Washington-Baltimore. The 1960s saw further fragmentation with the arrival of Melanie Klein’s work to the U.S. and the advocacy of “two theories” by George Klein and his colleagues: Gill, Holt, Schafer, etc. This was quickly followed by Kohut in the 1970s and the organization of Self Psychology. Finally, Rangell believes that pluralism was given a quasi-official sanction by Wallerstein (1988, 1991) in his 1987 Presidential Address of the IPA. This last finding was challenged by Wallerstein and led to an interesting discussion between these two theorists (Rangell 2006, 2007b; Wallerstein 2007).

Rangell (2004, 2007a) shows how the various stages to the emergence of pluralism were fostered by four basic fallacies. The first is the substitution of a pre-existing set of observations or parts of explanatory theory by another when both new and old are valid. The second is, the pathogenic fallacy – “pars pro toto,” a selection of a part and its replacement for the whole. Parallel to this is the simple discarding of necessary elements within the whole. The third illogical position is when knowledge and insight gained in one sphere is not aptly applied to related relevant situations. Finally, the fourth logical flaw is the failure to follow up one’s thought or actions with the consequences that could be expected from new discoveries or insights. This treatment of theory construction has led to a drifting of the theory with no real efforts at “retention of consistency or intellectual unity” (Rangell 2007a, p.99). Instead, we have the current
state of theoretical pluralism and its consequential fragmentation.

Paralleling these splits Rangell traces the evolving character of the total composite theory. He sees the first total composite theory beginning with Freud’s five metapsychological points of view: topographic, economic, dynamic, genetic and structural. The second phase of the total composite theory includes all that is encompassed under the condensed title of Ego Psychology. This not only adds the adaptive point of view, outlined by Hartmann, to the original metapsychology but ushers in a major transition in the technique with the focus on defense analysis begun by Freud and carried on by Anna Freud. It also accounts for much of the advances in the genetic perspective introduced during this time (e.g., works by Anna Freud, Phyllis Greenacre, Edith Jacobson, Margaret Mahler, Rene Spitz and Donald Winnicott.)

Rangell works to separate the consequence of what, he notes, Richards (1999) has identified as the “politics of exclusion”, which Richards felt contributed to both the disenfranchised state of lay analysts and the proliferation of alternative theories. Rangell agrees with the first claim but not the latter. He believes that these two important issues are temporally entangled but must be teased apart and treated separately. Ultimately, where the law may be relevant to the issue of lay analysis it is “hardly the arbiter in science” (2007a, pg. 52). Rangell further teases out some historical antecedents, locates psychoanalysis in psychology via Freud (1926), and underscores the importance but not primacy of neurology and medicine in general. Like Freud, Rangell is advocating for a
biopsychosocial model where the clinical findings are core and feed other ancillary applications.

How then does pluralism affect technique? Rangell answers this question by observing that small innovations in technique have become exaggerated into major dimensions of treatment. He notes that this is not only a prime example of pars pro toto (i.e., ascension of the part to the whole) but often the result of a transference to theory. He (Rangell, 2007a) reviewed the leading themes of self-disclosure, enactment, and intersubjectivity and concluded that:

these [are] irrational incursions into the analytic instrument itself, and through that into the analytic process, which need to be recognized and corrected…. It is as though laxity and lapses, which may be unavoidable, are regarded instead as flexibility, which is desirable (2007a, pg. 83).

To correct this, Rangell follows Fenichel’s adage that “treatment is through the rational ego” … technique “must be arranged according to rational criteria” (Fenichel, 1941, pg 13; quoted in Rangell, 2007a, p. 83). This does not imply technical rigidity, but highlights the aim of explaining the irrational by the rational. Yet the technical “variations…challenging clinical phenomena in a general psychoanalytic practice are as infinite as people are” (2007a, pg. 83).

“completeness with parsimony” (2007a, p. 116): “total”- containing all nonexpendable elements, “composite” – a blend of all valid discoveries, and “psychoanalytic” - fulfilling the criteria of psychoanalysis (2007a, pg. 85). The total composite psychoanalytic theory continues to develop alongside of the alternative partial theories growing as new clinical evidence is established. This is the third wave of such a total composite theory. What is accepted into the theory is decided by both the collective and the individual. For Rangell this includes every viable contribution, including Freud's five metapsychological points of view and the sixth added by Rapaport and Gill (1959), the adaptive point of view. Contributions converge from many directions and all follow the principle of the complementary series: attachment and separation, conflict and adaptation, neutrality and empathy, drive and object, tragic and guilty man, historical and narrative truth. Referring to the work of Reed and Baudry (1997), Rangell believes that three basic questions are crucial to the debate about divergent theories: “What clinical observations make the innovations necessary? Is the revision independent or does it link to or depend on some unrecognized aspect of previous theory? Does the new theory contradict some aspect of previous theory on which it silently depends?” (2007a, pg. 101). Following Freud, Rangell envisions the field as an overall science of man. The mind develops and is cultivated by its physical and social environment and is studied accordingly.

Considering himself not a contemporary Freudian but “a developed Freudian”, Rangell believes that a unitary theory remains elusive for reasons that are over-determined. First, there is a cultural influence that stems from the deep and pervasive affective pull toward diversity and away from unity. Rangell identifies this as
particularly relevant to our society highlighted in the concept of the “rugged individual.”

It was also noted by Freud: “It is remarkable that, little as men are able to exist in isolation, they should nevertheless feel as a heavy burden the sacrifices which civilization expects of them in order to make a communal life possible” (1926, p. 6). Next, there is a developmental pull to separate and attach. Then there is a group pull in which people refuse to go along with convention but dread being different. As noted earlier, there is also a pull from the transference to theory and perhaps the ultimate influence; there is identification with theory. “An analyst becomes “a self psychologist,” “a classicist,” or “a Kleinian,” not one who simply thinks that way” (Rangell, 2007a, pg. 94).

In a recent work, Rangell (2007a) makes a strong appeal for unity and internal reconciliation. Rangell, and from another perspective Brenner (2006), hold out the ideal of a scientific psychoanalytic theory. To reach this ideal, clinical data will need to continue to be gathered in a variety of ways within diverse clinical contexts. When emerging theoretical constructs are left to their domains of origin, however, they remain categorical in nature and nonintegrated. Here we find the “ferocity of the emotions involved in the controversies” that Bergmann speaks of (2004, pg. 263) but it is also where all too often we find stagnation. As these concepts are shared by the various domains their integral nature emerges and a chance for integration appears. We have seen this recently in the literature on actualizations and enactments (Lynch, Bachant and Richards, 2008). This may be one subtle characteristic of theory change that does not require a new scientific paradigm shift. At the same time, several theorists (Boesky, 2008; Reeder, 2002; Richards, 2003; Richards & Lynch, 2008; Summers, 2008; Willock,
2007) are attempting to create comparative models or methods to more rigorously assess
the contributions of the various schools.  

In his journey to become a “developed Freudian,” Rangell has made an enormous
contribution to the literature and to the field. Arlow (1988) best summed this up in his
appreciation to Rangell: He…“has made an indelible mark on the development of
psychoanalysis in our time, not only in the United States but in the rest of the world as
well.” Whether you agree with him or not the breadth and depth of his work reminds us
just how complex our work is. To this end he has succeeded brilliantly.

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5 We (Richards & Lynch 2008) see the value of understanding psychoanalysis as a natural science, as put
forth by Rangell (2007a) & Brenner (2006). In this view, science is a way of looking at the world guided by
facts. Facts are not immutable truths (Brenner, 2006) but amenable to pragmatic confirmation or denial.
Freud (1893) recognized this frequently quoting Charcot’s aphorism: “Theory is good; but it doesn’t
prevent things from existing” (p. 13). The scientific point of view requires that theory be the best
explanation that one can give to the facts. In this way, science remains an ideal for psychoanalysis. How
do we arrive at this ideal state of science? Clinical evidence progresses towards scientific evidence as it
moves on a continuum of substantiation: from discovery through a hermeneutic practice, to the continuous
repetition and validation of the findings, to the ultimate creation of testable hypotheses from internal and
external sources. In our current pluralistic world, contributions come from many perspectives. These
diverse perspectives should continue to be nurtured, contributed to and substantiated. Welcoming these
contributions is the organization of theory. This can only be done by productive communication and
discourse. Every advocate must be given the opportunity to present her or his position as clearly and
forcefully as possible, to the widest audience available.
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