SIMILARITIES AND DIFFERENCES BETWEEN
PSYCHOANALYSIS AND DYNAMIC
PSYCHOTHERAPY

LEO RANGELL, M.D.

This discussion is aimed at the exploration of a single question, that of describing the ground in common, and of delineating the specific differentiating points, between psychoanalysis on the one hand and dynamic psychotherapy on the other. It is the case that any effort to compare and to appraise the differences between these two disciplines or techniques leads inevitably into the realm of basic and fundamental concepts. To orient such an exploration with respect to the present stage of development of our science, it can be said that in this effort we are pausing, while already busy at work on some of the upper stories and even the interior decorating of our psychoanalytic edifice, as reflected for example by our recent close attention to the complexities of ego function, to re-examine the very foundation. This can be helpful, inasmuch as (a) cracks and splits in the latter can occur while we are busy upstairs—splits which, if possible, had best be repaired in order for the building to continue to stand, and (b) if the foundation can itself be refined or improved, this should always be welcome.

That this investigation is not focusing on an already settled problem is attested to by the experiences of the Committee on Evaluation of Psychoanalytic Therapy, set up within the American Psychoanalytic Association in 1947. In the years of its work since then, this Committee was never able to pass the initial and vexatious point of trying to arrive at some modicum of agreement as to exactly what constitutes psychoanalysis, psychoanalytic psychotherapy, and possibly transitional forms. In its last report about
half a year ago (8), the Committee not only failed to arrive at any acceptable formulations in this regard, but was forced to conclude, incredibly enough, "that a strong resistance to any investigation of this problem existed among the members of the American Psychoanalytic Association." One of its last suggestions, of which today's effort is an outcome, was that a round-table or panel discussion be devoted to this subject at a meeting of the American Psychoanalytic.

There are those who hold, not without a visible trace of irritation, that this entire question is merely a semantic one, a view which I believe would dispose of the problem in a deceptively facile way. The need for clarity in this area is by no means an academic one, nor can it, after careful consideration, be justifiably contested. Many of our long-range goals and objectives, such as for example not only research into our results but also the definitive theoretical conclusions to be drawn from our accumulated data, await a more precise differentiation of the basic tools with which we work. What, for example, are the respective validities of the various investigative and therapeutic procedures, or the reach, or clinical range of applicability of the comparative methods employed? A demonstrative example of this would be the following. Certain studies tend to cast doubt on the universal existence of the castration or oedipus complexes. Fromm-Reichmann (8) has alluded to these in her paper. Does not the validity of these negative findings, however, depend on the clinical reach of the investigative method employed? Does failure to arrive at confirmatory data seriously disturb existing theories when, for example, the method employed does not primarily direct itself toward the unconscious? Hartmann, Kris, and Loewenstein (5) touch upon these and similar questions in a recent critique of the findings and claims of various cultural anthropologists. It thus does an injustice to dispose of such questions as a mere matter of semantics.

It should be made clear at the outset that we are concerned in this discussion with psychoanalysis as a method of therapy rather than in either of its two other capacities, i.e., as a method of investigation or as a body of facts. The historical sequence of events was the following. First came the origin and the development of

psychoanalysis as a therapy and simultaneously as a mode of investigation, from this the gradual accumulation of the psychoanalytic body of facts, and from the latter the evolution of other rational dynamic psychotherapies. Via this route, psychoanalysis, which thus was the father of dynamic psychotherapy, came finally to take its place as only one of many forms of rational dynamic psychotherapies.

With regard now to the question before us, there can be said in general to exist two schools of thought, as follows:

(1) Those who feel that there is a continuum, with no discernible or practical line of demarcation, between the two disciplines. This view, which is inherent in the presentation by Alexander (1) this morning, is perhaps best expressed in the following report (7) sent to the Committee on Evaluation of Psychoanalytic Therapy by one of the member institutes:

There is unanimous opinion in our group that no sharp demarcation can be drawn between psychoanalytic therapy and psychoanalytic psychotherapy. Several members consider that this distinction into two categories of treatment should not be made. They suggest that all treatment utilizing the basic psychoanalytic psychodynamic concept of an uncovering insight type of psychotherapy should be considered psychoanalytic therapy. In their view, the various technical elements are used in varying degrees in whatever way is appropriate and feasible in each individual case. Using the standard technique as a base line, variations of this technique would then be designated as modifications of psychoanalytic therapy. These modifications would consist of varying flexible uses of the various technical elements of psychoanalysis. For example, the technical element of an unlimited goal could be modified to the limited goal of relief of symptoms or the limited goal of a partial character change. Or, another example, the patient may be seen only once or twice a week instead of four or five times a week, or the position may be sitting up instead of lying down. Or the analysis of the genetic childhood experiences may be minimal, or may be restricted to particular conflicts. Or the transference may or may not be allowed to develop into a full transference neurosis in which the important conflicts are analyzed and worked through in the transference. Or the transference neurosis may not be permitted to develop at
all or only partially, or the transference reactions may or may not be analyzed, depending on what seems best for the conduct of the case. The basic feature of psychoanalysis, that is, confronting the ego with repressed conflicts and resolution of them by means of working through, would be present regardless of the degree in which the other technical elements are utilized.

(2) The other point of view holds that the two are separable and distinct entities and procedures, with delineable borders between them. This view, with which the author agrees and which he will attempt to support, has perhaps received its clearest and most representative expression in a recent article on this subject by Gitelson (4). It might, incidentally, be pointed out that the former view was held by a minority and this latter by a majority of those responding to the questionnaire on the subject sent out by the Committee on Evaluation of Psychoanalytic Therapy to the membership of the American Psychoanalytic Association. In this view, the two disciplines, at far ends of a spectrum, are qualitatively different from each other, though there is a borderland of cases between them. An analogous comparison can be made to the fact that conscious is different from unconscious even though there exists a preconscious and different degrees of consciousness. Day is different from night, though there is dusk; and black from white, though there is gray (with no implication as to one being right or wrong, better or worse).

Having thus separated the two, the next task is to compare and relate them. It will be easier to start with their similarities and points in common. These can be said to consist essentially in the following: (1) that both are methods of treatment of the mind by psychological means, i.e., by considering and making use of energetic forces, or shifts of these energies, within the mind. (2) Most important is that both are rational psychotherapies, which stand upon and derive their respective courses from the identical body of metapsychology, i.e., the psychoanalytic structure as we know it. This includes a general accord on such basic concepts as that of the unconscious, repression, and the role of the infantile neurosis, and on the dynamics of such phenomena as abreactions, catharsis, and the effects of interpretation.

This second point deserves an elaboration. It is seen to be at variance with another view, expressed by Fromm-Reichmann (3), which regards the question of the basic theoretical structure as a point of divergence rather than as one of confluence between the two fields. Thus, Fromm-Reichmann would differentiate the two disciplines on the basis of crucial divergences in regard to the content meaning of a number of basic principles. According to this view, the dynamic psychiatrist, for example, in contrast to the analyst, views childhood development in terms of interpersonal relations rather than in accordance with the psychosexual development inherent in the libido theory. He differs with the analyst as to the sexual interpretation of the oedipus complex, and consequently too as to the derivative sexual content of the transference relationship. There are also basic differences in their conceptualizations of repression, of a primary innate unconscious, and of the preconscious. The divergent techniques are then seen to spring from these differing basic views. The view expressed above by the author differs from this position, holding instead that both technical approaches must rest on a single, we hope correct, estimation of psychodynamics and pathogenesis. A piece of hysteria does not have a different origin depending on which form of treatment is selected to combat it. The differences as given by Fromm-Reichmann do not constitute differences between the two disciplines but are rather different concepts regarding the genesis of mental illness. The validity of the basic theories is certainly always open to contest and revision, which should be derived from endless clinical and experimental studies, but whatever extensions or modifications are seen to hold true must then apply equally to both disciplines. If, for example, the sexual component of the oedipus complex is seen to be an inaccurate appraisal of developmental facts, which I do not believe to be the case, then this new piece of insight should not only shape a new and divergent psychotherapeutic technique, but should alter the content of the psychoanalytic method as well, for it would follow that psychoanalytic interpretations as given to date may not only have been erroneous.
but conceivably also of considerable harm. At any rate, it seems undeniable that both disciplines must spring from the same rational and correct evaluation of the origins of mental disease, rather than on basically opposed or contrasting systems. The task then always continues to exist, of course, of checking the system against the facts.

To turn now from the similarities to the differences leads one forthwith into a consideration of the necessary basic question: “What is psychoanalysis?” Though this may seem to confront us now with a question to which it would be brash or presumptuous, or perhaps superfluous or even hopeless, to attempt an answer, it might not be amiss to face this directly and to assay a definition. The failure or inability to do this has long been the apex of the block to progress along these lines, and should not deter us from seeking an answer. Nor should we desist on the grounds of the many difficulties which have been encountered in attempting to arrive at a definition by mass accord. There is no essential reason why the requirements for a definition cannot be satisfied in describing this nodal concept, as any other, in our science. To this end, the qualifications for a definition must be borne in mind, that it be comprehensive enough to be definitive yet limited to nonexpendable items. It should first place the subject in its broad setting and then pin-point its localization and identity with precise differentiating points. In this connection, the definitions offered in Hinsie and Shatzky’s *Psychiatric Dictionary* (6) are, in my opinion, in one instance too literal and etymologic and in the other too broadly descriptive in scope.

To advance the argument further therefore, I submit the following definition of what psychoanalysis is (limited to its function as a method of therapy). This does not claim to be original nor to have any special validity over others but is rather a compendium of the nodal thoughts of many others, arrived at after careful consideration, and which contains, I believe, what most feel are the essential ingredients.

**Definition:** 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.

I submit that the items in the above definition are *sine qua non* and nonexpendable, and that no nonexpendable issue or condition has been omitted from it.

To dwell a moment further on this, it is impressive how, in the questionnaire sent out by the previously mentioned Committee in an effort to assay a definition, so many items were sent in by our members as necessary inclusions which can only be considered, not as wrong, but as tangential, peripheral, or fortuitous, or as a pet emphasis rather than as vital and nonexpendable. A few examples of these are as follows. Some requested inclusion of the phrase, “discovered by Freud,” or a reference to the number of times a week the patient is seen. Picking out certain key parts of our metapsychological framework, some asked for “a reference to the unconscious or to repression.” Others, specifying a certain part of the technical process, required mention of “working through” or “nonverbal communication,” while still others, enumerating specific goals, would add under “resolution” “some reference to the capacity for work and happiness and to achieve satisfactory social and sexual adjustments.” These various suggestions are not incorrect but are expendable and not nuclear. A definition, it should be borne in mind, is not a seminar nor a course of training.

Such then is an attempt to define the term. When this procedure, psychoanalysis, either as thus defined or however it may be modified in this discussion, was discovered by Freud, it was different from anything which had existed before it. Though since then elaborated and refined, it is still, I believe, a separate entity, qualitatively different from the various derivatives and outgrowths which have followed from it. Our remaining task is to delineate
the boundary line between this discipline and its closest neighbor, dynamic analytic psychotherapy.

Any of the ingredients referred to in the basic definition given above can and do appear in the practice of dynamic psychotherapy, e.g., the recognition and use of: transference, awareness of and references to the past (infantile neurosis), the use of interpretation, an attack on resistances, and even variably, the goal of structural changes. But they do not all exist systematically and together, with the same consistency, degree, and long-range view, and with the deliberate maintenance of freedom from obscurities which makes psychoanalysis rigorously different from ordinary daily human relationships. Although dynamic psychotherapy makes free use of both psychoanalytic understanding and various aspects of psychoanalytic technique, the essential points of divergence relate, in my opinion, to certain crucial differences in regard to (a) technique, and (b) goal.

With regard first to technique, the crucial differentiating point relates to the role and position of the therapist. A central innovation, which stamped the new psychoanalytic technique in its earliest phases and which has persisted steadfastly throughout its development since then, was the adoption and refinement of “the analytic attitude.” It was this attitude on the part of the therapist which provided the patient with a new possibility of expression and which widened the sphere of observation to include the unconscious. The respective roles of the therapist in the two disciplines can perhaps be best illustrated by the following analogy.

Let us consider that the mental apparatus exerts around it a field of magnetic energy. In psychoanalysis, the therapist takes up his position at the periphery of this magnetic field of his patient, not too far away, so that he is useless and might just as well not be there, nor too close, so that he is within the field interacting with it with his own magnetic field (he can err equally in both directions). Immune from repulsion or attraction (at least optimally, within the limits set by his own unconscious), he sits at the margin, like a referee in a tennis match, so that he can say to the patient, “This is what you are now doing, here is impulse, here defense, here resistance, here compromise formation, here symp-

tom.” It should be added that he does not, and indeed must not sit in a straight-jacket, but must be free to move around, not only in order to give free-floating attention but also where necessary to perform specific definitive functions in word or action. As examples of the latter may be mentioned the activity of the analyst in encouraging confrontation with the phobic object at a certain stage in the treatment of a phobia, or the decision to sit a patient up or to forbid a certain external action, etc. In psychotherapy, in contrast, the therapist does not sit consistently in that seat, though he may sit there momentarily. He is, rather, generally on the court with his patient, interacting with him, the two magnetic fields interlocked, with the therapist’s own values, opinions, desires, and needs more or less actively operative. Where is the line which distinguishes activity of one type from that of the other? The criterion is whether or not the action is designed to produce the conditions most favorable to the development, understanding, and resolution of a transference neurosis. In analysis this remains the motivation for the action, whether in a positive way to enhance the process, or in a negative way to clear away the resistances to its occurrence. In psychotherapy, on the other hand, the activity of the therapist is designed to accomplish a multitude of other, albeit also therapeutic, results. It may teach, set an example, prove a point, develop confidence, etc., but it is not centrally directed to the facilitation or exposure of a transference behavior mechanism. There is also, it should be added for completeness, activity which accomplishes neither, but which leads only to a therapeutic field made more obscure.

The second crucial difference, parallel with and intertwined with that above, has to do with differences in goal. Again these can perhaps be best illuminated by an analogy, this time one used by Gitelson (4). The latter compares the therapeutic process to a complicated chemical reaction, which, once set under way, will continue to a state of final dynamic equilibrium. During the state of transition of this chemical reaction, many intermediate reactions will have occurred and many intermediary compounds will have been synthesized and broken down. At any given point, external interfering agents may be introduced which can alter the
reaction or can change the end point at which equilibrium is attained. The therapeutic process can be looked upon from this same point of view. Psychoanalysis aims at the establishment of the reaction (transference neurosis) and the maintenance of optimum conditions for its final complete resolution. It is not only oriented toward such a final end point, but, in contrast to psychotherapy, is potentially capable of attaining it. Psychotherapy, on the other hand, either from necessity or from choice, introduces the external agent and brings the reaction to an end at any intermediate point of stability.

On the basis of the differences cited, one can here assay the contributions and techniques of Alexander (1), as brought out in his paper on this panel and as described many times previously. The various maneuvers engaged in by the therapist in Alexander’s system, and in general with the “corrective emotional experience,” are at times, to be sure, dynamically indicated, but when they are, they distinctly constitute dynamic psychotherapy in contrast to psychoanalysis. When they are indicated, the dynamic condition is such as to make necessary or desirable an intermediate point of stability rather than the psychoanalytic end point, as described above. Concurrently, the psychotherapeutic action to achieve this is designed not to further the development and exploration of the transference neurosis but rather to introduce a new external agent, i.e., the teaching of something to the patient by the therapist. Freud (2), in his “Studies in Hysteria,” discussing technique, regarded the pathogenic material as stratified in layers of different resistance potential, with the pathogenic nucleus at the core. “The analyst,” Freud states, “should himself undertake the opening of the inner strata and the advancement in the radial direction, while the patient should take care of the peripheral extension.” Seen from this point of view, the analytic method is one which continues to the central goal, while that of Alexander stops at some intermediate concentric layer. As an example of the contrasting formulae in the two therapies, one can consider the patient who is “becoming too dependent” upon the therapist. Alexander “does something,” e.g., cuts the frequency in order to show the patient that he is wrong, that he need not be dependent, in order to edu-

BIBLIOGRAPHY
