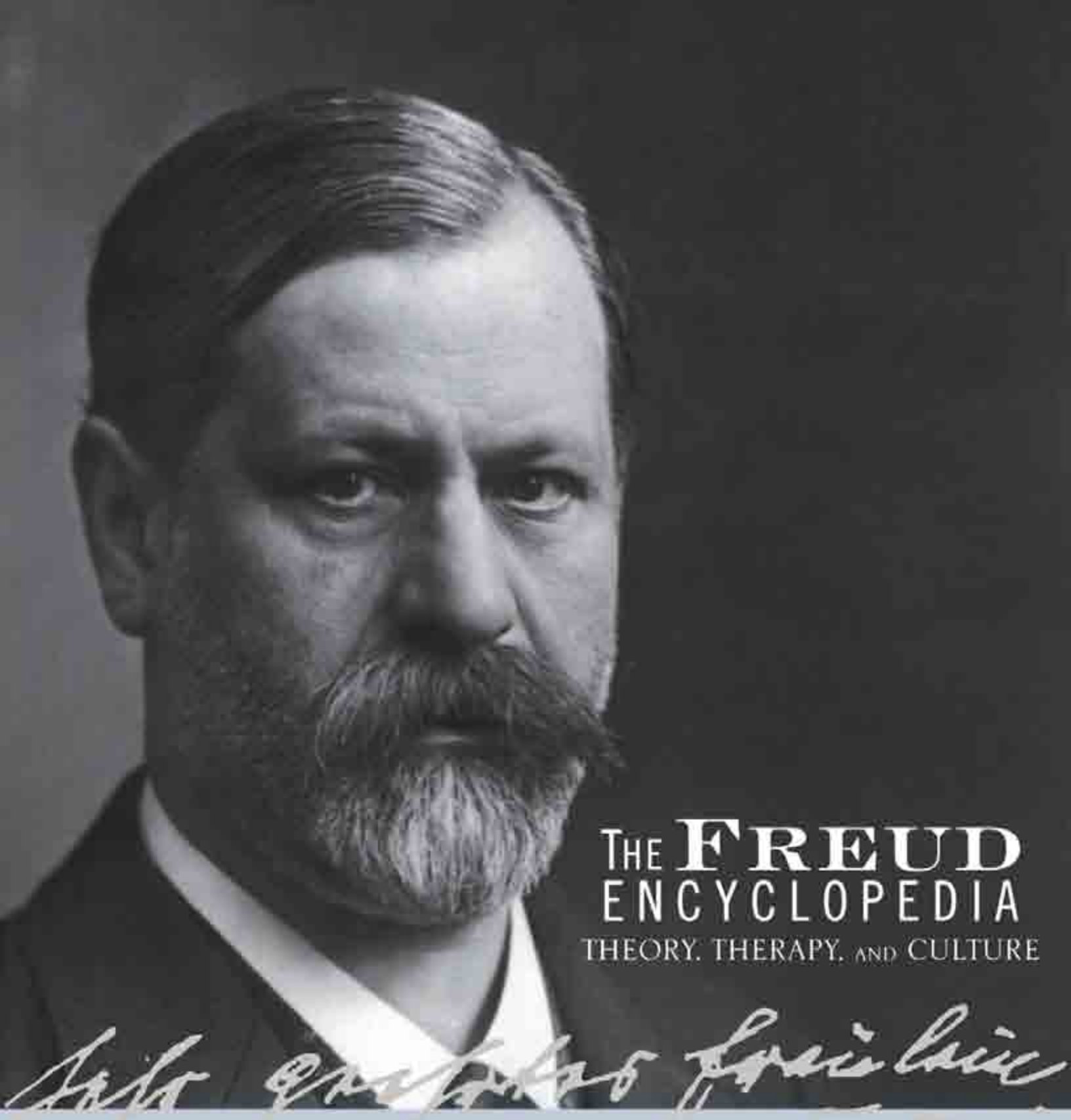

THE FREUD ENCYCLOPEDIA

THEORY, THERAPY, AND CULTURE

EDWARD ERWIN, EDITOR

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To Patricia Guarino Erwin

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PREFACE

We live in an age when some scholars seriously question the value of truth. Inquire of a theory, it is said, not whether it is true or false, but whether it is "insightful," "useful," "profound," "brilliant," or "penetrating." This way of thinking about theories was not congenial to Sigmund Freud. On a number of occasions, Einstein expressed admiration for Freud's "brilliant achievement" but refused to say that any of his theories were true. In response to one such congratulatory letter from Einstein, written to honor Freud's eightieth birthday, Freud replied: "But I have often asked myself what indeed there is to admire about them [his theories] if they are not true—i.e. if they do not contain a high degree of truth" (Grubrich-Simitis, 1995).

If the correctness of his ideas is what ultimately matters, however, then there is a problem in explaining why Freud is still worth taking seriously. Critics will point out that in the last thirty years, Freud's theories have been shown to be pseudo-scientific, or basically mistaken, or at the very least largely unproven. If these critics are right, why invite hundreds of expert scholars from around the world to devote so much time and effort to writing articles on Freud's work and influence? And why should a reader care? These questions deserve an answer.

As someone who has published a book skeptical about Freud's ideas (Erwin, 1996) but who has also spent much of the last nine years, together with his co-editors, putting together this encyclopedia, I would answer that despite the critiques, there are still very good reasons to care about Freud and what he created. One reason concerns *the degree* of truth in Freudian theory.

To What Extent Was Freud Right?

Many contemporary supporters of Freud argue not that he was mostly right, but that some of his theories contain deep insights and have received a reasonable amount of empirical support. Assuming that this is a credible viewpoint, there is still an important question to be answered: Exactly which parts of Freudian theory are at least approximately true and which are not? On this issue, scholars are still deeply divided.

If there have been impressive critiques of Freud's arguments and theories, there have also been impressive defenses. Some scholars argue that Freud's critics presuppose such high evidential standards that almost all psychological theories, including those we take for granted in our commonsense theorizing about human behavior, would fail to meet their requirements. Some argue that central parts of Freudian theory have been empirically confirmed by Freudian experimental studies; others appeal to recent work in biology, neuroscience, and linguistics; still others argue that newer versions of psychoanalytic theory, based partly on Freud's ideas and findings, have been empirically confirmed by recent scientific research.

On this question of exactly how much truth there is in Freud's work, some of the best arguments pro and con can be found in this volume (*see* Biology, and Psychoanalysis; Brain Science, and Psychoanalysis; Critique of Psychoanalysis; Dreaming, Theory of; Experimental Evidence, Freudian; Research on Psychoanalysis; Scientific Tests of Freud's Theories and Therapy; Sleep; and Slips, Theory of).

Freud's Influence

Suppose that Freud's theories fail to contain, as he put it, "a high degree of truth." If that were so, would that be a good reason not to read him? That depends partly on what happened after his theories entered the public domain. Some of his contemporaries, such as his friend

Wilhelm Fliess and his onetime follower Wilhelm Reich, introduced speculative theories, such as the theory of orgon energy, that were briefly taken seriously and then ignored; the effects of their theorizing quickly decayed and vanished. That clearly has not been the fate of Freudian theorizing.

Consider that even as late as approximately ten years ago, a survey of citation indexes concluded that of all the works that had ever been published, not counting the Bible, Freud's books and articles were still being cited more than those of any other author except for four people: Plato, Aristotle, Lenin, and Shakespeare (Friman et al., 1993). Pointing this out does not by itself explain why Freud's works are still worth contemplating, but if a high degree of truth is the only criterion, then why read Plato or Aristotle, or their philosophic successors such as Aquinas, Hume, Kant, Hegel, or Nietzsche? How many of *their* theories have been shown to be true? Very few. Yet if one wants to understand recent philosophic work, and the spillover effects into other disciplines, one cannot reasonably ignore all that has gone before on the grounds that the earlier philosophic theories are either untrue or unproven.

The same argument applies to Freud. A careful survey of twentieth-century intellectual developments will reveal the obvious marks of Freudian theorizing in art, literature, biography, history, cinema, psychiatry, clinical psychology, religion, anthropology, sociology, and, to a lesser degree, philosophy. Is there, in fact, any thinker of the last century whose intellectual influence was greater?

Central Characters

Not all that is of interest to Freud scholars directly concerns his theories or therapy. There is an intellectual drama that began early in the nineteenth century, if not before, with a cast of philosophers, psychologists, and others who thought deeply about many of the same problems that interested Freud and who developed theories in varying degrees similar to his theories. The work of some of these thinkers has been treated in recent decades, except by a few specialists, as if it had never come into being; it has been largely forgotten or ignored. How many of us have read the philosophic works of, say, Johann Herbart, who anticipated in great detail much of Freud's psychoanalytic theorizing? How many realize the degree to which Schopenhauer and Nietzsche, whose works are better known, anticipated Freud's theories not just in some vague fashion but in quite specific ways? The extent to which they influenced Freud is, of course, a separate issue (see the entries on each of these figures, and Nineteenth Century Philosophy Precursors of Freud: An Integrative Review).

Besides Freud's predecessors, there were his contemporaries and those who came to prominence after he died. Some who were in some way or other connected with psychoanalysis, such as Gustav Fechner, Havelock Ellis, and Richard von Krafft-Ebing, were not Freudians, but they made important intellectual contributions in their own right. Others, such as Alfred Adler, Carl Jung, and Wilhelm Reich, were psychoanalysts who clashed with Freud and who eventually started their own intellectual movements with their own followers. Some, such as Karl Abraham, Sándor Ferenczi, and Victor Tausk, remained loyal to Freud, and played an important part in the Freudian movement, while developing their own distinctive psychoanalytic theories, and others, such as Melanie Klein, Heinz Hartmann, and Jacques Lacan, moved Freudian theorizing in a very different direction, perhaps to a point where it ceased to be recognizably Freudian. All of these people and others played important roles in the psychoanalytic movement or in intellectual currents that ran counter to it.

Centers of Psychoanalysis

One can also think about psychoanalysis in terms not of specific people but of geographic locations. Freudianism originated in Vienna, but its influence spread after 1910 to other intellectual centers, such as Berlin, London, Paris, Oslo, and New York. In these cities and elsewhere, some of the great intellectual collisions of the twentieth century took place between psychoanalytic ideas and socialism, behaviorism, Marxism, fascism, and Catholicism, but collaborations also occurred as some thinkers tried to reduce Freud's ideas to those of Watson's or Pavlov's, or to blend them with Marxism, socialism, structuralism, phenomenology, hermeneutics, and various other theories.

The impact of the psychoanalytic movement has not been limited to Western Europe and the United States. Its influence may not have been as great in other locales, but it has still been significant in such countries as Argentina, Australia, Brazil, Chile, Poland, Hungary, and the Czech Republic. Many of the intellectual developments in these countries in the twentieth century were in some way or other connected with, or in opposition to, psychoanalysis. Much of the history of these devel-

opments has only recently become known outside of the countries where they occurred. Even less has been written about psychoanalytic developments in other regions. Yet, in varying degrees, Freud's ideas have also had an impact in Africa, Russia, Korea, Japan, India, China, the Philippines, and elsewhere, including Finland, Norway, the Netherlands, Sweden, Peru, Belgium, Venezuela, Italy, and Greece. Whether or not Freud's theories contain a high degree of truth, they have been intertwined, for better or worse, with much of the theorizing that has occurred around the world in the past one hundred years and more.

In this volume, references to Freud's works are generally to *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, 24 volumes, James Strachey (Translator); London: Hogarth Press, 1953–1974. As Strachey points out in the General Preface to Volume 1 of the *Standard Edition*, there has been some confusion about the spelling of the technical Freudian term "phantasy." Some writers use Strachey's recommended spelling, "phantasy," but others prefer "fantasy." We have used both spellings, depending on the wishes of each author.

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A

Abraham, Karl (1877–1925)

The first German to practice psychoanalysis and the founder of the Berlin Psychoanalytic Society, Karl Abraham was one of the earliest and most loyal of Freud's adherents. Considered by many to be second only to Freud in the history of the psychoanalytic movement, he made a number of original contributions to psychoanalytic thinking.

Family and Early Life

The second of two sons, Karl Abraham was born into an established but not well-to-do Orthodox Jewish family in Bremen, Germany, on May 3, 1877—three days short of twenty-one years after Freud's birth. His father, Nathan Abraham (1842–1915), a teacher of Jewish religion and law, in 1873 opened a wholesale drapery business in order to earn enough to marry (Hartman, 1976). His mother, Ida (née Oppenheimer), and his father were first cousins. According to his daughter, Hilda Abraham, there probably were other intermarriages in the family, and she concluded that Abraham's papers "The Significance of Intermarriage Between Close Relatives" (1909a) and "On Neurotic Exogamy" (1913b) are partly autobiographical.

Abraham showed an early interest in, and talent for, languages. However, when the time came to consider schooling beyond the *Gymnasium*, he was urged to study for a career in dentistry (which did not require university training). Instead, he agreed to study dental medicine, which did require a university degree. In 1895 he entered the University of Würzburg, but after one semester he switched to medical studies, which he pursued in Berlin and Freiburg im Breisgau. In Berlin, Abraham met his future wife, Hedwig Burgner (b. 1878), who shared his interest in languages. They were married January 23, 1906, while Abraham was working in Zurich. They had a daughter, Hilda (1906–1971), who edited and translated her father's works, and was a physician and training psychoanalyst in the British Psychoanalytical Society. A son was born in 1910.

Career

Abraham received his M.D. degree in June 1901. Because of emphysema, he was excused from military service. He took a position under Wilhelm Liepmann at the Berlin municipal mental hospital at Dalldorf, but he did not care for the neuropathological approach used there. He resigned in the spring of 1904, hoping to work at the Burghölzli Mental Hospital in Zurich, under Eugen Bleuler and Carl Jung. On December 8, 1904, Abraham was appointed to a position at Burghölzli, where Jung introduced him to Freud's work. Abraham studied the works of Freud and began corresponding with him in the late spring of 1907. By October 1907, his hope of promotion in Zurich had not been fulfilled, so Abraham moved to Berlin, where he began a practice in psychiatry and psychoanalysis. His first meeting with Freud took place in Vienna in December 1907 (Hartman, 1976). Their psychoanalytic relationship and friendship lasted for eighteen years.

For a number of years, Abraham was the only psychoanalyst in Berlin. He held weekly meetings in his home for those interested in psychoanalysis, like the Wednesday night meetings in Vienna. This Berlin group became the Berlin Psychoanalytic Society in 1910, and was the first group to join the International Psychoanalytic Association (IPA). Following Jung's resignation,

Abraham became the acting president (1914–1918) of the IPA, and he was elected president in 1924 and 1925.

Following the outbreak of World War I, Abraham was drafted and made a surgeon, serving initially near Berlin and then at Allenstein, East Prussia, in 1915. In 1916 he was able to form a military psychiatric unit, which made possible his contributions to the study of war neurosis (Abraham, 1921).

After World War I, Abraham was active in organizing the first psychoanalytic training institute, which opened on February 14, 1920, as the Berlin Polyclinic and was renamed the Berlin Institute in 1924. Max Eitingon was a financial backer and administrator of the new training facility, and Hanns Sachs was the first training analyst (Hartman, 1976).

Although Abraham himself was not analyzed (H. Abraham, 1974), he analyzed a number of eminent psychoanalysts, including Helene Deutsch, Robert Fliess, Edward Glover, Karen Horney, Melanie Klein, Theodor Reik, Sándor Radó, Ella Freeman Sharpe, and Alix Strachey (Falzeder, 1994).

Abraham's Ideas

Abraham was an early, energetic, and enthusiastic adherent of Freud and the evolving theories of psychoanalysis. He had an interest in embryology, neurology, and development, and, like Freud, had written on aphasia. Even after Freud had turned his attention away from the seduction theory of neurosogenesis, Abraham sought to investigate child sexual trauma further. Abraham initially agreed that the roots of hysterical symptoms lay in constitutional factors. He tried to demonstrate that infantile sexual trauma is not so much the cause of hysteria and dementia praecox as a determinant of the form of the disorders and the content of the patient's ideation. Even though Abraham's career revealed his capacity for deep psychological insights, his early emphasis on constitution exemplified the strong biological perspective in his education and training that he shared with Freud (Good, 1995).

In 1907, Abraham published his first psychoanalytic papers, "On the Significance of Sexual Trauma in Childhood for the Symptomatology of Dementia Praecox" and "The Experiencing of Sexual Traumas as a Form of Sexual Activity" (Abraham, 1907a, 1907b). In these two articles, among the very first articles on child sexual molestation, Abraham proposed that sexual abuse was particularly common among neurotic and psychotic patients as a result of what he termed a "traumatophilic diathesis," a tendency to repeat traumatic experiences. This concept anticipated Freud's pivotal concept of the repetition compulsion, a principle Freud did not introduce as such until 1914, in "Remembering, Repeating, and Working-Through" (Freud, 1914), and developed more fully in "Beyond the Pleasure Principle" (Freud, 1920).

Although Abraham was extensively occupied with his psychoanalytic activities in Berlin and with his military service in World War I, he managed to publish over two dozen more articles between 1907 and 1920, none of which addressed the seduction issue more extensively. A partial exception is an unpublished paper, "Incest and Incest Fantasies in Neurotic Families. Case Contributions Concerning Actual Sexual Relations Within Neurotic Families and Symptoms of Illness Based on Incest Fantasies," delivered at Berlin in 1910. It was a timely title on the fantasy-versus-reality issue, but unfortunately the paper apparently was lost (Simon, 1992; Good, 1995).

Abraham's published papers are in his *Selected Papers* (1927a/1979) and *Clinical Papers and Essays on Psycho-Analysis* (1927b/1955). Although he wrote some papers on technique (e.g., "Should Patients Write Down Their Dreams?" [1913a]), he is best known clinically for his writings on pregenital phases of development (especially the oral stage), his early contributions to the topic of manic-depression and other psychoses (e.g., paranoia), and his linking of developmental phases to character formation. He divided the oral stage into sucking and biting phases, the anal stage into destructive-expulsive and mastering-retaining phases, and the phallic period into early and mature stages. He was the first psychoanalyst to study manic-depressive illness.

In his writings, Freud made many references to Abraham's contributions, citing the influence of Abraham on his own ideas on several occasions. Interesting exceptions to Freud's acknowledging Abraham's work include Abraham's 1912 paper on Amenhotep IV, in which some of Freud's conclusions about Moses and monotheism are prefigured (Shengold, 1993, pp. 62–65; Good, 1995), and the influence of Abraham's traumatophilic diathesis on Freud's conception of the repetition compulsion (Good, 1995).

According to his daughter (H. Abraham, 1974), herself a physician and psychoanalyst, Abraham sublimated a good deal through his psychoanalytic writings. For

him the mark of maturity was overcoming ambivalence, thus making reaction formation unnecessary and increasing the capacity for sublimation (Grotjahn, 1966). He was quite inclined to write about theoretical matters undisguisedly derived from his own family experience, for example, his papers on intermarriage (1909a) and on neurotic exogamy (1913b). Similarly, his seemingly repressed opposition to paternal authority in the person of Freud, who apparently resembled Abraham's father (H. Abraham, 1974, p. 20), may have found partial, sublimated expression in his writing on Prometheus in "Dreams and Myths" (1909b) and Amenhotep IV (1912).

Although Abraham was one of Freud's most gifted and favorite pupils, and among the staunchest of his supporters, he was not an idolater. Freud sometimes found Abraham "too Prussian" (Jones, 1955, p. 159; Gay, 1988, p. 461). Abraham disagreed with the master, for example, in supporting the idea of a film on psychoanalysis (Good, 1995). On theoretical matters, however, Abraham apparently did not differ with Freud. Near the end of his life, he remarked that the only differences he had with Freud pertained to judgments of personality (e.g., regarding Abraham's view of the situation between Jung and Freud) (H. Abraham and E. L. Freud, 1965).

Illness and Death

In May 1925, Abraham apparently choked on a fish bone, and it lodged in his lung. It caused a pulmonary abscess, septic bronchopneumonia, and a terminal subphrenic abscess from which he died on December 25, 1925 (H. Abraham and E. L. Freud, 1965, p. 382; Hartman, 1976; Roazen and Swerdloff, 1995). Some believe that he may have had lung cancer (Schur, 1972). Freud was deeply upset at the loss of his devoted friend and colleague (S. Freud, 1926; H. Abraham and E. L. Freud, 1965, pp. 399–400; Jones, 1926). Abraham's mother, wife, and children fled from the Nazis. His brother, Max, and his wife died in Poland in the Holocaust (Hartman, 1976).

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MICHAEL I. GOOD

Abreaction

Abreaction is an emotional release or discharge after recalling a painful experience that had been repressed because it was consciously intolerable. A therapeutic effect sometimes occurs through partial discharge or desensitization of the painful emotions and increased insight (American Psychiatric Association, 1980, p. 1).

This definition reflects Josef Breuer and Freud's (1893–1895) original view of abreaction, developed with regard to Breuer's treatment of Anna O. On this view, the discharge of excess emotional excitation developed during traumatic experiences is the essential ingredient in the treatment of hysteria. However, it has been noted that Breuer's view was actually one of "talking things out" rather than ventilating emotions per se (Brown et al., 1998).

Freud (1892) explained the effect of abreaction by referring to the quasi-neurological principle of constancy, according to which excessive buildup of post-traumatic emotional excitation is discharged and returns the organism to an appropriate emotional balance point. When Freud, in "Beyond the Pleasure Principle" (1920), reconsidered the constancy principle, he argued that affects owe their etiological importance to the concomitant production of large quantities of excitation, which in turn call for discharge. Traumatic experiences become pathogenic when they produce large quantities of excitation beyond a normal coping capacity. Treatment of traumatic memories by abreaction (i.e., the cathartic method) is based upon this more fundamental principle of constancy.

It should be noted that in addition to abreaction, Breuer and Freud originally advocated the principle of therapeutic integration. This was alluded to in Freud's statement: "If we can succeed in bringing such a memory entirely into normal consciousness, it ceases to be capable of producing attacks" (1892, p. 151). However, the final abreactive model, widely used in the treatment of war neuroses during World Wars I and II, regarded the release of pent-up emotions as essential to the resolution of trauma-related symptoms (Brown et al., 1998; Van der Hart and Brown, 1992). In the early 1920s, this approach was the subject of a major professional debate in the *British Journal of Medical Psychology*. The British psychiatrist William Brown advocated emotional discharge, whereas his colleagues Charles Myers and William McDougall, as well as Carl Jung, emphasized "reintegration" of traumatic memories (i.e., a dissociation-integration rather than a repression-abreaction model of treatment). McDougall remarked that the emphasis on emotional expression had, in many cases, resulted in an increase, rather than relief, of symptoms.

In recent years, the consensus among experts treating traumatized patients is reflected in phase-oriented therapeutic approaches. Treatment consists of (1) emotional (or psychological) stabilization and symptom reduction, (2) assimilation of traumatic memories, and (3) personality reintegration and rehabilitation. The emphasis is on integration of emotional, cognitive, and sensory aspects of traumatic memories, not on emotional discharge per se. Thus, the majority no longer rely on the concept of abreaction. Nevertheless, a minority still uses the concept (e.g., when referring to "spontaneous abreactions" as flashback experiences, or "controlled or planned abreactions" as controlled therapeutic reactivation aimed at mastery and integration). By way of contrast, during the second treatment phase, the majority aim for integration rather than an emotional release of traumatic material into personal consciousness (Brown et al., 1997).

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ONNO VAN DER HART

Abstinence, Rule of

Freud first mentioned the rule of abstinence in his technique paper "Observations on Transference Love" (1915). He noted that the phenomenon of the woman patient falling in love with her doctor occurs without fail, and urged that the analyst recognize that this phenomenon is induced by the analytic situation, and must not be attributed to his personal charms. The patient's love is an expression of resistance and has to be analyzed.

Posing the question "But how is the analyst to behave in order not to come to grief over this situation?," Freud replied that the treatment must be carried out in abstinence (1915, p. 165). Correct analytic technique requires that the doctor both deny satisfaction of the patient's cravings and at the same time allow them to persist so as to bring into consciousness what has been deeply hidden in the patient's erotic life. Only then may she know, and bring under her control, the infantile roots of her love and the fantasies wound around it.

Freud noted that the analytic approach to transference love has no model in real life. The patient in love with her doctor lacks regard for reality, and has little concern about the untoward consequences either for her or for the object of her love; the responsibility for abstaining from gratification lies solely with the analyst. It is in part from his example that the patient learns to "give up a satisfaction which lies at hand" (1915, p. 170), in favor of a future satisfaction in her love life outside of the analytic situation. Freud did not address the issue of transference love between the male patient and the female analyst.

In this same paper (1915), Freud wrote that the fundamental principle of the treatment being carried out in abstinence extends far beyond the case of transference love. He elucidated this statement in his Budapest Congress paper (1919), in which he related the principle of abstinence to his theory of pathogenesis and cure. He reminded the reader that it was a frustration of instinctual wishes that made the patient ill, and that neurotic symptoms serve as substitutive satisfactions. The treatment is in danger of achieving only insignificant or temporary changes if the patient's suffering ends prematurely with symptom relief, thus removing motivation for deeper analytic work. The analyst is charged with the task of first detecting these new substitutive satisfactions, whatever diverse forms they may take, and then requiring the patient to relinquish them. Freud gave as an example the patient's premature attachment to a marriage partner resulting in an unhappy marriage, which will then serve to gratify the unconscious need for punishment for the imagined transgressions of infantile libidinal life.

In particular the patient will seek substitutive gratifications in the transference relationship with the analyst. Freud acknowledged that it is necessary at times, depending upon the patient, to make some concessions, but he warned against the error of giving too much. He cited the example of nonanalytic institutions which go out of their way to make everything pleasant for the patient, but in doing so fail in the task of increasing the capacities to deal with the exigencies of everyday life. Again the path the analyst must take, in the interests of helping the patient, is to abstain from "all such spoiling." Indeed, the patient "must be left with unfulfilled wishes in abundance" (1919, p. 164), so that the energy required to conduct a more thorough analytic treatment is not dissipated.

It should be noted that Freud's written words on the subject of abstinence do not coincide with what he did in his clinical practice. Contemporary analysts tend to agree that wishes that are derivatives of the libidinal and aggressive drives should not be gratified. Gratification of other motivational factors, however, such as the need for object relatedness, is not only permitted but regarded as essential to the therapeutic process.

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JENNIFER BONOVITZ

Acting Out

The concept of acting out has undergone considerable revision since it was first formulated by Freud (1914). Acting out was originally conceived of as the patient not remembering what had been repressed but "reproducing" the memory by acting it out; acting out was thus equated with transference behavior, which was also a repetition. The greater the resistance, the more extensively acting out would replace remembering.

Gradually the concept was expanded to encompass a wide variety of behaviors, with a subtle shift in emphasis being placed on unconscious conflicts and hidden messages contained in the behaviors, as well as their communicative aspects. By virtue of keeping these communicative functions clearly in mind, the specific characteristics of actions associated with acting out could be determined with greater discrimination (Robertiello, 1965; Rexford, 1966).

Widening the concept of acting out, however, created confusion as to how it should be defined, and consequently how manifestations of acting out could be understood and responded to therapeutically (A. Freud, 1971; Rangell, 1968; Boesky, 1982). The underlying psychic structure of any given behavior had to be identified as clearly as possible, for there were differing implications as to how therapeutic influence could be effective.

When acting out is functioning as a defense against recalling painful memories, as is often the case in the neurotically structured personality, the therapeutic task involves the use of interpretive interventions to call attention to and to elicit what has remained repressed. When acting out is primarily a way of communicating psychic contents having no other avenue of expression, as is often the case in a narcissistically structured personality where infantile trauma is a major factor in the pathology, the initial focus is on translating the unconscious communication embedded in the particular behavior. Afterward, whatever is required to enhance symbolization and verbalization can be offered. When acting out is a reflection of a developmental deficit, arrest, or gap in psychic functioning, usually created by early preverbal traumas, an opportunity must be presented for achieving new solutions to impossible infantile dilemmas accompanied by reconstructions of the original events. This may include modifications in the conditions of the treatment until interpretive interventions can be reestablished as the primary therapeutic instrument (Mendelsohn, 1991).

In addition, acting out may be instigated by, and mirror, a therapist's pathological attributes or lapses in empathy. In this case, it can be received as necessary information, aiding the therapist in the process of self-examination when exploring the source of any obstacle to therapeutic progress. The identification of a countertransference-based barrier is the first step toward alleviating the problem, leading to its correction and an interpretation of its specific effects. Similarly, acting out may be a response to a therapist's colluding with a patient's pathological defenses, carrying with it the potential for unearthing just how this misalliance has taken place. A disruptive experience can then be turned to therapeutic advantage.

The increasing realization that preverbal experiences are in fact capable of being revived through the vehicle of transference has opened the door to recognizing their manifestations, primarily in behavior (Loewald, 1970). Along with this development, controversy has emerged as to whether interventions can reverse the harmful impact of these previously inarticulatable mental impressions (A. Freud, 1971). This controversy about whether the disturbances are reversible, or reflect the bedrock beyond which no therapeutic influence can be brought, is ongoing (Freedman, 1981).

There is also uncertainty as to how much and in what ways the treatment must be modified. Some clinicians advocate a rigorous handling of the transference in a secure treatment framework, believing that the pressure exerted to alter these conditions must be interpreted (Loewald, 1960; Bott-Spillius, 1983). They believe it possible to analyze these early conflicts without resorting to active therapy or controlled regression. Others consider these early conflicts to be analyzable only by changing the technique, using concrete experiences of involvement to replace interpretations as the primary therapeutic instrument (Winnicott, 1963; Balint, 1968; Gedo, 1984). These clinicians believe that serious failures in early development demand technical changes because only concrete experiences can alleviate them. Interpretations, being symbolic acts, can never reach what has not been symbolized.

Both approaches appear to have validity, since a firm therapeutic framework is essential for any treatment and the conditions must be flexible enough not to limit the range of regressive experiences that can be expressed. However, an exclusively interpretive mode of communication assumes that all regressive reenactments are

capable of being represented, and that words can be utilized constructively (Kinston and Coen, 1986).

Thus, when preverbal traumas are embedded in unconscious wishes, any modification would serve only to strengthen repressive forces, and work in opposition to their integration. Furthermore, if psychic contents are transformed into actions to avoid remembering, to gain the therapist's participation in living out an unconscious fantasy, or to reinforce a pathological defense, containing influences of a well-managed treatment framework are required if the meaning of the behavior is to be understood well enough to offer appropriate interpretations. Yet the therapeutic relationship must also have room for creative, noninterpretive interventions when they are called for. In most instances, these would involve preverbal experiences requiring unique conditions in order to be reenacted.

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A

Actual Neurosis

See NEURASTHENIA; NEUROSES.

Adler, Alfred (1870–1937)

Alfred Adler was renowned for his individual psychology, a socially oriented theory of personality development and a system of psychotherapy in which a person strove to overcome a sense of inferiority. He became a frequent public speaker and prolific writer for the general public.

Understanding of the significance of Adler to psychoanalysis and his unacknowledged significant influence on the development of psychoanalytic theory comes through close examination of his interactions with Freud, fourteen years his senior. Freud invited him to join the Vienna Psychoanalytic Society in 1902; Adler separated from him in 1911.

In "On The History of the Psychoanalytic Movement" (1914), in the midst of a devastating polemic against Adler's and Carl Jung's attempts to diminish the centrality of infantile sexuality, Freud states: "Adler's investigation brought us something new to psychoanalysis—a contribution to the psychology of the ego—and then expected us to pay too high a price for this gift . . . so in the same way Jung and his followers paved the way for their fight against psychoanalysis by presenting it with a new acquisition. They traced in detail (as Pfister did before them) the way in which material of sexual ideas belonging to the family-complex and incestuous object-choice is made use of in representing highest ethical and religious interests of man" (1914, p. 61).

Adler essentially focused on the impact of external factors on the individual, and Jung, on a monistic, nonsexual libido. In his attempts to confront and rebut their challenges, Freud incorporated some of their ideas into his intrapsychic tripartite model. Greenberg and Mitchell state that Freud's responses to Adler's and Jung's dissents led to major revisions which advanced the original psychoanalytic model generating "a richer, more textured view of the nature of human experience" (1983, pp. 51–52). This textured richness contrasted with Adler's and Jung's theories, which would have led

to a premature closure of understanding (Andreas-Salomé, 1964).

The debate between Freud and Adler and Jung has been repeated in various incarnations throughout the last eight decades of the twentieth century. A recent version of the debate involves so-called modern conflict theorists and relational analysts. In the current debate, the relational theorists, like Adler, relegate the role of infantile sexuality to a subsidiary position, and consider interactions with the external objects to be the primary motivators for mental development. For example, Greenberg and Mitchell, in discussing what they consider to be a new psychoanalytic paradigm, describe a strategy in which "relations with others constitute the fundamental building blocks of mental life. The creation, or re-creation, of specific modes of relatedness with others replaces drive discharge as the force motivating human behavior" (1983, p. 3).

Adler's earliest theoretical ideas are dramatically similar to subsequent theories which stress the primacy of interpersonal relationships, to the exclusion of sexual and aggressive drives, in human development. In 1924, Adler stated: "Individual Psychology has brought evidence to show that the line of movement of human striving originates in the blending of social interest with the striving for personal superiority. Both basic factors appear to be social formulations: the first [social interest], is innate and strengthens human society; the second, the product of education, is an obvious general temptation which constantly endeavors to exploit society for one own's prestige" (Ansbacher and Ansbacher, 1956, pp. 144–145).

Although Adler is an acknowledged forerunner of relational theoreticians, the centrality of his contribution does not seem to have been sufficiently appreciated. Some have observed that Karen Horney, Erich Fromm, Harry Stack Sullivan, Clara Thompson, and other so-called neo-Freudians should have been called neo-Adlerians because they were indebted to Adler "for his keen awareness of the reality of the influence of the total environment upon personality" (Ansbacher and Ansbacher, 1956, p. 17). In 1933, Adler himself complained that "today everyone speaks of community and social interest. We are not the very first, but we are the first to have strongly emphasized the basic nature of social interest" (Ansbacher and Ansbacher, 1956, p. 140).

Freud was both critical and admiring of Adler: "I do not consider these Adlerian doctrines insignificant and would like to predict that they will make a great impression, at first damaging psychoanalysis very much. The great impression has two sources: (1) it is obvious that a remarkable intellect with a great talent for writing is working on these matters, (2) the whole doctrine . . . instead of [dealing with] the psychology of the unconscious it concerns surface phenomena, that is, ego psychology. Finally, it deals with general psychology rather than the psychology of libido—sexuality. . . . It is ego psychology deepened by knowledge of the psychology of the unconscious. Therein lies the strength and weakness of Adler's presentation" (Nunberg and Federn, 1974, p. 147; Ansbacher and Ansbacher, 1956, pp. 70–71).

Reading these words almost a century later, one realizes that Freud and other psychoanalysts eventually did subsume many of Adler's ideas within a more comprehensive psychoanalytic theory. These concepts included aggression, repression as just one of many defenses, transformations of drives, elimination of the concept of ego drives, and the importance of the reality principle. Thus, it is no wonder that Ansbacher and Ansbacher state that "Adler was the adversary whom Freud heeded most" (1956, p. xvi).

In the case of Little Hans, for example, Freud (1909, pp. 140–141) spelled out his ambivalent disagreement with Adler's idea of an aggressive instinct. On the one hand, he maintained that Little Hans's analysis confirmed Adler's hypothesis that a patient's anxiety was caused by the repression of aggressive propensities. On the other hand, he decried the idea of such an instinct, preferring to conceptualize a pressing character for all instincts (i.e., their capacity for initiating movement). When Freud acknowledged the need for an aggressive instinct in psychoanalytic theory, he differentiated his instinct from Adler's by calling it the destructive or death instinct (1909, p. 140, note). In *Inhibitions, Symptoms, and Anxiety*, Freud (1926, p. 102) eventually did come to stress the role of defense against aggression in the development of Hans's phobia. Furthermore, the 1911 discussions at the Vienna Psychoanalytic Society demonstrate that Adler's challenge was likely a proximate cause for the change from the first to the second anxiety theory and to the development of the structural theory. For example, Freud stated that "the core of a neurosis is the anxiety of the ego confronted by libido, and Adler's expositions have merely strengthened this view" (Nunberg and Federn, 1974, p. 149; Ansbacher and Ansbacher, 1956, p. 71).

For Freud, the importance of libido was the major point of divergence. Adler moved the sexual drive to a subsidiary position, maintaining in 1908, for example, that the aggressive drive was the primary drive (Ansbacher and Ansbacher, 1956, pp. 34ff.), and in 1911 that "the libido cannot in any way be regarded uniformly as the driving factor" (Nunberg and Federn, 1974, pp. 102 ff.). A major thrust of Freud's work included attempts to integrate Adler's ideas about the role of the environment within a theoretical frame that continued to acknowledge the importance of drives.

Adler's direct, unacknowledged influence can be seen in Freud's work leading to the development of the reality principle and the concept of narcissism. In "Formulations on the Two Principles of Mental Functioning" (1911), the conception of the reality and pleasure principles allowed Freud to theoretically include the impact of the object (i.e., of the external world, which Adler stressed) on the mental life of the individual as well as the relationship between instincts and objects. In the 1915 revisions to the *Three Essays* (1905, pp. 125–245), Freud introduced many notions concerning objects and their connection to instincts, including, for the first time, the significance of the oral phase and the idea of incorporation (p. 198), an antecedent to identification. The extension of the theory to include narcissism allowed him to conceptualize that the ego, like an external love object, can be cathected with libido (Laplanche, 1976, p. 73). In other words, the concept of narcissism was intimately intertwined with the concept of objects, that is, narcissism was connected both to drive issues and to object relations issues (Freud, 1914, p. 76). The importance of the real world to the development of the individual is Adler's legacy to psychoanalysis.

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LEON HOFFMAN

A

Aesthetics, and Psychoanalysis

The traditional approach of psychoanalysis to aesthetics has been to discover the hidden, unconscious meaning behind the surface appearances of art, and to translate this hidden meaning into words. The same unconscious motivations were found embedded in psychological symptoms, dreams, mythology, literature, and visual art. However, what is artistic about nonverbal art is precisely what gets lost in translation into cognitive verbal content. How, then, can justice be done to what is uniquely creative about art, namely, that it restores fullness to the bleached-out experience of everyday life by invigorating thought and perception with the coloration of feeling? The answer is, by focusing on form rather than content.

The "meaning" of a picture is like the meaning of a poem: it lies less in the content of the ideas that can be extracted and served up than in the form in which physical sounds and irregular accents of words play across the regular beat of the meter. Nonverbal art deals with the transmutation of external arrangements of color, line, tone, and rhythm into internal emotional meanings.

Accordingly, a new approach to psychoanalytic aesthetics (Rose, 1980, 1987, 1996) shifts the primary focus from content to form, and from motivation to reality and perception. It views art as evolving within a more or less fluid reality where perception is engaged in the constant task of mixing and sorting the intermingling currents of objective knowledge and subjective imagination.

Classical descriptions by aestheticians commonly point out certain characteristics of the mounting feeling associated with the aesthetic experience: they note the coexistence of feelings of hyperacuity and tranquillity, simultaneous force and calm, vitality and ease, energy and repose. This boils down to a common dynamic in the structure of art and the emotional response to it: tension and release.

From the side of art, a visual artist, like a musical composer, knows how to enhance the expressive qualities inherent in ordinary perception, expressing it more energetically and clearly in order to highlight the dramatics of everyday experience. The core dynamic has to do with patterns of tension and release (e.g., in art, oblique lines, or rectangular or oval shapes, are more tension-producing; horizontal or vertical lines, or square or spherical shapes, are more stable and tension-releasing).

From the side of the viewer of art, a sensitivity and responsiveness to patterns of tension and release is the most elementary attribute of perception. This capacity for having an immediate emotional gut reaction—sensitivity to expressiveness—is rooted in a biological necessity: an organism must make an on-the-spot appraisal of the outside world's perceived hostility or friendliness in order to know whether to advance, withdraw, or wait and see. Affective perception is the first and most basic response to the dynamic aspects of reality, that is, its perceived qualities of tension and release, and the interpretation placed on these qualities in the light of knowledge and imagination.

What constitutes the emotional response to art? The congruence between the virtual tension and release that have been built into the aesthetic structure, on the one hand, and each observer's resonating response, on the other, with actual tension and release in the core dynamic of his or her personal feelings (this is not to be confused with any "communication" by the artist of his or her own feelings).

Susan Langer points out that art offers an objective image of the subjective experience of human feelings. "The establishment and organization of tensions is the basic technique in projecting the image of feeling, the artist's idea, in any medium. . . . [It leads to] an isomorphy of actual organic tensions and . . . virtual created tensions . . ." (Langer, 1967, p. 164).

The near-perfect fit between the attunement of art to one's own feelings and one's responsive resonance to aesthetic forms leads to an interplay between self and other, between the internal and the external. In this regard, several considerations are notable.

First, the correspondence between objective aesthetic forms and internal feelings is so close that it allows the viewer of art to create a preconscious illusion that art provides a responsive, witnessing presence. As in any intimate encounter (treatment, for example), the viewer is licensed to feel more consciously what was always latent but unformed and inexpressible.

Second, such implicit "permission" amplifies emotional responses. They range from the present back to the remote past. Among the most significant of the latter is the experience of affective signaling that takes place between parent and infant. Ideally, this is geared toward the buildup and resolution of tension in a finely tuned dance of the mother's attunement and the infant's responsiveness. This promotes a graded differentiation of feelings in the very beginnings of a sense of self.

Third, since art, too, provides a reliably balanced tension and release, this allows affects to build up with intensity and offers the opportunity for further differentiation. In this way, art continues a biological function of early mothering: it elaborates transformations of affect, on higher, abstract levels, of the same resonating emotional responsiveness that existed in the beginning.

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GILBERT ROSE

Affect

As understood in psychoanalysis, "affect" expresses a metapsychological concept used to describe the topographical, economic, and dynamic organization of processes in psychic functioning. This technical use of the term should be contrasted with its use in nonpsychoanalytic psychology, where it is often used synonymously with "feeling," "emotion," or "mood." In psychoanalysis, the term denotes the same items, but it also refers to the dynamic processes—conscious, preconscious, and unconscious—that cause conscious feelings or the defensive processes that suppress their emergence.

Psychoanalysis and Freud's theory of affect are almost synonymous. Josef Breuer's momentous discovery that a hysterical symptom "immediately and perma-

nently disappeared" when the patient described in detail the memory of the original disturbing event and its affect (Breuer and Freud, 1893-1895) offered the first clinical observation of a cure effected by verbalization of a painful past experience. Freud found such a clinical event to be "of so fundamental a nature" (1925, p. 21) that he repeated Breuer's investigations with his own patients and "worked at nothing else" (1925, p. 21), thus creating, through successive revisions, psychoanalytic technique and a complex metapsychology to give it theoretical foundations.

Freud's efforts led him to develop psychoanalytic concepts aimed at understanding the dynamic participation of affect in the psychoanalytic cure. The concepts of repression, drive, defenses, representation (idea), and pleasure-seeking were first developed to explain the vicissitudes of memories, representations, and affect in neurosis. Later, the formulation of the two principles of mental functioning (Freud, 1911); the pleasure principle and the reality principle, the examination of the vicissitudes of pleasure in psychic conflict (Freud, 1920); the structural theory of the tripartite mental apparatus (Freud, 1923); and the description of the signal function of affect (Freud, 1926) added dynamic complexity to the understanding of the emergence of affect as conscious subjective feelings, as well as the psychic price paid for the continuous suppression of affect.

On Freud's theory, feelings result from complex intrapsychic elaborations of memories, representations, fantasies, and wishes. What one feels, can be partially expressed to another, but its intrapsychic and interpersonal meaning can be determined only by a detailed analysis of its component elements. A concrete experienced feeling finds its origin in broad dynamic affective sources that condition its conscious emergence.

Feelings (affects) can be categorized as "pleasurable" or "unpleasurable." At a given moment, a somatic *source* acquires a *psychic representation* in the form of a *drive* which moves the psyche in the direction of seeking pleasurable *satisfaction* of its *aim* in an object capable of offering it. If satisfaction is achieved, a feeling of pleasure is experienced, and the psyche registers the particular experience of satisfaction as a *mnemic image* "which remains associated thenceforward with the memory trace of the excitation produced by the need" (Freud, 1900, pp. 565). The next time a need arises, the psyche "will seek to re-cathect the mnemic image of the perception . . . to re-establish the situation of the original satisfaction. . . . The aim of this first psychical activity was to produce a 'perceptual identity'—a repetition of the perception which was linked with the satisfaction of need" (Freud, 1900, p. 566). The converse is true for the avoidance of the experience of unpleasure. To avoid unpleasure, every defensive measure must be undertaken to stop it at its inception.

The affective process begins in some somatic excitation composed of a representation of it and a quota of affect. They generally appear together as a psychic representative of the drive, but they need not be bound together. If they function together and reach their aim in an adequate object, the quota of affect is discharged and affect (feeling) is experienced. This is the optimal situation. If there is a threat of oncoming unpleasure, the psyche must defend against it. The ego's signal anxiety (affect) prompts it to stop the process of discharge to avoid massive anxiety or unpleasure. The ego does this by employing ego defenses. The two components of the drive representative are treated differently by the defenses (Freud, 1915).

Once the drive acquires psychic representation, the quota of affect present in it must either be repressed at once or find its proper processing and discharge. At this point, however, the components of the drive representative may split apart. The defenses may block awareness of the representation, which, however, remains active in the unconscious as a memory trace. The quota of affect, in this situation, may be discharged and experienced as diffuse anxiety (exchange of original affect by anxiety). If not, it may follow several vicissitudes. It may find a substitute idea (representation) for displacement that is connected to the previous one by associations; the affect is then linked to a phobic object, and phobia is the result. Or, by condensation of representations, it may attach itself to a bodily part while no feelings are experienced (transformation of affect), resulting in hysteria. Or it may find a substitute by displacement in other representations while, by a transformation of the ego, the affect shows reaction formation; this maneuver does not succeed in suppressing the tendency of the original drive representative to find its proper discharge of affect; but rather, it results in obsessional neurosis.

Freud's model of affect emergence describes the great complexity of affective processes and the continuous efforts of the psyche to seek satisfaction through dynamic reorganization of its drive representatives. The model has two pillars. The first is that psychic economic

processes of activation and stimulation must find pleasurable feelings in their proper discharge. The second is the persistence of memory traces of past experiences that are easily and continuously linked to past moments of pleasure or unpleasure. The dynamic organization of character structure in each individual is, in psychoanalytic terms, the structural recording of the psychic response to past moments of drive excitation and of having, or failing to have, obtained satisfaction of its aims in adequate drive objects in the human objects that are normally able to offer fulfillment.

This description of Freud's conception of affect brings to focus present-day infant observation research on the role of affect in development. These research efforts, in combination with those of object relations theorists, have moved the focus of the Freudian theory of affect from its economic center toward the great significance of the human object. Most analysts of various convictions converge today on this point. Nevertheless, the dynamic organization of affect should not be neglected by this change of focus. As valuable and illuminating as the investigations of the role of affect in development are, the results need to be translated, if possible, into the dynamic language of the intrapsychic organization of affect and representation (memory traces) if we are to understand the subjective registration of externally well documented events.

Many psychoanalytic theories about affect have emerged, but in the end, when it comes to the technical analysis of the emergence of affect in the clinical situation, they still need Freud's understanding of its dynamic organization. Intersubjective or interpersonal conceptualization of affective experience cannot bypass the subjects' need to process consciously perceived or preconscious communication through the dynamic organization of their own minds.

Finally, psychoanalysis cannot produce a comprehensive theory of affect. The neurological, chemical (neurotransmitters), and hormonal determinants of affect exceed the scientific scope of analytic theory. The unique and exclusive contribution of psychoanalysis to the understanding of affect is its ability to trace the intrapsychic determinants of the emergence of feelings.

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ANA-MARÍA RIZZUTO

Africa, and Psychoanalysis

Psychoanalysis has not yet taken root in Africa, except in South Africa, some North African countries, and Senegal.

During Africa's so-called colonial period, roughly 1900–1975, psychoanalysis did not have much impact, but traces of it can be found in the work of such people as René Laforgue and Octave Mannoni. Laforgue, a French psychoanalyst who settled in Morocco at the beginning of the 1950s, elaborated, using psychoanalytic terminology, on the allegedly inferior mental status of Arabic people (Bennani, 1997). Mannoni was a secondary school teacher in Madagascar from 1925 to 1945. In 1950 he published, *Prospero et Caliban: Psychologie de la Colonization* (Mannoni, 1985), in which he uses psychoanalytic concepts in analyzing the relationship between the colonist and the colonized. In *Peau Noir, Masques Blancs* (Fanon, 1952), Frantz Fanon, the most important theoretical figure of the African anticolonial liberation struggle, criticizes what he takes to be the racism of Mannoni's book.

In contrast to North and South America, the fertilization of psychoanalysis on the African continent was hindered by colonial immigration policies. Psychoanalysts who fled Fascism and National Socialism in Europe could not enter African countries due to the restrictive refugee and asylum policies of the colonial powers. An exception was South Africa, the only African country to accept a number of German-speaking (mostly Jewish) immigrants (Wojak, 1998, p. 402).

A

Some of the roots of psychoanalysis in South Africa were planted before World War II. In the 1930s, the president of the International Psychoanalytic Association (IPA), Ernest Jones, developed a plan to found a psychoanalytic group in South Africa with the Viennese psychoanalyst Richard Sterba as its director (Fenichel, 1998, p. 1846; Sterba, 1982, pp. 166f.). In seeking to help establish this group, the French psychoanalyst Marie Bonaparte, who was a family friend of Freud's, spent the period from 1941 to 1944 in South Africa (Bertin, 1982).

Fritz Perls, the founder of Gestalt therapy, trained as a psychoanalyst in Berlin and Vienna before emigrating to South Africa, and lived there from 1933 to 1946. Erich Heilbrun, a member of the Viennese Psychoanalytic Society after World War II, also emigrated from Berlin to South Africa. The Dutch psychoanalyst Johann H. W. van Ophuijsen worked in South Africa in 1935 before settling in the United States (Fenichel, 1998, p. 258). In 1933 the Berlin-based psychoanalyst Erich Simenauer (1961/1962) migrated via Cyprus to Tanganyika (today Tanzania), where he practiced as a physician and undertook psychoanalytic studies from 1941 to 1957. He then returned to Berlin.

Wulf Sachs, the pioneer of psychoanalysis in South Africa, moved to Johannesburg in 1922. In 1929, he began his psychoanalytic training with Theodor Reik in Berlin, and in 1934 became a member of the British Psychoanalytic Society. In 1935, the South African group became affiliated with the London Psychoanalytic Society, and in 1949 Sachs founded the first South African Psychoanalytic Society (Gillespie, 1992). His pioneering work is documented in his book *Black Hamlet: The Mind of an African Negro Revealed by Psychoanalysis*, first published in 1937 (Sachs 1947, 1996). The book is a biography of his client, a black Zimbabwean traditional healer named John Chavafambira, and is the first known report of psychoanalysis conducted with an African. In writing it, Sachs was going against prejudices and taboos characteristic of Christian European ethnocentrism and racism. Part of this racism held that blacks and "savages" (as well as children, women, and the mentally ill) were only animals, and did not have a soul. This ideology informed European colonial expansion as well as the slave trade. To credit a black African with an internal world was to go against the creeds not just of explicit racism but also of medical science (Rose, 1998, p. 334). Thus the contribution by Sachs is, in this context, significant. The psychoanalytic group he founded disbanded shortly after his death in 1949. The installation of the apartheid system in South Africa prevented the further institutionalization of psychoanalysis until the Psychoanalytic Study Group was founded in 1979.

In the period of decolonization, the example of Senegal shows how psychoanalytic thinking became an integral part of modern social psychiatry in collaboration with traditional healers. A pioneer of this approach, the French psychiatrist Henri Collomb, who also trained in psychoanalysis, established and directed a psychiatric center in Dakar-Fann and founded the journal *Psychopathologie Africaine* in 1965 (Martino, 1989). The Dakar-Fann clinic became a center for psychoanalytic studies such as the work of Marie-Cécile and Edmond Ortigues, *Oedipe Africain*, based on their psychoanalytic experiences there from 1962 to 1966 (Ortigues and Ortigues, 1966). The Swiss psychoanalyst Lise Tripet (1990) has also reported from Senegal on the only psychoanalytic treatments of African patients known to have occurred anywhere on the continent.

The anthropologist Vincent Crapanzano conducted two ethnopsychoanalytic field studies in Morocco in which he combined theory and research methodology with psychoanalysis. In his book *Waiting: The Whites of South Africa* (1985), he emphasized the importance of the dialogical nature of the relationship between the researcher and the subject of the study. In this view, such a relationship would lead—as part of the research process—to a better understanding of the phenomena under study.

There was also an initiative by the retired American psychoanalyst Marie Nelson to establish psychoanalysis in Nairobi, Kenya, at the end of the 1980s. Some Kenyan professionals were trained in affiliation with the Philadelphia Psychoanalytic Institute, but progress came to a standstill when she left the country (Nelson, 1987).

In the area of developmental psychology, a number of researchers have undertaken studies from a psychoanalytic perspective. For example, M. D. S. Ainsworth (1967) wrote on attachment theories in Uganda, and R. A. LeVine (1992) wrote on the self in African culture. However, investigations of this kind are well covered in the journal *American Imago*, in an issue of volume 55 (1998) devoted exclusively to southern African topics presented from a psychoanalytic perspective.

If we reverse the question and ask what important traces Africa has left on psychoanalysis (besides the

metaphoric usage of the term "dark continent" by Sigmund Freud), we will basically find an answer in the development of ethnopsychoanalysis. This subject can be seen as the most important application and development of German-speaking psychoanalysis after World War II. The pioneering achievements of the Swiss psychoanalysts Paul Parin, Goldy Parin-Matthèy, and Fritz Morgenthaler lay in their first application of the psychoanalytic technique as a research tool for the investigation of people belonging to two different traditional West African societies. By conducting ethnopsychoanalytic studies among the Dogon of Mali and the Agni of the Ivory Coast in the 1950s and 1960s, they were able to prove that psychoanalysis was practically and theoretically useful for studying and understanding the unconscious dynamics of people who had grown up and lived in non-European societal formations.

The ethnopsychoanalytic observations and studies made between 1954 and 1971 in West Africa led to insights into hitherto unrecognized and very revealing relationships between social institutions and unconscious processes. One major finding was that the primary influences at work on the individual are societal, with biological determinants being only secondary. Further ethnopsychoanalytic findings were: (1) normality is dependent on culture; (2) every defense mechanism (including the pathological) is most likely ego-syntonic; (3) not only early childhood experiences but also, to a large extent, adolescence and society strongly determine the personality and behavior of the adult; (4) the analyst's own role expectations and projections have to be taken into account so that transference can optimally unfold and develop in analysis; and (5) sufficient emotional openness develops only if the analyst observes the above factors (Reichmayr, 1995).

In the late 1990s, there were several indicators pointing to the future relevance of psychoanalysis in Africa. A number of clinical psychologists and psychiatrists who trained in Europe or North America and had been practicing psychotherapy in Africa for years adopted psychoanalysis in theory and practice. Some were teaching psychoanalysis at academic institutions, and at the same time were familiar with those African realities of psychotherapy in which traditional forms of psychotherapy are dominant.

Rapid societal change and urbanization in African societies seem to create the need for Western forms of psychotherapy, including psychoanalysis (Peltzer, 1995, 1998). The activities of psychotherapy societies such as those in Nigeria (Ebigbo et al., 1995) and the African chapter of the World Council for Psychotherapy play a major role by exchanging and promoting experiences with traditional healers at conferences (Madu et al., 1996). Psychoanalysis is recognized and taught in university departments of psychology, clinical psychology, and psychiatry (Peltzer and Ebigbo, 1989).

As can be seen in the example of the refounding of psychoanalytic study groups in South Africa in the late 1970s, African-born psychoanalysts, trained in Europe or North America, have played a major role in the spread of psychoanalysis in Africa (e.g., Joseph Sandler, Sadie Gillespie, Anne Hayman, Malcolm Pines, Max and Wally Joffe, Mark Solms). This has also led to an affiliation between a South African Psychoanalytic Study Group and the British Psychoanalytic Society, with a view to establishing a psychoanalytic training institute and society in South Africa.

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Aggression

In contrast to his libidinal instinct theory, Freud never fully developed his theory of aggression and its developmental vicissitudes. He eventually abandoned his early tentative position that cruelty and destructiveness arose from a mastery instinct which served an adaptive function, and was linked to self-assertion and motor activity. Turning away from clinical observation to biology, he sought to explain aggression as being solely self-destructive and in the service of returning the organism to its original state of nonbeing. From this point on, Freud abandoned his struggle for a clinically informed understanding of the puzzling phenomena of masochism, sadism, and the compulsion to repeat painful experiences. Gripped by the idea that the aim of instinctual life as a whole is to bring about death, for a time he even revised his view of the instincts of self-preservation, self-assertion, and of mastery: "They are component instincts whose function it is is to assure that the organism shall follow its own path to death" (1920, p. 39). Though he later moved from this position to one that subsumed the self-preservation instincts under the sexual instinct, and in opposition to the death instinct, he never returned to a consideration of aggression as other than a destructive force.

Freud first wrote explicitly about aggression in *Three Essays on the Theory of Sexuality,* in the context of what he then termed the most common and significant of all the perversions—sadism and masochism (Parens, 1979, p. 44). In it he notes that the roots of sadism are easily found in normals, in that "the sexuality of most male human beings contains an element of aggressiveness—a desire to subjugate; the biological significance of it seems to lie in the need for overcoming the resistance of the sexual object by means other than the process of wooing. Thus sadism would correspond to an aggressive component of the sexual instinct which has become independent and exaggerated and, by displacement, has usurped the leading position" (1905, pp. 157–158) In a footnote later in the same work (p. 168), he again alludes to a separate instinct which is not sexual and which has its source in motor impulses.

In these early writings, Freud makes a connection between aggression and activity. He refers to an instinct for mastery and sees this as manifested in the activity of the somatic musculature. His reluctance to revise his first dual instinct theory is apparent in his disagreement with Alfred Adler in 1909: "I cannot bring myself to assume the existence of a special aggressive instinct alongside of the familiar instincts of self-preservation and sex, and on an equal footing to them" (1909, p. 140). He goes on to suggest that aggression is not a separate instinct but a universal and indispensable attribute of all instincts which accounts for their capacity to initiate movement. In a footnote to this work added in 1923, Freud admits that he had to acknowledge the existence of a separate aggressive instinct, but notes that it differs from Adler's concept of aggression as self-assertion. Freud called this aggressive instinct "the destructive or death instinct" (1909, p. 140).

Freud's views are explicated with greater assurance in *Civilization and Its Discontents.* He states unequivocally that "This aggressive instinct is the derivative and the main representative of the death instinct which we have found alongside of Eros and which shares world-dominion with it" (1930, p. 122).

Henceforth, Freud used the expressions "death instinct" and "destructive aggression" interchangeably.

In *The Ego and the Id* (1923), he posits that the death instinct expresses itself, at least in part, through the muscular apparatus as an instinct of destruction. Again in the *New Introductory Lectures on Psycho-Analysis* (1933), he offers his hypothesis that there are two different instincts—the sexual, which he calls "Eros," and the aggressive, whose aim is destruction. He returns to an examination of masochism and sadism, suggesting that the former is an expression of the destructive instinct and that sadism is the destructive instinct directed outward, "thus acquiring the characteristic of aggressiveness" (1933, p. 105).

Freud maintained his view of aggression as a manifestation of the death instinct even though, as he himself noted, it found little support at the time in psychoanalytic circles.

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Aim See DRIVE THEORY.

Ambivalence

The term "ambivalence" connotes opposite feeling states toward a person or a thing. When mixed feelings of both love and hate exist, side by side, one experiences ambivalence. The use of the term in psychoanalytic writings, however, has undergone a refinement: a preambivalent state is distinguished from an ambivalent one. In a preambivalent state, there is alternation between a feeling and its opposite (i.e., a splitting apart of the two feelings); in an ambivalent state, there is a capacity to hold the opposite feelings simultaneously, in an integrated way.

Freud (1905, p. 199) acknowledged that he borrowed the "happily chosen" term "ambivalence" from Eugen Bleuler (1950), but his usage varied, and did not always correspond to Bleuler's. In *Three Essays on the Theory of Sexuality*, Freud uses the concept to refer to a form of sexual organization characterized by opposing pairs of instincts (1905, p. 199). In "Instincts and Their Vicissitudes," he characterizes the presence of an instinct and its passive opposite as "ambivalence."

In a 1912 paper, however, Freud speaks not of opposing instincts as ambivalence but of an "ambivalence of feeling." He points out that " . . . it [the negative transference] is found side by side with the affectionate transference, often directed simultaneously towards the same person" (1912, p. 106). In other writings, Freud uses the concept of ambivalence to refer to emotional impulses. In "The Devil as a Father-Substitute," he notes that an individual's relation to his father is ambivalent in that it contains two sets of emotional impulses: those of an affectionate and submissive nature, and hostile and defiant ones. He then applies the same idea to man's relation to God: "It is our view that the same ambivalence governs the relation of mankind to its deity" (1923 [1922], p. 85).

In post-Freudian writings, the term "ambivalence" is used in still other ways. Based on her observations of children in treatment, Melanie Klein (1940) postulated a specific developmental sequence in the infant's attitudes of love and hate. According to Kleinian theory, the infant perceives the world as split between all-good and all-bad experiences. The experience may be of a part of the maternal person, such as an experience of the mother's breast. The representing of the maternal part results in the perception of two separate mothers, one good and one bad. Similarly, the infant initially sees itself separately at times as all-good and and at other times as all-bad. As the child develops, it begins to see the mother as one person who has both good and bad qualities. At that stage, the child views itself as both good and bad. Thus, the child progresses from a split (preambivalent) phase to an integrated (ambivalent) phase.

Kernberg (1975) subsequently applied Klein's findings to adult patients with borderline pathology. He observed splitting being used as a defensive way of dealing with too much aggression. Patients with lower-level pathology tended to split apart positive and negative feelings. There might then exist a rapid alternation between love and hate toward the same person. Higher-level (less sick) patients were observed to be capable of integrating opposing feelings and simultaneously holding such feelings in awareness.

Preambivalence is characterized by splitting good and bad attitudes, or alternating from one to the other, occupying extreme all-or-none positions with the absence of gradations, an intolerance of ambiguity or mixed feelings. As a patient said, "If I felt two ways about something, I wouldn't know what I felt. I wouldn't know what I stood for. I wouldn't know who I was." Such are the characteristics of borderline and psychotic patients.

Ambivalence is characterized by the capacity to hold opposite attitudes concurrently, the ability to experience gradations of intensity of emotions, and the capacity to tolerate ambiguity. Ambivalence is a sign of a more healthy personality organization.

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CLARENCE SCHULZ

Anaclitic Object

Freud used the term "anaclitic object" to denote an object choice made by a person on the basis of the instinct of self-preservation. The ensuing relationship is based on the model of the child-parent bond in that it guarantees the child nourishment, care, and protection.

The concept of anaclitic object was introduced by Freud in 1914, in an effort to distinguish between two kinds of object choice—the anaclitic and narcissistic. In fact, this idea grew out of his earlier theory of anaclasis, which designated the early relationship of the sexual instincts to the self-preservative instincts (Freud, 1905). The term "anaclitic" derives from the Greek meaning "to rest upon" or "to lean upon." Freud attempted to demonstrate the relationship between the sexual instinct and certain bodily functions. He felt that the infant's first sexual satisfaction arises out of the mechanisms necessary for the preservation of life. This relationship is very evident in the oral activity of the infant at the breast: in the pleasure obtained from sucking, "the satisfaction of the erotogenic zone is associated, in the first instance, with the satisfaction of the need for nourishment" (1905, pp. 181–182). Hence, the breast primarily satisfies the hunger instinct but begins to become a source of sexual satisfaction as a bonus pleasure. Then the "need for repeating the sexual satisfaction . . . becomes detached from the need for taking nourishment" (p. 182). Thus, sexual instinct becomes independent at a later stage and functions in an autoerotic mode. Other erotogenic zones, labial and anal, are also suited to function as media through which sexuality may attach itself to other somatic functions.

Freud thus felt that "children learn to feel for other people who help them in their helplessness and satisfy their needs a love which is on the model of, and a continuation of, their relations as sucklings to their nursing mother" (pp. 222–223). Hence, according to the theory of anaclitic object choice, a man will love a woman who feeds him and a woman will love a man who protects her. The implication is that the man rediscovers a mother and the woman rediscovers a father. Hence, according to Freud's formulation, heterosexuality is anaclitic whereas homosexuality is narcissistic (a person chooses an object on the basis of some real or imagined similarity with himself). The anaclitic object provides psychic nourishment, and its loss can precipitate depression.

Many subsequent writers, such as Rene Spitz, Sidney Blatt, Robert Harmon, and Mary Ainsworth, have furthered our understanding of infant mental health in expanding upon the syndrome of "anaclitic depression." It is clinically important to recognize and understand this syndrome, to distinguish it from organic illness, and to treat it promptly. The term "anaclitic depression" was coined by Spitz in 1946, to denote a disturbance which resembles the clinical manifestations of adult depression but which develops by degrees in children who are deprived of their mother after having had a normal relationship with her during at least the first six months of life. It is characterized by weeping, wailing, weight loss, refusal of contact, lying prone in their cribs, motor retardation, and subsequent facial rigidity with physical illness. The syndrome progresses over three months, and the disturbance disappears with striking rapidity if the mother is restored to the baby or an acceptable substitute is found.

Anaclitic depression has been further distinguished from introjective depression. Anaclitic depression causes one to feel helpless, weak, depleted; to wish to be cared for, loved, fed, protected; and is accompanied by intense fears of abandonment, oral cravings, and an urgency to fill an inner emptiness. Introjective depression derives from a harsh, punitive conscience, resulting in feelings of inferiority, worthlessness, guilt, and a wish for atonement. The two syndromes can coexist in an individual.

While Freud used the concept of an anaclitic object to refer to a kind of choice, the expansion of the application of the concept in the clinical realm of infant mental health has been challenging, stimulating, and rewarding in the early detection and treatment of childhood disorders.

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PURNIMA MEHTA

Anal Character

The anal stage, the second in Freud's chronology of the psychological and sexual development of the infant, lasts from one and a half years of age to about three. Unlike the oral stage, in which the child is expected to do little more than suck, feed, and sleep, and is reinforced for passivity and dependency, the anal stage is marked by parental (and societal) demands on the child to conform to local standards of neatness, cleanliness, and bodily control. Beginning with toilet training, children for the first time are indoctrinated to a lifetime need to conform to external demands in order to obtain love. Instead of releasing body waste products wherever and whenever they wish, children are asked to tolerate uncomfortable bodily tensions and to hold back the pleasure of relief until the right time and the right place. As was the case in the oral stage, some early theorists divided the anal stage into two phases—the anal retentive, or sadistic, and the anal erotic. Empirical research has failed to provide evidence for the utility of this distinction, and it has fallen into disuse.

As in the earlier oral stage, either indulgence of anal impulses or frustration of them is hypothesized to result in fixation. During this phase of life the child experiences both the pain from increased tension in bladder and bowel, and the pleasure that comes from discharging such tension. However easily this stage of development is resolved, remnants of the satisfactions and difficulties surrounding the process and control of defecation and urination, or more generally around the processes of refusing versus acceding to societal demands, can be found in adult behavior. Societies emphasizing cleanliness and obedience to parental demands, and depicting urine and feces as dirty and disgusting, can expect to experience greater struggles with the child over eliminatory processes than societies that are relatively relaxed about such activities. Sooner or later children become toilet trained, but the amount of effort put into this practice and the degree to which failures along the way are either ignored or criticized differ from family to family and group to group. The greater the insistence on toilet training, the greater the struggle between child and parent.

One obvious way children respond to adult pressures for toilet training is to refuse and disobey. The demand for toilet training is frequently transformed into a struggle for autonomy and independence—"you can't make me" is an easy solution to any adult request, whether for toilet training or not playing with food. Further, "you can't make me" is a sign that the child is different and separate from the parents, and signals the child's growing awareness of individuality and power.

Freud's clinical work with compulsive-obsessive patients led him to observe that "the people I am about to describe are noteworthy for a regular combination of the three following characteristics. They are especially *orderly*, *parsimonious*, and *obstinate*" (1908, p. 169). These three traits, sometimes referred to as the three p's—pedantry, parsimony, and persistence—are all residues of the child's struggle to resolve competing needs—to enjoy immediate reduction of bodily tension or to please the parents by using the toilet appropriately. Obstinacy is left over from the "you can't make me" phase, when the child's easiest defense against parental demands is to refuse. A concern about being controlled and losing autonomy is easily manifested by refusal to be docile and compliant (or perhaps even being actively

oppositional as well). The frugality that begins with the need to withhold pleasure and to save for a time one's bodily products may progress to a lifetime pattern of indiscriminate saving and indefinite withholding. Orderliness begins with the effort to avoid contact with feces or any form of dirt, and can escalate to more generalized patterns of ritual and phobic responses to disorganization.

Empirical research has generally supported these theoretical claims about the anal character type. All but one of about a dozen factor analytic studies have supported Freud's observation that the traits of parsimony, orderliness, and obstinacy form a cohesive cluster. People with one of these characteristics are quite likely to show the other two as well. Those with high scores on tests of anality learn more effectively for a reward of a penny than of a gum ball, and learn more quickly when criticized than when praised. Anal types in an experiment, particularly males, will attempt to disconfirm the experimenter's hypothesis, thus demonstrating the obstinacy Freud noted many years earlier. Research has also documented high anal scores in those with compulsive-obsessive characteristics. The exaggerated morality about dirt and waste products found in many anal personalities is also shown in their severely critical attitudes toward social problems. Highly anal people have been found to be as concerned with wasting time as they are with wasting money. Stamp collectors are more sensitive to anal stimuli than are control subjects.

Considerable ambiguity surrounds the circumstances that produce an anal personality. The simple assumption that time and intensity of toilet training lead to anal traits is not consistently supported by empirical evidence. It is more likely that parental attitudes about cleanliness, discipline, autonomy, and body parts are more important determiners of a child's anal orientation than the mechanical factor of the age at which toilet training is introduced.

Anality has been assessed using projective tests by Blum (1949) and Holt (1966). There are many objective tests assessing anal traits, including those by Lazare et al. (1966, 1970), Sandler and Hazari (1961), and Grygier (1961).

What evidence can be found in adults of the satisfactions and frustrations they experienced during the anal stage of toilet training? The derivatives of anal impulses can be seen in the triad of parsimony, cleanliness, and orderliness, and in all their vicissitudes—collecting objects of all varieties (stamps, coins, matchbooks, string, beer cans, etc.), hoarding, opposition for its own sake, rituals around cleaning, compulsive-obsessive traits, stringent, relatively inflexible attitudes about morality, and concerns about propriety all document the lingering effects of having to sublimate a basic bodily need.

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Anal Eroticism See DEVELOPMENTAL THEORY.

Anal Stage See ANAL CHARACTER; DEVELOPMENTAL THEORY.

Analyzability

In "Freud's Psycho-analytic Procedure" (1904 [1903], p. 254), Freud stated some of the qualifications necessary for someone to be "beneficially affected by psychoanalysis." The patient "must be capable of a psychically normal condition," and "a certain measure of intelligence and ethical development" is also necessary. Freud also notes that "Deep-rooted malformations of character traits of an actually degenerate constitution" may lead to resistance that cannot be overcome in the analysis. He adds, "If the patient's age is in the neighborhood of the fifties, conditions for psycho-analysis become unfavorable." (p. 254).

In a later paper (1905 [1904], pp. 263-264), Freud delineates other necessary qualities. These include the possession of a reasonable degree of education and a reliable character structure. The patient also needs to be self-motivated, not being forced into treatment by the authority of relatives, and needs to be educable and in possession of a "normal mental condition" (p. 264). "Psychoses, states of confusion, and deeply-rooted . . . depression," Freud writes, "are therefore not suitable for psycho-analysis" (p. 264). He adds that the treatment should not be attempted when the speedy removal of dangerous symptoms is required: "as, for example, in the case of hysterical anorexia." He also states that "most valuable and most highly developed persons are best suited for this procedure" (p. 264).

Freud (1913, pp. 124–125) states that he takes a patient on provisionally for a period of one to two weeks. He feels this is useful, in that if one stops the treatment at this time, it spares the patient from being distressed by an impression of an attempted cure "having failed." He also sees diagnostic reasons for a trial treatment of one to two weeks, such as to identify dementia praecox (schizophrenia). Freud also indicates some of the situations that may make analytic treatment difficult or impossible: previous treatment by another method, previous acquaintance between the doctor and the patient, delaying treatment, and the existence of bonds of friendship or social ties between the analyst and his patient, or their families. In this trial period of analysis, Freud emphasizes the importance of the patient's free associations, for which "lengthy discussions and questions" are no substitute in determining the patient's suitability for analysis.

There have been a number of studies focusing on the issue of suitability for psychoanalysis. One is by Knapp, et al. (1960). Other studies were done by Klein and her group (1965) and by Erle and Goldberg (1984). Coltart (1992) wrote about diagnosis and assessment for suitability for psychoanalytic psychotherapy, and on assessing psychological-mindedness during the diagnostic interview (1988). Bachrach and Leaff (1978) undertook a systematic review of sixteen clinical and eight quantitative-predictive studies of analyzability. They concluded that good ego strength, intact reality testing, and capacity for sublimation are qualities found in individuals most suitable for psychoanalysis. Huxster et al. (1975, p. 100) state that "many developmental attributes (ego functions) must have been attained." These functions include capacities for object constancy, for differentiation of self, and for object representation, and also tolerance for anxiety, depression, and frustration. Huxster et al. (1975, p. 104) further stated "The presence of a capacity for meaningful conceptualization (not intellectualization) of human experiences and relationships" is important. This relates to the concept of psychological-mindedness. Significant also is a wish for growth and maturation (as differentiated from wishes for magic fantasy fulfillment) in the analysis. One looks for a pattern of relationships to significant people in the applicant's life; for achievements in everyday life, such as school and work, and marriage; for the capacity to "engage" with life, to withstand stress, disappointment, or misfortune; for depth and richness of his character; for flexibility; for the capacity for enjoyment; and for the capacity to persevere in the face of difficulties. These are all indicators of adequacy or inadequacy of many ego and personality attributes necessary to permit the analytic process to develop. The patient needs to have the capacity to form a stable therapeutic alliance and needs to be able not only to develop transference phenomena but also to be able to have sufficient observing ego to analyze these phenomena.

In addition to the patient's qualities, one has also to consider the importance of the match between the patient and the analyst. Kantrowitz (1995) studied this match. In addition, as Akhtar (1995) notes, there has been increasing understanding and research in child observation, and there are now multiple theoretical and clinical models. These new developments in psychoanalytic understanding and technique indicate that some individuals with more severe psychopathology, such as the personality disorders, may be analyzed successfully.

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PHILIP J. ESCOLL

Andreas-Salomé, Lou (1861–1937)

Lou Andreas-Salomé was an intellectual, a writer, and an analyst. She was a thinker concerned with questions basic to the human condition. Her intellectual gifts enabled her to establish contact with notable figures of her time with whom she could exchange ideas. In her circle of friends and acquaintances were some of the most interesting and influential members of the intellectual and cultural elite in the German-speaking countries. Friedrich Nietzsche's letters to her and her extensive correspondence with Rainer Maria Rilke, Sigmund Freud, and Anna Freud are part of the intellectual history of the period (1860–1940).

Salomé was the youngest child and only daughter of a German family living in St. Petersburg. Her father, Gustav von Salomé, was a general in the service of the czar, and the family lived in an apartment in the General Staff Building that stands opposite the Winter Palace. Growing up in a privileged family within an exclusive and cosmopolitan society in the capital of imperial Russia played its part in giving her the self-assurance that was an important trait in her personality. That self-assurance was also reflected in her bearing. Her intelligence, her vivid imagination, and her fierce determination to pursue her interests set her apart from other young girls of her time.

In 1880, accompanied by her mother, Salomé left St. Petersburg for Zurich in order to study philosophy and history of religion at one of the few universities that admitted women. She did not finish her studies. Plagued by recurring health problems, she was advised to seek a milder climate, and went to Italy. In 1882, in Rome, she met Paul Rée and, through him, Friedrich Nietzsche. Rée became her friend and later her housemate in Berlin. The friendship between Nietzsche and Salomé, important for both, was complicated by many factors and did not last long. Nevertheless, she was the first to write a book about him, *Nietzsche in Seinen Werken* (1894).

Probably to ensure that she would not have to return to her family in Russia, in 1887 Salomé entered into an unconventional marriage with Friedrich Karl Andreas, an orientologist who was fifteen years her senior. Living in Berlin, Salomé became part of the intellectual and literary avant-garde. She wrote articles and reviews for various journals including *Die Freie Bühne*, the official periodical of the German naturalist movement. She came to know actors, directors, and writers including Gerhart Hauptmann, the most important naturalist dramatist. Her involvement with the theater prompted her to write a study of Ibsen's female characters based on six of his dramas, one of the first books in Germany to deal with Ibsen.

Andreas-Salomé also wrote essays, novellas, and several novels. Perhaps her best-known novels are *Ruth* (1895), *Das Haus* (1919), and *Ródinka* (1923; dedicated to Anna Freud). Her collection of novellas *Im Zwischenland* (1902) concerns the emotions of adolescent girls. Her letters to a young boy in *Drei Briefe an Einen Knaben* (1917) attempt to explain sexuality to a boy at three different stages of his development. In her fiction, which often contained autobiographic components, Andreas-Salomé explored her ideas about women, femininity, and sexuality. She also dealt with women and sexuality in her 1899 essay "Der Mensch als Weib," which was later included in her book *Die Erotik* (1910). She wrote about issues of fundamental concern to the emerging women's movement in Germany. Some of her essays appeared in *Die Frau* and *Die Neue Generation*, two periodicals whose editors, Helene Lange and Helene Stöcker, were committed to the women's movement. She was also a friend of Ellen Key, a Swedish writer who fought for women's rights. Nevertheless, Andreas-Salomé did not consider herself a part of the women's movement, nor was she interested in promoting social reform.

She continued to write on philosophy and religion. Her 1896 essay "Jesus der Jude," which she considered

to be one of her best, brought her into contact with Rilke. Together they traveled to Russia in 1899 and in 1900. These trips had a profound effect on both of them and served as the inspiration for Rilke's *Book of Hours* as well for Andreas-Salomé's *Ródinka*. It also formed the basis of a lifelong bond between them, as their extensive correspondence illustrates. After Rilke's death Andreas-Salomé wrote her account of his life, *Rainer Maria Rilke* (1928). Her Russian experience became the impetus for her inward journey that ultimately led her to psychoanalysis.

In 1911, in the company of the Swedish physician Poul Bjerre, Andreas-Salomé attended the Third International Psychoanalytic Congress at Weimar. Subsequently she began an intense study of psychoanalytic texts. When she visited Karl Abraham in the spring of 1912, he was sufficiently impressed by her understanding of psychoanalysis that he wrote a letter of recommendation on her behalf to Sigmund Freud. Andreas-Salomé traveled to Vienna in 1912 in order to attend Freud's lectures. She kept a diary during her 1912–1913 stay in Vienna that was published posthumously as *In der Schule bei Freud* (1958). It contains not only an account of her activities, including contacts with Alfred Adler and Victor Tausk, but also her ideas and critical comments on topics covered in Freud's lectures and the discussions that took place during the Wednesday meetings of the Vienna Psychoanalytic Society.

Andreas-Salomé called her encounter with Freud and psychoanalysis "a turning point" in her life. She became a fiercely loyal supporter of Freud as well as a family friend. But she did not feel obliged to accept every aspect of Freud's theories, nor did Freud insist that she do so. In her essays "Zum Typus Weib" (1914), "'Anal' und 'Sexual'" (1915/1916), and "Narzissmus als Doppelrichtung" (1921), published in the psychoanalytic journal *Imago*, she expresses opinions on female sexuality, narcissism, and the unconscious that are characteristically her own. She does not hesitate to point out these differences in her correspondence with Freud, which began in 1912 and ended at her death. Freud considered her ideas on anal eroticism to be important contributions to the understanding of the subject and referred to "'Anal' und 'Sexual'" in his 1920 revision of *Three Essays on the Theory of Sexuality*.

Andreas-Salomé felt a deep gratitude to Freud that she mentioned many times in her letters to him as well as to Anna Freud. On the occasion of Freud's seventy-fifth birthday, she wrote a long essay in the form of an open letter, "Mein Dank an Freud" (1931). She insisted on that title although Freud objected to it, suggesting that she replace his name with "psychoanalysis." While expressing her thanks to Freud, she also used this letter to express her ideas on anal eroticism and sublimation.

In the fall of 1921, Andreas-Salomé returned to Vienna at the invitation of Freud. During that visit she was a guest at Freud's home at Berggasse 19 and came to know his daughter Anna. She became Anna's friend and confidante at a time when Anna was not sure about the direction of her personal or professional life. The yet unpublished correspondence between Anna Freud and Andreas-Salomé, begun after her 1921 visit to Vienna, shows that Andreas-Salomé played a crucial role in helping Anna Freud make important decisions in her life.

During Anna Freud's first visit in Göttingen, the two women worked together on a project that turned into "Beating Fantasies and Daydreams," Anna Freud's initial paper, which she presented to the Vienna Psychoanalytic Society on May 31, 1922. On the basis of that paper, both women became members of the society. They attended congresses together, exchanged ideas on psychoanalytic topics, and visited one another as frequently as they could. During the initial years of Freud's illness, their correspondence was a vital emotional link between them.

Anna Freud was very much aware how important "Lou," as she called her, was in her life. Time and again she wrote to Andreas-Salomé about issues that were of concern to her, and asked for her opinion and advice. In 1932 Anna Freud, by then an established analyst in her own right and her father's representative in the psychoanalytic community, wrote to Andreas-Salomé that she kept coming back to what Andreas-Salomé had once told her: it does not matter what one's fate is, as long as one lives it fully. This was Andreas-Salomé's adaptation of Nietzsche's "amor fati" (love of fate) from his *Ecce Homo*. She had turned it into an imperative that she also applied to herself.

From 1913 until about 1935, Andreas-Salomé was a lay analyst in Göttingen, where she and her husband had settled in 1903 after he obtained a position at the university. Göttingen was not very receptive to psychoanalysis, and it was difficult for her to get analysands who were willing to pay. Physically separated by distance, she felt isolated from the psychoanalytic community. She traveled, and corresponded with many

analysts, including Freud, Sándor Ferenczi and Max Eitingon.

World War I and the 1917 revolution in Russia brought Andreas-Salomé the additional problem of divided loyalties, which she voiced in her letters to Rilke and Freud. She was living in Germany while her family was in Russia, on the side of the czarist regime. Financial problems brought about by the war and the subsequent inflation in Germany prompted Andreas-Salomé to go wherever her work took her. In 1922–1923 she spent several months in Berlin working at the Polyclinic while Eitingon's house guest. In 1923–1924 she went to Königsberg as a training analyst, only to find that what she had earned was wiped out by inflation. Freud and analysts from Berlin tried to help by sending referrals to her. Freud also gave her financial help. When he received the Goethe Prize in 1930, he sent her part of the prize money.

With the rise of National Socialism, Andreas-Salomé watched the emigration of her friends and colleagues in the psychoanalytic community. Health problems restricted her activities. Toward the end of her life she returned to writing, reworking old manuscripts and composing her reminiscences (*Lebensrückblick*, 1951). She died in Göttingen on February 5, 1937, shortly before her seventy-sixth birthday.

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DARIA ROTHE

Anna O. (1859–1936)

Anna O. (1859–1936), whose real name was Bertha Pappenheim, has a special place in the history of psychoanalysis. She was the first patient to be treated with a new form of psychotherapy which opened the way for psychoanalytic thinking.

In December 1880, Anna O., then twenty-one, developed a severe hysterical illness while caring for her father, Siegmund Pappenheim, a wealthy grain merchant who was slowly dying of a subpleural abscess. Josef Breuer, a prominent and much respected Viennese internist who was a mentor and friend of Sigmund Freud, became her physician. Anna's case is of great interest because of the complexity of her illness (Ernest Jones called it "a museum of symptoms") and because Breuer, quite serendipitously and guided by Anna herself, developed a new method of treatment. Breuer discovered that if he asked his patient, under light hypnosis, to tell him how particular symptoms had started, the symptoms disappeared or were temporarily attenuated. Instead of ordering the symptoms away, as in traditional hypnotic treatment, Breuer invited Anna to talk about them while he listened. The procedure, which involved a catharsis of the emotional material that had accumulated since the prior visit, was performed each day in the evening, and sometimes in the morning as well; it came to be known as "Breuer's method" or "the cathartic method." Anna herself called it "the talking cure." Prior to Breuer, probably no one had ever spent so much time listening to a psychiatric patient.

Freud was fascinated by the story he heard from Breuer, and was prompted to treat several other cases of hysteria by similar methods. The treatment of Anna O., however, had not gone well. In 1882, about a year after the death of her father, Anna had developed a pseudocyesis with the delusion that she was pregnant by Breuer. Breuer, unprotected by knowledge of the transference (which had not yet been discovered), was shaken by the experience and understandably reluctant to publish the case. Thirteen years elapsed. Finally, Freud was able to convince Breuer that the story of Anna O. was too important to be forgotten, and that they should collaborate on a book about their investigations, which would include also the case of Anna O. Titled *Studies on Hysteria*, (1895), the book remains a landmark contribution on hysteria and the origins of the psychoanalytic method.

Anna O.'s illness was not only difficult but prolonged, and required several hospitalizations, a fact which Breuer omitted from his 1895 report along with mention of her pseudocyesis. Her principal symptoms included intermittent psychosis; dissociative, conversion, and phobic manifestations; two personalities; an eating disorder; dramatic visual hallucinations; trigeminal neuralgia; and addiction to chloral hydrate and morphine which had been prescribed for sedation and analgesia. Breuer withdrew from the case in June 1882, when he referred Anna to the Sanatorium Bellevue in Kreuzlingen, Switzerland. In 1888 Anna O. finally recovered, moved permanently with her mother, Recha, to Frankfurt, Germany, where Mrs. Pappenheim had been born and where she still had many relatives. Anna's younger brother, Wilhelm, remained in Vienna, where he studied, and later practiced, law; Anna and Wilhelm were never close for reasons that are still unclear.

At this point the "second phase" of Anna's life began. A self-trained social worker, Anna founded and directed a home for orphaned Jewish girls. After the death of her mother in 1905, Anna lived alone and never married. Her illness did not return; she managed to achieve stability of a sort, based on a spartan lifestyle, unremitting hard work, and dedicated altruism. In addition to her work as director of the orphanage, she wrote plays, stories, and articles with a social background and a feminist orientation that dealt particularly with the relationship between the sexes. Typically, she saw women as victims and men as sexual predators. She became very occupied with the problem of prostitution—"white slavery," as it was called—and traveled far and wide, usually alone, from St. Petersburg to the Near East to New York City, inspecting brothels and the condition of Jewish prostitutes.

In 1935, for the first time since she had left Vienna in 1888, Anna returned for a final visit to her native city and to her brother Wilhelm; by then she was ill with cancer, and died a few months later. It is believed that during her stay in Vienna she may have destroyed letters and other documents pertaining to her youthful psychiatric illness. The Gestapo did not interfere with this frail and obviously ill woman. Afterward, however, they seized Hannah Karminski, Anna's friend and the assistant director of the orphanage; she disappeared in a concentration camp. Karminski had made plans to write a biography of Anna; a short biography of her was written much later by Dora Edinger, a distant relative. Anna

never spoke of her youthful illness; she acknowledged it only once to Edinger, but gave no details.

There are many fascinating aspects to the story of Anna O. which have generated an extensive literature. These include the matter of her identity, various details of her illness which Breuer omitted for reasons of confidentiality, and her standing as a social activist and early feminist.

In his 1953 biography of Freud, Jones revealed Anna's real name because of her importance in the history of psychoanalysis. Her pseudocyesis came to light through disclosures by Freud: orally to Jones, Carl Jung, and his editor, James Strachey, as well as in several of his writings (e.g., in a letter of June 1932). The intriguing researches of Henri Ellenberger and Albrecht Hirschmüller have clarified Anna's illness and hospitalizations; Peter Swales has identified the place where Anna's father became ill. Ellenberger discovered from clues in a photograph of Anna that she had been hospitalized at the Sanatorium Bellevue; in the record room of the sanatorium he found Breuer's 1882 letter of referral, which is very similar to his 1895 case report but also differs in some important respects; he also found her discharge summary, written by a staff psychiatrist.

Anna O. remains, a century or so after her illness, a complex and strong-minded woman, idealistic and very much alive. In 1954 the German government issued a commemorative stamp with the portrait of a youthful Anna O. The legend reads, "Bertha Pappenheim Helfer der Menschheit" (helper of mankind).

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PIETRO CASTELNUOVO-TEDESCO

A

Anthropology, and Psychoanalysis

Anthropology was the first social science to utilize Freud's insights and findings to any degree. Though relatively few anthropologists have accepted and applied his psychological and cultural theories and methods wholesale, Freud and his followers have significantly influenced culture and personality studies and psychological anthropology (Bock, 1995; Heald and Deluz, 1994; La Barre, 1958; Le Vine, 1982; Wallace, 1983). A small but influential segment of cultural anthropologists have themselves been analyzed or received psychoanalytic training. Many more have collaborated closely with psychoanalytic psychiatrists and psychologists in the collection and interpretation of data (e.g., Ruth Benedict, Clyde Kluckhohn, Margaret Mead, Ralph Linton, Gregory Bateson, William Caudill, and Philip Bock). Journals such as *Ethos, Journal of Psychological Anthropology, Psychoanalytic Study of Society,* and *Journal of Psychoanalytic Anthropology* have remained important forums for such work.

Freud's anthropology and social thought generally are subject to a paradox. Ostensibly, his clinical and metapsychological writings are the meat of his corpus, whereas his sociocultural work is a late and (many feel) embarrassing development in the career of an otherwise brilliantly perspicacious psychologist. After all, his first major contribution to the topic (*Totem and Taboo*) did not appear until 1913, and others followed only sporadically: *Group Psychology and the Analysis of the Ego* (1921), *The Future of an Illusion* (1927), *Civilization and Its Discontents* (1930), and *Moses and Monotheism* (1939). Despite appearences, however, Freud's cultural concerns did not awaken until late in his career: "My interest," he wrote, "after making a long *detour* through the natural sciences, medicine and psychotherapy, returned to the cultural problems which had fascinated me long before, when I was a youth scarcely old enough for thinking" (1935, p. 72).

Second, Freud's anthropology was not isolated from the rest of his work. Nor were his anthropological writings merely an instance of "applied psychoanalysis." Rather, there was an intimate cross-fertilization between

his anthropological reading and thinking, on the one hand, and his psychological reading, practice, and thinking, on the other. In fact, there is strong evidence for the influence of nineteenth-century cultural evolutionist writers (such as Herbert Spencer, Edward Tylor, and John Lubbock) on some of his most important psychological presuppositions and concepts—including projection, psychic causality, the omnipotence of thoughts, primary process thinking, neurosis as atavism, the Oedipus complex, the role of phylogeny in human psychology, and the psychic unity of mankind (Wallace, 1980, 1983).

Third, contrary to the impression conveyed by Ernest Jones (1953–1957), Freud was neither ignored by anthropologists nor given a wholly unfavorable reception by them. His impact on anthropology was definite and persistent. It began at least as early as 1920, when Alfred Kroeber published his review of *Totem and Taboo* in the *American Anthropologist*, and continued on through the work of such scholars as Charles Seligman, Edward Sapir, Bronislaw Malinowski, Melville Herskovits, Alfred Hallowell, Clyde Kluckhohn, and Margaret Mead. Generally, Freud's purely psychological writings were taken up more eagerly by anthropologists than his more specifically anthropological ones.

Freud read many of the writers who would influence his psychocultural thinking long before beginning work on *Totem and Taboo*. These included the philosophical and sociocultural reflections of David Hume, Ludwig Feuerbach, Friedrich Nietzsche, and Buckle; the biological and psychosocial writings of Darwin and Spencer; and a host of anthropologists, such as Tylor, Lubbock, Lewis Morgan, John F. McLennan, Johann Bachofen—and later James Frazer and Wilhelm Wundt. These philosophical and anthropological writers (read by Freud by 1900–1902) influenced his cultural and psychological ideas quite as much as did Darwin and the nineteenth-century biologists and sexologists emphasized by Sulloway (1979) (see Wallace, 1983).

While some of Freud's early letters, brief writings, and comments at the meetings of the Vienna Psychoanalytical Society reveal his cultural interests and insistence on parallels between the mental lives of "primitives" and neurotics, the earliest explicit psychoanalytic forays into anthropological, mythological, and artistic topics came from his disciples such as Otto Rank (1907, 1909, 1912), Alphonse Maeder (1908), and Karl Abraham (1908, 1912).

Stimulated partly by these colleagues and by the intensifying relationship with Carl Jung (who was writing his own psychocultural study, *Wandlungen und Symbole der Libido* [1912]), Freud began researching and writing *Totem and Taboo* in August 1911 (Wallace, 1983, pp. 59–64). From 1911 to 1913, Freud read a mass of ethnographic material—mostly by cultural evolutionists, who were themselves beginning to lose anthropological pride of place to the diffusionists and historical particularists ("Boasians"). Many anthropologists would criticize Freud's ready subscription to cultural evolutionist tenets such as psychic unity, the mental equivalence of adult contemporary "primitives" to prehistoric peoples and modern Western children, the notion of fixed and universal stages in cultural development, and the idea of psychic Lamarckianism and the biogenetic law.

Totem and Taboo appeared in 1913. Though it was never revised (unlike, for example, *The Interpretation of Dreams* and *Three Essays on the Theory of Sexuality*), many of its basic concepts reappeared in Freud's subsequent sociocultural works (1921, 1927, 1930, 1939), as well as in seminal psychological pieces such as "Mourning and Melancholia" (1917).

Totem and Taboo comprises four chapters. The first three deal with different aspects of the parallels between primitive and neurotic behavior. "The Horror of Incest" treats the sexual side of the Oedipus complex; "Taboo and Emotional Ambivalence" concentrates on the aggressive side; and "Animism, Magic, and the Omnipotence of Thoughts" expounds on the similarities in primitive and neurotic modes of thought. Finally, "The Return of Totemism in Childhood," which Freud considered the gem of the work, introduces the controversial theory of the primal horde and parricide, and proclaims the Oedipus complex the focal point of "the beginnings of religion, morals, society, and art" (1913, p. 156). Apart from Freud's attempt to demonstrate the primacy of projection, wishful thinking, and primary process modes of thought in magic and animism, this book proposes that cultural institutions (such as religion, totemism, exogamy rules, and the incest taboo) represent neurotic defenses and compromise formations (symptoms) at the group level. Totemism, which Freud saw as the precursor of religions such as Judaism and Christianity, was an ambivalent and guilt-laden attempt to come to terms with the sons' primordial oedipal aggression against the primal father. The Christian Eucharist, as well as certain Jewish rituals, continued the conflictual representation

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of the phylogenetically transmitted unconscious memory and remorse over the primal parricide. Exogamy rules and the incest taboo were further modes of atonement for this crime, as well as defenses against the sons' continued incestuous strings. *Moses and Monotheism* (1939) extended these themes to world historical religions such as Judaism and Christianity.

Despite some of the more fantastic theses in *Totem and Taboo*, many anthropologists have found considerable cogency in Freud's Oedipal (not phylogenetic) explanation of the incest taboo and exogamy rules (see, e.g., Stephens, 1962; D'Andrahl, 1961; Spiro, 1982). Similarly, Freud's idea that psychological conflicts, defenses, and compromise formations can become culturally institutionalized has borne important fruit (see Spiro, 1965; Le Vine, 1982).

Subsequent works, such as *Group Psychology and the Analysis of the Ego* (1921), placed more emphasis on personality and society/culture as an interactive process—for example, the individual's building of psychic structure through identification and through the internalization of social permissions and interdicts. And it was in this work that Freud wrote: "In the individual's mental life someone else is invariably involved, as a model, as an object, as a helper, as an opponent; and so from the very first individual psychology, in this extended but entirely justifiable sense of the words, is at the same time social psychology as well" (1921, p. 69).

Still, despite such insights, Freud's subsequent sociocultural work tended to explain culture and social institutions on the model of the individual neurotic writ large. It remained for post- or neo-Freudians such as Abram Kardiner (1939, 1945), Harry Stack Sullivan (1953), Erik Erikson (1950, 1962, 1970), and, much later, Robert Le Vine (1982) to develop more genuinely psychosocially interactive approaches. These writers also tended to emphasize, as did Frederic Bartlett (1939, p. 73), that it is not merely a question of conflicts between purely biological impulses and socially instituted inhibitions: "The driving forces are quite as much social [I would prefer to say "biosocial"] products as the social barriers which block them."

For example, in *The Future of an Illusion* (1927) Freud retained his 1907 diagnosis of religion as the "universal obsessional neurosis of humanity"—as he did that of philosophy as universal paranoia and art as universal hysteria. The upshot is clear: "If the development of civilization has such a far-reaching similarity to the development of the individual and if it employs the same methods," then we may be justified in diagnosing "some civilizations, or some epochs of civilization—*possibly the whole of mankind* [as] neurotic" (1927, p. 144; italics added). In *The Future of an Illusion*, we see the same emphasis on the crucial role of the leader (and the group members' internalization of his forceful precepts) in social cohesion as in *Group Psychology and the Analysis of the Ego.*

Civilization and Its Discontents (1930), Freud's most powerful social commentary, continues this emphasis on the ontogenetically and phylogenetically based internalization of the repressive dictates of the primal father. It is this internalized aggression (prompted by phylogenetic and ontogenetic remorse over the hostile component of the Oedipus complex) that establishes the superego, which is responsible for the self-restraint and social cohesion necessary for higher civilization. However, this internalization is also responsible for man's continued neurotic propensities and for the never optimum balance between the individual's demands for self-gratification and the inhibitory requirements for a civilized society. *Moses and Monotheism* (1939), Freud's last major sociocultural work, resurrects the primal parricide and inherited remorse of *Totem and Taboo*. Aptly subtitled *A Historical Novel*, it nonetheless furnished social scientists and historians with the hypothesis that whole nations or cultures can repress unpleasant or conflictual aspects of a history that may yet return to haunt them. Studies of the early post–World War II decades of Germany have examined this issue vis-à-vis the Holocaust.

In conclusion, Freud's thinking on cultural issues is far too complex to render adequately in a brief essay. By and large, anthropologists have not approached either Freud or psychoanalysis monolithically, but have discriminated among its tenets. While certain ideas—such as Freud's theory of totemism and the primal parricide—have tended to be overwhelmingly rejected, others have found a more favorable reception (the use of ambivalence to explain certain taboos and mourning behavior, of incestuous drives to explain incest taboos, of projection to explain animism, and of wish fulfillment and the omnipotence of thoughts to explain magic). But psychoanalysis, as Boyer (1978) points out, has not gone unaffected by its contact with anthropology—witness the neo-Freudian and dynamic culturalist schools, facets of ego and object relations psychology, and transcultural psychiatry. In short, Freud's impact on cultural

anthropology is far from dead. In many ways, he realized his lifelong dream of returning to the cultural issues that had gripped him since childhood.

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EDWIN R. WALLACE IV

Anxiety See ANXIETY AND DEFENSE; ANXIETY NEUROSIS.

Anxiety and Defense

Freud proposed one theory of anxiety and defense in the early years of his work, and a second theory from 1920 onward. The essential difference between the two is in the postulated causal relation between anxiety and defense. In the first theory, defense (repression, warding off) is a precondition of anxiety: after repression occurs, sexual striving (libido) and any affect can be expressed (discharged) in the form of anxiety. Repression causes anxiety. In the second theory, anxiety, or a signal thereof, causes defensive activity, a reversal of the previously postulated causal sequence. Furthermore, anxiety is no longer viewed as a "discharge process."

The second theory did not replace the first, but complemented it. For most clinical and developmental situations, anxiety as a signal instigating defense was said to be the relevant mechanism. In the explanation of certain other anxiety situations, however, the idea of anxiety as the discharge of transformed libido still prevailed.

1890–1900

In the early work, commencing in the 1890s, affect was seen by Freud as a "discharge process," meaning the dis-

charge of energy, physiological or mental. In hysteria, for example, a trauma (an experience which evokes a distressing affect) is theorized to produce an increase in the sum of excitation in the nervous system, which must be discharged by a motor or verbal reaction (1893a), or divested by associative psychic activity (1893b). The process of "abreaction" (detaching an affect from the memory of a traumatic event) was conceptualized as a discharge of the excess excitation or affect.

In many of Freud's writings, the terms "affect" and "anxiety" are used interchangeably, as are the several terms for units of energy. There is, in addition, another ambiguity in his terminology. In *Project for a Scientific Psychology* (1895a) and in subsequent theoretical works, Freud tended to use the term "unpleasure" to designate anxiety, but he also used it to refer to other, perhaps less well delineated, affect states with an unpleasurable quality.

In his more clinical work, Freud usually used the term "anxiety" and, in this context, seemed to think first about somatic sexual factors. A major and permanent element in Freud's anxiety theory was his development of the concept of actual (*aktual*, or current) neuroses (1895b). These were conditions of altered excitation in the nervous system, not the product of mental conflict, and thus unlike the "neuropsychoses of defense" (1894a). The existence of these conditions, and the accompanying theory of anxiety, have been questioned by the great majority of other analysts ever since Freud introduced the ideas. Somatic and psychic sexual excitation are carefully differentiated in this period (see especially the sexual diagram, 1895c). In the theory of anxiety neurosis, one of the actual neuroses, anxiety is caused by undischarged somatic libido stemming from current (actual) sexual practices rather than from memories or traumatic experiences. In the neuropsychoses of defense, the excitation discharged as anxiety is said to arise from psychic libido. Once Freud discovered the roles of fantasy, infantile sexuality, and unconscious mentation, however, the distinction between somatic and psychic sexual excitation (libido) was no longer emphasized and, in fact, became deliberately blurred.

During this early period of work, Freud also introduced a relationship between anxiety and danger into the theory: a danger could arise from outside the organism, or from the accumulation of sexual excitation within the organism (1895b). He also related anxiety to breathing (1894b). It is important to keep in mind that in Freud's view, affects (i.e., anxiety) were discharge processes. There has to be a "something" to be discharged—some sort of energy—and energy must have a source.

1900–1920

After Freud proposed the topographic psychical systems (unconscious, preconscious, and consciousness), he saw the key to the "generation" of affects in the system unconscious: the entry of unconscious wishes into the preconscious may generate an unpleasure affect, that is, anxiety (1900). Two kinds of views of anxiety are now included in Freud's theory. One postulates a mechanism of anxiety production, either a response to external danger or the eruption of insufficiently disguised repressed wishes. The second view is concerned with energy sources: transformation of psychic libido, transformation of somatic libido, and cardiorespiratory or other somatic dysfunction. External stimuli can also be seen as an energy source. Structural relations (between the systems) and dynamic factors (mechanisms) have now been introduced into anxiety theory, in addition to energic considerations. The dynamic role of a signal of unpleasure (anxiety) was also introduced in the published work in 1900, but did not seem integral to the rest of the proposed sequences.

The period from 1902 to 1914 was one of expansion of clinical data for Freud. There were few major theoretical additions, relatively speaking, concerning anxiety. Anxiety remained an energic discharge of warded off libido, although "with the progress of repression . . . all affects are capable of being changed into anxiety" (1909, p. 35). The concept of a phylogenetic experience of birth was introduced to account for the particular quality of anxiety affect (1910), probably as a prototypic, universal experience of a disturbance of respiration.

Freud did not, however, allow his theory to interfere with the accumulation of observations that were not entirely convenient. In the report of the analysis of Little Hans (1909), he mentions that Hans's anxiety was related to longing for his mother; fear of punishment for hostile wishes against his sister; fear *of* his father because of his love for his mother; fear *for* his father because of his hostility toward his father; fear of repressed sadistic striving toward his mother; and distress about the small size of his penis. Neither the role of hostility nor the concern with penis size seems to fit readily into the libido transformation theory.

Significant consolidation occurred in Freud's anxiety theory during the period from 1914 to 1919. Anxiety remained, fundamentally, a discharge of libido. The theories of affects and energy remained largely indistinguishable. The relation between affect and buildup or discharge of excitation remained direct and explicit (1915a, 1915b, 1915c). The actual neuroses continued to be important in Freud's clinical scheme, although he mentioned that he no longer encountered such cases (1917, p. 386).

1920 Onward

In the years from 1920 until the end of his life, the changes Freud made in his theories of affects and energy were profound. In 1920, he altered an earlier fundamental hypothesis: he now said there is no simple relation between the quantity of excitation and the strength of feelings of pleasure and unpleasure (1920, pp. 7–8). This statement permits a distinction between the theory of affects and the theory of psychic energy: nondischarge affect states can now be described without doing violence to the theory of the pleasure principle. These steps are necessary precursors to altering the idea of anxiety as necessarily transformed libido. It is important to note, however, that Freud never discarded the idea that anxiety, at least in certain situations, is the product of the transformation of libido. He also began, explicitly, to differentiate anxiety and unpleasure (1926, p. 132): tension, pain, and mourning also have the quality of unpleasure.

From 1920 onward, Freud conceived of anxiety as an affective, unpleasurable state of expectation, of certain physiological accompaniments, and of perception of the physiological processes (1926, pp. 132–133, 161–165). He theorized that, in most situations, anxiety is an ego response to a dangerous situation, to be explained dynamically, genetically, structurally, and adaptively—but not as a discharge of energy.

Someone anticipating helplessness is in a "danger situation" (i.e., one perceived to be dangerous). The perceived threat may be external (physical helplessness) or instinctual (psychic helplessness). An experience of helplessness is a traumatic situation (1926, pp. 137, 166). Anxiety occurs in a particular (psychical) field: a situation perceived to be dangerous.

Once the ego-id-superego model of the mind was introduced (1923), conscious processes as well as regulatory functions were assigned to the ego. The ego then became "the actual seat of anxiety" (1923, p. 57); the ego alone could produce and feel anxiety (1926, p. 140; 1933, p. 85). From this (structural) viewpoint, there are three kinds of anxiety, depending on the source of the danger faced: neurotic (id danger), moral (superego threat), and real (external danger) (1923, p. 56). Anxiety is always a reaction to a dangerous situation; a drive is dangerous only if its satisfaction entails a real external danger (1926, pp. 126, 128).

States of helplessness are present from birth onward. The ability to anticipate helplessness does not, however, arise until later in development (1926, p. 136). Once that ability arises, the ego can produce an "anxiety signal," an anticipation of danger, which leads to a variety of responses, depending on the source of the danger and the level of development.

Early in life, before the anticipatory function develops, traumatic states occur as the result of energy disturbances produced by tension due to need, which echo the trauma of birth. After repeated experiences in which the infant's percept of the mother is associated with relief of growing tension due to need, the infant in that state of need takes the absence of the mother as the danger (1926, pp. 136–137). This is a change from an experience of trauma to a signal of anxiety (1926, p. 138). As development proceeds, a sequence of danger situations arises, each corresponding to a particular developmental phase (1926, p. 146): an experience of helplessness (trauma); absence of the object; loss of the object's love; castration; fear of the superego or the powers of fate (1926, pp. 139–143).

In Freud's later theory, there is no difference between anxiety and fear, except that for neurotic anxiety the source of the danger is unconscious (1926, pp. 108, 122, 126, 165). The affective reaction of anxiety is always a signal of a danger situation (1926, pp. 126, 128–129). Warding off of the drive derivative, the satisfaction of which is perceived as danger, is initiated by the anxiety signal: anxiety produces repression (defense) and not the other way around, as hypothesized earlier (1926, pp. 91–93, 108–109). "This causal sequence should not be explained from an economic point of view" (1926, p. 93)—that is, an energy source is not required as an integral part of the explanation.

There are exceptions to this formulation, however. Birth trauma is explained entirely in terms of energy discharge—a vast disturbance of the economy of narcissistic libido without psychic content (1926, pp. 135–136).

Growing tension due to need in early infancy, before development of the anticipatory function, results in a discharge of energy (1926, p. 137). Traumatic moments are not infrequent subsequently in infancy and childhood. In traumatic neuroses, the actual neuroses, and traumatic moments in adult life, anxiety is "involuntary, automatic and always justified on economic grounds . . ." (1926, p. 162).

Freud, in fact, consistently describes two types of anxiety from each of the metapsychological viewpoints. Economically, they are signal (nonenergic) anxiety and economic or generated anxiety. Structurally, anxiety may occur as a function of the ego organization or as a manifestation of the disruption of that organization (in a trauma). Developmentally, anxiety may occur as a response of the differentiated ego apparatus or as an experience of the undifferentiated apparatus. Dynamically, there may be a signal of impending helplessness or an experience of present helplessness. Adaptively, the anxiety response may be expedient or inexpedient.

Through most of the work reviewed here, Freud used the terms "repression" and "defense" synonymously. In some of the general, theoretical work and in the study of clinical entities, he sometimes specified a number of defenses, including repression (in a more limited sense), regression, reaction formation, undoing, identification, turning against the self, projection, and reversal (1915a, 1918, 1926). Defense, in Freud's work, was always a nuclear part of the ego concept (e.g., 1893a). Ego defenses, or self-preservative drives, ward off from consciousness certain drives or derivatives stemming from the unconscious or, later, the id. In the work prior to 1920, anxiety resulted from a failure of defense and an irruption of some unconscious content into the sphere of the ego with attendant discharge of libido. In the post-1920 work, anxiety occurred as a signal of danger aroused by activity of an id impulse or drive derivative. The signal caused defensive operations to occur. Defense, in Freud's work, was always directed against drive derivatives (1915c). In the early work, the presence of (neurotic) anxiety always indicated a failure of defense, manifested by the intrusion of an unacceptable drive derivative into consciousness.

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ALLAN COMPTON

Anxiety Neurosis

Anxiety neurosis is a condition in which neurotic solutions fail to deal effectively with inner conflicts, but the resulting anxiety is not attached to specific phobic objects or situations, so that the afflicted individual feels chronically or frequently anxious, in an unfocused, generalized, ill-defined manner.

In the course of his early clinical observations, Sigmund Freud, then a neuroanatomist and neurologist, became interested in a group of nervous patients who came with complaints of chronic, morbid anxiety associated with a variety of minor but troubling somatic disturbances. He separated off this group from those diagnosed as suffering from "neurasthenia," a term popularly used at that time to refer to patients complaining of nervousness, emotional and physical exhaustion, anhe-

donia, and a number of discomfiting somatic complaints, such as insomnia, shortness of breath, dyspepsia, flatulence, and headache. Neurasthenia seemed to occur in members of the more affluent, upper-middle and upper classes.

Freud connected neurasthenia with a lifestyle of self-centeredness and sybaritic self-indulgence, in which one prominent feature was solitary masturbation in the place of mature sexuality. The symptoms of the patients whom he separated off—those suffering from anxiety neurosis—seemed to him, on clinical grounds, to have a different etiology and significance than those of the neurasthenic patients.

The anxiety neurosis patients were tense, chronically anxious, and often hypochondriacal. They seemed to live in dread that something terrible was going to happen. They complained of periodic intense anxiety, associated with palpitations, shortness of breath, dizziness, paresthesia, and, at times, nausea, vomiting, and diarrhea. At first, Freud hypothesized that inadequate discharge of sexual excitement was at the basis of these patients' complaints. He observed that the condition occurred frequently in men with undischarged or inadequately discharged sexual excitement, because of sexual inhibition, coitus interruptus, or decreased sexual potency together with increasing libido during senescence. He also observed it in single women who were aroused sexually but lacked sexual outlets, in women who were anorgasmic or whose husbands were impotent or suffered from premature ejaculation, and in women who had lost their husbands and had no sexual outlets.

Freud constructed a working hypothesis that the anxiety experienced by these patients represented the transformation of their sexual tension, or "libido," into the affect of anxiety. He thought, in consonance with the mechanistic orientation prevalent in the medical community at that time, that dammed-up, inadequately discharged sexual excitation had somehow become transformed into nervous tension.

He soon realized, however, that it was not the state of arousal of feelings that was the problem; rather, there was inner awareness that disappointment, frustration, anger, vengefulness, temptation, and related feelings were impelling the individual toward actions that might very well lead to serious, untoward, even dangerous consequences. The person with anxiety neurosis felt helpless vis-à-vis the danger. He or she felt unable to cope with the situation, afraid of losing control, and thrust into a state of unrelieved nervousness, anxiety, and fear of something bad happening, but without knowing why this was happening. The cause of the anxiety was outside of awareness, because the individual was not able to face up to things consciously or to deal with them.

As time went on, and more and more clinical observations were accumulated, Freud and those who joined with him in carrying out psychoanalytic investigations came to recognize that anxiety is not just a passive experience. It is also actively generated within the psyche as a signal that a state of danger exists, in response to which some sort of effective action needs to be taken in order to deal with that danger. Effective action can consist of the employment of psychological mechanisms to deal with internally perceived danger and/or physical action to deal with an external situation. Patients with an anxiety neurosis are insufficiently able to do either of these things, so that the anxiety mounts and they feel overwhelmed, strained, stretched beyond their limits, unable to cope, and in need of help.

At first, Freud focused on sexual conflicts as being central to the neurosis, but it later became apparent that though these do play a prominent part in most, and perhaps even in all, neurotic constellations, for developmental reasons there are other, equally important factors that also are involved. These include conflicts over aggressive and destructive urges, conflicts involving self-esteem and self-image, moral issues, and other key aspects of personal and social functioning. The central dimension in anxiety neurosis is not so much what the person is struggling with psychologically as the person's inability to mobilize effective resources with which to deal with emotional stress and emotional conflict. Putting it in terms of Freud's heuristically valuable conceptualization of the structure of the mind, it is more a matter of ego vulnerability and weakness than it is of the strength of instinctual drives.

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MARTIN SILVERMAN

A

Aphasia

In his first book, *On Aphasia: A Critical Study* (1891), Freud conceives of the structure of the speech apparatus as the foundation of spontaneous speech. He was deeply impressed by Josef Breuer's description of Anna O., and dedicated the book to him: ". . . she [Anna O.] could be relieved . . . if she was induced to express in words the affective phantasy by which she was at the moment dominated" (Freud, 1925, p. 20). Freud was fascinated, and concluded that "The state of things he [Breuer] had discovered seemed to me to be of so fundamental a nature that I could not believe it could fail to be present in any case of hysteria if it had been proved to occur in a single one" (p. 21). The power of the spoken word had taken over Freud's professional career, giving birth to psychoanalysis. He later acknowledged the debt: "The cathartic method was the immediate precursor of psychoanalysis; and, in spite of every modification of theory, is still contained within it as its nucleus" (1924, p. 194).

Two of Freud's patients, Frau Emmy von N. and Frau Caecilia M., continued to teach him about their need to say what they had to say, and the connection between words and bodily sensations (Rizzuto, 1989). Freud devoted most of his time at the end of the 1880s to reflecting about these patients, trying to understand what they were saying and what made it possible. The topic was scientifically important because the prominent neurologists of the time were creating models of the speech apparatus, with the goal of making intelligible the aphasias caused by neurological lesions.

Freud created his own model of the speech apparatus, intending to explain not only aphasias caused by lesions but also those due to a functional disconnection between a word and the thing it represented. His intent was to build a theoretical apparatus that could explain the "spontaneous speech" of his patients.

Freud's monograph is a masterpiece of tightly reasoned construction of a model based on published neurological cases as well as on his own observation. The model explains with sober elegance the clinical varieties of aphasia as well as the functional disturbances of speech due to "divided attention," intense emotions, or fatigue. Freud rejects any anatomical localization of speech functions, and describes the speech apparatus as a complex organization of associations from the periphery to the cortex that is at the service of the speech function. The object associations forming the object representations appear as the cortically organized transformations of sensory perceptions and associations, particularly visual, tactile, and auditory sensations. They represent the body at the cortical level in a manner that is suitable for the speech function. We have no choice but to form mental representations of objects as long as we are capable of experiencing sensations in our bodies. To perceive is to associate (Rizzuto, 1993).

A word representation for an external object represented in the mind originates in the speaker's hearing the sound of the word as uttered by others; it completes its representational function with the kinesthetic image of its pronunciation, and the visual and motor images associated with writing. The meaning of the word emerges in the connections (*Verknüpfung*) between the object representation and the word representation. The most frequent link is between the visual components of the object representation and the sound image of the word used to refer to it.

Finally, Freud answered his own question about the need to speak by concluding that "All stimulations to speak spontaneously come from the region of object associations" (1953 [1891], p. 78). Therefore, "what stimulates us to speak willingly is a wish to express something related to memory images organized into visual object representations" (Rizzuto, 1993, p. 123).

Freud did not include his monograph on aphasia as part of his psychoanalytic writings. Despite his view, those who have studied it, such as Binswanger (1936), Bernfeld (1944), Stengel (1953, 1954), and Forrester (1980), consider it to be the foundation of psychoanalysis. Important psychoanalytic terms appear in it for the first time: associations, divided attention, cathexis, complex, connection, physiological correlate, impulse to speak, mnemic image, primary, representation, self-observation, spontaneous speech, and transference (Rizzuto, 1990). Their meaning evolved in Freud's later writings, but they have their earliest use in the monograph.

Freud's *The Unconscious* (1915) is so clearly related to *On Aphasia* that James Strachey, the editor of the *Standard Edition*, decided to add as Appendix C the portion of *On Aphasia* that deals with the function of speech. Freud's model of the speech apparatus, however, is tacitly present in all his works, both theoretical and technical.

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ANA-MARÍA RIZZUTO

Argentina, and Psychoanalysis

Toward the beginning of the 1930s, psychoanalysis entered medical practice in Buenos Aires: Celes Cárcamo came from a medical clinic; Arnaldo Rascovsky, from pediatrics; and Enrique Pichón Rivière from psychiatry. In 1936 Cárcamo, convinced of the need to complete psychoanalytic training, traveled to Europe and began studying at the Psychoanalytical Institute of Paris.

In 1938, Angel Garma arrived in Buenos Aires. He had completed his psychoanalytic training at the Psychoanalytical Institute of Berlin, where psychoanalysis had reached its maximum development. He was the foundation of the psychoanalytic movement in Argentina. In September 1939, Cárcamo ended his training in Paris and returned to Buenos Aires, where he met Garma, Rascovsky, and Pichón Rivère. In 1942, Maria Langer joined this group. In that same year, the Argentine Psychoanalytical Association (APA) was established and recognized as a component society of the International Psychoanalytical Association (IPA).

From the beginning, there was an active program of research, publication, and training, as attested by the *Magazine of Psychoanalysis*, the numerous books issued, and the reputation of the APA. The works published included *Psychoanalysis of Dreams*, by Angel Garma; *Fetal Psychism*, by A. Rascovsky; *Psychosis*, by E. Pichón Rivière and E. Rolla; *Communication*, by D. Liberman; *Psychoanalysis of Children*, by Arminda Aberastury, A. Garma, and S. Ferrer; *Psychoanalysis Technique*, by Enrique Racker; *Lethargy, Actual Neurosis and Somatic Manifestations*, by F. Cesio; *Counteridentification*, by L. Grinberg; *The Psychoanalysis of Becoming Ill*, by L. Chiozza; and *The Psychoanalytical Field*, by W. Baranger.

The work of Freud, the developments provided by Argentine pioneers, and the contributions of Melanie Klein are the foundation of the Argentine psychoanalytic movement.

On Garma's initiative in 1953, the annual symposia of the APA began; in 1956, the Latin American congresses that gave rise to the Psychoanalytical Federation of Latin America commenced; and in 1966, Garma and Rascovsky created the Pan-American congresses.

Psychoanalysis rapidly extended from Buenos Aires to the cities of the interior. Within a few years, psychoanalytic groups emerged in Mendoza, Bahía Blanca, Rosario, Tucumán, and Salta. Today, in each significant population center of the country, there is at least one group that studies and applies psychoanalytic theory and methods.

Horacio Etchegoyen created the group in Mendoza, which in 1973 was recognized by the IPA as a Study Group, in 1981 as a Provisional Society, and in 1983 as a Component Society.

In Córdoba, the group led by Beatriz Gallo, Enrique Torres, Marta Baistrocchi, and Diego Rapella was recognized by the IPA as a Study Group in 1981, a Provisional Society in 1991, and as a Component Society in 1993.

In 1992, the group in Rosario, led by Mario Bugacov, Juan Canale, and María Aidé Castellaro de Pozzi, was recognized by the IPA as a Study Group.

The pioneers of the APA helped to spread psychoanalysis to the Latin American countries. Medical doctors from those countries came to Buenos Aires to undergo psychoanalytical training; once it was completed, they returned to their home countries and formed psychoanalytic societies.

The E. Racker Investigation and Direction Center, created in 1961, is concerned with the treatment of institutional patients and the extension of psychoanalysis to hospitals and other institutions.

In 1974, the APA approved a program that established a system of credits awarded for scientific contri-

butions, supervision, and teaching. It gives the vote to the adherent members, extends the didactic function to the full members who in fact exercise it, and grants curricular freedom. In 1977, as a result of their disagreement with this program, numerous members withdrew from the APA and entered the IPA as a Provisional Society. Two years later, that group was accepted as a Component Society, the Psychoanalytical Association of Buenos Aires. Among the founding members were analysts who had made a meaningful contribution to the development of the APA, such as David Liberman, León Grinberg, Horacio Etchegoyen, and Joel Zac.

In 1988, the First Argentine Congress of Psychoanalysis was held. At the second congress (1993), members of various societies recognized by the IPA attended.

Today, the Argentine psychoanalytical movement maintains the impetus given to it by its pioneers, which made the country, in particular the city of Buenos Aires, one of the most active psychoanalytical centers in the world. Its trunk, the APA, maintains the fundamental structure; it is the place where the movement's roots, its pioneers and its history, lie. The limbs, particularly Buenos Aires, Mendoza, Córdoba, and Rosario, have achieved a life of their own, and other groups continue their promising growth.

As of 2000, there were about two thousand members and candidates in the psychoanalytic societies belonging to the IPA, and even more belong to psychoanalytic centers detached from the IPA.

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FIDIAS CESIO

Art, and Psychoanalysis

See AESTHETICS, AND PSYCHOANALYSIS; CINEMA, AND PSYCHOANALYSIS.

Association

See FREE ASSOCIATION.

A

Australia, and Psychoanalysis

Although psychoanalytic practice in Australia did not commence until the early 1930s, the effects of the new and controversial discoveries of Freud were felt there twenty years earlier. Ernest Jones writes that in 1909, Freud reported having received a letter from Sydney telling him there was a group eagerly disseminating his works. Jones himself presented a paper to the 1914 Australian Medical Congress, "Some Practical Aspects of Psychoanalytical Treatment." In 1911, Freud, Carl Jung, and Havelock Ellis had been invited to read papers on psychoanalysis before the Australian Medical Congress in Sydney. None of them could attend, but Freud submitted a paper titled "On Psychoanalysis," which was read before the Congress and was printed, for the first time, in the October 1989 issue of *The Scientific Proceedings of the Australian Psychoanalytic Society.*

In the 1930s psychoanalytic ideas were considered revolutionary, and attitudes toward it, both in the medical profession and in the wider community, were polarized. Roy Winn was the first to practice psychoanalysis in Australia. As early as 1930 he was speaking, and writing in the *Medical Journal of Australia*, about the importance of psychoanalysis in medical practice. His papers provoked the most critical and scathing attacks by the then Professor of Medicine and from a number of other well-known psychiatrists. However, a minority of the medical fraternity was interested in and favorably disposed to psychoanalysis, and two prominent psychiatrists wrote to the editor of the *Medical Journal of Australia* supporting Winn's case, setting forth lengthy and detailed arguments in support of psychoanalysis and its practitioners.

In Melbourne, in the period before World War II, there was a growing interest in psychoanalysis by a vocal minority not only in psychiatry but also in the wider community. They had been intrigued by the promise and the challenge of the new "depth psychology." This group of enthusiasts worked to support the efforts of Ernest Jones and John Rickman to enable European psychoanalysts to migrate to Australia. As early as 1939, Jones had raised the possibility of six analysts from Europe migrating to Australia. As events transpired, permission was granted for only one, Dr. Clara Lazar-Geroe, to enter Australia. Although at that time there was one qualified training

analyst in Sydney, Dr. Andrew Peto, Dr. Lazar-Geroe, because of the local support, settled in Melbourne.

The Melbourne Institute of Psychoanalysis was established shortly after she arrived, and for many years she alone dealt with the formidable task of establishing psychoanalysis and of training new analysts. Lazar-Geroe addressed the task of presenting psychoanalysis, and for many years, seminars were conducted for psychiatrists as well as for educators, parents, and teachers. She established the Melbourne Clinic, which provided psychoanalytic treatment as well as psychoanalytically oriented psychotherapy.

One of the arrangements made by those encouraging Lazar-Geroe's migration, notably Ernest Jones and Michael Balint, was that she be accredited as a training analyst of the British Psychoanalytical Society, and that the Melbourne Institute should act as the Australian branch of that society. From then on, psychoanalysis in Australia was closely tied to the British Society. It was not until after 1967, when the status of Australian analysis was questioned, that the International Psychoanalytic Association (IPA) established the Australian Study Group (1968) and the Australian Psychoanalytic Society (1971).

With the creation of the Australian Psychoanalytic Society (APS), attention was devoted to implementing a new system of training. Training had become such an issue that, for a while, very few other activities were undertaken. The climate at the time was full of uncertainty and insecurity. The almost exclusive concern with implementing the new training system inevitably involved confrontation with those who had grown up with and accepted the earlier system. This, together with rivalries between Adelaide, Melbourne, and Sydney; personal feelings; and theoretical differences, resulted in the IPA's appointing two site visiting committees. As a result, the structure of the APS was changed. Today it is governed by a nationally elected executive; it alone has ultimate authority to train and to qualify analysts; it is formally responsible for all national decisions concerning analysis, for holding regular scientific meetings, and for the publication of the *Scientific Proceedings*. Apart from the operation of the APS's executive and its various advisory bodies, there is very little in this "federation" that prevents the individual states from taking an independent approach to either training or public relations.

Great store is placed on the need to publicize psychoanalysis in the wider community and on forming links with other disciplines. Whereas previously many analysts had appointments to various hospitals and clinics, these were private arrangements. Today a great deal of psychoanalytic work, other than training, is being carried out by the institutes in Australia. This includes public lectures and workshops, seminars, and the provision of services such as supervision and clinical discussions for members of associated professions. In two of the institutes, the relationship of the literary arts to psychoanalysis has been seriously addressed, and a number of multidisciplinary conferences have been arranged, sometimes by the institute, and at other times in cooperation with other bodies.

Australia had one important feature which distinguished it from most other countries, and has played an important role in making psychoanalysis available to those who might otherwise be unable to pay. Until 1997, the Commonwealth Insurance Scheme, which was financed by the federal government, recognized patients who were in analysis with medical analysts as entitled to benefits under the scheme. The net result was that patients who were in analysis were entitled to medical benefits for the duration of their analysis; provided their analyst charged the "scheduled fee," the patients received their analysis free, apart from a nominal charge at the outset. The medical analysts, to ensure that their patients contributed financially to their analysis, in most cases charged a fee in excess of the benefit their patients received. This arrangement was altered in 1997 so that only patients suffering from a limited list of illnesses were entitled to 150 sessions a year; the bulk of patients were limited in their entitlement to fifty sessions per annum.

As of 2000, the membership of the APS is seventy-three, and twelve students are in training.

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Austria, and Psychoanalysis

See VIENNA, AND PSYCHOANALYSIS.

Autoerotism

"Autoerotism" is the term used to describe those forms of sexual activity that do not involve a sexual object.

The specifically psychoanalytic sense of "autoerotism" is distinct from its general sense as a synonym for masturbation, although this distinction is sometimes blurred by psychoanalytic writers. Freud's concept of

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autoerotism had important ramifications for several central components of psychoanalytic theory, including the problem of the choice of neurosis, psychosexual development, and the etiology of perversion. The thesis that infantile sexuality is predominantly autoerotic underwent a gradual attrition after its publication in 1905. The term "autoerotism" was introduced by the British sexologist Havelock Ellis (1898a), who used it to denote spontaneous, unprovoked episodes of sexual arousal. He published a second paper in 1898 linking the symptoms of hysteria to autoerotism, citing Freud and Josef Breuer (Ellis, 1898b), and sent an offprint to Freud.

Freud adopted the term a year later in a letter to Wilhelm Fliess in which he describes autoerotism as ". . . the lowest of the sexual strata . . . which dispenses with any psychosexual aim and seeks only locally gratifying sensations" (Masson, 1985, p. 390). Even at this point Freud defined the term differently than Ellis. As he later put it, ". . . the essential point is not the genesis of the excitation, but the question of its relation to an object" (1905, p. 181).

Freud made no published reference to autoerotism until the *Three Essays on the Theory of Sexuality* (1905), in which he cited Ellis's work and distinguished Ellis's views from his own. Freud distanced himself from Ellis's inclusion of "the whole of hysteria and all the manifestations of masturbation" (p. 181) under autoerotism. As he later made explicit, both hysterical symptoms and many examples of masturbation involve fantasied sexual objects, whereas autoerotism is not directed toward any object (1908).

Freud (1905, p. 207) believed the entire period of infantile sexuality to be "predominantly autoerotic, although not exclusively so, with object-choice prevailing only once puberty is reached," although over the next few years he began to qualify his emphasis on the autoerotic character of infantile sexuality (1907, 1909). Children initially stimulate their anal and genital zones to obtain pleasure without reference to a real or fantasied object (1909, 1910). Unlike early genital and anal impulses, the oral drive has an object from the beginning and only later becomes autoerotic (1905, 1910). Autoerotic activities become object-related by being brought into association with the psychological attitudes toward others (1907), or by the attachment of sexual instincts to vital, self-preservative activities requiring objects (1912).

During the autoerotic phase the components of the sexual drive behave autonomously, seeking gratification independently of one another: "each of them goes its own way to obtaining pleasure" (1916, p. 323). It is only at puberty that these drives are subordinated to the genital organization and to reproduction (1905). This feature of autoerotism, in conjunction with its objectlessness, determines the "perverse" character of infantile sexuality (1905).

In 1911, Freud introduced a modification into his developmental model of a stage of autoerotism giving way to object-related sexuality at puberty. He interposed a stage of narcissism (self-love) between autoerotic and mature sexuality. During the narcissistic stage the child takes himself as his first love object, and only later learns to love others. Freud thus distinguished between obtaining sexual pleasure *from* one's body without recourse to a real or imagined sexual object (autoerotism) and being sexually excited *by* one's body as a sexual object (narcissism), and went on to claim that paranoiacs are fixated in the stage of narcissism, whereas schizophrenics are fixated in the stage of autoerotism (1911). The unification of the sexual drive, which Freud had earlier claimed occurred only at puberty, is now described as a characteristic of the narcissistic stage (1911). The problem posed by Freud's 1911 thesis of the stages of autoerotism and narcissism as the respective fixation points for schizophrenia and paranoia was dealt with by abandoning the nosological distinction (Macmillan, 1991).

In "The Disposition to Obsessional Neurosis" (1913), Freud propounded the idea of a pregenital organization of the libido, the anal-sadistic stage, that follows the narcissistic stage. During this period "the component instincts have already come together for the choice of an object, and that object is already something extraneous . . ." (p. 321). Autoerotism was now implicitly confined only to the earliest phase of infancy.

In "On Narcissism: An Introduction" (1914), Freud altered his scheme by describing the original oral relation to the breast as an autoerotic sexual activity. "The first autoerotic sexual satisfactions," he wrote, "are experienced in connection with vital functions which serve the purpose of self-preservation" (1914, p. 87). The objectless oral sexual drive finds satisfaction through the necessarily object-directed self-preservative impulse to feed.

In "Instincts and Their Vicissitudes" (1915), the stage of autoerotism is abruptly dropped. Autoerotism becomes the characteristic mode of sexual activity during the narcissistic stage. Freud does not spell out the

implications of this change for his earlier concept of the disunity of sexuality during the stage of autoerotism, and the view that autoerotism is a phenomenon of the narcissistic stage seems to preclude the existence of truly objectless sexuality. In the 1915 edition of the *Three Essays on the Theory of Sexuality* (1905), Freud emphasized that

> . . . the choice of an object, such as we have shown to be characteristic of the pubertal phase of development, has already been frequently or habitually effected during childhood: that is to say, the whole of the sexual currents have become directed towards a single person in relation to whom they seek to achieve their aims. (p. 199).

In the *Introductory Lectures on Psycho-analysis* (1916), Freud reverted to his earlier position on the primary object-directedness of the oral drive, a view that is reiterated in 1923. In the latter text, he also maintains the view that autoerotism is directed at the child's own body (i.e., that it is narcissistic).

> In the first instance the oral component instinct finds satisfaction by attaching itself to the sating of the desire for nourishment; and its object is the mother's breast. It then detaches itself, becomes independent and at the same time auto-erotic, that is it finds an object in the child's own body. (1923, p. 245)

Freud's last major statement concerning autoerotism is found in *An Autobiographical Study*. He returns to the notion of a "non-centralized" stage of autoerotism, but describes this as *preceding* the oral stage (1925, p. 35). This was the logical outcome of Freud's thesis of oral, anal, and phallic organizations of the libido (1925). His earlier concept of anarchic, unstructured sexual activity is not compatible with the concept of infantile sexual organizations unless it is taken to precede them. Freud regards it as likely that the infant does not distinguish the breast from its own body during the oral phase.

Freud's account of autoerotism became more and more contradictory and ambiguous during the course of his career. There is an ambiguity, for example, in his use of the term "object." Does it refer to a real object or a psychological object? This equivocation and confusion have been discussed by several psychoanalytic commentators, notably Compton (1985, 1986) and Macmillan (1991).

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Autonomy

In ordinary usage, the term "autonomy" refers to qualities of independence and self-direction. The term has also been used in a variety of ways in psychoanalytic theorizing.

Hartmann (1939) introduced the term into ego psychology, using it to refer to a relationship between the