The affect–trauma model

In the opening chapters, which introduced this series of frames of reference, we began an attempt to provide an overview of Freudian psychoanalytic psychology. This was regarded as necessary both because of the complexity of Freud's ideas and because no integrated theory exists. It was felt by us that the subject could be approached by dividing the history of the development of Freud's theories into phases, proceeding next to sketch the outlines of what we have referred to as *frames of reference* appropriate to each phase. Three historical phases were delineated, together with corresponding frames of reference:

- *First phase* (up to 1897): the affect–trauma frame of reference
- *Second phase* (1897–1923): the topographical frame of reference
- *Third phase* (1923–1940): the structural frame of reference

The present chapter is concerned with the affect–trauma frame of reference, derived from Freud's thinking up to 1897. Its essence lies in the emphasis on external events as instigators of pathology,

and on the role played by trauma and "charges of affect" in normal and abnormal mental functioning.[1] This first phase is not only of historical significance. Many of the concepts introduced during it remained, in one form or another, in Freud's later thinking (and also in subsequent psychoanalytic theory).

For example, the concept of trauma persisted more or less unchanged in Freud's work. The idea that a repressed traumatic experience may lie behind the patient's psychopathology, and the hope that this can be recovered, together with the abreaction (catharsis) of the associated emotions, still affects the psychoanalytic treatment of the neuroses. The notion of quantities of affect, held back in a "pent-up" state, endures (with a certain clinical validity), and enters into descriptions of psychoanalytic treatment ("The patient was at last able to release the hostile feelings he had kept back for so long", etc.).

The concept of mental energy and its discharge played a crucial role in later formulations in psychoanalytic psychology. After the first phase, energy became more specifically linked with the instinctual drives (as in the idea of "libidinal energy"), and affect or emotion was no longer equated with mental energy.

The concept of defence, introduced in the first phase, has remained. Initially, defence was seen as directed only against unwelcome affects, but in later phases ideas about what is defended against have changed. Distinctions between defences against drives, ideas, and affects came to be made.

Other concepts—such as that of the ego—were radically altered in later phases. Each of the first two phases left a legacy of ideas that have been, where it has proved possible, incorporated into Freud's later conceptualizations. It is our contention that an understanding of the essential concepts of each phase is necessary for the comprehension of what has developed later, and for the understanding of the many inconsistencies that still exist in psychoanalytic psychology.

[1] "Charge of affect" refers to the investment of memory, thought, wish, or phantasy with emotion. Abreaction refers to the release of pent-up emotions, with consequent relief. In the first phase, abreaction was regarded as therapeutic, although later Freud became aware that its "curative" effect was only temporary.

The mental apparatus in the affect–trauma frame of reference

In common with the other Freudian frames of reference, the existence of a mental (or psychic) "apparatus" is assumed in the first phase. In the affect–trauma frame of reference, as in others, it is regarded as a psychological organization, within which psychological processes occur, and is conceived of as being relatively rudimentary in early childhood, increasing in complexity during the course of development. It functions as a vehicle for adaptation to demands from both internal and external sources, although—and this is of the greatest importance—in this first frame of reference *adaptation to experiences deriving from external reality (traumas) is emphasized.*[2]

Among the other functions of the mental apparatus are the control and discharge of excitation, as well as the function of defence against distressing affects and "incompatible" ideas. The latter ideas are those that are rejected as being unacceptable to the conscious standards, ideals, beliefs, and wishes of the individual. A further function of the apparatus is to lay down memory traces. *Associative links* between such traces are created, these links being

[2] While Freud acknowledged, in the first phase, the influence of internal biological and psychological needs and pressures and their influence on the mental apparatus, these were considered to be of secondary importance. The fuller appreciation of the role of internal forces was to come later, indeed rather dramatically (1950a [1887–1902], pp. 220–228). During the first phase, due to the weight of the clinical evidence pertaining to the crucial significance of real events in the person's life, the emphasis on the quantity of stimulation impinging on the apparatus from the side of the external world was very much greater in that phase than that given to the amount of stimulation arising from internal sources.

based on such factors as contemporaneity and similarity of the content of the events recorded. Attention, perception, and the transformation of mental energy (see below) from one state to another are regarded as further functions of the apparatus.

Development brings about a differentiation within the apparatus. One of these differentiated aspects is referred to as the *ego*[3], a term that is used in this frame of reference to designate both consciousness and a capacity to perform the function of defence. The ego is thought of as coming into existence on the basis of the interaction between biological needs (which create sums of excitation in the apparatus) and the external world (which produces substantially larger amounts of excitation). A constitutional disposition (*Anlage*) for the development of the ego is assumed. Hand in hand with the appearance of the ego in the sense of conscious awareness there develops the capacity for splitting off memories and ideas that are incompatible with consciousness, and which are relegated to an unconscious part of the mind. This dissociation of certain contents and associated emotions is brought about by processes of defence, initiated by the ego (see Figure 3.1).

Mental energy

In this first phase, the mental apparatus is regarded as deploying and regulating *mental energy*, which can exist in a number of different states. It can be quiescent, in which case a state of equilibrium exists, in accordance with Fechner's well-known "principle of constancy". Alternatively, mental energy can exert a force, associated with disequilibrium in the mental apparatus, creating a "pressure towards discharge", i.e. a so-called "demand" for the restoration of the constant state (energic homeostasis). The apparatus thus functions in the direction of maintaining a certain equilibrium,

[3] The meaning of the term "ego" was to change radically with the development of psychoanalytic theory. In the first phase, it was more or less synonymous with consciousness and "conscious self", whereas in the third phase it was no longer equated with consciousness, but was seen as a highly complex structure, essentially unconscious, with consciousness being regarded as a "sense-organ" of the ego.

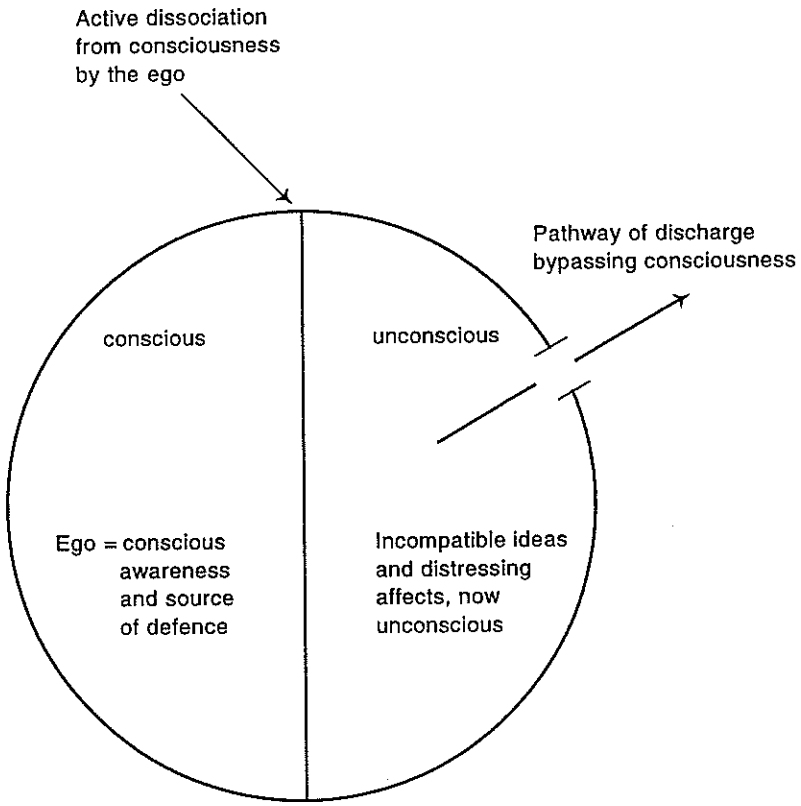

FIGURE 3.1: A schematic representation of the affect–trauma frame of reference showing dissociation (repression) of mental content unacceptable to the ego.

i.e. towards operating at a relatively constant and low level of excitation. Mental energy is regarded as a *quantity* that may be augmented or diminished by stimulation or discharge, respectively. Affect or emotion is equated with energic excitation.[4]

[4] Freud used the "working hypothesis" that "in mental functions something is to be distinguished—a quota of affect or sum of excitation—which possesses all the characteristics of a quantity (though we have no means of measuring it), which is capable of increase, diminution, displacement and discharge, and which is spread over the memory-traces of ideas somewhat as an electric charge is spread over the surface of a body" (Freud, 1894a, p. 60).

Defences

If there is an arousal of emotional excitation associated with an idea, it can be dealt with in a number of ways. Normal processes such as motor action and the conscious expression of emotions may suffice for "discharge" if the amount of energy involved is not too great.[5] However, if the energy and associated ideas are treated as threatening and potentially overwhelming to the ego (i.e. "incompatible"), they may be dealt with by a special psychological mechanism (defence) that serves to protect consciousness by producing a form of dissociation of emotion and ideas from consciousness. This process may or may not lead to pathology.

The basic defence is regarded as being *repression*. It is a "pushing away" (*Verdrängung*) of unacceptable ideas and associated emotions, so that these are relegated to the unconscious part of the apparatus. If repression is successful, no trace of the distressing idea or feeling remains in consciousness, but a quantity of emotional excitation remains "dammed up" or "strangulated" outside consciousness. Repression is also the simplest of the defences. An instance of its operation (given by Freud) is the case of a person having forgotten and being unable to recall something that he or she had read (and which could normally have been remembered) because the content of the particular passage aroused unpalatable memories of past sexual events. These memories and associated emotions then gave rise to an affective reaction of repugnance, and the memories, affects, and also the associated content of what had been recently read, were "pushed away" from consciousness, i.e. repressed.

The defence of *substitution* is concerned with the transferring of a certain affect from an "incompatible idea" to one that can be tolerated in consciousness. Freud (1895c [1894]) gives an example, typical of obsessional pathology, in a description of a girl who reproached herself for things that she knew were absurd—for having stolen, made counterfeit money, and so on. Originally she had

[5] Freud also wrote, in the first phase, of other processes involved in the reduction of energic (emotional) tension—a normal "wearing away" along associative pathways and "absorption" of relatively small quantities of energy over a period of time.

reproached herself for her secret masturbation. The feelings of self-reproach and guilt could be permitted to emerge in association with the "absurd" compulsive thoughts that replaced the memory of the masturbation.

Finally, the defence of *transformation of affect* is concerned with the replacement of one affect by another. This accounts for the appearance of anxiety as a consequence of the transformation of some other "strangulated affect".[6]

While the defensive efforts on the part of the mental apparatus are regarded as fundamental and necessary for normal mental functioning, their excessive use may lead to pathology. It should be remembered that in the first phase, and in this frame of reference, the predominant emphasis is placed on processes of defence against *quantities of affect*. These may (a) threaten to overwhelm the conscious ego in a painful fashion, or (b) cause a painful state because they are associated with ideas (particularly those based on memories) that consciousness finds repugnant.

Pathogenic processes

In the affect–trauma frame of reference, pathological processes are seen as particular processes of adaptation to a disequilibrium in the mental apparatus resulting from an intense charge of affective energy associated with certain memories. If the energy cannot be dealt with normally, then it may find expression in one or other form of psychological disturbance. A major cause of the disequilibrium is a trauma, although there are other causes as well (as in the so-called "actual" neuroses). Special emphasis is placed

[6] Freud described this when he remarked that "The affect of the self-reproach may be transformed by various psychical processes into other affects, which then enter consciousness more clearly than the affect itself: for instance, into *anxiety* (fear of the consequences of the action to which the self-reproach applies), *hypochondria* (fear of its bodily effects), *delusions of persecution* (fear of its social effects), *shame* (fear of other people knowing about it), and so on" (Freud, 1950a [1887–1902], p. 224).

on the occurrence of events—particularly sexual experiences—in the patient's life that may, as a consequence of repression, lead to a state of "dammed-up" affect that, because of the need of the conscious ego to defend itself against being overwhelmed by painful feelings, can only find a psychopathological expression. As a result the dammed-up affect may find a disguised and distorted expression in the neurotic symptom.

It is worth mentioning that the formulations of the first phase represented a major attempt to explain the occurrence of pathological conditions (such as conversion hysteria) in terms of mental processes—psychological conflict, the effect of distressing or threatening affects, mental traumas, and the psychological effect of sexual factors such as seductions, frustrations, and so forth. However, the possible contributions from the side of hereditary and constitutional predispositions are given a place as well. Indeed, such factors, inherent in the make-up of the individual, are considered to play a part in explaining why a person may develop one type of pathology rather than another, or none at all. It is the *interaction* of constitutional factors with the specific experiences of the individual that is regarded as important in determining the way in which the mental apparatus adapts to the forces acting on it, and whether or not pathological processes will ensue. If these do develop, then both sets of relevant factors interact to determine the form of the pathological adaptation.[7]

Mental trauma

The mental apparatus can only cope with a certain amount of stimulation or excitation at any one time. This depends to some extent on the degree of maturity of the apparatus. If it is exposed to

[7] Freud put it as follows: "Since there is no such thing as chance in neurotic pathogenesis any more than anywhere else, it must be allowed that it is not heredity that presides over the choice of the particular nervous disorder which is to develop in the predisposed member of a family, but that there are grounds for suspecting the existence of other aetiological influences, of a less incomprehensible nature, which would then deserve to be called the *specific aetiology* of such and such a nervous affection. Without the existence of this special aetiological factor, heredity could have done nothing; it would have lent itself to the production of another nervous disorder if the specific aetiology in question had been replaced by some other influence" (Freud, 1896a, p. 145). It is interesting to note that this is still a major field of investigation in the human sciences.

too great a quantity of affective energy it can be overwhelmed, i.e. the normal *stimulus barrier* can be breached. In childhood the immature apparatus is more prone to be overcome by a sudden influx of stimulation (i.e. energy that the child is unable to regulate by appropriate and controlled discharge along normal channels).

The state of being helplessly overwhelmed by unmanageable excitation is that of mental ("psychic", "psychical", or "psychological") trauma[8]. Although trauma is defined unambiguously in this way, it is necessary to distinguish (because of the relevance to pathological processes as understood in this frame of reference) between the following:[9]

1. *Current traumas*, i.e. those that represent an overwhelming of the mental apparatus by energy as an immediate or relatively immediate response to a real situation or event. Such traumas occur, for example, as a consequence of accidents or assaults, which may be followed by the appearance of neurotic symptoms.
2. *Retroactive traumas*. While these are not in essence different from current traumas, in that they represent a state of being overwhelmed by uncontrollable energy, they differ from current traumas in their time relation to the significant environmental event. In the case of these traumas, the memory traces of the

[8] There has always been some confusion and ambiguity about the term "trauma" in psychoanalytic writings. The term is used in relation to a specific subjective experience, to the event bringing such an experience about, and to the long-term consequences that may follow such an experience. (For a discussion of the conceptual problems involved see Sandler, 1967; Sandler, Dreher, & Drews, 1991.)

[9] Because the emphasis in the first phase was placed so much on the pathogenic effect of external events, the distinction between the different types of trauma is important. With the shift of emphasis to the role of the drives and associated phantasies in the second phase, the distinction between categories of trauma became less significant.

event (usually in childhood) have been registered in the apparatus often long before the trauma actually occurs. The retroactive traumas are linked with certain events *that, though exciting, were not experienced as traumatic at the time of their occurrence* (e.g. some experiences, particularly sexual seductions, in which the individual played a passive role, occurring in childhood). However, the memories of these events, which had been repressed because they were unacceptable, give rise to a trauma when they become revived and reinforced by an experience in later life. The trauma that then occurs is a result of the apparatus being overcome by a combination of the revived excitement of the past, together with strong affective reactions on the part of the ego, reactions such as shame, disgust, self-reproach, and anxiety. A state of conflict arises because what had been repressed in childhood (and consequently had not overwhelmed the ego) represents something that is unacceptable to the person's current standards of morality and conduct; this now threatens to overwhelm the ego and to bring about a powerful affective reaction on the ego's part to the revived memory and to the excitement associated with it.[10]

Concepts of neurosis

In the first phase the symptoms of "nervous" disorder were thought of as being the consequence of pent-up or "strangulated" affect that could not be dealt with by normal processes of "discharge". While a certain quantity of affective energy can normally be contained by repression, if it is beyond a certain amount the affect charge may find an alternative expression in some form of involuntary symptom. The symptom thus represents a manifestation, in disguised form, of the repressed affect and the ideas attached to it.

[10] In speaking of the aetiology of hysteria, Freud says: "The event of which the subject has retained an unconscious memory is a *precocious experience of sexual relations with actual excitement of the genitals, resulting from sexual abuse committed by another person*; and *the period of life* at which this fatal event takes place is *earliest youth*—the years up to the age of eight to ten, before the child has reached sexual maturity. . . . *The memory will operate as though it were a contemporary event*" (Freud, 1896a, pp. 152–154).

It is not our intention to go into the various forms of pathology considered in the first phase in any great detail in this chapter. However, it is appropriate to point out that Freud distinguished between the *psychoneuroses* (or neuro-psychoses) and the *actual* neuroses. We pointed out in Chapter 1 that the word "actual" is a misleading translation of the German prefix *aktual*, which refers to something current, in the present. The *psychoneuroses* take two main forms: *hysteria* and *obsessional neurosis*. The *actual neuroses* were also thought to take two main forms, representing the third and fourth of the "major neuroses".[11] These are *neurasthenia* and *anxiety neurosis*. The difference between the actual neuroses and the psychoneuroses is that in the former the symptoms are regarded as manifestations of current *physical* sexual factors rather than psychological ones.

1. *Hysteria*. Whereas this condition had traditionally been regarded by psychiatrists as the result of degeneracy, it was seen by Freud to be a specific reaction of the mental apparatus to a mental trauma. Hysteria is regarded as having been determined by the real traumatic experiences which are reproduced in a *symbolic fashion* in somatic symptoms. It is this that gives the condition its special character. But, as Freud put it (1896a), "*no hysterical symptom can arise from a real experience alone, but that in every case the memory of earlier experiences awakened in association to it plays a part in causing the symptom*" (Freud, 1896c, p. 197). In hysteria the charge of affect is transformed by being "discharged" along a path of motor or sensory innervation. "In hysteria, the incompatible idea is rendered innocuous by its

[11] Freud also distinguished the "traumatic neurosis" proper, in which the symptoms are regarded as a consequence of a *physical* rather than mental trauma. This was particularly important towards the end of the century because of the introduction of the railways and the many accidents that followed. It was important for neurologists to make the differential diagnosis between the consequences of actual lesions of the nervous system and psychogenic traumatic neuroses with psychogenic symptoms which might give rise to claims for compensation.

sum of excitation being *transformed into something somatic*. For this I should like to propose the name of *conversion*" (Freud, 1894a, p. 49).[12] Thus in hysteria, mechanisms of dissociation and conversion could bring about motor paralyses, fits, anaesthesia, pains, and even certain hallucinations.

2. *Obsessional neurosis*. Whereas in hysteria the sum of excitation that finds pathological discharge was "transformed into something somatic", in the second of the major neuroses (which includes a number of phobias that have an obsessional quality) the individual concerned lacks "the capacity for conversion" (1894a). The affect, now separated from the "incompatible idea", is obliged to remain in the psychical sphere. The idea, now weakened, is still left in consciousness, separated from all association. But its affect, which has become free, attaches itself to other ideas that are not in themselves incompatible and, thanks to this "false connection", turn into obsessional ideas (1894a).

   As in hysteria, the distressing affect is thought to have arisen from the subject's sexual life, and the main mechanism of defence involved is repression. However, a mechanism also involved in obsessional neurosis is "substitution". Whereas in obsessions we may get a whole range of affective states (such as doubt, remorse, shame, self-reproaches, anger, etc.), in those phobias that come under the heading of obsessional neurosis the distressing affect is always that of anxiety.

3. *Neurasthenia*. A variety of physical symptoms, including fatigue, dyspepsia with flatulence, and indications of intracranial pressure and spinal irritation are included by Freud in this category. The condition, Freud thought, is acquired "by excessive masturbation or arises spontaneously from frequent emissions" (Freud, 1898a, p. 268).

[12] The concept of conversion, although deriving from the first phase of psychoanalysis, and at that time thought to involve a transformation of energy, is still in current use, although it is not now regarded as involving a transformation of energy.

Originally Freud included the symptoms of anxiety neurosis in the category of neurasthenia, but these were separated from neurasthenia "proper" (1895b [1894]). However, throughout the first phase he emphasized the existence of clinically "mixed" pictures, and neurasthenia and anxiety neurosis were thought to coexist in many cases, even though they were regarded as separate conditions. Hereditary factors were seen as being of minimal importance in neurasthenia. Greater importance is given to the strains imposed by civilization, with the factors of overwork, fatigue, and exhaustion combining with "sexual noxae" to produce the illness.

4. *Anxiety neurosis*. The specific cause of an anxiety neurosis "is the accumulation of sexual tension, produced by abstinence or by unconsummated sexual excitation" (1895c [1894], p. 81). While the essential causes of the anxiety neurosis are regarded as physical, it produces psychological symptoms, including phobias (although some phobias are regarded as being more closely related to obsessional neurosis). The clinical picture included the following symptoms: general irritability, anxious expectation (this is regarded as the nuclear symptom of the anxiety neurosis, being a quantity of anxiety that is "free-floating" and can link itself to any suitable idea), anxiety attacks, pavor nocturnus (night terrors), and vertigo.

   While anxiety neurosis may either be "acquired" or a consequence of hereditary factors, the "acquired" aspects are due to the effect of sexual "noxae" resulting (in men) from abstinence, states of unconsummated excitation, the practice of coitus interruptus, and senescence. In women, predisposing factors were regarded by Freud as "virginal anxiety" ("first-night nerves"), abstinence, the effects of the climacterium, as well as marriage to a husband suffering from premature ejaculation or impotence or who practices coitus interruptus. In both sexes, masturbation and overwork were thought to be contributing factors.

   The emphasis in all of this is on the accumulation of undischarged somatic tensions, which are then transformed into anxiety. The anxiety thus has a physical rather than a psychological origin. Freud remarked: "The mechanism of

anxiety neurosis is to be looked for in a deflection of somatic sexual excitation . . . and in a consequent abnormal employment of that excitation" (1895b [1894], p. 108). It is worth noting that Freud explicitly distinguishes these somatic sexual tensions from the energy represented by sexual affect, already referred to in the first phase as "libido", even though this term was to undergo a significant change of meaning in the second phase.

While the descriptions of these syndromes, written a century ago, may sound relatively archaic, they are of importance in providing some indication of the sort of clinical conditions that Freud had concerned himself with, and which provided the basis for his psychological theories at that time. We have attempted in this chapter to encompass the essentials of these theoretical formulations within the "affect–trauma" frame of reference. It will be seen in Parts III and IV, when the "topographical" frame of reference is discussed, that Freud's theoretical viewpoint underwent a radical change, even though the influence of the first phase on those that succeeded it was profound.

PART

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