FAIRBAIRN AND THE ORIGINS OF OBJECT RELATIONS

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Fairbairn's Theory and Challenge

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Among the psychoanalytic theoreticians who have made object relations theory a major focus of their work, W. Ronald D. Fairbairn stands out because of his consistent effort to formulate a developmental model based upon the internalization of object relations, and also to establish a comprehensive object relations theory which would replace traditional metapsychology, particularly instinct theory.

In spite of his geographic isolation in Edinburgh, Fairbairn's ideas were intensively debated in the British psychoanalytic community. The originality of his clinical contributions regarding schizoid personalities and the relation between schizoid processes and hysterical dissociation, as well as his frontal attacks on Freud's dual-instinct theory made his work controversial, controversy further complicated by Melanie Klein's influence on him and by his radical rejection of the death-instinct theory. Indeed, fortunately for us, because he and the Kleinian group used similar terminology to cover very different concepts and because he revised some of his ideas, Fairbairn was several times prompted to restate his basic contributions. These overviews (1949, 1951, 1963) present an integrated and consistent viewpoint with broad theoretical and clinical implications.

Fairbairn remained relatively unknown to the American psychoanalytic community and the non-English speaking psychoanalytic societies throughout the nineteen-forties and fifties. It was Guntrip's book *Personality Structure and Human Interaction* (1961) with its detailed

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exposition of Fairbairn's views and almost fervent defense of these views against various criticisms which had been raised about them that made Fairbairn's views more widely known both in Great Britain and the United States. In fact, Guntrip's analysis of Fairbairn's work includes not only a detailed review of his major contributions, but an explicit outline of Fairbairn's theoretical system, its origins and relations to other formulations, and a passionate yet lucid support of Fairbairn's views. To this day, Guntrip's presentation of Fairbairn's theories is the most comprehensive we have.

In my opinion, however, Guntrip's presentation suffers from important shortcomings. He seems to me to have uncritically idealized Fairbairn's theories and at the same time to have subtly distorted them. Chiefly by means of emphasis, Guntrip makes it appear that Fairbairn is supporting Guntrip's own theoretical biases. In addition, Guntrip, by sharply attacking instinct theory and metapsychology, stretches Fairbairn's critique to accommodate his own views.

For example, Fairbairn stressed that libido was intrinsically object-seeking, and that the pleasure connected with good object relations corresponded to the "reality principle" in its most profound sense (in contrast to a "pleasure principle" unrelated to reality). But Guntrip implied that for Fairbairn the pleasurable aspects of satisfactory object relations were a consequence of them and not a primary motive for the libidinal approach to objects. Also, Guntrip fails to mention that Fairbairn adhered closely to classical psychoanalytic technique. Fairbairn proposed that, in addition to the analysis of the transference, the qualities of the personal relationship between the analyst and the patient were a crucial therapeutic factor in bringing about therapeutic change, but this view did not imply a retreat from a systematic analysis of the transference. Guntrip's blurring of the distinction between psychoanalytic and psychotherapeutic technique does not correspond to Fairbairn's clear delimitation of psychoanalytic treatment. Also, in order to highlight his own battle cry against traditional metapsychology, Guntrip fails to explore a number of significant theoretical issues wherein Fairbairn's thinking was potentially congruous with Freud's genetic and structural viewpoints and even with formulations of contemporary ego psychology regarding energic deployments in early development.

It is true that Fairbairn was inclined to emphasize his areas of disagreements with Freud, but this trend is softened by his thoughtful and profound understanding and acknowledgment of Freud's theoretical and clinical contributions, particularly Freud's clarification of neurotic psychopathology and his development of psychoanalytic technique as a basic psychological research instrument. In this regard, one might say that

Guntrip, while idealizing Fairbairn, also places greater stress on what, from a less partisan viewpoint, may appear the more problematic aspects of Fairbairn's contributions.

Furthermore, in his effort to replace traditional metapsychology by a "complete object relations theory of the personality," Guntrip (1961), although he reviews Fairbairn's theories in great detail, is much less systematic in reviewing his clinical contributions, such as the characteristics of the schizoid personality and of various types of psychopathology. Guntrip thereby significantly impoverishes the impression one gets of Fairbairn's contributions (this is particularly regrettable since the space given over to Fairbairn in Guntrip's book exceeds the length of Fairbairn's own theoretical statements).

The impression that Guntrip's summary of Fairbairn does not do justice to the richness of Fairbairn's thinking is supported by an article Guntrip wrote (1975) in which he describes his own psychoanalysis with Fairbairn (and subsequently with Winnicott). He criticizes Fairbairn for not deviating from standard technique and candidly admits that he selected Fairbairn as his analyst in the first place because he thought Fairbairn agreed with his own thinking and there would hence be no problem with theoretical discussions (!). While it would ordinarily not be appropriate to evaluate one man's personal motives for writing about another man's work, Guntrip's inclusion in his discussion of Fairbairn of his personal analysis with him (Guntrip wrote his book while he was being analyzed by Fairbairn) seems to me to justify the conclusion that Guntrip's idealization of Fairbairn was not devoid of significant ambivalence, an ambivalence that is reflected in his summary of Fairbairn's work. Glatzer and Evans (1977) and Anzieu et al. (1977) have also written about Guntrip vis-à-vis Fairbairn and Winnicott.

Sutherland's (1963, 1965, 1979) reviews of Fairbairn's work and Wisdom's (1962, 1963, 1971) comparative studies of the contributions of Fairbairn and Melanie Klein are also basically sympathetic, yet—in contrast to Guntrip—not uncritically partisan. In spite of the brevity of Sutherland's and Wisdom's articles, they jointly convey a more comprehensive idea of Fairbairn's basic contributions to psychoanalysis, in my opinion, than the reader is left with after an exhausting study of Guntrip's book.

Because some of Fairbairn's ideas have contributed to my own thinking and because I suspect they are not as well known as they might be and in order to correct certain impressions left by Guntrip, I am offering a summary and critique of Fairbairn's contributions—including what others have said about his theory—and describing how his work relates to contemporary ego psychology.

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FAIRBAIRN'S CONTRIBUTIONS

Basic Theory: Schizoid Position

Fairbairn's core contributions include two clinical (1931 and 1936) and four theoretical papers (1941, 1943, 1944—with a 1951 addendum—and 1946). All these papers are included in Fairbairn's book (1954a), in addition to other clinical and miscellaneous papers and two of the overviews (1949, 1951) previously mentioned. Although several of Fairbairn's later publications (1954b, 1955, 1957, 1958, 1963) further clarified his theoretical thinking, and add significant clinical information in the process, in my opinion, the main body of his work lies in the earlier theoretical papers and in the clinical paper of 1931. This latter demonstrates the subtlety and acuity of Fairbairn's clinical understanding, his highly sophisticated treatment of an enormously difficult and complicated case.

Although Fairbairn possessed a truly elegant style of writing, it is not easy to extract his theory from a reading of his papers. Fairbairn himself, in his introduction (1954a, p. ix), explains why: "... this series of papers represents, *not the elaboration of an already established point of view, but the progressive development of a line of thought.* In other words, the series embodies the actual working out of a point of view, step by step" (emphasis in original). The raw material came from Fairbairn's consulting room; the point of view that emerged came from his analysis of clinical data—especially of dreams and transference phenomena.

In analyzing his patients' dreams, Fairbairn paid particular attention to the symbolic meanings attached to all the persons—real and fantastic, including various images of the same person and of the dreamer himself—in these dreams. He found in these "personifications" a remarkably stable organization.

Fairbairn at first saw personifications of objects (what I would call object representations) and the related personifications of aspects of the ego (or self) in dreams as the expression of intersystemic conflict, with each personification standing for the superego, the id, or the ego. Gradually, however, he reached the conclusion that the most precise and clinically most relevant formulation to account for these characteristics of dreams was a conception of the patient's ego as divided into a preconscious or conscious ego that related to a conscious or preconscious idealized internal object, in contrast to two repressed, unconscious, subsidiary ego segments that related to a prohibitive or rejecting "antilibidinal" object, and an exciting, gratifying "libidinal" object. All personifications in dreams could be sorted into representatives of these three self and object series.

Fairbairn proposed that this universal characteristic of dreams reflected a "schizoid" operation, namely, a splitting of the ego in the service of defense, with a consonant splitting of a fundamental, core object that was libidinally invested and yet frustrating at the same time. The frustrating aspect of the object was repressed as a "bad internal object" (the antilibidinal object) and the exciting aspect of the object as the unavailable repressed libidinal object. The segments of the ego relating to these two split-off and repressed aspects of the object constituted the "antilibidinal ego" and the "libidinal ego." (Fairbairn originally designated the antilibidinal ego as the "internal saboteur," but replaced this term later.)

Fairbairn described clinical connections between these universally "schizoid" tendencies of dreams and the unconscious meaning of hysterical conversion symptoms, dissociative episodes, and multiple personalities.

In contrast to these personifications which reflected the latent meaning of hysterical symptoms, the patient's conscious and preconscious ego was devoid of both primitive libidinal aspirations of a sexual and pregenital kind, and of the identifications with sadistic prohibitions and needs reflected by the antilibidinal ego in relating to the antilibidinal object. This relatively impoverished "central" ego was related, in turn, to an "ideal object" reflecting the remnants of those internalized aspects of the external object that were shorn of the split-off, frustrating, and exciting aspects of it.

In the transference, Fairbairn now perceived the gradual enactment of a sequence of internalized object relations, beginning with the initial relation of the conscious "central" ego to the analyst as an "ideal" object. This initial relationship was tenaciously maintained by the patient in order to avoid the eruption of the bad internal object and the corresponding unconscious need for a submissive, clinging, masochistic dependency on a sadistic, persecutory object projected onto the analyst (the relation between the antilibidinal object and the antilibidinal ego); beyond that relationship, patients tried to avoid the even more threatening activation of the libidinal ego in relating to the libidinal object. To the obvious question, why would the activation of the libidinal object–libidinal ego relationship appear as dangerous? (other than because of superego or "antilibidinal object plus antilibidinal ego" prohibitions), Fairbairn developed clinical and theoretical answers which stemmed from his study of patients with schizoid personalities.

Fairbairn was struck by the similarity between the chronically detached, withdrawn, emotionally apparently superficial attitude of schizoid patients and the central ego attitude of hysterical patients during periods of depersonalization and dissociative states, and also the impoverishment of the dominant ego segment of patients with multiple person-

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alities. He was particularly impressed by what seemed to him a fascinating continuum in the psychopathology of hysteria and that of schizoid personalities. In fact, it was the intensive psychoanalytic study of patients with schizoid personalities that led him to formulate answers to the general questions of the origin of splitting processes within the ego, the causes and mechanisms involved in the splitting of internalized objects, the nature of the conflicts involved, and the primary and secondary defensive operations characteristic of various types of psychopathology.

The finding that careful analysis of superego pathology in schizoid patients often did not lead to resolving unconscious guilt, but to a worsening of the patients' detachment in the transference led Fairbairn to search for causes of this active process of detachment and ego splitting, and to conflicts that predated the Oedipus complex and the consolidation of the superego. He regularly found that schizoid personalities, in attempting to withdraw within the transference, were defending against a dreaded activation of a basic relationship in the transference characterized by a libidinal investment of the analyst experienced as a preoedipal, particularly oral, mother. This libidinal investment seemed a major threat to these patients, a threat derived from the fear that their love of the object would be devastatingly destructive to the object.

In analyzing this fear, Fairbairn found a typical constellation of feelings and fantasies, in essence reflecting the patient's conviction that mother could not love him, that his own love for mother had exhausting, emptying-out qualities which were destructive to her and at the same time threatened the patient with a fundamental feeling of futility, a sense of depletion related to the wasting of his own love without a receptive, responsive object. These patients' experience of deprivation had the effect not only of intensifying their oral needs but also of imparting an aggressive quality to such needs. By the same token, the patient's frustration derived from his perception of mother's lack of love made the patient experience his own love as demanding and aggressive. Therefore, the patient had to withdraw, not only because of the sense of futility and fear over the aggressive qualities of his own love, but also because of the projectively motivated feeling that mother's lack of response indicated her aggression toward him.

For all these reasons, the patient had to maintain a carefully guarded isolation and detachment in the transference, thus protecting the remaining "ideal" relationship with the analyst (the relation between the residual, "central" ego and the ideal object), while dissociating all his love and hate in the split-off, repressed relations of segments of his ego (self) to bad and exciting inner objects.

Fairbairn linked the chronic subjective experience of artificiality and of emotional detachment of schizoid personalities with these patients' attitude of omnipotence, objective isolation and detachment, and marked preoccupation with inner reality. He interpreted schizoid patients' "introversion" as a replacement of the relation with the external object by relations with their internal ones. He described schizoid over-valuation of intellectual pursuits as an expression of detachment and a displacement from repressed internal object relations to the intellectual sphere: he saw in this development the schizoid basis of subsequent complicating obsessive intellectualization linked to anal conflicts. Schizoid omnipotence reflected the patient's secret superiority over external objects—particularly the analyst—derived from the patient's sense of control and manipulation of his internal world, and his related sense of freedom and independence from the external world. Schizoid patients also developed the capacity for carrying out superficial social roles, thus protecting from the invasion of libidinal demands both residual object relations in reality and the secrecy of the patient's internal world.

Fairbairn concluded that, because of a deep fear that their needs to love and be loved would be frustrated, schizoid individuals unconsciously struggle against a true investment of others and regress to and/or are fixated at an essentially receptive, demanding stage of object relations in which they experience themselves as only on the taking side and carefully avoid having to give of themselves. Giving becomes equivalent to being emptied out, a catastrophic reminder of the sense of depletion derived from libidinal investment not responded to.

A regression in relating from persons to "part objects," such as the surge to gratify sexual impulses, particularly perverse sexual needs in replacement of adult geniality, is another schizoid process Fairbairn describes. Efforts to avoid "giving" may reinforce the need to repress all affects to avoid affective investment. In order to avoid a sense of loss, the patient may curtail his links with his own artistic products, stifle his creativity, and take active measures to drive away those who potentially threaten him with love (thus triggering the danger of the destructive effects of the patient's own love).

Fairbairn saw schizoid patients' sense of being wasted, their sense of unreality, their intense self-consciousness and constant self-observation as consequences of the impoverishment of their central ego by excessive splitting. He also observed that, as an effect of the libidinal withdrawing from external objects, further splitting processes occurred; the end point of ego impoverishment reflected not simply a deficit state but an active ongoing defensive process.

The study of transference developments of schizoid patients provided Fairbairn with evidence that there was an active "de-emotionalization" of object relations resulting in the patients' characteristic detachment in the relations with external objects, side by side with an intense preoccu-

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pation with internal reality. This internal reality seemed to consist of the same split-off and repressed object relations that Fairbairn had already found in hysterical pathology and as a universal characteristic in dreams.

Like others of that era, Fairbairn occasionally uses *self* as equivalent to *ego*, but mostly refers to *ego aspects* or *ego fragments* to describe what we call self-representations. And, as already mentioned, he uses *internal objects* or *personifications* for what we would call object representations. It was the variety of personifications appearing in a patient's dreams that contributed to Fairbairn's dissatisfaction with Freud's tripartite structure of the mind and to propose the existence of other functional units.

The final synopsis of his point of view, occupying less than a page of the *International Journal of Psycho-Analysis* (1963, p. 224), facilitates the presentation of a brief outline of his object relations theory. He starts off succinctly: An ego, he says, "is present from birth. Libido is a function of the ego. There is no death instinct; and aggression is a reaction to frustration or deprivation." Hence, he adds, "there is no such thing as an 'id.' The ego, and therefore libido, is fundamentally object-seeking." This ego present at birth is a "pristine" ego, that is, a whole ego which has as a key function the libidinal search for infantile dependence on a gratifying object. Erotogenic zones are not themselves primary determinants of libidinal aims but only channels mediating the primary object-seeking aims of the ego. Libido, therefore, in contrast to Freud's assumption that it originally follows the pleasure principle (or is "primarily pleasure seeking") is essentially reality oriented and fulfills the reality principle in promoting attachment to the earliest objects, first, mother's breast, and later, mother as a total person. In fact, in Fairbairn's thinking, an excessive dependence on the breast as a "part object" may signal the deterioration of the relation to mother as a total object and its regressive replacement by a part-object relation.

Insofar as Fairbairn rejects aggression as an instinct, he comes close to the culturalists; but insofar as he stresses the importance of "endopsychic structures," that is, of an internal world of object relations, as the central focus of analytic work, he is very far from directly equating the intrapsychic with the interpersonal, prevalent in culturalists' approaches. In presenting an instinct theory centering exclusively upon (an object-seeking) libido and rejecting aggression as an instinct, Fairbairn would seem to come close to Jung, a correspondence strengthened by Fairbairn's focus on introversion and the schizoid personality's replacement of external by internal, fantastic object relations. However, for Fairbairn, introversion is determined by a defensive withdrawal from threatening object relations and not by constitution, and clinically he is totally identified with a Freudian model of psychoanalytic psychopathology, diagnosis, and treatment technique. In a sharply critical yet elegant

reply to Abenheimer's (1955) Jungian critique of his writings, Fairbairn (1955) clarifies that, for him, internal objects are not simply "images," but endopsychic structures. They are not, therefore, "inborn" images. He also states that, in contrast to Jung, he agrees with Freud "in regarding aggression as incapable of being resolved into libido"; and although he rejects Freud's dual-instinct theory, he continues "to accept Freud's view that libido and aggression constitute the two primary dynamic factors in mental life" (1955, p. 145).

I would here raise a question about rejecting aggression as an instinct. Fairbairn stresses the importance of conceiving the ego as a dynamic structure, that is, a structure that energizes, primarily, object relations and, secondarily, the intrapsychic function of internalized objects. He also underlines the importance of conceiving of structure and function as two aspects of the same dynamic whole. While I see this as an eminently reasonable suggestion, Fairbairn creates an artificial dichotomy between inborn dispositions to certain behaviors and external experiences as originating other behaviors; he then arbitrarily assigns libido to the inborn disposition (to object relations), while equally arbitrarily assigning aggression to the effects of frustrating object relations. One cannot, however, escape the conclusion that what frustrating object relations evoke are inborn behavioral dispositions to aggression and corresponding painful affect states. Similarly, it is the presence of a gratifying object that evokes inborn capabilities for pleasurable affects and behavior dispositions toward attachment to objects. Thus, aggressive behavior reflects an inborn disposition activated by certain experiences with objects, and the same complementarity of inborn disposition and experiences with objects obtains for libido as well. In Fairbairn's thinking, it is the pleasurable experience at the breast that immediately activates the libidinal attachment of the pristine ego. I find arbitrary the assignment to libido of a primary instinctive quality, while aggression is denied that quality.

Given the history of the development of Fairbairn's ideas, and the influence of Kleinian thinking on his developmental model, it may well be that Fairbairn, in an effort to differentiate his views from those of Melanie Klein (1952a, b), stressed the difference with her in terms of his concept of aggression, while maintaining her telescoping of early development into the first few months of life, with all the problems and internal contradictions that implied.

The earliest and original form of anxiety, Fairbairn suggests, is separation anxiety, activated when frustrations, including, basically, temporary separations from mother occur. These frustrations bring about the internalization of the object and also the development of ambivalence toward it. As Fairbairn himself puts it, "Two aspects of the internalized object, viz. its exciting and its frustrating aspects, are split off from the

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main core of the object and repressed by the ego" (1963, p. 224). Fairbairn calls the exciting, gratifying aspects of the libidinal object and the frustrating, rejecting, prohibiting aspect the antilibidinal object. "Thus," he continues, "there come to be constituted two repressed internal objects, viz. the exciting (or libidinal) and the rejecting (or antilibidinal) object." He describes the main core of the internalized object, which is not repressed, as the ideal object or ego ideal. The resulting internal situation represents the basic schizoid position, antedating, in Fairbairn's view, the depressive position Melanie Klein describes.

All three ego structures as well as their respective internal objects have energic properties. Because the libidinal and antilibidinal objects are "cathected by the original ego, these objects carry into repression with them parts of the ego by which they are cathected," leaving the central ego unrepressed, "but acting as the agent of repression." Hence, "the original ego is split into three egos—a central (conscious) ego attached to the ideal object (ego-ideal), a repressed libidinal ego attached to the exciting (or libidinal) object, and a repressed antilibidinal ego attached to the rejecting (or antilibidinal) object" (1963, p. 224). This tripartite structure differs from Freud's in that, not only is there no id, but all three structures are fundamentally ego structures, so that Freud's ego represents only one segment of the original pristine ego.

Following Freud, Fairbairn considered anxiety the most direct symptom of unconscious intrapsychic conflict. It was aggression directed by the antilibidinal ego against the libidinal ego that transformed pleasurable excitement into painful anxiety. Fairbairn thus came close to Freud's first theory of anxiety—the assumption that anxiety reflected dammed-up libido (or rather, dammed-up libidinal needs reflecting the repressed relation between libidinal ego and libidinal object). In agreeing with Freud that oedipal conflicts were central in the psychopathology of hysteria, he explained the origin of oedipal conflicts, however, as derived from the earliest struggle with the ambivalently loved and needed mother of the earliest oral period of development.

In the light of his analysis of the relationship between oedipal conflicts and intrapsychic structures, Fairbairn saw his endopsychic structures as constituted by successive fusions and condensations of internalized objects and corresponding ego segments from successive stages of development. He was aware that the organization of all internalized object relations that he proposed remained remarkably close to Freud's tripartite structure. Fairbairn stated, however, that Freud's superego included not only Fairbairn's antilibidinal ego and antilibidinal object, but also Fairbairn's ideal object, and that it corresponded to a later and more complex stage of development than the psychic structures based upon schizoid processes in the preoedipal period. He also objected, on principle, to the analogy of his "tripartite" structure with Freud's: in contrast to Freud, Fairbairn, as previously mentioned, considered all three structures as representing *ego* structures, and as provided with energic functions derived from the libidinal investments in all three of them.

Fairbairn thus conceives of endopsychic structures as not rigid, impersonal, frozen molds but actively maintained and dynamically interacting object-relations-determined. He differentiates the establishment of the schizoid position, and the related consolidation of endopsychic structures, from the pathological fixation at this stage of development reflected by schizoid factors in the personality—which he considers quite universal—and from the schizoid personality proper (the prototypical psychopathology of the schizoid position).

Fairbairn conceptualized penis envy, castration anxiety, and genital longings for both parents in the positive and negative oedipal situation as an expression of deterioration of the object relations to the parents resulting from the repression of major affective libidinal needs. In other words, Fairbairn considered the longing for genital relations with the oedipal objects and the corresponding fears and prohibitions a consequence of the regression from total, integrated, to part-object relations with the oedipal parents. He defined adult, mature heterosexual relations as total-object relations which permit mutual dependency and the expression of libidinal needs through predominantly, but not exclusively, genital channels. For Fairbairn, the various erotogenic zones represented not the origin of libidinal stimuli but the channels available for expression of libidinal needs directed to objects. He (1955) defined anal and phallic conflicts not in terms of libidinal stages, but as particular "techniques" activated in a sequence directed primarily by the nature of interactions and conflicts with parental objects as the child moves from infantile dependence to mature independence.

It is difficult to clearly relate Fairbairn's thinking to that of Melanie Klein, in spite—or because—of their attaching different meanings to the same terms. Klein (1946), under the influence of Fairbairn's contributions to the understanding of schizoid personality characteristics and defenses, decided to rename the earliest stage of development the "paranoid–schizoid position," rather than "paranoid position," and she agreed with Fairbairn in that this position predated the development of the depressive position. Klein also agreed with the particular emphasis Fairbairn laid on the inherent relation between hysteria and schizophrenia. She strongly disagreed, however, with Fairbairn's revision of the theory of mental structure and instincts, with his view that only the bad object is internalized, and with his underrating of the role aggression and hate play from the beginning of life. Fairbairn originally proposed that only bad object relations induced internalized and splitting mechanisms. A gradual shift away

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from this early view led him to his final proposal that the original internalization is that of the actually experienced mother as a consequence of the infant's efforts to deal with the unavoidably frustrating aspects of this first love object.

Other clinical differences between the two British theorists derived from these theoretical differences: Klein's stress on the need to systematically analyze the positive and negative transference from a position of technical neutrality contrasts with Fairbairn's assumption that the reality aspects of the analyst's personality are the most important therapeutic factor. Fairbairn criticized Klein's overemphasis on aggression, and Kleinian authors think that Fairbairn (as well as Balint and Winnicott) underemphasized the importance of aggression, particularly regarding severe and early psychopathology.

Fairbairn formulated the specific danger situations characteristic of the schizoid and the depressive positions. The most devastating and basic experiences were those of ego fragmentation, of loss of a sense of oneness, and a conviction of futility (characteristic of the schizoid position) under the impact of the fear of the destructiveness of one's love. The principal danger of the depressive position, he proposed—here agreeing with Klein—was the devastating loneliness he derived from the loss of the loved object destroyed by one's own aggression.

In exploring the unconscious guilt feelings generally characteristic of superego functioning and the abnormally intense expression of guilt in depression, in particular, Fairbairn differed from Freud. He called the defense of the superego a "moral defence." It reflected an effort to maintain the good object relation with bad objects by reinforcing the internalization of the split-off, bad (frustrating and exciting) object. In depression, this reinforced internalization was an effort to transform the "unconditional badness" of the object into a "conditional" one, that is, the development of the fantasy that it was the child's own badness that brought about frustration or attack from the good object. Hence, the sadistic self-accusations of the depressed patient reflected not only the object's aggression directed against the ego, but the antilibidinal ego's effort to protect the good relation with the ideal object by attacking the libidinal ego as if it were bad, as having caused the frustration from the object.

The theoretical consequences of this explanation of the schizoid and depressive positions led Fairbairn to increasingly stress the primary nature of libidinal relations, the secondary nature of aggression as derived from frustration of the infant's libidinal needs by mother, and the primarily object-directed quality of libidio. On the clinical side, however, Fairbairn stressed the crucial importance of internalized bad objects and bad object relations and the need to interpretively resolve the defensive function of

the activation in the transference of the central ego-ideal object relation. Only the full activation of the bad internalized object (in both its frustrating and gratifying aspects) in the transference permitted the reduction of splitting of the endopsychic structure and an increase in the depth and scope of the central ego so that it could develop fully satisfactory libidinal relations with external objects.

Fairbairn felt that, because Freud had developed his structural model, particularly his concept of the superego, under the influence of his study of mourning and melancholia, he had overestimated both the importance of aggression in psychopathology and the conflicts between later stages of the superego and the ego, and had neglected the underlying characteristics of schizoid developments. Nevertheless, Fairbairn acknowledged repeatedly that it was Freud's description of the superego as an internalized structure having the capacity for repressive action and reflecting the internalization of the parental images of the oedipal conflict that had first stimulated Fairbairn to formulate endopsychic structure in terms of internalized object relations. Fairbairn felt that he had taken a step that evolved from Freud's structural theory.

Internalized Object Relations in Psychopathology

Fairbairn also explored the relation between the characteristics of the schizoid personality and other psychopathological conditions, particularly narcissism, repetition compulsion, negative therapeutic reaction, and the relation between the dynamics of schizoid and depressive psychopathology.

While he described hysterical psychopathology as the prototype of all psychopathology, illustrating the dynamic organization of endopsychic structure based upon schizoid processes (that is, splitting of an original, pristine ego into three subsidiary ones with their respective internalized object relations), Fairbairn considered the schizoid personality proper a most severe type of psychopathology. In the schizoid personality, a self-perpetuating splitting of the central ego occurred as a consequence and expression of extremely severe fears of any libidinal object relationship. The schizoid personality is characterized by an impoverished central ego relating to objects mostly stripped of their aggressive and libidinal characteristics, a general impoverishment of the affective capabilities of the central ego, and a withdrawal into an internal world of fantasy which permits the gratification of libidinal and aggressive needs intrapsychically and is reflected in detachment, secrecy, and subtle superiority in the relation with external objects. This condition represented, for Fairbairn, a highly pathological fixation at or regression to the basic intrapsychic

organization elaborated into a specific clinical syndrome. In the transference, the schizoid patient's detachment from the analyst, his withdrawal into fantasies drained of emotion, the sense of emptiness and futility the patient conveys about himself and also induces in the analyst, have to be explored as a very active consequence of defensive splitting of the patient's total emotional relation with the analyst. Split-off segments of that relation emerge in dissociated emotional experiences, in the activation of fleeting, nonintegrated, nonverbal aspects of the patient's behavior, in displacements toward other objects, and in the patient's dreams. The analysis of all this material permits the gradual transformation of the initial "ideal," friendly but distant relation to the analyst.

In a broad sense, Fairbairn differentiated a psychopathology of "infantile dependence" (both of the early oral and the late oral stage), namely, the schizoid and depressive positions, from the psychopathology of the "quasi-independent" or "transitional" stage of development of later childhood, characterized by various ways of dealing with internal and external objects that included what he called the phobic, hysterical, paranoid, and obsessive "techniques." The final stage of development, following the infantile dependent and the transitional one, was the stage of "mature dependence," characterized by whole object relations and genital primacy. At one point, Fairbairn (1941, p. 28) explicitly defines his term *primary identification* "to signify the cathexis of an object which has not yet been differentiated (or has been only partly differentiated) from himself by the cathecting subject." I find it hard to reconcile this statement with the repeated affirmation that a pristine (that is, integrated and therefore differentiated) ego exists from birth on, and that a search for object relations exists when there is not yet any differentiation between the ego (or self) and the object.

Fairbairn criticized Abraham's (1924) effort to devise an organized scheme of psychopathology on the basis of fixation and/or regression to certain stages of libidinal development. He agreed with Abraham's description of the first two stages of development—the earliest oral stage characterized by sucking and the later oral stage characterized by biting. He rejected, however, Abraham's relating subsequent developmental stages to various types of psychopathology. Fairbairn suggested that the major neurotic syndromes—phobic neurosis, hysteria, obsession, and paranoid personality—reflected alternative methods of dealing with the same intrapsychic conflicts that gave rise to the schizoid and depressive positions.

Fairbairn saw the development of masochistic tendencies as a key manifestation of the activation of previously split-off bad internalized object relations in the transference. In the masochistic relation there is a desperate attempt not only to activate the relation between the antilibidinal ego and the antilibidinal object (a relation which, in itself, illustrates the libidinal ties between these two endopsychic structures) but also to modify the antilibidinal object and to transform its hatred into love. In a general sense, the desperate search for libidinal gratification on the part of the libidinal ego in relating to the libidinal object is condensed with the activation of the bad object relation in order to bring about the gradual mitigation of the latter and its consolidation with the good one in the same relationship.

According to Fairbairn, the child takes onto himself the badness of his frustrating, persecuting objects and also internalizes his good objects, which then combine in assuming a superego role. In explaining the internalizing of the bad object, he remarks, "It is better to be a sinner in a world ruled by God than to live in a world ruled by the Devil" (1943, p. 66). Paraphrasing this, in light of his concept of the "conditionally bad object," we might say that the Devil is internalized in an effort to transform him into an irate God, and later condensed with the ideal God in order to maintain the hope for an eventual redemption in God's world. This hope lies hidden in the activation of masochistic object relations in the transference.

Masochistic needs thus reflected, for Fairbairn, a key phase in the resolution of pathological schizoid states, and he saw the need to reactivate these split-off and repressed object relations as the basic explanation of repetition compulsion as well. In fact, Fairbairn stressed that the psychoanalytic resolution of unconscious guilt feelings might, if anything, bring about an intensification of the patient's resistances and of negative therapeutic reactions because the patient then would be faced with coming to terms with his libidinal attachment to bad, ambivalently loved objects. Fairbairn also linked the masochistic components of hysteria with underlying schizoid features.

Fairbairn pointed to the internal relationships of hypomanic, psychopathic, and narcissistic defenses against deeply repressed, denied, and split-off dependent needs. He stressed the connections between schizoid psychopathology, narcissistic features, and psychopathic tendencies, but he did not actually differentiate narcissistic pathology or clarify to what extent the psychopathic personality reflected complicating developments within an essentially schizoid psychopathology. Although he gives a comparative description of the defenses (he calls them techniques) characteristic of hysterical, phobic, obsessive, and paranoid psychopathology, Fairbairn had relatively little to say about these various types of "transitional" psychopathology and conveys the impression that his outline is essentially an answer to Abraham's schema of psychopathology. In this

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connection, it is of interest to note how little Fairbairn has to say about the psychoses, particularly schizophrenia. This stems, I suspect, from his tendency to remain close to the clinical base.

Psychoanalytic Technique

Fairbairn has written little on psychoanalytic technique. He maintained a standard technique during most of his professional years and rejected the abandonment of both the historical and genetic approach of the existential and the culturalist psychoanalytic approaches (he explicitly rejected the interpretation in the "here and now" *only*). He stressed the importance of the interpretation of resistances, the central nature of the interpretation of the transference, but expressed his concern that a combination of technical neutrality plus interpretations in terms of what he called "impulse psychology" only (in contrast to interpretation in terms of the reactivation of repressed object relations) might convey to the patient an excessive distance on the part of the analyst (1957). There is some irony in the protest Guntrip (1975) expressed at Fairbairn's adherence to classical psychoanalytic technique—implying distance and lack of personal involvement—in contrast to Guntrip's experience with his second analyst, Winnicott. In my opinion, Guntrip's criticism here speaks for Fairbairn.

Fairbairn stressed however, that therapeutic effects do not derive only from the analyst's interpretations—particularly from the interpretations of the transference—but also, and fundamentally, from the analyst's capacity to provide, by means of his real interest and concern, the necessary counterbalance to the activation of bad repressed object relations in the transference.

Later in his professional life, Fairbairn (1958) raised questions regarding the validity of the requirement that the patient should lie on a couch with the analyst out of view. Although he did not favor the face-to-face interviews advocated by the Sullivanians, he eventually adopted an arrangement in which, while patient and analyst were not ordinarily looking at one another, they were sitting within each other's potential field of vision. He stressed that the relationship of the patient to the analyst was the decisive therapeutic factor upon which the other therapeutic factors—insight, recall of infantile memories, and catharsis—rested.

Fairbairn saw as the primary aim of psychoanalytic treatment to bring about a synthesis of the personality by reducing "that triple splitting of the pristine ego which occurs to some degree in every individual, but in some individuals to a greater degree than others" (1958, p. 380). He considered the chief resistance to change as stemming from the unconscious effort to maintain the internal world of object relations as a "closed system," within which, in subtle expressions in fantasies and dreams, in symptoms and avoided relations with external objects, the patient attempts to maintain the libidinal ties between the split-off and repressed bad objects and their corresponding split-off and repressed parts of the ego.

CRITIQUE

In 1953, Winnicott and Khan in an extensive review of Fairbairn's book, criticized sharply—and, in my opinion, appropriately—Fairbairn's claims that his theory supplants that of Freud. The strong need, whatever its origin, to differentiate his theoretical formulations from Freud's has done poor service to Fairbairn's presentation of his theories and created what seems to me, in agreement with Winnicott and Khan, a largely unnecessary polemic atmosphere around Fairbairn's work. Guntrip's enthusiastic, uncritical, and distorting presentation of Fairbairn's views, to which I have already referred, has only exacerbated this tendency.

Winnicott and Khan (1953) pointed out that Fairbairn cannot consistently maintain a view in which the infant is always a separate entity, seeking an object that is distinct and yet emerges from within the infant's own entity. They agreed with Fairbairn's stress that at the root of the schizoid personality is the infant's failure to feel that the mother loves him in his own right, but pointed to the difficulty of finding out whether Fairbairn considers this the mother's failure or the result of the child's projection onto her of his own hate. They suggested that, in contrast to Fairbairn's own statement to the contrary, there is much in his book to indicate that it is the child's projection onto mother of his own hate that is importantly involved.

Winnicott and Khan (p. 331) also criticized the hopelessness of trying to correlate Fairbairn's statements with Klein's, "since Klein's work has been set down with great clarity, and Fairbairn's discoveries seemed to run criss-cross with those of Klein."

Another of their major criticisms derives from the problem created by Fairbairn's assumption that a primary identification with the object is compatible with a primary conception of an independent object. They state (p. 332): "Now if the object is not differentiated it cannot operate as an object. What Fairbairn is referring to then is an infant with needs, but with no 'mechanism' by which to implement them, an infant with needs not 'seeking' an object, but seeking detension, libido seeking satisfaction, instinct tension seeking a return to a state of rest or un-excitement; which brings us back to Freud." They feel that "Fairbairn's clini-

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cal intuitive sense brings him all the way while his theory gets bogged down a few miles in the rear."

Balint (1956a, b), in agreement with Winnicott and Khan's views, affirms the need for a consideration of pure pleasure-seeking along with the central importance of object relations. Zetzel (1955) also criticizes Fairbairn's underemphasis of the importance of aggression, and points to the similarity of Balint's and Fairbairn's position in this regard. Wisdom (1962, 1963, 1971), in comparing Fairbairn's and Klein's approaches, has probably clarified more than anybody else where implicit areas of agreement and disagreement lie, particularly regarding their concepts of introjection and projection, the psychopathology of hysteria and depression, and some of the philosophical implications of their work.

Sutherland (1963, 1965, 1979) has introduced important modifications into Fairbairn's model which have permitted him to establish bridges between Fairbairn's thinking and certain aspects of an ego psychology approach. Sutherland reintroduces the concept of instincts into Fairbairn's clinical observations by pointing to the ethological studies on attachment and to Bowlby's (1969) work, and by connecting Fairbairn's endopsychic structures with a concept of split-off affect states.

Sutherland (1963) made an important addition to the concept of the division of the pristine ego into substructures, stressing that each of them contains "a) a part of the ego, b) the object that characterizes the related relationships, and c) the affects of the latter." Sutherland stressed that the split-off ego structures of Fairbairn's model should be conceived as (p. 115)

> interrelated dynamic psychological systems, constantly in active relationship with each other and with the outer world. Each structure has a great complexity and depth into which is built its history. The particular experiences of the person will contribute many subsystems which could, for instance, be precipitates of repressed relations at the oral, anal or phallic phases of classical theory; but there is a tendency for these constituent subsystems to group or to assume a hierarchical order around the image of one person, even if only loosely. The first manifestation of a bad object relationship in the course of analysis may therefore center around one or other of these subsystems, but as the analysis proceeds all the components come to the surface.

Sutherland also focuses on the potential relations between Erikson's (1950) developmental model and Fairbairn's approach.

Referring to Fairbairn's technical approach, Sutherland stresses that "the repressed not only returns, but it tends to return to the representative of the more comprehensive relationship from which it was originally split off." Sutherland (1979) points out that, for Fairbairn, "impulses"

are related to reality from the start, and the pleasure principle is an accompaniment of relationships with objects in reality and a guide to them.

Sutherland (1979) considers the self—his term for Fairbairn's ego—an overall system integrated by subsystems represented by the split-off self components described by Fairbairn, and suggests that the self may be considered "a supraordinate structure of great flexibility and perhaps in the nature of a 'field force,' its primary function [being] the container of motives from all the subsystems which have differentiated from it. Subsystems such as the behavioral systems of the ethologists, or the higher level organizations we call the subegos and internal objects all fall within its influence." He goes on to suggest that the value of the "self," conceptualized as "the overall dynamic structural matrix," is that "we can give underpinning to the personal level of action as 'I' and yet allow for the self to be dominated at different times and in different situations by any of its subsystems such as the superego, the antilibidinal ego, the exciting object, etc. etc."

By focusing on the intimate connection between object and self-structures in intrapsychic subsystems, Sutherland approaches, I think, Jacobson's concept of the build-up of internalized object relations in terms of self- and object representations. This relation of Fairbairn's to Jacobson's thinking can also be considered in Sutherland's stress on the affect components of internalized object relations. It is a paradox that Fairbairn, so vehemently in protest against Freud's instinct theory, consistently uses terms such as libidinal and aggressive cathexes or investment to refer to the dynamic qualities of endopsychic structures. In fact, to consider such libidinal and aggressive investments of self- and object representations as affective investments, and to consider these investments as the basic drive derivatives indissolubly linked to self- and object representations, offer a new perspective to the relation between ego psychology and object relations theory. Fairbairn, writing his central theoretical papers in the nineteen-forties, tended to ignore the writings of contemporary ego psychologists, particularly those in the United States. Jacobson's paper, "The Self and the Object World" was published in 1954, and it was only in 1963 that Sutherland's reformulation of Fairbairn's statements on endopsychic structures permitted this relationship between Fairbairn and Jacobson to become apparent.

I agree with Sutherland (1979) that Fairbairn emerges as the theoretically most profound, consistent, and provocative writer of the British "middle group," including here particularly Balint, Winnicott, and Guntrip. Fairbairn was able to transform into a theoretical statement what analysts had long sensed before—and after—him, namely, that in all clinical situations we never find pure drives, but always an activation of affects

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reflecting such drives in the context of internalized object relations reenacted in the transference. I think Fairbairn was right in feeling that this concept was already implicit in Freud and required just one step further for fundamental reexploration of metapsychology; but I totally disagree with his assumption that this view requires an abandonment of Freud's metapsychology.

Our current knowledge about inborn motor, perceptive, and affective patterns which mature rapidly in the first few weeks and months of life and are reflected in early attachment behavior confirms, I believe—in agreement with Sutherland—Fairbairn's concept that libido is always object-seeking and does not exist independently from object-seeking. However, this statement also ignores the contemporary instinct theory that instincts are the hierarchical organization of inborn behavior patterns under the influence of the environment. In psychological terms, pleasurable, rewarding early object relations develop into an organized drive—or supraordinate motivational system, for which the concept of libido seems to me adequate and convincing in the light of Freud's theory of the continuity between early and later object-related instinctual aims.

Fairbairn's observation that libido emerges in the context of object relations and cannot be observed outside that context is perfectly consistent with my concept of the organization of libidinal drive throughout development (1976, Chapter 3). By the same token, while Fairbairn is correct, it seems to me, in observing that aggression emerges as a response to frustration, he, as well as many behaviorists and culturalists, neglects the fact that there are inborn affective, perceptual, and behavior patterns that activate aggressive behavior, thus contributing for aggression the same maturational and developmental conditions as for libido.

Aggression as a drive is the supraordinate integration of aggressively invested object-relations into an overall hierarchically supraordinate motivational system. This concept of aggression is in fact clinically in harmony both with Fairbairn's stress on the crucial importance of the activation of aggressive internalized object relations in the transference, and with Sutherland's (1979) warning against simplistic deficit theories of psychopathology that neglect the enormous importance of dissociated envy and aggression in early development.

Regarding the relation between Fairbairn's model and ego psychology object relations theory, it seems to me that an impressive contribution of Fairbairn's theory resides in his proposal, at least ten years before the related work of Jacobson (1964) and of Mahler (1972), that the internal world of object relations starts out as a dyadic, internalized relation between a self-component and an object component, what we would now call a self-representation and an object representation. In fact, I think the structural units of self- and object representations linked by determined affect dispositions, first described by Fairbairn and then elaborated by Sutherland, are the basic constituents of the id or dynamic unconscious. I have never understood why Fairbairn felt that such a concept of the id (the repressed exciting object and the libidinal ego related to it) is necessarily in contradiction to Freud's concept of the id. It is true that Fairbairn was not alone in assuming such an incompatibility; a good many traditional ego psychologists in this country, particularly Rapaport, would probably agree on the mutual incompatibility of these two models.

However, I think that Jacobson's and Mahler's developmental concepts, and beyond that, Hartmann's (1939) elaboration of the concept of an original ego–id matrix that predates the id as a discrete, organized system, points to the compatibility of Freud's and Fairbairn's model in this area. Fairbairn's protest against the relation between his tripartite model and that of Freud is weak not only in terms of his ignoring Hartmann's concept (in harmony with Freud's) of a primary undifferentiated ego–id. Fairbairn, in defining Freud's superego in terms of his own endopsychic structures, fails to note that in the thinking of contemporary ego psychology not all guiding value systems are incorporated in the superego, and, insofar as the superego reflects the infantile, sadistically infiltrated, childhood-derived morality that is essentially repressed and irrational, it corresponds much more closely to Fairbairn's antilibidinal object and antilibidinal ego than to his "ego-ideal."

In short, I see Fairbairn as having alerted us to the fact that, in contrast to the older concept of the id as a "reservoir" of "impulses," all three systems, ego, superego, and id, originate from the organization of internalized object relations, and I consider this concept compatible with the contemporary ego psychology approach that maintains Freud's structural theory and his dual-instinct theory linked to a developmental model centering on internalized object relations.

Fairbairn, in following Melanie Klein, ignored or neglected the lack of differentiation between self- and object representations that characterizes earliest development. Fairbairn, therefore, failed to consider early developmental stages that predate the differentiated self- and object components of his "schizoid position," which he saw as the fundamental endopsychic structure, as the earliest intrapsychic structural development. In contrast, Jacobson and Mahler's concept of earliest experience as reflecting a fused self–object representation—the original, undifferentiated, libidinally invested mother–infant dyad out of which both the internal world of object relations and the conception of the self gradually emerge—is, it seems to me, a better way of formulating the gradual origin of subjective awareness derived from intrasystemic early conflicts and of the conscious-self concept as related to the dynamic underpinning of the tripartite system.

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A major problem with Fairbairn's theory of endopsychic structure is similar to that of the Kleinian approach: the telescoping of all developments into an assumed extremely early sequence of schizoid and depressive "positions," thus neglecting the important connections between structural developments in the preoedipal stages of life and the consolidation of the tripartite structure under the influence of oedipal conflicts. Both Klein and Fairbairn had important contributions to make to the understanding of the connections between preoedipal and oedipal conflicts, but, because of the strange telescoping of development into the earliest months of life, both missed the boat. Winnicott avoided this collapse of early developmental stages. He assumed an earliest stage of undifferentiation (predating self and object differentiation) and described the pathology of early differentiation as related to excessive intrusion or impingement by mother with the subsequent consolidation of a "false self." Winnicott, however, did not formulate a fully integrated developmental model. The schizoid dynamics described by Fairbairn and Winnicott—as well as, presumably, Klein's paranoid–schizoid operations—would correspond, broadly, to Mahler's period of separation–individuation, with Fairbairn's schizoid defenses probably ranging from early differentiation to the rapprochement stage.

One more problem derived from Fairbairn's collapse of early development is his failure to differentiate splitting from repression proper. While I agree with his idea of the continuity of early splitting mechanisms, the later dissociative ego defenses leading to hysterical dissociative states and, finally, repression proper, there are developmental tranformations involved in these increasingly complex processes that Fairbairn misses completely. Particularly striking is his failure to mention the clinical differences between splitting mechanisms and repressive mechanisms in adult patients.

And yet, Fairbairn's concept of "dynamic structures" in referring to the stable organization of internalized object relations constitutes a potentially powerful link between the early ego substructures that enter into self- and object representations and the tripartite structure and the emerging self. Although Fairbairn himself—wrongly, I believe—thought that his viewpoint was in opposition to the dual-instinct theory, he rightly objected to the mystical and mechanical, impersonal qualities of instinct as reflected in the concept of a death instinct and the general use of aggression as conceptualized by Klein.

While starting out with Klein's description of multiple internal objects in his formulations, Fairbairn transcended her lack of structural thinking, the "free floating" internal objects in her theories, and he also brought back the real relation with mother, which was strongly underemphasized in the pseudobiological orientation of the Kleinian school.

The gradual integration of the self-components of early internalized object relations permits the concept of an emerging self that does not stem from impersonal instincts per se but from the organization of the self-representations, part of a world of internal object relations which is activated in the context of activation of inborn instinctive patterns and gradually leads to the simultaneous organization of drives and internalized object relations to form the tripartite structure. Bowlby, who originally developed his formulations under the influence of the British middle group, traced the organization of drives from primary inborn attachment behavior. However, he grossly neglected the organizing importance of intrapsychic structures reflecting object relations enacted under the impact of loving and hating affect states. My own efforts to integrate Bowlby's and Fairbairn's findings with the more recent and sophisticated developmental models of Jacobson and Mahler seem to me to do justice to clinical psychoanalytic findings, and to relate naturally the psychoanalytic concept of the self and the object world to the structural properties of the psychic apparatus.

Fairbairn's consistent stress on the link between particular self- and object components as dynamic units (in the context of what I would prefer, in agreement with Sutherland, to describe as an affective investment of such units) represents the earliest effort to link with metapsychology the clinical observation that we never see pure drives but always object relations under the effect of drive derivatives. Fairbairn's stress on considering endopsychic structure both a structure and an energy system seems to me, in the light of contemporary biological thinking as well as clinical evidence, a more sophisticated basis for updating psychoanalytic metapsychology than the numerous efforts to altogether eliminate energy concepts from psychoanalytic thinking because older, "hydraulic" energy models no longer seem satisfactory.

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