Attacks on Linking
(from SECOND THOUGHTS,
W. R. Bion, published by Karnac, pages 93 -109)

to ensure emotionally rewarding experiences such as, to mention two, the ability to put bad feelings in me and leave them there long enough for them to be modified by their sojourn in my psyche, and the ability to put good parts of himself into me, thereby feeling that he was dealing with an ideal object as a result. Associated with these experiences was a sense of being in contact with me, which I am inclined to believe is a primitive form of communication that provides a foundation on which, ultimately, verbal communication depends. From his feelings about me when I was identified with the obstructive object, I was able to deduce that the obstructive object was curious about him, but could not stand being the receptacle for parts of his personality and accordingly made destructive and mutilating attacks, largely through varieties of stupidity, upon his capacity for projective identification. I, therefore, concluded that the catastrophe stemmed from the mutilating attacks made upon this extremely primitive species of link between the patient and analyst.

Conclusion

91. In some patients the denial to the patient of a normal employment of projective identification precipitates a disaster through the destruction of an important link. Inherent in this disaster is the establishment of a primitive superego which denies the use of projective identification. The clue to this disaster is provided by the emergence of widely separated references to curiosity, arrogance, and stupidity.

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92. In previous papers (3) I have had occasion, in talking of the psychotic part of the personality, to speak of the destructive attacks which the patient makes on anything which is felt to have the function of linking one object with another. It is my intention in this paper to show the significance of this form of destructive attack in the production of some symptoms met with in borderline psychosis.

The prototype for all the links of which I wish to speak is the primitive breast or penis. The paper presupposes familiarity with Melanie Klein's descriptions of the infant's fantasies of sadistic attacks upon the breast (6), of the infant's splitting of its objects, of projective identification, which is the name she gives to the mechanism by which parts of the personality are split off and projected into external objects, and finally her views on early stages of Oedipus complex (5). I shall discuss phantasied attacks on the breast as the prototype of all attacks on objects that serve as a link and projective identification as the mechanism employed by the psyche to dispose of the ego fragments produced by its destructiveness.

I shall first describe clinical manifestations in an order dictated not by the chronology of their appearance in the consulting room, but by the need for making the exposition of my thesis as clear as I can. I shall follow this by material selected to demonstrate the order which these mechanisms assume when their relationship to each other is determined by the dynamics of the analytic situation. I shall conclude with theoretical observations on the material presented. The examples are drawn from the analysis of two patients and are taken from an advanced stage of their analyses. To preserve anonymity I shall not distinguish between the patients and shall introduce distortions of fact which I hope do not impair the accuracy of the analytic description.

[1] *International Journal of Psycho-Analysis*, Vol. 40, Parts 5–6, 1959.

Observation of the patient's disposition to attack the link between two objects is simplified because the analyst has to establish a link with the patient and does this by verbal communication and his equipment of psycho-analytical experience. Upon this the creative relationship depends and therefore we should be able to see attacks being made upon it.

I am not concerned with typical resistance to interpretations, but with expanding references which I made in my paper on "The Differentiation of the Psychotic from the Non-psychotic Part of the Personality" (3) to the destructive attacks on verbal thought itself.

Clinical Examples

93. I shall now describe occasions which afforded me an opportunity to give the patient an interpretation, which at that point he could understand, of conduct designed to destroy whatever it was that linked two objects together.

These are the examples:

(i) I had reason to give the patient an interpretation making explicit his feelings of affection and his expression of them to his mother for her ability to cope with a refractory child. The patient attempted to express his agreement with me, but although he needed to say only a few words his expression of them was interrupted by a very pronounced stammer which had the effect of spreading out his remark over a period of as much as a minute and a half. The actual sounds emitted bore resemblance to gasping for breath; gaspings were interspersed with gurgling sounds as if he were immersed in water. I drew his attention to these sounds and he agreed that they were peculiar and himself suggested the descriptions I have just given.

(ii) The patient complained that he could not sleep. Showing signs of fear, he said, "It can't go on like this". Disjointed remarks gave the impression that he felt superficially that some catastrophe would occur, perhaps akin to insanity, if he could not get more sleep. Referring to material in the previous session I suggested that he feared he would dream if he were to sleep. He denied this and said he could not think because he was wet. I reminded him of his use of the

term "wet" as an expression of contempt for somebody he regarded as feeble and sentimental. He disagreed and indicated that the state to which he referred was the exact opposite. From what I knew of this patient I felt that his correction at this point was valid and that somehow the wetness referred to an expression of hatred and envy such as he associated with urinary attacks on an object. I therefore said that in addition to the superficial fear which he had expressed he was afraid of sleep because for him it was the same thing as the oozing away of his mind itself. Further associations showed that he felt that good interpretations from me were so consistently and minutely split up by him that they became mental urine which then seeped uncontrollably away. Sleep was therefore inseparable from unconsciousness, which was itself identical with a state of mindlessness which could not be repaired. He said, "I am dry now". I replied that he felt he was awake and capable of thought, but that this good state was only precariously maintained.

(iii) In this session the patient had produced material stimulated by the preceding week-end break. His awareness of such external stimuli had become demonstrable at a comparatively recent stage of the analysis. Previously it was a matter for conjecture how much he was capable of appreciating reality. I knew that he had contact with reality because he came for analysis by himself, but that fact could hardly be deduced from his behaviour in the sessions. When I interpreted some associations as evidence that he felt he had been and still was witnessing an intercourse between two people, he reacted as if he had received a violent blow. I was not then able to say just where he had experienced the assault and even in retrospect I have no clear impression. It would seem logical to suppose that the shock had been administered by my interpretation and that therefore the blow came from without, but my impression is that he felt it as delivered from within; the patient often experienced what he described as a stabbing attack from inside. He sat up and stared intently into space. I said that he seemed to be seeing something. He replied that he could not see what he saw. I was able from

previous experience to interpret that he felt he was "seeing" an invisible object and subsequent experience convinced me that in the two patients on whose analysis I am depending for material for this paper, events occurred in which the patient experienced invisible-visual hallucinations. I shall give my reasons later for supposing that in this and the previous example similar mechanisms were at work.

(iv) In the first twenty minutes of the session the patient made three isolated remarks which had no significance for me. He then said that it seemed that a girl he had met was understanding. This was followed at once by a violent, convulsive movement which he affected to ignore. It appeared to be identical with the kind of stabbing attack I mentioned in the last example. I tried to draw his attention to the movement, but he ignored my intervention as he ignored the attack. He then said that the room was filled with a blue haze. A little later he remarked that the haze had gone, but said he was depressed. I interpreted that he felt understood by me. This was an agreeable experience, but the pleasant feeling of being understood had been instantly destroyed and ejected. I reminded him that we had recently witnessed his use of the word "blue" as a compact description of vituperative sexual conversation. If my interpretation was correct, and subsequent events suggested that it was, it meant that the experience of being understood had been split up, converted into particles of sexual abuse and ejected. Up to this point I felt that the interpretation approximated closely to his experience. Later interpretations, that the disappearance of the haze was due to reintrojection and conversion into depression, seemed to have less reality for the patient, although later events were compatible with its being correct.

(v) The session, like the one in my last example, began with three or four statements of fact such as that it was hot, that his train was crowded, and that it was Wednesday; this occupied thirty minutes. An impression that he was trying to retain contact with reality was confirmed when he followed up by saying that he feared a breakdown. A little later he said I would not understand him. I interpreted that he felt I was bad and would not take in what he wanted to

put into me. I interpreted in these terms deliberately because he had shown in the previous session that he felt that my interpretations were an attempt to eject feelings that he wished to deposit in me. His response to my interpretation was to say that he felt there were two probability clouds in the room. I interpreted that he was trying to get rid of the feeling that my badness was a fact. I said it meant that he needed to know whether I was really bad or whether I was some bad thing which had come from inside him. Although the point was not at the moment of central significance I thought the patient was attempting to decide whether he was hallucinated or not. This recurrent anxiety in his analysis was associated with his fear that envy and hatred of a capacity for understanding was leading him to take in a good, understanding object to destroy and eject it—a procedure which had often led to persecution by the destroyed and ejected object. Whether my refusal to understand was a reality or hallucination was important only because it determined what painful experiences were to be expected next.

(vi) Half the session passed in silence; the patient then announced that a piece of iron had fallen on the floor. Thereafter he made a series of convulsive movements in silence as if he felt he was being physically assaulted from within. I said he could not establish contact with me because of his fear of what was going on inside him. He confirmed this by saying that he felt he was being murdered. He did not know what he would do without the analysis as it made him better. I said that he felt so envious of himself and of me for being able to work together to make him feel better that he took the pair of us into him as a dead piece of iron and a dead floor that came together not to give him life but to murder him. He became very anxious and said he could not go on. I said that he felt he could not go on because he was either dead, or alive and so envious that he had to stop good analysis. There was a marked decrease of anxiety, but the remainder of the session was taken up by isolated statements of fact which again seemed to be an attempt to preserve contact with external reality as a method of denial of his phantasies.

Features Common to the Above Illustrations

94. These episodes have been chosen by me because the dominant theme in each was the destructive attack on a link. In the first the attack was expressed in a stammer which was designed to prevent the patient from using language as a bond between him and me. In the second sleep was felt by him to be identical with projective identification that proceeded unaffected by any possible attempt at control by him. Sleep for him meant that his mind, minutely fragmented, flowed out in an attacking stream of particles.

The examples I give here throw light on schizophrenic dreaming. The psychotic patient appears to have no dreams, or at least not to report any, until comparatively late in the analysis. My impression now is that this apparently dreamless period is a phenomenon analogous to the invisible-visual hallucination. That is to say, that the dreams consist of material so minutely fragmented that they are devoid of any visual component. When dreams are experienced which the patient can report because visual objects have been experienced by him in the course of the dream, he seems to regard these objects as bearing much the same relationship to the invisible objects of the previous phase as faeces seem to him to bear to urine. The objects appearing in experiences which we call dreams are regarded by the patient as solid and are, as such, contrasted with the contents of the dreams which were a continuum of minute, invisible fragments.

At the time of the session the main theme was not an attack on the link but the consequences of such an attack, previously made, in leaving him bereft of a state of mind necessary for the establishment of a satisfying relationship between him and his bed. Though it did not appear in the session I report, uncontrollable projective identification, which was what sleep meant to him, was thought to be a destructive attack on the state of mind of the coupling parents. There was therefore a double anxiety; one arising from his fear that he was being rendered mindless, the other from his fear that he was unable to control his hostile attacks, his mind providing the ammunition, on the state of mind

that was the link between the parental pair. Sleep and sleeplessness were alike unacceptable.

In the third example in which I described visual hallucinations of invisible objects, we witness one form in which the actual attack on the sexual pair is delivered. My interpretation as far as I could judge, was felt by him as if it were his own visual sense of a parental intercourse; this visual impression is minutely fragmented and ejected at once in particles so minute that they are the invisible components of a continuum. The total procedure has served the purpose of forestalling an experience of feelings of envy for the parental state of mind by the instantaneous expression of envy in a destructive act. I shall have more to say of this implicit hatred of emotion and the need to avoid awareness of it.

In my fourth example, the report of the understanding girl and the haze, my understanding and his agreeable state of mind, have been felt as a link between us which could give rise to a creative act. The link had been regarded with hate and transformed into a hostile and destructive sexuality rendering the patient-analyst couple sterile.

In my fifth example, of the two probability clouds, a capacity for understanding is the link which is being attacked but the interest lies in the fact that the object making the destructive attacks is alien to the patient. Furthermore, the destroyer is making an attack on projective identification which is felt by the patient to be a method of communication. In so far as my supposed attack on his methods of communication is felt as possibly secondary to his envious attacks on me, he does not dissociate himself from feelings of guilt and responsibility. A further point is the appearance of judgement, which Freud regards as an essential feature of the dominance of the reality principle, among the ejected parts of the patient's personality. The fact that there were two probability clouds remained unexplained at the time, but in subsequent sessions I had material which led me to suppose that what had originally been an attempt to separate good from bad survived in the existence of two objects, but they were now similar in that each was a mixture of good and bad. Taking into consideration material from later sessions,