

## CHAPTER THREE

# Lively and deathly intercourse

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The question I am proposing to address in this chapter is one that often perplexes couple psychotherapists: what is going on when a couple tells us that their therapy is definitely helping, that they are feeling better and relating better, but the only problem is they are not having sex? What do we make of that? How should we respond?

“Not having sex” might not itself be put forward as a problem. A couple might pretend that it is not that important to them, and that other things matter more, or that it is a sacrifice worth making for everything else. But, even in such cases, it is unlikely that the therapist will regard their situation as unproblematic. Not that it is my contention that couples should forever be busily having sex and that there is something definitely amiss if they are not. That would be to apply a very crude measurement of the health of the relationship, one that sophisticated couples would immediately see through and look down on, and that would soon become very persecuting both to the couple and to the therapist. After all, there is general agreement that a sign of maturity is the capacity to tolerate frustration and to refrain from precipitate action. Being prepared not to have sex and to tolerate the accompanying frustration

can be a mark of genuine maturity. In any couple's life together, fate will demand this of each of them at different times.

So, one of the couple therapist's tasks is to make a judgement as to whether the current situation does or does not signal something problematic. In this area of considering the place of sex in the couple's relationship, therapists are constantly being pushed and pulled unconsciously, both by their own unresolved unconscious conflicts and by their being affected by the couple's projections. None of us is ever quite sorted out in the area of sex, and it is perhaps both a torment and a comfort to realize that we never shall be, that an ultimate resolution is impossible, and that never fully solving this dilemma is part of what makes us human and alive rather than god-like and dead. It follows that this central area of our work with couples is an area we can never quite adequately deal with. This obviously makes for real difficulties: we can react by being over-confident, reaching towards an omnipotent defence, denying our fallibility and our own anxious unresolved conflicts, or we can respond by becoming too humble, defensively giving up the challenge, taking on the self-comforting role of comforting our patients through emphasizing our mutual impotence, but actually letting them down by not risking giving them enough. It is really quite hard to know one's limitations, to be in touch with one's anxieties, and also to know and value one's substantial experience and risk putting this to use in the service of the couples one is treating.

These introductory points mark how I wish to tackle the subject of sex: by thinking not only about the intercourse between the partners comprising the couple but also, and centrally, considering the interpersonal dynamics of the therapy room, making comparisons with the couple's stated sexual situation and reflecting on the quality of the psychological intercourse between couple and therapist.

In a previous paper (Grier, 2005), I set out some thoughts about the same presenting problem, exploring material from the perspective of three theories: the Oedipus complex, the primal scene, and catastrophic change. Here, I propose to extend this exploration further, using Bion's (1958) theory of linking, Joseph's (1989) use of that theory, and Glasser's (1979) theory of the core complex. Bion's theory gives us a solid but intricate theoretical framework; Joseph's subtle and flexible application and development of it helps Bion's abstract theory to come alive, making it of immense clinical value;

Glasser's theory helps us to understand why some links set off intense anxieties, in their turn giving rise to steely defences.

Bion's theory of linking is of central relevance to couple work because it is all about subjects and objects linking up with each other, or not, and about the quality of these links. These are fundamental couple issues. In his lexicon, L stands for a loving link, H for a hating link, and K for a link of knowledge. The K link is as fundamental as the other two: it is Bion's development of what Freud (1916–1917) and Klein (1930) referred to as an "epistemological instinct", and it expresses his insight that it is as fundamental for the mind to seek Truth and Knowledge, if it is to be healthy and grow, as it is for the body to seek food. And the knowledge in question is emotional knowledge, knowledge gleaned from L and H.

I find it a useful axiom to consider that if a couple's relationship is to be healthy, to be vital and growing, it needs to be functioning on all three of these cylinders. The partners need not only to love and hate each other, but they must also consciously know that they are loving and hating. They must be thinking about themselves and each other in the light of these emotional experiences, with thoughts rising spontaneously and organically. For example, what is it about their partner that evokes love or hate, why did *this* set of circumstances trigger off a loving or hating response and not *that* train of events, why *this* week and not *last* week . . . and so on. These lively questionings are symptomatic of a healthy, searching-for-truth, K link. Partners that can bear to ask fundamental questions of themselves and of each other, who can link up and join forces in thinking about what the answers might be, have a good K link and are likely to be in good shape psychologically. They are also unlikely to be our patients and unlikely to have a serious sexual problem. We, as therapists, might hope for such outcomes as the result of our couple therapies.

The therapist often symbolizes the K function through reflecting on the experiences of the couple and getting to know them and him/herself in relation to them. Interpretation is the tool whereby the therapist hands his or her thoughts to the couple. If their thirst for knowledge is activated, the couple will take in not only the content of the interpretation, but also the therapist's interested and curious attitude, and the process and emotional quality of his or her

thinking. It is gratifying when the couple start to make this role their own, and interest the therapist in their insightful reflections about an experience they have recently undergone, perhaps in the previous few minutes of a session, or one that has gone before, and one that involves the therapist. Then it is not hearsay, the experience is current. As the therapist, one is involved oneself, and one can really test the quality of the couple's thoughts and compare them with one's own, and *vice versa*.

It is challenging that Bion designated H (hate) as a *healthy* link, and to learn that what he regarded as hostile to emotional health was not hate but the active *unlinking* that occurs in the negative functions he called -L, -H and -K. What he emphasizes here is the *anti-link*. Often a masquerade is involved. -L and -K can appear masquerading as love and knowledge: the couple, for example, who present *as if* they love each other, but one senses how terribly cut off from each other they are, and how false their loving talk is; or the couple who talk *as if* they have understood something, *as if* they know each other, but one senses how false this appearance is.

It is said that George Bernard Shaw opined, "If you hit your child, be sure that you hit him in anger." I think the words attributed to Shaw describe a positive H link, which, precisely because the anger is hot and vital, is something that might be borne by both child and parent through its emotional honesty, particularly if it is followed up not by defensive denial, but by reflection that is driven by K. If that happens, each party knows the other better, knows the relationship better, and might come to know themselves better. This is different from the situation in which a child gets punished, not in hot anger, but in an emotional atmosphere in which any warmth or heat is denied, subtracting from that which links parent and child. Here, cold, unlinked, depersonalized hatred prevails instead. A famous example would be Brontë's heroine, Jane Eyre, who, when she was shut up in solitary confinement in the Red Room as a young child was told by Bessie (the nurse), "What we tell you is for your own good . . .", Miss Abbot (the maid) adding "Besides, God will punish her: He might strike her dead . . . if you don't repent, something bad might be permitted to come down the chimney and fetch you away" (Brontë, 1847). This emotional quality can be discerned in couples where the partners hate each other, not hotly, but in a cold, dissociated way.

Bion's theoretical framework makes it possible to examine the quality of couple relationships, and couple-therapist relationships, using these six categories. Fundamentally, there are two, rather than six, categories: positive and negative links (either the links are vital, vibrant, with some "heat" [+]; or they are sluggish, inimical to vitality, and cold [-]). It is not as simple as to say that the minus links should not be there, but only the plus links. Bion's overall frame of reference is one that encompasses the death instinct as well as the life instinct, so his perspective is that both sides will always, in the nature of things, be there. However, what often seems to make a sizeable clinical difference is for the therapist to get *interested* in the emotional links (K), whether the links are - or +, and to describe and interpret them to the couple. I would assert that this, in fact, is our most potent therapeutic tool.

This view is widely held in the field of individual psychoanalysis. Joseph (1989) has described the putting into practice of following the moment-to-moment movement of a session. The focus is always on the emotion driving the movement, whether it derives from love, hate, and a desire for knowledge, or from a drive to replace love with an artifice, hate with a cold desire to punish sadistically, and knowledge with a manipulative and cynical masquerade of understanding.

One of the L, H, or K categories often presents particular difficulties for a particular couple: perhaps it causes too much pain, or provokes too much guilt, or resentment, or jealousy, or envy, or sadism, or excitement. As a result, the couple outlaws this link, inescapably inserting its negative in its place. At the very least, this puts the couple system at risk, out of a healthy balance. If this process continues with intensity, or over a long period of time, or both, the other positive links inevitably also get undermined and contaminated.

It is perhaps to be expected that the H link will often cause the most obvious problems. Hating can evoke guilt and punishment, and it is so often experienced as unpleasant to hate or be hated that it leads to the experience being rationalized away. Hatred tends to evoke hatred in return, which is also unpleasant. There are, of course, innumerable varieties of hatred, such as the cold superego hatred that often lies behind righteous indignation (exemplified in the vignette from *Jane Eyre* quoted above), in which

the identification with the superego and the "legalized" hatred of another person may gratify one's sadism as well as defending oneself from being the target of one's own cruel superego by projecting that role on to someone else. On the other hand, if one really loves one's object, it is always, at some level, hugely troubling to feel intense hatred for that same object (Klein, 1935). So, we tend not to be surprised when couples present their inability to hate each other, something they will often have a partial insight into, perhaps describing themselves as "having difficulty with anger". But, when hate cannot be allowed,  $-H$  invariably takes its place. Indeed, couples with insight often then know that something malign, cold, punishing, and impersonal has entered into the core of their relationship, spoiling it from within.

I saw such a couple, who had massive problems with  $H$  but who demonstrated in fairly equal quantities  $K$  and  $-K$ . Considering how much they outlawed  $H$ , their  $-K$  comes as no surprise. But they were impressively clinging on to  $K$ , showing a sincere desire really to know and understand, to ask each other and me awkward questions, which seemed very much on the side of linking and life. I could believe them easily when they said they knew they still loved each other, but were worried that they were pulling apart, getting remote from each other, feeling anxious that their genuine love for each other was under threat.

In one session, the wife was imploring the husband to spend more time with her, begging him to put time aside for her as he did with the children and his work, pinning him down with passionate intensity. She spoke about how humiliated she felt having to ask like this. The temperature rose steeply: it was painful to watch and be close to this scene. She was able to say how angry she was with him for not giving her what she felt she needed. She said she normally felt inhibited from showing her anger, because she feared he might just walk away.

In response, her husband listened carefully and patiently, giving her an encouraging smile every now and then, saying "Mmm . . ." empathically at various moments. When she had finished he said he had really heard her, thought she had a point, and he would see what he could do.

I was not surprised when the wife backed off, clearly disappointed and defeated. I probed the husband, asking him what his actual experience had been while his wife had been tearfully addressing, not to say

haranguing, him. He was able to reply, with an anxious glance at his wife, that he had felt completely out of his depth, quite unable to respond to her. He did not know how to. Then he said it felt just like being with his mother, who had regularly "lost it" with her husband and the children. Nobody knew how to handle her, but his father had managed by just switching off, not trying to shut her up, learning that nothing he could offer would be acceptable, and letting his wife's entreaties and imprecations flow off him like water off a duck's back. He said he supposed he had learnt to be like his father.

The wife rallied, and said that her experience had been like being with her mother, who never responded personally in the way she needed her to when she was angry or distressed, but always with a quasi-professional therapist's attitude.

Things then quietened down. It was quite tempting to leave it there, but I sensed that there were other powerful elements that had remained unexpressed. I thought that, on her part, the wife had been not merely angry, but in a rage with her husband. She had pinned him down, knowing that he could not escape, that he would be humiliated, particularly in front of me as witness, and shown up as emotionally incapable. I thought she had whipped things up as much as possible, and got herself quite excited. I did not think this side of her wanted the matter to be resolved, but was invested in repeating this punishing attack over and over again, even if, perhaps especially if, it involved her own humiliation. I also thought her husband had been treating her with cruelty and contempt, and that what might have started as a schizoid defence against being overpowered by extreme emotion had developed a life of its own in which he now derived sadistic pleasure from knowing that the more impassive and coolly unaffected he was, the more his wife would whip herself up in a frenzied but futile attack, making a humiliating spectacle of herself.

What should I do with these observations and intuitions about this likeable couple? I did not know how to tone them down; in fact, I thought that if I did they would lose their veracity, and yet I did not know if the couple could stand hearing them, or, conversely, whether they might get excited by hearing them. I was quite sure that I was intentionally involved by each party in their interaction with the other. Each had me there as a witness to the awfulness of the other. But there was something additional, something tending to the perverse. I thought that I was being tricked in a similar way by each of them. Under the guise of being appealed to for sympathy by the wife, I think she

thought that I, too, would derive sadistic pleasure in identifying with her. I think this was meant to excite me and undermine my capacities for concern and analytic thought. Similarly, I think the husband, underneath his desire that I should witness how badly his wife nagged him, was appealing to me, man to man, to enjoy the spectacle of how degrading he was being to the woman, relating to her with an insouciance and a cynical caricature of the attention she actually craved, which was bound to drive her to demean herself even more. I think I was expected to derive anxious, guilty pleasure from this, and in the process lose my analytic balance. I also thought his impassive stance towards his wife was a provocative identification with me and a caricature of my own analytic attitude—provocative, that is, both to me and his wife.

Initially, I did not have the courage to voice these observations and intuitions. Instead, I expressed my concern and compassion for each of them. It was amazing how quickly an emotionally false situation developed, with us all voicing rather predictable expressions of concern. The couple started to claim that they supposed they might feel better as a result of at least having this out in the therapy, and tried to convince each other and me that this would be the case in flat voices and shallow tones that conveyed just the opposite. I think we were all caught up and colluding in a "minus" situation: none of the real H (or -H) links was being expressed or interpreted. As a result, the L and K links were becoming more and more false, more and more -L and -K.

So I then did say that I thought they might be feeling that the present, apparently friendly atmosphere was in fact artificial and misleading, and that I might be unable—perhaps because too anxious—to interpret what had just been played out, in which case I would be in the same boat as them and of no use to them. The couple looked anxious, but interested. I started to make some interpretations along the lines I have laid out above, stressing not only their mutual hatred but also their attempt to disguise it, as well as how each involved me in their attack on the other. There was a rather tense silence, and then the husband said, "Well, that's cleared the air then! I had no idea I had it in me to be doing such things." She said, "And I always thought I was such a nice girl! But I can believe it of *you*." At which they both laughed, but then engaged seriously with the interpretations. They left the session much more warmly than usual, and I remember wondering whether they might go away and make love. When they returned the next week they told me that they had done just that, for the first time in months.



This is an example of how a couple can begin to own their hatred through becoming interested in how they are disowning and splitting off this crucial dimension of their relationship. To their intense surprise and relief, the result was not catastrophe, but a freeing of their capacity to love and get to know each other, which led spontaneously to their recovering sexual links in the marriage. Knowledge about H was engaged with, and this increased their desire for intellectual, emotional, and sexual intercourse.

However, the example is not meant to be representative with regard to how quickly one might expect a couple to respond. This particular couple was clearly just ready for the interpretation of their collusive destructiveness. When the therapist looked as though he was not up to making it, they experienced disappointment and depression, but, when he eventually did his job, they could quickly own what he was showing them. They had also managed to create an atmosphere where there was more or less the right amount of difficulty for the therapist. Strachey (1934) describes in a famous paper how difficult emotionally it is for an analyst to make a mutative interpretation, and how easy it is to shy away from it, or to dilute it. I think his description also implies that, for an interpretation to be effective, there often needs to be a tension in the analyst's mind, which he has to dare to risk confronting in order to make the interpretation. This reflects the tension and the risks the couple have to face if they are similarly to try to engage with their true feelings and actions towards each other. If a therapist makes confrontational interpretations too easily, it suggests he is in an unlinked,  $-K$  state of mind, and possibly acting from  $-H$ , a split-off and disowned hatred towards the couple, perhaps in projection from his own internal parental couple. This, then, will be the figure the therapist invites the couple to introject: an internal object that would clearly make their problems worse.

However, the norm is for one's first interpretations of a couple's unconscious destructive side to meet with rejection. In time, the partners might begin apparently to accept such interpretations, but only in an intellectualized, quasi-rational mode. In other words, one might commonly enough reach a  $-K$  agreement. The therapist has to bear being alone with his real, as opposed to intellectualized, insight for some time—maybe months, sometimes years. And it is unlikely, even with a couple ripe for insight such as in my example,

that a once-off interpretation will right things for ever. Joseph (1989) has shown clearly the constancy of the regressive pull towards re-establishing defences in the service of restoring psychic equilibrium in response to movements towards development.

This is a further clinical challenge. It is so natural for therapists to be on the side of health, wanting a cure for the couple, that it can be very difficult, after a positive development such as the one I have described, for the therapist to step back and become again a research scientist, as it were, whose primary concern and interest is to observe and analyse the couple, whatever they do, without especially favouring movement in one direction rather than another. In other words, when the inevitable regressive reaction occurs, and with it the tendency to re-establish the couple's defensive system, one emotional task for the therapist is to be alive to feelings of disappointment and defeat, while becoming interested in just how, at this particular time, and with this particular couple, valuable work can be undone. I have found that, if and when I am able to cultivate this kind of attitude (in which I am just as interested to analyse how my good work is to be undone and defeated as in how it is to be accepted positively), couples gradually begin to be fascinated themselves by this oscillation and not just to be depressed by it, to tolerate better their regressions, and more quickly become ready to risk moving developmentally again.

All this can be reflected in the couple's reported sexual activity. With the couple in my example, who were preponderantly non-perverse and whose basic attitude was one of hope and co-operation, sex unsurprisingly tended to occur when they were in a developmental phase, and was inhibited when they regressed and moved towards defensive or perverse solutions. For such couples, sex is very much bound up with being able to love freely, to hate openly, and actively to inhabit the process of getting to know each other. The opposite can happen with couples who are much more conflicted about loving. They can feel that when development threatens they become more, not less, anxious. Such couples can often present as feeling most free to have sex when things are at their least loving between them.

Rather schematically, I have suggested that the couple I had been examining had a basic problem with H. But they had also what one might rather crudely think of as a basic stash of L and a

lively leaning towards K, so that, once their H was interpreted, it could begin to be integrated with their L and K relatively smoothly. But what of couples whose basic problem is not with H, which they may be quite confident about feeling and expressing, but with L? And what does it mean to have a basic conflict around L? Let me approach this question through an illustration.

A supervisee of mine had an individual patient who never missed sessions, arrived on time, and who regularly appeared glad to see her. Although middle-aged, he usually bounced into her room like a teenager, confident of being in a good place, with someone who would listen to him, put everything down, and attend just to him. But then an anomaly occurred. He would tell his therapist he had nothing to say and ask why he needed to come. He often said that he thought he had nothing wrong with him, no serious problems, but then went on, nevertheless, to bring a current problem.

From then on, whatever his therapist did was wrong. If she made a transference interpretation she would be severely criticized for thinking that what her patient said had to do with her; this, in his view, only demonstrated her narrow-minded self-centredness. Or, if she made other kinds of interpretation, he would disagree violently, conveying, almost on principle, that his therapist was wrong and that he should be the supreme arbiter of what was correct or incorrect understanding. His therapist was not permitted to have an insight regarding her patient that he did not have himself. The idea that she might think she could have such an insight, and that she might think she could also make judgements herself about the quality and correctness of her interpretations, furthered the patient's view that his therapist was arrogant and narrow-minded, insisting on being the powerful one and on oppressing him. If an interpretation was accepted, the therapist was informed that it was only correct because it was so generalized and vague as to be right for anyone at any time, but its generality made it meaningless so it was effectively rebutted, too. While being open to receiving supervision from one's patients is one thing, this went far further than that. The aim was not actually to put the therapist right, collaboratively, in the service of the analysis, but to tread the therapist down and make her so uncertain about the quality of her own thoughts that she should cease to be able to function effectively and back right off. At the same time, these constant criticisms seemed on the verge of being flirtatious and teasing, although they would often tip into really serious hostility.

The relationship the patient set up in the transference with his therapist demonstrates one variety of the sort of defensive couple relationship a person very troubled by the L link might seek out. It was not that this man did not have an L link; his non-verbal behaviour at the start of sessions showed very clearly the strength and positive quality of his attachment. Yet, what he shoved in his therapist's face all the time was a mightily strong H component, which, other than verbally, utterly denied the L. His K was quite false: in fact, he seemed largely in the grip of  $-K$ . His reasoning, and his view of himself and his therapist, proved tenacious, though in his therapist's judgement these were no more than rationalizations. The therapist came to suspect that they were not meant to be *reasonable* statements, but provocative assertions designed to defend the patient from the perils of a loving link by attacking and destabilizing his object. He was not really in control of this defence, so he often left the sessions seduced by himself, as it were, into really believing the truth of his own tirade of hate, losing touch with the fact that it was defensive and artificial. In supervision, we sensed that these harangues were not quite emotionally truthful, consisting not only of denial, but also of an erotic teasing designed both to give expression to sexual feelings as well as to deny them. However, his attempts at destabilizing his object were often effective enough to get under the therapist's skin, so that, understandably, she would often lose contact with her own "K", her thoughtful self, and simply feel exasperated with him, full of doubts about the worth of her analytic self.

I considered that this patient suffered from what Glasser (1979) called the *core complex*. I think he was terrified of a close, intimate relationship with his primary object, fearing that if he were to let his hunger and need push him too close, the object might swallow him up, or that his desire would drive him to push so hard to get into the object that he would end up actually inside it, suffocated, his identity threatened by annihilation in the fusion. Moreover, I think he feared that if he were to allow himself nakedly to show his intense need and desire for the object, the object, instead of responding with love, would turn away and reject him, or, worse still, would misleadingly turn towards him, responding to his desire for a total relationship only with sex and not with love. I think he particularly feared this form of rejection, which had its roots in what he felt had been his experience of a depressed mother who had managed to look after him physically while her mind was else-

where, which felt to him like rejection. This, I think, is what L and its associated anxieties meant to this man.

It appeared that he then mounted a defence of exploiting his hatred, his H link, for this tantalizing and rejecting object, effectively identifying with it and trying to reverse the relationship so that his object would be driven into the exposed and vulnerable role. When he exaggerated his hatred for this rejecting object, it no longer remained emotionally true: his style of relating began to transform into something like *playing* at H, exploiting H to mock and humiliate the object. He had transformed his genuine H, which still left him needy and vulnerable, into -H, which was felt to afford him an invulnerable shield (like the impassivity of the husband in my previous example). He also tried to get a -L link going with his object: from time to time he tried to get his therapist to be nice to him, but he was too emotionally honest to be able to deceive himself convincingly about this. The area that caused him almost phobic anxiety was not H, but L, so that he could hardly tolerate bringing the K link to bear on his L difficulties. Only for an instant, sometimes in sessions, could he bear to think about the intensity of his hunger to be loved, analytically, by his therapist, and for her to accept his love, and how he exploited his hatred in order to deny and hide from himself the intensity of his love and his need.

This patient had no regular sexual partner, a fact that deeply frustrated him. But from time to time things became almost unbearably intense in the therapy: his non-verbal attachment intensified, his accompanying verbal vilifications became seriously venomous, and his anxiety escalated. He would then go off and have sex with a particular woman "friend" whom he knew would treat him cruelly, in that she would appear to show him in their love-making that she felt very strongly and tenderly towards him, but would act afterwards as though nothing meaningful had occurred, repudiating any link that he might believe had arisen between them. This reflected his analytic experience, just as his analytic experience reflected his external and sexual life.

Perversity entered the picture when he began to look forward to these sporadic sexual encounters, deriving a conscious, masochistic gratification from his own hurt and a (denied) sadistic thrill from taunting his therapist with his exploits. I think his therapist was

punished, and was meant to feel as impotent, anxious, and guilty as possible about what he was doing. She was also pushed away from her analytic role and towards becoming either a persecuting superego or a moral adviser. The whole gamut of -L, -H and -K were now operating together, the death-instinct links defeating the life-instinct links of L, H, and K. This, moreover, was a clear example of something *actively* deadly. It was not a case of a lack of life-instinct links. Instead, something sado-masochistically perverse was attacking the life-giving links and seducing the personality with the promise of something exciting, pleasurably dangerous and destructive, both to its object and to itself. Something that might have started as a defence was beginning to develop an exciting life of its own, and was threatening to become the dominant principle of the personality.

Being in therapy was clearly experienced intensely sexually by this patient. His acting out discharged some of his sexual tension, but it also intentionally, if unconsciously, prevented him from seeking out a true substitute object for the therapist, a woman he could really risk loving with the intensity of the feelings he had for his therapist. In a sense his perverse solution kept the Oedipal situation intact, in that he kept returning to the analytic mother with all his frustrated feelings and desires. The analytic parent was also, I think, meant to appreciate how "faithful" her "son" actually remained, especially to "her". The patient went through a period that, to him, felt endless, in which he feared he would never find a mate, particularly, I think, because he feared unconsciously that through using and developing the defensive and destructive mechanisms described he had spoilt his capacity to love, and, even more fundamentally, his own loveableness. After a sustained period of working through these serious and chronic difficulties, the patient began to acquire genuine insight into his defensive and destructive behaviours. He could then begin to risk placing much greater trust in his therapist. The therapist and I were pleased and relieved when, in due course, the patient felt able to search out and link up with a quite different kind of partner, whom he now seemed enabled to trust and love and, on occasion, to hate in a much less defensive and more straightforward manner.

To end, I will re-emphasize how the deadly links, the minus links, are more than just an absence of positive, vital links. A dream,

of a different patient, showed this very pithily. She was a profoundly unlinked-up person, who had systematically deprived herself of almost anything that might bring her joy or fulfilment. She had misused her talents (which she undoubtedly possessed), was very lonely, was judged by herself and others to be a failure in life, and was disliked and shunned by most people who got to know her. Nevertheless, she usually acted and spoke as if she were emotionally very rich, looking down compassionately on the rest of us. In the analysis she began to take on board what she had been realizing intellectually for some time: that, in contrast to this pathetic illusion, her actual position was a parlous one, and, if she were to have any hope of turning her life around and moving towards real happiness before her time ran out, she had better recognize how very little happiness or achievement she actually had, and how her superior view of herself was a grandiosely inflated illusion to which she was addicted.

This is her dream.

She was in a small town where there was a good take-away restaurant. It gave her a warm feeling that there was this lovely take-away where you could get really good meals and they made you feel fine. But the odd thing was that a couple had been attacking it, throwing stones at its front and smashing windows. She could not think why they would want to do that, but she wanted to find out. Later there was to be a meeting with a man who was going to tell her something about who had been smashing up the take-away, and why.

I thought the dream expressed beautifully how "taking away", the minus link, is not just felt to be an absence of a positive link, which one might think would leave one hungry and deprived. The perverse side of human nature represents it as offering good food. It is felt to be substantial in its own right, not a nothing. It was not only I who had been throwing stones at this edifice. In the analysis, she had begun to join me, forming a couple, no longer colluding in the view that this was a lovely structure to be cherished, but unmasking it as a dangerously destructive and deceitful masquerade that actually delivered very bad food and provided a rotten foundation to her illusion of being so rich and superior.

The dream illustrates how this subtracting of the vital connection, even if initially defensive and motivated by anxiety, can build

up a life of its own, playing into the hands of something actively deadly and perverse. It was a part of her deadened internal situation, dominated by -L, -H, and -K, that my patient had had virtually no sexual feelings or contact over several years, that she had not been able to experience this as a loss or deprivation, and that her previous sexual history had been exclusively perverse. The dream also illustrated my patient's sense of there being a couple joining forces to try to dismantle the idealized, destructive system. I think this couple represents, at a deep level, a loving, parental couple who want the best for their child, hate seeing her feed herself with deceitful, trashy food, and are prepared to go into battle on her behalf. They are also a sexual couple, who come together in love for their child, rather than in a perverse, narcissistic, and barren intercourse. They represent the emergence in my patient of L (the couple's love for her), H (their hatred of the perverse "take-away"), and K (their insight into the true nature of the "take-away").

The mobilization of this fundamentally good and loving (and hating and insightful) internal couple is of elemental relevance for our work with couples and individuals. If and when such an internal couple emerges, one of the areas partners can then feel freer and bolder to approach is the sexual dimension of their relationship. No sex, withdrawing sex, or perverse sex gradually ceases to be the superior strategy and best defence. A realistic sense of deprivation, loss, and hunger grows in its place, and the partners who comprise the couple can begin to approach each other with a more genuine sense of their incompleteness, need, and desire. It is not that the -L, -H, and -K links disappear; they are part of our nature and here to stay. But the more we can bear to know, face, and think about them, using K, the more L, H, and K links can come into the ascendant. This can only be good news for all aspects of the couple, the sexual dimension very much included, and for partners who wish to have as full an intercourse with each other as possible.

### References

- Bion, W. (1958). Attacks on linking. *International Journal of Psychoanalysis*, 40: 308-315.