

SPECIAL EDITION : LETTER TO EDITOR

Bion's "attack on linking": Its clinical and preventive implications

In Wilfred Bion's conceptualization, thinking is looked upon as being a bridging between a preconception of expectation and a frustration. If, for instance, a child wants a "breast" but then none is forthcoming, insofar as the child has a minimal capacity for tolerating distress, it will then create a thought that mates the want and the frustration. Such a thought is a new conception, i.e. "no breast"¹. By means of creating that thought, the child is not merely constructing a link among parts of thinking, but also overcoming frustration and increasing its distress tolerance. Bion puts forth the phraseology "learning from experience"² for accrediting that occurrence.

However, whether the child has no just an inchoate competence for tolerating disappointment—such a condition may be resulted from the child's repetitious relationship with a mother who doesn't contain its anxieties—thinking doesn't develop. In this context, for the aim of vanquishing frustration the child denies the reality, the consummation of which is rejection to thinking and destroying of its links. Bion uses the parlance "attack on linking"² for attributing that phenomenon. Hence, the child loses its faculty for thinking. Since the symbolic process, i.e. the deployment of language, is dependent on thinking, to such an extent that the thought process is being destructed, the child also loses its ability for symbolizing. It would no longer use language to communicate but utilizing its physical visages to put across messages to others.

That is how Bion elucidates the destroying of thinking in a psychic condition designated by both a nearly complete incapability for tolerating unfulfillment and an almost totally denying of reality, which psychiatrists ascribe to be a psychosis. One important point which holds clinical significance emerges from this explication: at the inception of psychosis, the persons experience overwhelming anxieties that cannot be tolerated, which then impose them

to deny the reality in order to evade an unbearable suffering.

This theorizing brings about a clinical implication that one of the primary undertakings concerning helping psychotic patients is assuaging their anxiety. Any influence from the therapists' side, such as their wording and bodily countenance, that increases the patient's anxiety is contraindicated. The mitigation of anxiety is a prerequisite for the patient to relearn of utilizing thinking and symbolizing for the intendment of managing frustration and anxiety. There would be a hope then, as the patient increases its use of thinking and symbolic processing, the psychosis appeases.

Three prominent Winnicottians—Masud Khan, Margaret Little and Andre Green—in each of their own conjecture suggest that the therapist needs to employ the countertransference for obtaining understanding about the psychotic patients¹. Countertransference is the therapist's reaction—mainly in the form of feeling—to messages transmitted by the patients, especially those being concocted in bodily nonverbal presentation. Due to the destroying of thinking, psychotic patients convey their communication not primarily through language but via their somatic expression that provokes an affective experience in the therapist. If the therapist pays a close attention to its own feeling, it would acquire an analytic space to understand that patients' unconscious experience which being transpired through their nonverbal bodily projection. Based on that understanding, the therapist would deliver appropriate responses to the patients, accordingly keeping away from the imparting of utterances and nonverbal reactions that generate anxiety in the patients.

Another important insight accomplished from the notions brought about by all of the above mentioned theorists is that a healthy self is pertaining to how the

person makes flexible yet sufficiently stable and continuous connections among the five compartments of its experience, i.e. somatic experiencing, affect, thinking, reality sensing, and symbolizing. A mentally healthy person is one whose mode of experiencing is involving the whole relatedness of the five realms. A prerequisite should be fulfilled at the beginning of object relations experience in order to provide the young person—the infant—with a minimal aptitude to endure with disgruntlement. At that crucial phase of self development, the mother or the primary caregiver should frequently contain anxieties of the infant while it experiences a dissatisfaction. This containment will open an enough space for developing a germinal capability for going along with stress, an aptness that the infant requires for the creating of thought, which then usable to alleviate anxiety arising from bodily distress and affective frustration. Through this scheme the infant develops its thought process, therefore it would be capable of exercising symbolization to meet the reality.

The beginning of psychosis is the overwhelming anxieties which are unbearable for the child whose relationship with its mother characterized by a repeated experience of failure of containment by the primary caregiver. Therefore, one of the essential therapeutic endeavors of helping patients with psychosis is the therapist's reiterated containing of their anxiety.

This account opens up a perspective of preventing psychosis by means of conducting a psychoeducational

program on parenting/mothering that underlines the importance of the primary caregivers to be the container of their child's anxiety. Furthermore, as children go on relating with their parents, the adults, their teachers, and with any of the members of their society, the relationships could be deployed to cultivate a habitude of analytic thinking, i.e. a culture of thinking that strengthens the striving to creatively bring about a broad linking among parts of thought. Strengthening and cultivating of linking might be envisaged as the opposition to attack on linking, the internalization of which would advance the children's dexterity for pertinently facing the reality.

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References

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2. Bion, W. Learning from experience. New York: Basic Books, 1962.