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**THE CONCEPT OF THE LINK IN COUPLE AND FAMILY
PSYCHOANALYSIS AND COMMENTARY ON DAVID
SCHARFF'S FAMILY SESSION MATERIAL AND ON
THE CONCEPT OF LINK**

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DES presents a family therapy hour of a couple with three children, ages 10, 7, and 5. The couple has been treated in both couple and family therapy, and the presenting problem centers on the wife's sexual inhibition and the husband's premature ejaculation, suggesting at the outset that there is an unconscious collusion or agreement by the couple on the dangers of sexuality and intimate relating. Somewhat unusual in my experience, DES tells us that all three children are also symptomatic. Parenthetically I have found that it is less usual to find all of the children in the family to be symptomatic, but instead for one to be the primary symptom bearer. I would suggest that with all three children carrying their own pathology that the unconscious pressure of the family projections, or what Faimberg calls the intrusion function for the couple is particularly strong as it were, all three children having become the recipients for the uncontained pathology, rather than only one index patient.

It is in this distribution of the psychopathology into all three children, occurring through the intrusion function of the unmetabolized mental contents of the sexual and physical trauma of the parents that we are able to understand how the father's resistance to making links makes its marks within the family. Jeanette's play in the beginning of the hour is accompanied by her verbalization that "this is the secret hiding place". Although a likely reference to the absence of the therapist in recent weeks, I think it also alludes to the secrets that are contained within the family



history—the secrets of forbidden incestuous and perverse sexuality and aggression that altogether contribute to the unprocessed psychic contents of the previous generations that have now become projected.

Jeanette we are told has been prematurely sexualized, and likely carries the unmetabolized exciting object relationship of both the father's and mother's early incestuous history. Alex, a boy with hyperactivity, enuresis and encopresis, representing a triad of impulse problems most likely carries a projected aspect of the parental and family aggression/abuse. For Eric we can perhaps speculate that his depression represents the sadness of a fractured family structure on many levels, including the sadness of the parents, and perhaps others also through the generations. DES nicely interprets in Eric's play that the bad guys winning is a representation of the entire family's (and perhaps especially the parents) sense of hopelessness, despair, and anger as a function of the therapist's absence. I would like to clarify that I use the words metabolized and unmetabolized in my understanding of family psychopathology, as a way of describing the extent to which the parents' difficulties in making links to the relationship patterns between themselves as a couple, to the transference, to their early object relationships, which include the traumatic circumstances in their histories including those of their ancestors, will determine the couple's capacity to work through and to contain these residues within their dyad.

It is here that I want to offer a postulate that the couple relationship provides the opportunity for couples to unconsciously metabolize and thereby contain toxic relationship patterns of their histories, including traumatic circumstances that have occurred generationally, providing that the linking functions exist, or are instead able to emerge during the course of treatment through the therapist's interpretations. To the extent that the joint marital personality (Dicks) or what I have reconceptualized and called the selfdiad, a conjoint structure of two individual selves who have distributed their mental contents in such a way that together they are able to metabolize and contain both the libidinal and aggressive features for each other, while simultaneously providing ample room for mirroring, affirmation, and the growth of the selves of both persons in the dyad, the chances for the children becoming the recipients of these unmetabolized mental contents is reduced. The selfdiad of this couple fails in its ability to process and contain the libidinal and aggressive aspects of their psyche's, and accordingly



their traumatic histories as well. More specifically, the failed sexual functions for this couple quite apparently illustrate their inability to integrate and contain for each other their exciting objects in a manner that would provide an essential affirmation of their physical selves--those ingredients for sexual intimacy and the amelioration of aggression.

What is most apparent within the hour presented is that the father is unable to make a cognitive-affective link between the regression in family functioning, as evidenced by the displays of aggression and sexuality in the children's play and the deterioration in their sexual progress as a couple to the unavailability of their therapist during the previous weeks. DES centers his interpretations on the father's inability or unwillingness to make these links to his absence. Of course an important implication here is that the father's inhibition is also represented in the entire family by symptoms in the children and in the intimate/sexual/libidinal aspects of the couple relationship too. The aforementioned are impaired as a function of the difficulty in making these links, both to his relationship with DES, while also (by implication) to his early history. To the extent that historicity is impaired, the greater the likelihood that the selfdiad (of the couple) is unable to contain and maintain the vital balance between being an intimate couple while simultaneously supporting the selves of the two individuals (parents) who comprise it. As the selfdiad is unable to metabolize and thereby contain the histories of the parents, symptoms emerge within the couple relationship and in the children as well.