is inextricably bound up with his object relations and with all the emotions which from the beginning mould his attitude to mother and father. Anxiety, guilt and depressive feelings are intrinsic elements of the child's emotional life and therefore permeate the child's early object relations, which consist of the relation to actual people as well as to their representatives in his inner world. From these introjected figures—the child's identifications—the super-ego develops and in turn influences the relation to both parents and the whole sexual development. Thus emotional and sexual development, object relations and super-ego development interact from the beginning.

The infant's emotional life, the early defences built up under the stress of the conflict between love, hatred and guilt, and the vicissitudes of the child's identifications—all these are topics which may well occupy analytic research for a long time to come. Further work in these directions should lead us to a fuller understanding of the personality, which implies a fuller understanding of the Oedipus complex and of sexual development as a whole.

REFERENCES


CHAPTER TWO

The missing link: parental sexuality in the Oedipus complex

Ronald Britton

For Freud the Oedipus complex was the nuclear complex from its discovery in 1897 to the end of his life (Freud, 1897, 1924d). It remained central in the development of the individual for Melanie Klein. She adopted the term 'oedipal situation' and included in it what Freud had referred to as the primal scene, i.e. the sexual relations of the parents both as perceived and as imagined (Klein, 1928; also chapter one, this volume).

From the outset of her work with children Melanie Klein was impressed at the ubiquity of the oedipal situation and its unique importance; she also thought that it began much earlier than did Freud and that it began in relation to part objects before evolving into the familiar Oedipus complex, which related to the two parents perceived as whole object—that is, as persons. So for her it began in infancy with phantasies of a relation to breast and penis and phantasies of the relationship between these two part
objects, which would be succeeded by ideas about the parents under the influence of these earlier phantasies. She felt that the child's attitude and relationship to this unfolding situation was of profound significance for the urge to learn, which she called the epistemophilic impulse, and for the individual's relationship to reality.

In 1926 she wrote,

at a very early age children become acquainted with reality through the deprivations it imposes on them. They defend themselves against reality by repudiating it. The fundamental thing, however, and the criterion of all later capacity for adaptation to reality is the degree in which they are able to tolerate the deprivations that result from the oedipal situation. [Klein, 1926]

This was written more than a decade before Mrs. Klein was to describe what she called the 'depressive position'—that period of integration and recognition which entailed a realization of the nature of the world outside the self and of the nature of the internal ambivalent feelings towards it, in other words, the beginnings of a sense of external and internal reality and the relationship between them. Since the delineation of this central concept of Kleinian thinking, it has become increasingly evident that the capacity to comprehend and relate to reality is contingent on working through the depressive position. Klein repeatedly emphasized that the Oedipus complex develops hand-in-hand with the developments that make up the depressive position, and I have suggested elsewhere that the working-through of one entails the working through of the other (Britton, 1985).

The initial recognition of the parental sexual relationship involves relinquishing the idea of sole and permanent possession of mother and leads to a profound sense of loss which, if not tolerated, may become a sense of persecution. Later, the oedipal encounter also involves recognition of the difference between the relationship between parents as distinct from the relationship between parent and child: the parents' relationship is genital and procreative; the parent–child relationship is not. This recognition produces a sense of loss and envy, which, if not tolerated, may become a sense of grievance or self denigration.

The Oedipus situation dawns with the child's recognition of the parents' relationship in whatever primitive or partial form. It is continued by the child's rivalry with one parent for the other, and it is resolved by the child relinquishing his sexual claim on his parents by his acceptance of the reality of their sexual relationship.

In this chapter I want to suggest that if the encounter with the parental relationship starts to take place at a time when the individual has not established a securely based maternal object, the Oedipus situation appears in analysis only in primitive form and is not immediately recognizable as the classical Oedipus complex. In the first part of the chapter I describe patients who illustrate this situation.

In less severe disorders it is the final relinquishment of the oedipal objects that is evaded. An illusional oedipal configuration is formed as a defensive organization in order to deny the psychic reality of the parental relationship. I emphasize that it is a defence against psychic reality because these defensive phantasies are organized to prevent the emergence of facts already known and phantasies already existent. The parental relationship has been registered but is now denied and defended against by what I call an oedipal illusion. These illusional systems provide what Freud called a

domain . . . separated from the real external world at the time of the introduction of the reality principle . . . free from the demand of the exigencies of life, like a kind of reservation. [Freud, 1924e]
In the same passage, he describes the person who creates such a domain in his mind as

lending a special importance and secret meaning to a piece of reality which is different from the reality which is defended against. [ibid.]

In the second part of this chapter I discuss patients who exemplify such oedipal illusions.

In contrast to the fixity of these oedipal illusions, the oedipal rivalry both in the positive (heterosexual) form and in the negative (homosexual) form provides a means of working through the depressive position. In each version one parent is the object of desire, and the other is the hated rival. This configuration is retained, but the feeling changes in relation to each parent. Thus good becomes bad and vice versa as positive changes to negative. My contention is that the evasive use of this switch is halted by the full recognition of the parents' sexual relationship, their different anatomy, and the child's own nature. This involves the realization that the same parent who is the object of oedipal desire in one version is the hated rival in the other.

The acknowledgement by the child of the parents' relationship with each other unites his psychic world, limiting it to one world shared with his two parents in which different object relationships can exist. The closure of the oedipal triangle by the recognition of the link joining the parents provides a limiting boundary for the internal world. It creates what I call a 'triangular space'—i.e., a space bounded by the three persons of the oedipal situation and all their potential relationships. It includes, therefore, the possibility of being a participant in a relationship and observed by a third person as well as being an observer of a relationship between two people.

To clarify this point it is helpful to remember that observed and imagined events take place in a world conceived of as continuous in space and time (Rey, 1979) and given structure by the oedipal configuration. The capacity to envisage a benign parental relationship influences the development of a space outside the self capable of being observed and thought about, which provides the basis for a belief in a secure and stable world.

The primal family triangle provides the child with two links connecting him separately with each parent and confronts him with the link between them which excludes him. Initially this parental link is conceived in primitive part-object terms and in the modes of his own oral, anal and genital desires, and in terms of his hatred expressed in oral, anal and genital terms. If the link between the parents perceived in love and hate can be tolerated in the child's mind, it provides him with a prototype for an object relationship of a third kind in which he is a witness and not a participant. A third position then comes into existence from which object relationships can be observed. Given this, we can also envisage being observed. This provides us with a capacity for seeing ourselves in interaction with others and for entertaining another point of view whilst retaining our own, for reflecting on ourselves whilst being ourselves. This is a capacity we hope to find in ourselves and in our patients in analysis. Anyone, however, who has treated a borderline patient will know what I mean when I refer to times when this seems impossible, and it is at those times that one realizes what it means to lack that third position.

Patients who exemplify difficulties with the original Oedipus situation

I have been impressed by a number of analyses that exemplify difficulties with the oedipal situation in the first encounter. This account is a compound of a few such cases.
In my early work with these patients, I was hardly aware that my difficulties in understanding them had anything to do with the Oedipus complex. What gradually became evident was that they lacked the 'third position' described above. They could not include within their most personal version of me my relationships with others and it was intolerable for them to feel that I was communing with myself about them.

I came to learn that they could not allow the notion of parental intercourse to exist because they could only anticipate it as a disaster. The possibility of my communicating with a third object was unthinkable for them and so the third position I refer to was untenable.

As a consequence it seemed impossible to disentangle myself sufficiently from the to-and-fro of the interaction to know what was going on. In the early years of these analyses I found that any move of mine towards that which by another person would have been called objectivity could not be tolerated. We were to move along a single line and meet at a single point. There was to be no lateral movement. A sense of space could be achieved only by increasing the distance between us, a process they found hard to bear unless they initiated it. What I felt I needed desperately was a place in my mind that I could step into sideways from which I could look at things. If I tried to force myself into such a position by asserting a description of them in analytic terms, they would become violent, sometimes physically, sometimes by screaming. One shouted: 'Stop that fucking thinking!' I came to realize that these efforts of mine to consult my analytic self were detected by them and experienced as a form of internal intercourse of mine, which corresponded to parental intercourse. This they felt threatened their existence. If I turned to something in my mind later on, when things were not so primitive, they felt I was eliminating my experience of them in my mind. The only way I found of finding a place to think that was helpful and not disruptive was to allow the evolution within myself of my own experience and to articulate this to myself, whilst communicating to them my understanding of their point of view. This, I found, did enlarge the possibilities, and my patients could begin to think. It seemed to me that it was a model in which parental intercourse could take place if the knowledge of it did not force itself in some intrusive way into the child's mind. Should it do so, it appeared to be felt to be annihilating the child's link with her mother both externally and internally.

In an attempt to understand this clinical situation, I have called on Bion's concept of the 'container and contained', in addition to Melanie Klein's theories of the early Oedipus situation. Bion (1959) has described the consequences for some individuals of a failure of maternal containment as the development within them of a destructive envious superego that prevents them from learning or pursuing profitable relations with any object. He makes it clear that the inability of the mother to take in her child's projections is experienced by the child as a destructive attack by her on his link and communication with her as his good object.

The idea of a good maternal object can only be regained by splitting off her impermeability so that now a hostile force is felt to exist, which attacks his good link with his mother. Mother's goodness is now precarious and depends on him restricting his knowledge of her. Enlargement of knowledge of her as a consequence of development and his curiosity are felt to menace this crucial relationship. Curiosity also discloses the existence of the oedipal situation. This in the development of every child is a challenge to his belief in the goodness of his mother, and a reluctance to admit it into his picture of his mother is normal. In the child already menaced by any enlargement of his knowledge of his mother because of her existing precarious status in his mind, the further threat of acknowledging her
relationship with father is felt to spell disaster. The rage and hostility that would be aroused by this discovery is felt to threaten his belief in a world where good objects can exist. The hostile force that was thought to attack his original link with his mother is now equated with the oedipal father, and the link between the parents is felt to constitute her as the non-receptive deadly mother. The child's original link with the good maternal object is felt to be the source of life, and so, when it is threatened, life is felt to be threatened.

In some personalities, therefore, the full recognition of parental sexuality is felt as a danger to life. The emergence in the transference of the full emotional significance for them of an idea of the primal scene is followed by panic attacks and fear of imminent death. Greater knowledge of the oedipal situation is also felt to initiate a mental catastrophe.

Faced with this—as Klein (1946) and Bion (1956) have pointed out—the psychotic mutilates his mind in order not to perceive it. In schizophrenic patients the mental apparatus is splintered, and thinking becomes impossible. The patients I am describing appeared to have preserved a great deal by a violent severance of their minds so that some parts were protected from knowledge and only emerged in a psychotic breakdown or in analysis.

There was in them an 'infantile' self that appeared ignorant of anything other than an ideal breast and a state of persecution. The persecutor was a hovering male presence, which they feared might oust the good mother, and they were terrified they might be left alone with this figure. Interruptions in analysis and any interruptions in the flow of good experience were felt to be the result of violent attacks from this hostile object. At times I was taken to be this hostile object; at other times I was felt to be the victim of it. I was also familiar with it in the form of my patients attacking me. As progress was made and communications between us became more possible, their internal situation became clearer. They contained a hostile object, or part of themselves in fusion with a hostile object, that interfered in their attempts to communicate with me. At times this had the power to control their speech, and they could not articulate. At others words were whispered words, and broken phrases were managed. If I could demonstrate that I really wished to know them which I could only do by demonstrating some minimal understanding, their capacity to communicate would be recovered. The way I came to understand that often-repeated sequence was that they needed some experience of my taking them in before I could return in their minds as the good maternal object they could talk to. Otherwise I might be what one called 'the wrong person'.

The 'wrong person' looked like the right person but had connections with father. For many years there was the threat of these crucially distinguished figures becoming confused. The thought of the idealized mother becoming united with father was the greatest fear. In the transference it took the form of a fear that the different aspects of my relationship with them would not be distinct from each other. Some of my functions were regarded as good; others as bad, such as my going away; they kept them distinct in their minds as if they were different transference figures. 'Don't become one thing,' one would say at times, in terror. From these patients I learnt how essential it was to distinguish between the integration that is sought for as a means of working through the depressive position, and a fusion of elements that are not stabilized and distinguished in their qualities and attributes, and whose union produces a sense of chaos.

If any pressure towards precocious integration was felt to come from me, it provoked great anxiety and either violent refusal or abject masochistic submission. This latter reaction turned out to be based on a phantasy of submission to
a sadistic father and was regarded by my patients as profoundly wicked but always tempting. It appeared to provide both perverse gratification and an avoidance of the phantasy of the parents uniting.

I must not become 'one thing'—a monstrous amalgamation of the separate maternal and paternal identities attributed to me. The amalgam that would result from this union was an ostensibly loving maternal figure who had inside her a contradiction of her own nature; a presence that made all her apparent good qualities treacherous. I was always reminded of descriptions of demonic possession, in which the devil was felt to have infused all the characteristics of the person with hidden evil. The horror felt about this figure was to do with its contradictory nature. One patient called it 'unnatural', and regarded the emergence of this idea of me in the transference as disastrous because it destroyed not only all good but also all meaning previously established.

This fearful outcome corresponds to Melanie Klein's description of the child's terror of the combined object as a persecutory phantasy of the parents fused in permanent intercourse. I would describe my patients as having an infantile phantasy father that was of such a nature and power that he could penetrate mother's identity in such a way as to corrupt her goodness, and maternal goodness, although precariously idealized, was the only concept of goodness. It always impressed me that for such patients the very concept of goodness was at stake and not simply its availability or presence.

It is not my intention here to go into the factors in the patients' disposition and life circumstances that contributed to this inability to surmount the earliest stages of the Oedipus situation in any detail. I would simply like to say that in my view it was the initial failure of maternal containment that made the negotiation of the Oedipus complex impossible.

My wish is to draw attention to the reality of the belief that catastrophe was associated with the emergence of the oedipal situation and that consequently there was a resort to violent splitting to prevent it occurring. The result was an internal division within the mind organized around separate parental objects whose conjunction it was believed must be prevented.

External reality may provide an opportunity for benign modification of such phantasies, or it may lend substance to fears. It may also provide material for the formation of psychic structures that are meant to prevent the recognition of the Oedipus situation. The situation in the family of my patients enabled them to construct an internal organization of themselves and their objects which had different parts with no integration.

In one, for example, her everyday relationship with the outside world, which was undemanding and reasonable, was based on her relationship with her sibling. Internally, she had one self in loving relationship with an idealized mother and another self in alliance with a feather, seen as epitomizing anti-mother love. The link between these two selves was missing, as was the link between the internal parents.

What these two selves did have in common, when it eventually emerged, was hatred of the parents as a loving couple and fear of them as a diabolical couple.

The gradual reclaiming by all the patients of projected parts of themselves, in the course of lengthy and difficult analyses, led to the emergence of the idea of a couple who could unite willingly and pleasurably. New difficulties then arose with the eruption of envy and jealousy; these emotions were felt to be unbearable and seemed to become almost pure psychic pain.

I would like to distinguish the problems of these patients from others referred to in this chapter. I think aetiologically the difference lay in the failure to establish a securely based
good maternal object before encountering the vicissitudes of the Oedipus complex.

**Oedipal illusions**

As described briefly above, oedipal illusions are a developmentally later phenomenon than the primitive wiping out of the parental relationship with delusional developments that I have described in the previous section. When these illusions are paramount, the parental relationship is known but its full significance is evaded and its nature, which demonstrates the differences between the parental relationship and the parent-child relationship, is not acknowledged.

The illusion is felt to protect the individual from the psychic reality of their phantasies of the oedipal situation. These I have found, in such cases, to be expectations of an endlessly humiliating exposure to parental triumphalism or a disastrous version of parental intercourse. This latter is perceived either as horrific, sadomasochistic or murderous intercourse, or as depressive images of a ruined couple in a ruined world. However, whilst such illusions are perpetuated as evasions of the underlying situation, the Oedipus complex cannot be resolved through the normal processes of rivalry and relinquishment.

I think that in normal development such illusions are frequent and transitory, producing cycles of disillusionment and disillusionment that are the familiar features of an analysis. In some people, however, the persistence of an organized oedipal illusion prevents the resolution of the complex and in analysis the full development of its transference counterpart.

These illusions are often conscious or almost conscious versions of actual life situations. For example, I heard about a young woman in supervision: she was a musician who gave to her professional relationship with her music teacher the secret significance of preparation for a love affair. Once she was in analysis, her ideas about her analyst were suffused with the same erotic significance and the belief that it would end in marriage.

These wish-fulfilling ideas are often undisclosed in analysis, where they take the form of the patient's belief in a secret understanding between patient and analyst that transcends that formally acknowledged, as Freud points out in his paper 'Observations on transference-love' (Freud, 1915a). The illusory special relationship may take much less conspicuously sexual forms than the example I have quoted, whilst still having an erotized basis.

The transference illusion is felt to protect the patient from what is imagined to be a calamitous transference situation. As such, it poses considerable technical problems. Whilst it persists, all the analyst's communications are interpreted by the patient in the light of the illusional context.

I would like to illustrate the fears defended against by such an illusional construction from the analysis of a male patient. He had originally been a refugee from a foreign country but now worked as a government scientist. He regarded his parents as having lived separate lives, although they shared the same house. It became clear that the reality of their relationship had given some substance to this idea but also that his fixed mental picture was a caricature. It served as the structure for phantasies involving each parent separately, phantasies that were never integrated, and, though mutually contradictory, they remained adjacent to each other, as it were in parallel.

He transferred his picture to the analytic context in a rigidly literal way. He had a slight acquaintance with my wife in his professional context but never brought any thoughts from that context to his ideas of me as his analyst. He developed pictures in his mind of his analyst...
and of his analyst's wife in entirely separated contexts. Two wishful outcomes of his analysis lay side by side. One was of a permanent partnership with me in which he and I were alone together; the other was my death coinciding with the end of analysis, when he would marry my widow.

This formed the basis of a complex psychic organization in which the patient was able to oscillate between such contradictory beliefs without ever giving them much reality, or ever giving them up. Whilst this mode was operating in the analysis, things were always about to happen but never did; emotional experiences were about to occur but never materialized. The consequence for the patient's own mental operations was profound. Despite his considerable intellectual gifts, he was not able to bring things together in his mind, which resulted in learning difficulties as a child and a lack of clarity in his thinking as an adult, which had limited his originality. The consequences for his emotional life were a pervasive sense of unreality and a constant feeling of unfulfilment. There was a quality of non consummation in all his relationships and projects in life.

When change did begin to occur in his analysis, it provoked phantasies of great violence. Initially they were confined to the night-time. They took the form of murderous intercourse between the primal couple, which filled his dreams in many forms, and when they could not be contained within his dreams, they erupted as transitory nighttime hallucinations of a couple who were killing each other.

In contrast to this, the analysis was for a long time an ocean of calm. Calmness was his aim, not fulfilment, and calm detachment was idealized. For a long time this was thought by him to be the aim of analysis and the aspiration of his analyst. Thus he thought his task was to facilitate this in both of us by forever finding agreement. His dreams were enormously informative but were a vehicle for getting rid of his thoughts into me, so that he could relate to my interpretations instead of to them, and therefore to himself second-hand. What his dreams made clear to me was his belief that bringing his parental objects together in his mind would result in explosion and disintegration. When the relationship between us did begin to feel rather different in the sessions, so that we both made more contact and yet were at greater variance, it led to fears of imminent catastrophe.

One form this took was a fear of sudden death. In particular, he had attacks of panic when he thought his heart was about to stop beating. His fearful expectation of violent collision took a concrete form in the emergence of a new fear of driving. Prior to this I had been hearing a lot about 'contra-flow systems' in his sessions—both in dreams and in reports of daily life. (At that time, some years ago, contra-flow traffic systems were a novelty on our motorways and in the news.) I took them to be a representation of the way my patient had segregated so carefully two different and contradictory streams of thought. I had wondered if their appearance in the analysis indicated that things were coming closer together in his mind. My patient then developed a panicky conviction when driving that unless there was a central barrier on the road, the streams of traffic would crash into each other. It reached such proportions that for a time it stopped him driving. This heralded changes in the transference relationship, which now did develop within it some conflict and opposition. The fear of finding within himself the violence that previously had only appeared in projected forms as violent parental intercourse became prominent for the first time. It is best conveyed by a dream he brought after a weekend break, at a time when weekends were very difficult and full of anxiety:

He is about to be left alone in a room with a dangerous, wild man by a couple who are going to the theatre. This man has
always been locked up and restrained—he should be in a straitjacket. The patient is terrified that the man would destroy everything in the room. On his own he will not be able to reason with him. The man begins to speak. Previously, it seemed, he had been a mute. Help comes in the form of a Senior Negotiator from the Ministry (where the patient worked in reality). The Negotiator can speak to the Man, but if the Man realizes that the Negotiator has connections with the law, this will provoke him to even greater fury. (In reality, the negotiator was concerned with terrorists in prison.)

The patient had many associations to this dream, and they made it clear that there was a situation in the patient’s life involving a sense of betrayal by a woman and sexual jealousy that was connected to the dream. They also made clear that the couple went to the ‘Theatre of the Absurd’. This, in turn, was associated with a debate he had participated in once as to whether a theatrical performance in a church could include the word ‘fuck’. It was clear, I thought, that the man who represented that aspect of himself that had been mute and locked up was wild with jealousy. That was the new element, in my patient, in his analysis. The debate as to whether the idea of a ‘fucking couple’ could be allowed in the ‘church’ of the transference was still taking place in his analysis. My patient’s dream suggested that he thought it an ‘absurdly’ dangerous venture to admit into his mind phantasies of his analyst, as one of a sexual couple, provoking a violent emotional reaction inside him. I interpreted myself as represented by the Negotiator as well as by the parental couple. The law that would further inflame the wild man was, I think, the law of the Oedipus complex—the law that distinguishes the sexes and the generations, provoking not only jealousy but also envy of the parental couple for their sexual and procreative capacities. My intention in describing briefly some aspects of the analysis of this patient is to illustrate some of the fears and conflicts from which the oedipal illusion was felt to protect the patient.

Summary

The oedipal situation begins with the child’s recognition of the parents’ relationship. In severe disorders development founders at this point, and the Oedipus complex does not appear in recognizable classical form in analysis. The failure to internalize a recognizable oedipal triangle results in a failure to integrate observation and experience. This was the case in the first patients I described. I suggest that it is a consequence of a prior failure of maternal containment.

In the second part of the chapter I described what I call oedipal illusions as defensive phantasies against the psychic reality of the Oedipus situation, and suggested that if they persist, they prevent the normal ‘working through’ of the Oedipus complex, which is done through sequences of rivalry and relinquishment.

Finally, I would like to clarify my view of the normal development of the Oedipus complex. It begins with the child’s recognition of the nature of the parental relationship and the child’s phantasies about it. In the Oedipus myth this would be represented by the story of the infant Oedipus abandoned on the hillside by his mother—a tragic version in the child’s phantasy of being left to die whilst the parents sleep together. The complex unfolds further in the development of the child’s rivalry with one parent for absolute possession of the other. This we see exemplified in the myth by the meeting at the cross-roads where Laius bars the way, as if representing the father’s obstruction of the child’s wish to re-enter mother through her genital. This is what I regard as the psychic reality of the Oedipus complex, as are the fears of personal or parental death as imagined consequences.
What I have called oedipal illusions are defensive phantasies meant to occlude these psychic realities. In the myth I see the oedipal illusion as the state in which Oedipus is on the throne with his wife/mother, surrounded by his court, turning a 'blind eye', as John Steiner has put it, as to what they already half know but choose to ignore (Steiner, 1985). In this situation, where illusion reigns supreme, curiosity is felt to spell disaster. In the phantasied tragic version of the Oedipus complex the discovery of the oedipal triangle is felt to be the death of the couple: the nursing couple or the parental couple. In this phantasy the arrival of the notion of a third always murders the dyadic relationship.

I think this idea is entertained by all of us at some time; for some it appears to remain a conviction, and when it does it leads to serious psychopathology. I have suggested that it is through mourning for this lost exclusive relationship that it can be realized that the oedipal triangle does not spell the death of a relationship, but only the death of an idea of a relationship.

REFERENCES


