thoughts and those of his wife, that he had managed to find some life in his mother, albeit at a very early stage. It must have been this early success that helped him find a wife who could battle through, in the hope that she could help him battle through as well. He seemed to hope that, as he didn't know his own thoughts, she would give him hers. However, as we have seen, she was convinced that her fighting spirit was disastrous and led in unconscious fantasy to her mother leaving and to the unforgivable crime of her own tragic oedipal triumph. It then becomes clear that it was this pulling in two different directions that drew them to seek help, as they were each desperate to gain support for their own positions. Each felt these longings and fears intensely, which led to an extremely painful and destructive dynamic between them.

By the end of therapy, Mrs Z was managing to take more risks. She was leading life with more vigour and vitality, although it was kept within its limits and she still suffered enormously from fear. However, her shift away from her husband created a greater separation between them which, while it gave her more hope and a vision for the future, left him more desolate. Although Mr Z would mouth a hopeful stance, he became less and less able to act or think for himself. Greater separation, and less safety from their stuck-togetherness, seemed to leave him defeated by his own fears, which had a catastrophic intensity, and also left him exposed to an unmediated experience of his own cathected death-like state.

For some time, the oedipal elements in Mr and Mrs Z's dilemma were not obvious to me. Gradually, however, it became possible to understand something of the complex interweaving and dynamic interaction of their inner worlds. Mr Z, in particular, remained depressed, but he conveyed that his depression was made more bearable by feeling that he understood a little more about what he and his wife had been caught up in; and he also felt, and was, less blamed. While the therapy could not claim to have dramatically and positively transformed the couple's lives, it seemed that they at least experienced a quieter quality of containment by being attended to and thought about closely over a sustained period of time. This helped them to tolerate their situation and to begin to get some distance from it and to reflect on it, which in itself modified and softened the former deadly, over-entangled and rigid internal structure of their marriage.

CHAPTER TEN

No Sex couples, catastrophic change, and the primal scene*

Francis Grier

Introduction

A common presenting problem to the marital psychotherapist is that of No Sex. Sometimes a couple names this as their principal problem at a first interview. Often, however, they will be too embarrassed to be so frank, but it will soon become apparent that there is this crucial absence in their relationship. In this chapter I propose to attempt to make some inroads into understanding this situation. I want to concentrate, in particular, on how such difficulties often arise when the partners share a history of inadequate working through of certain aspects of the oedipus complex.

I will use three clinical illustrations, which represent variations on a theme. The variations are, I suspect, quite commonplace, although the particular version that any couple develops is their own. The underlying theme consists of the dynamic relationships
between the child and the parents in intercourse in the primal scene. The three variations represent typical defence systems erected by couples against the psychic pain evoked in attempting to accept the reality of the primal scene. The variation of my first couple, the Flints, consists of their not being able to bear the fact that it is the parents who couple. They insist on a version in which the child and one of the parents come together, the other parent becoming the excluded one. The Grays, my second couple, did not dispute that it was the parents who were intimate, but they could only conceive of the excluded child being cruelly deprived. This justified their complaining about this forever and ever. The variation or solution of my third couple, the Forsyths, was to eliminate the child in the triangle and hence to construct a non-procreative version of adult intercourse. There was to be no problem or pain, because no demanding child would eventuate from the intercourse. For all three couples, their coming to therapy was evidence that they knew something was seriously wrong and that they needed to change. However, when confronted with the reality of the demands made by psychic development, they reacted as if faced with a catastrophe.¹

Theories of the primal scene and catastrophic change

In his paper “The oedipus situation and the depressive position”, Britton explores the great developmental significance of the child’s unconscious phantasies about the parents’ sexual intercourse. He comments that, though Freud explored the primal scene to some extent,

he never incorporated the primal scene and its associated phantasies as a principal component of the oedipus complex. In contrast to this, Klein not only did so but made it central in her account of what she called the ‘oedipus situation’ (Klein, 1928, 1945). [Britton, 1992, p. 36]

My purpose in this chapter is to show examples of the pathology that can ensue in adult heterosexual relationships when individuals couple who have not been able to adequately work through this all-important aspect of the oedipus situation. Not that any individual or couple can ever fully meet this challenge as, by its very nature, it is a life-long task. I hope to show that, if two individuals come together who have been overwhelmed by its difficulties and opted for maintaining rigid defences against working through the oedipus complex, rather than continuing the struggle, they will almost inevitably encounter serious relationship problems. Often these will erupt, appropriately enough, in the arena of sex.

One might say that it is precisely because of the impossibility of full working through of the oedipus complex during the growing child’s developmental phases that continued engagement becomes a universal aspect of the motivation for adult sexual relating. What has not been processed in the turbulent periods of infancy, childhood, and adolescence remains to be engaged with as an adult sexual being, in addition to those new tasks which are specific to this epoch. If one thinks in terms of each new stage of the life-cycle throwing up developmental crises, challenges, and opportunities, then adult sexual relating offers the chance to engage fully with one’s oedipal difficulties and dilemmas. For all of us, this chance is like a double-edged sword, as seizing it offers the opportunity for growth, but it also forces one to engage with one’s unresolved nightmares. Small wonder, then, that some partners, who may often have unconsciously chosen each other in the hope that the complementarity of their problems may help each to become allies of the other in taking up the developmental challenge, instead unconsciously prioritize, work out, and put into practice a strong, combined, anti-developmental defence.

One of the difficulties with this strategy is that it can only work (if at all) on a short-term and superficial basis. The psychic subset of the potentially mature, developmental couple within what one might refer to as “the total couple” becomes increasingly frustrated with this anti-developmental strategy. They know that something is terribly wrong, particularly if it results in symptoms like the non-occurrence of sex. However, not only do they not know consciously how to engage with the problem, but unconsciously they fear that were they to do so, the consequences would be catastrophic.

It was to describe just such situations, with their attendant anxieties, that Bion (1965) coined the term “catastrophic change”. My understanding and application of this core theoretical concept in
that she might kill her. Elizabeth's psychosis took the form of immensely strong manic-depressive swings of mood, and it was when she was at her lowest that she would think it in her baby's best interests to kill her rather than let her suffer the cruelties of life. With the help of psychiatric medication, her mental state improved, and things gradually got better for the couple. By the time they came to us, they were happier and able to live a more normal life. Elizabeth was intensely conscious of all that her husband had heroically done. She was very grateful to him. However, he had only coped so well by becoming quite split off from many of his emotions, so that he could concentrate on doing his duty. Now, when circumstances allowed it and his wife required it, he could not retrieve his former warmth, emotional or sexual, towards Elizabeth. In addition, she, despite and because of her indebtedness, became furious with him for his coldness; and her rage was massive.

The couple engaged in their therapy, and fairly soon their relationship ameliorated in many areas, but not sexually. As therapists we had constantly borne their unresolved sexual abstinence in mind, and had often suggested that material which was not overtly sexual (e.g. their anger, need to control, emotional withdrawal) was played out in the sexual arena.

Over the course of time, we became aware of some important similarities in their individual relationships to us. They both tended to engage in a more adventurous, sometimes excited, manner with me, while they could be subtly dismissive and less vital towards my female therapist partner. This dynamic also influenced our therapist relationship, so that I could become rather full of myself at my colleague's expense, and she could become too backward in coming forward. We then noticed that I would be rather patronizing towards her, and for her part, she would feel not only resentful but, not in accordance with her usual professional character, also rather impotent towards me. This counter-transference experience was disruptive, painful and difficult to process. However, we persevered, and gradually discovered how this linked with the deeply held attitudes of both Andrew and Elizabeth towards their parents, and of their internal parents towards each other. Thus, Elizabeth idealized her energetic and potent father, and denigrated her mother—not openly, but subtly, by disparagement. She also felt
that her father related similarly to his wife, yet could get excited about his relationship with her, his daughter. Andrew spoke of giving up on his rather depressed mother who never experienced anything in her life with enjoyment and eagerness, including him, her only child. He had turned to his father, a rather wordless, but very competent and warm-hearted man, with whom he had forged a strong bond. He thought his father had given up on women from his disappointing experience with his wife.

Much of the content of the therapeutic process flowed from this. We explored Elizabeth's oedipal phantasy of vanquishing the mother and gaining the father; and we realized that she risked catastrophically losing this special place by becoming a mother herself, especially since she had produced a daughter. We noted her extreme reluctance to relinquish the gratification of excitement that came with hanging on to this position. We saw this re-enacted in the transference to me, and to other men in their current lives. We understood that part of their marital problems also lay in her constantly comparing Andrew with her father unfavourably, partly because in making the choice for a husband the inevitable consequence would be to lose her phantasized incestuous relationship with her father. We began to understand that Andrew contributed to all of this. By modelling himself on his own father and modelling his relationship with his wife on his parents' relationship (as he perceived it), he made himself rather wordless and competent, not exciting, and he denigrated and patronized his wife. Severe problems were bound to ensue.

Nevertheless, there was a further counter-transference experience, much less frequent, which challenged this set of relationships. On odd occasions, Andrew clearly felt special warmth towards my co-therapist. He would miss her if she had to miss a session. Whereas Elizabeth would set up a triumphantly exciting relationship with me, Andrew never quite conquered my co-therapist in this overt manner. He would tend to build up a warm relationship with me (very importantly, for here we could see for ourselves his capacity for warmth and vulnerability) and then apparently feel rather sorry for my co-therapist who was left out of this—not always patronizingly, but sometimes with a sense of affection and concern. This was hard to process, because almost all of Andrew's emotional activities towards my colleague were exclusively non-verbal. However, we began to find ourselves giving more weight to certain parts of their narrative than hitherto. For example, Elizabeth told how Andrew would sometimes telephone his mother secretly. Then, in one session, they brought together two incidents, apparently unrelated. They had actually had sex, and good sex at that, initiated by Elizabeth, but which Andrew had then asked her not to repeat. They had also had a row, because Elizabeth was furious that Andrew wanted to celebrate his birthday by having his mother to stay.

The first point seemed almost unbelievable. Here was a couple who had both yearned to get back into a sexual relationship; the man had had huge problems with impotence, to the extent of having medical examinations and advice. Yet when confronted by the evidence that he could not only get an erection but also use it, experience pleasure, and give his wife satisfaction, his response was to ask his wife not to stimulate him again. In explanation and defence, Andrew could only say that he thought his wife was offering him sex without love, yet he himself realized immediately that this was not true.

The couple regarded the matter of the invitation to his mother as an entirely separate matter. It had occurred a few days later. However, to us it seemed that they were managing to bring to our notice the intimate unconscious relationship between these two instances, dynamically powerful in the extreme. For, just as the exclusive dyadic unconscious relationship between Elizabeth and her father attacked the couple's adult sexual relating, so did Andrew's relationship with his mother. It began to become clear that, internally and unconsciously, underneath his warm man-to-man son-father relationship, which included a sad and worried casting off of the mother, paradoxically and simultaneously there existed a strong phantasy of an exclusive, dyadic union with his mother. Elizabeth was right to be jealous. And just as it was hard for Elizabeth to contemplate losing her exciting relationship with her father for an ordinary adult partner, so for Andrew it was felt as too much to lose that special closeness with his internal mother, particularly as she was depicted there as so depressed that to separate from her would undoubtedly cause him great anxiety and guilt, both depressive and persecutory in tone.

After nearly two years of steady therapeutic work, in which the couple really began to internalize and digest different ways of
understanding their relationship, a period of some months followed that was characterized by a flat, depressed, and hostile tone. They voiced their doubts as to whether they any longer loved each other at all, and as to whether it was worth continuing the struggle to develop their relationship. It was a depressing period for all of us, but there followed a time of greater stability in the marriage. The couple began to find more happiness together, including sexually, and they even began to contemplate the possibility of having a second child.

I think this flat, hopeless period was a symptom of anxiety about catastrophic change. It was as if, as a result of their engagement with their therapy, the couple found their ability continually and repetitively to substitute omnipotent phantasies for disappointing realities was fast waning, and so they found themselves faced with the unwelcome fact that the only way forward was to take up the developmental path of attempting actually to form an adult—including sexual—relationship with each other. But this step seemed catastrophic, as it entailed trying to deactivate their previous defensive strategies and investing energy into something they had written off long ago: the possibility of two adults engaging in a mutually satisfying, potentially procreative, relationship. The hopeless period perhaps consisted of the time spent between these two alternatives.

A session

An example of these different progressive and defensively regressive trends, oscillating and vying with each other for supremacy, came in a session during the period in which they were beginning to contemplate whether to try for a second child. They had introduced this important idea and we had discussed their feelings about it for a couple of sessions. For the next session, I was absent; for the following one, some of which I will report here, my co-therapist was absent. Both these absences were unavoidable, and we had warned the Flints about them well in advance.

Andrew started by telling me all about the previous week's session. After some time, I pointed out that he had a picture of my co-therapist and me in which we seemed to be like parents. Either we did not have "intercourse" at all or, if we did, our relating did not apparently include ordinary care and concern for our children. In my mind, I had not met with my co-therapist, or, if I had, I had not asked her about the session, nor had she any wish to tell me about it. Elizabeth said she thought differently from Andrew in one respect, as she would expect the two therapists to liaise in a quick, generalized way, not bothering with the detail of the session.

They then went on to tell me about another potential project. Andrew said that he had for a long time wished to develop his own business in a particular line, and he had recently been seriously wondering if now might not be a good time to give up his job and try to make his dream an actuality. Of course, he could only do it if they were prepared to cope with a sizeable drop in income and financial security in the short term, and Elizabeth's help would be vital. She appeared to be very much in favour. During the last week, she had moved out with their daughter and stayed with friends for a couple of days so that Andrew could formulate some practical plans, undisturbed by family. When she returned she discovered that, although he had done a lot of good groundwork, including arranging a meeting at the end of the week with potentially interested financiers, he had also dramatically lost confidence in himself. So she put Humpty-Dumpty together again, partly by reassuring him emotionally but principally by becoming very practical. She examined all his notes and ideas, found unrecognized flaws and constructively criticized his work, adding her own thoughts, finally helping him to put together an even better package of initial ideas for his important meeting. Andrew had quite recovered his confidence through Elizabeth's helpful interventions, and the financial meeting had gone well.

They themselves referred in passing to this project as "Andrew's baby", an accurate interpretation in my opinion. However, they then continued talking to me about their lack of confidence concerning these two projects, the actual baby and the potential new business. The more they talked, the more anxious and depressed about the future they became, and the more certain that if they actually tried to put these ideas into effect, they would surely come to nothing or eventuate in a disaster. It was as though they were beseeching me for help as a good figure, but simultaneously I was also becoming contaminated by the evolving gloom.

I think the couple was showing me the way their minds often worked together as a combined unit. Through their narrative, they told me a
story that demonstrated the way they could work well as a couple. It was an impressive story of purposive complementarity. There was a mixture in it of ideas and fantasies (about the potential business project), and evidence of their capacity to transform these into practice, in reality. Plans had been written down, and a meeting with real financiers had been organized, well prepared for, and had taken place successfully. An inextricable part of the story was their emotional duet: Andrew’s desire to act on his dream; Elizabeth supporting him at some cost to herself (her moving out); his emotional collapse; and her successful repair of him. It was a picture of satisfactory adult intercourse. However, they had then continued talking to me about the future as if none of us had attended to this narrative. We were all expected to believe that their plans would come to nothing, fizzling out or erupting in chaos; that Andrew would be incapable in the business world and Elizabeth would again prove a catastrophic mother.

I was experienced ambiguously. I had started by being predominantly a good, helpful figure, but as they felt themselves becoming more acutely dependent on me they seemed to become resentful, as if I were turning in their eyes into someone who had contempt for their neediness. Finally, I seemed to have evolved into a figure who had no doubt that they were arrogant, stupid, and wrong to imagine they could actually carry off these two creative projects. This was a verdict they hated me for, but which they themselves seemed fully to endorse. Nor had they themselves given any weight to a most significant detail in the real event they had narrated, that it was Andrew, not Elizabeth, who had psychically collapsed; and it was Elizabeth, not Andrew, who did the repair work. This was a conspicuous reversal of their habitual and fixed picture of who was strong and who was weak in their relationship.

Later in the session, they spoke about having enjoyed watching Mission Impossible on the TV together. They described the heroes and heroines of the drama in tones that seemed to me to be clear pointers to rather excited identifications. It seemed that one strategy for coping with the huge internal attack on the developmental processes we had just witnessed was to “ride high”, to picture their projects to themselves as “Missions Impossible”, and themselves as the protagonists. What was avoided and pictured as far more alarming was taking on “Mission Possible”, i.e., portraying to themselves their projects of having a baby or running a business as quite possible, potentially within their grasp, even if difficult. When I interpreted this, the couple said they felt “depressed”, but to me they seemed more grounded and thoughtful, and less manic. I thought one of the reasons they lost heart and needed to “ride high” was because they felt they lacked internal parents who would back them up, bear them in mind and be interested in them when tackling the ongoing problems of ordinary life.

I think the act of telling me this story of a successful creative and cooperative intercourse immediately provoked an internal, envious attack on the parental couple. They attempted to protect themselves from attack, firstly by giving up, and subsequently by adopting a manic defence. However, after this was interpreted, they seemed more grounded, more realistically depressed and more potentially creative.

Their case illustrates Britton’s (1989) thesis, that crucial in working through the oedipus situation is the development of what he terms “the third position”; in which one can know one is excluded from the parental couple, and yet still know oneself to be loved by the parents, so learning to tolerate this position. Both Andrew and Elizabeth were possessed by a variation on the primal scene in which they were not excluded by both parents; instead, each excitingly phantasized that he or she was in an exclusive dyad with one parent, while the other parent, not the child, was in the intolerable cast-out position. This position itself was bad enough, but to contemplate trying to alter it provoked anxieties of catastrophic proportions—which had, in the first instance, necessitated psychiatric treatment.

The Grays: the myth of the excluded child

A different dynamic obtained in the case of the Grays. They also had an only child, and had not had sex together for many years, except for isolated instances.

Their chief complaint was the state of nearly unremitting war that existed between them. This situation had been chronic, lasting many years. This couple had seemed to use therapy quite well, in the sense that gradually they had used us to help them to listen to each other, begin to hear each other’s point of view, and so on. Their relationship did get better. However, it would constantly threaten to slip back into mindless warfare, and all too frequently it did. On those occasions, it would usually take a long time for their relationship to improve again. The wife tended to sit around (literally)
at home, fuming when her husband was absent and attacking him with the utmost ferocity when he was present; the husband would abscond hopelessly to the pub. If, when things got better, he spent more time with her, she would then find a different pretext for attacking him (with which he would comply by providing her with the opportunity for just such pretexts); consequently he would abandon her again for the pub. With regard to the sexual arena she would complain that she did not want him coming in to her bed late at night smelling of beer, having abandoned her to her rage earlier. She demanded a separate bed in a separate room. When things got better, they sometimes even managed to get together sexually. However, not for long: these disquieting and unwelcome outbursts of peace and harmony were soon quelled by a victorious recall to war.

In the transference, my co-therapist and I realized that we were being consistently idealized. It was not just that neither spouse became angry with us even when we gave just cause for anger (e.g., through ordinary mistakes), but that even when we made deep interpretations that must have caused pain, this pain was denied. Moreover, the couple’s chronic tendency easily to slip back into war indicated that these interpretations were not being metabolized and digested. As therapists, we were increasingly frustrated by this too frequently repeated negative therapeutic reaction.

It became clear that each cherished a grudge. Their actions proclaimed that, despite their conscious desire to get better, they continually preferred to nurse their grievance. In their marriage, their grievances were against each other; but the depth and dynamism of these grudges suggested that these were new editions of what they had originally brought to their relationship from childhood. We first recognized this when Florence underlined her diagnosis of their problem. She said that they had never had a good, romantic period when they first went out together. We gradually realized that these words had a deeper significance.

On the face of it, each came from quite different families. Florence was an adopted child in a small family; Tony one of many children. However, similarities began to emerge in their experience of their families. Florence’s adoption had taken place immediately after birth, and she was never told about it until, as a teenager, someone in the town mentioned it to her in the assumption that she knew about it. She told us that when she approached her mother about this news, her response was to demand Florence’s sympathy for her predicament and difficulties. Florence felt that her mother apparently did not think she needed either sympathy or an explanation. To Florence, this made sense of some of her earlier childhood experiences: her own sense of never quite belonging and her intense jealousy of her father playing with the other child, a natural daughter born soon after Florence’s arrival. For his part, Tony was the sixth child of many, all born fairly close together. Family life was regimented like an old-fashioned boarding school. In this way, all the children were adequately looked after by their parents and by each other. They could talk about this, but could not contemplate or voice thoughts and feelings about not getting any individual attention from the parents, in particular the mother. Both felt that their individual histories were marked by a real degree of psychological deprivation. Florence’s view was that her parents could not empathize with what the experience of a baby torn at birth from her biological mother might be. Similarly, it felt to Tony that his parents could never imaginatively enter their son’s experience of a genuine lack of enough individual love, care, and attention.

Tony and Florence met each other in their early twenties, and soon married. It is not difficult to see that each of them brought a basic attitude of grievance towards their parents. However, what they also shared was that they felt their grievances to be quite unjustified. After all, Tony’s parents could justifiably answer him that they had done their best, and Florence’s similarly. How could the child ever complain? Therefore, the characteristic form their resentment took was of guilty, passive aggression. In addition, the narrative of their marriage suggests that they continued along these lines, combining their forces. The psychological events of their years in marital therapy, particularly their continual backsliding and defeating of the therapists’ and their own best endeavours to improve matters, suggest that there was something quite strongly and actively anti-developmental operating in addition to their understandable previous repetition of these dynamics, which up to now had been unconscious. It was as though there was a secret gratification at work in each of them, destroying any good links between them that might develop, including the good sexual intercourse they occasionally managed to re-establish.
Discussion

This case underlined for us the therapeutic importance of trying to understand the couple’s shared unconscious phantasies. When Florence complained that they had had no real romance at the start of their relationship, she could be heard as voicing a deep grievance on behalf of both spouses that each felt he/she had had no good or long enough period of idealization or special individual attention from the parents, especially the mother. But what was more malignant was the unspoken and deeply unconscious vow that, since their romantic start to life had not been as desired, then, rather than make use of the marriage as a second opportunity to make good a flawed beginning, the marriage would be used to repeat the bad experience, to harbour an everlasting grudge about this and, in “justified” retaliation, to wreak eternal vengeance on the parents, in the forms of the partner and the couple. The marriage had become so internally organized around these grievances and the gratification of nursing them that it was almost impossible to think of giving them up, to bear their loss. The rewards of development, by contrast, seemed much more uncertain and perhaps less exciting. Thus, the upholding and repetition of their grievances also protected them from unconsciously feared further disappointments.

Like the Flints, the Grays could not bear to work through their combined oedipal development. They apparently found that the degree of mental pain they would need to tolerate was too great. In eternally justifying their grievance, they were defending themselves from this pain by clinging to the omnipotent position of the young child who is always in the right, and who can only deal with frustration by accusing and hating his objects, taking up a superior, righteous position. Their developmental challenge consisted partly in bearing the pain of relinquishing this position, through mourning what they felt they had never had. However, this development was feared as catastrophic because it would entail their stepping out of such familiar, well-worn grooves towards quite unknown, frightening territory. Above all, it would entail at its core the surrender of the enormous gratification of the justified, superior position.

The Grays seemed to share a basic unconscious phantasy of the primal scene as consisting of parents engaged in an intercourse that utterly—and intentionally—deprived their children of their love, which they hogged all to themselves. Tony and Florence therefore felt they were entitled to feel constant resentment against such depriving and abusive parents. Yet, this version did not quite fit with other perceptions of their parents or their therapists, who at their core felt not greedy and evil, but loving. So the “developmental couple” within the Grays longed to recognize another version of the primal scene in which the parents had a right to private sexual love from which they would properly exclude the children without depriving them of their love. The Grays sometimes imagined that we therapists might well often be too busy, whether with each other or attending to the demands of other patients, to be constantly thinking specifically about them; and yet that did not mean that we had utterly withdrawn our interest and concern from them. They also occasionally slipped—as it were, by mistake—into just such a satisfactory intercourse themselves, both sexual and emotional, but after a while they would usually regress to their old, sterile warfare. Life was much more exciting here. Both they and their objects tended to be very high or very low—and it seemed that they were too addicted to this excitement to bear parting from it.

The Grays’ way of handling their difficulties and defending against the oedipal challenges posed by development illustrates a couple version of what John Steiner (1993) has called a “psychic retreat”. They often tantalizingly demonstrated their capacity to enter upon a much more developmental oscillation between the paranoid-schizoid and depressive positions; but then they would slide into this dead-end, anti-developmental warfare as a place in which the pain, uncertainty, and tasks of the depressive position were avoided. Their particular psychic retreat was characterized primarily by their preference for nursing their grievances (Steiner, 1993) rather than relinquishing them.

The Forsyths: the myth of the non-existent children

I have tried to illustrate some of the complex and powerful unconscious oedipal dynamics that can be operating when a couple complains that they can no longer make love. I would like to end with a short example of a situation that can apparently turn this
Clinical picture on its head, and yet can illustrate similar psychic defences against oedipal working through.

Jessica and Mark Forsyth encountered intense difficulties soon after the arrival of their two children, especially after their second. They were fairly typical problems (although, of course, not typical to them), consisting of two main strands. They had conceived their children sooner than expected, so that, although there was no doubt that they were loved, their early arrival also made them resented. The resentment of spouses was re-directed from their children on to each other. The second strand was interconnected, as both parents were ambitious and career-minded. Severe quarrels arose over the balance between them of child-care and professional work. They fought bitterly, and contemplated divorce as a despairing solution to their problems.

After we had seen them for some months, we realized that they had never spoken about their sexual relationship. We imagined it might well be impaired by their problems, especially as these were directly linked with their procreativity. We had also noticed a quality of excitement in their fights, which suggested that their sexual energy might be finding a sublimated outlet there. We wondered if they were abstaining from sex for long periods, and whether this factor might be exacerbating their problems. To our surprise, the couple told us that sex between them was good, and in fact, was the only good thing that they could consistently rely on. Shortly after this, they left the therapy rather suddenly. We had a sense that there was a connection between what they had said and their leaving.

We were curious as to why this intelligent and reflective couple were themselves not more curious, as well as anxious, about the paradox of their sexual relationship flourishing in the midst of their other difficulties. We did not think they were deceiving us about the satisfactory quality of their sexual love. They did not remain in therapy long enough for us to follow this through, but it would seem that they had managed to split off and encapsulate their sexual relating from the rest of their relationship. This meant that it could not be harmed by the poison in the rest of the system, but it also meant that whatever was genuinely dynamically loving and developmental in their love-making was not given the chance to have a constructive effect upon the impaired aspects of their relationship.

Discussion

Britton writes:

The oedipal phantasy may become an effort to ... deny the reality of the parental sexual relationship. ... The oedipal romance may be preserved, by splitting it off into an area of thinking protected from reality and preserved, as Freud described, like Indians in a reservation (Freud, 1924). This reservation ... can become the place where some people spend most of their lives, in which case their external relationships are only used to enact these dramas to give a spurious claim of reality to their fantasies which lack "psychic reality". [Britton, 1992, p. 40]

The Forsyths, like the Flints and the Grays, were taking steps to avoid meeting their developmental oedipal challenge. Part of the oedipal reality is that, when the parents do couple in the primal scene, they may produce real babies—who, once born (and even before), demand to be looked after and insist that the family is reshaped to include them. The Forsyths tried to construct a version of the primal scene that would protect them from this procreative reality. Psychically it was probably not wholly true that they had initially desired children but then found it difficult to cope with them, although this is, of course, how it felt to them consciously. On a different, unconscious plane, however, it seemed as though they had continuously been collaborating in maintaining this psychic retreat—consisting of encapsulated, romantic, non-procreative intercourse—from reality. This retreat was rudely shattered by the arrival of real children with real demands. The Forsyths faced the painful need to get to know their intensely narcissistic aspects if their adult, parental relationship was to develop. Their reaction to this inexorable, developmental demand for change, which felt catastrophic to them, was to opt decisively to maintain their psychic retreat. Accordingly, they left therapy.

One could so easily imagine this couple presenting, like the others, as a No Sex couple if their bad relationship had affected their sexual intercourse. Clearly, the fact that it hadn't gave this couple a lifeline. They didn't use it for life, however, but to avoid being more fully aware of the impact of their difficulties. And yet, it would only be through allowing their difficulties to impact upon
them, which might well have involved pain in their sexual relating, that their development would have been spurred on.

Conclusion

In this chapter, I have tried to illustrate some of the consequences that can befall couples who have got together on the basis of a shared, complementary, and inadequate working through of primal scene aspects of the Oedipus situation. Their combined defensive, regressive, and anti-developmental characteristics, strategies, and actions have, in the event of their marriage, proved stronger than their combined developmental and progressive forces, resulting in their sexual relating—as well as other aspects of their relationships—being drastically affected.

I have illustrated some of the events that can consequently occur in the therapeutic arena. My last two couples, the Grays and the Forsyths, show how defences and anti-developmental forces can strive with a high degree of success against development in therapy. I suggest that an enormous strong factor in all such cases is each couple’s different capacity to tolerate the anxieties associated with change, feared as catastrophic. The desire to change is not enough in itself. Actually to change, to move into new, unknown territory, can be so alarming as to keep the couple continually oscillating between development and a more fixed position, a psychic retreat; or very high anxiety coupled with a real hatred of reality and development can compel a couple into an even more drastic flight from development into the reassuring arms of an even more rigid and enduring pathological solution. However, my first couple, the Flints, show most clearly a couple that have been able slowly to begin to bear the—often terrible—mental pain of having their inner world scenarios become conscious through reflection and interpretation. They have been able to move towards the much more desirable outcome of a creative relationship, possibly even a procreative one.

Note

1. I have tried to disguise my patients’ material so that, I hope, only pertinent aspects remain accessible for discussion. In all three cases my understanding of the clinical material has developed largely through discussion with my co-therapists and supervisor, to all of whom I would like to express my gratitude, while absolving them of responsibility for the particular opinions expressed here.

2. For this therapy, as with both the other clinical examples discussed in this chapter, I was co-working with another therapist, in each case a different co-therapist.