The Oedipus situation and the depressive position

RONALD BRITTON


I find it a sobering thought that in a few years' time a century will have passed since Freud first put pen to paper to describe what now we so often refer to as the Oedipus complex.

In May 1897, in a letter to his friend Wilhelm Fliess, he wrote that he now thought that an 'integral constituent of neuroses' was hostile impulses against parents (Freud 1897a: 255). 'This death wish is directed in sons against their father and in daughters against their mother.' He wrote a succinct further note: 'A maidservant makes a transference from this by wishing her mistress to die so that her master can marry her (cf. Lisl's dream about Martha and me).' Lisl was the Freuds' nursery-maid and she had reported a dream of her mistress having died and the Professor marrying her. Five months later, in October, Freud described in a further letter his discovery of this same configuration in himself in the course of his own self-analysis. This persuaded him that such wishes might be ubiquitous. And he conjured up a universal audience for the Greek drama of Oedipus Rex, in which 'Each member was once, in germ and in phantasy, just such an Oedipus.' Freud refers to the horror generated in the audience by 'the dream fulfilment here transplanted into reality' (Freud 1897b: 265) — the horror, that is, of Oedipus killing his father and marrying his mother, leading Jocasta to suicide and Oedipus to blinding himself. However, whether it is the royal court of Thebes or Lisl in the nursery, we notice in the two different sexes the same elements:

- a parental couple (symbolic in Lisl's case);
- a death wish towards the parent of the same sex;

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a wish-fulfilling dream or myth of taking the place of one parent and marrying the other.

The Oedipus complex has remained at the centre of psychoanalysis ever since, and is the daily currency of our work in various forms. For some years Freud referred to it as the Nuclear Complex.

What substantial additions have been made to our knowledge about it since Freud? I consider that the most significant new additions to our perspective on this were made by Melanie Klein, partly in her clinical observations of Oedipal manifestations in very small children, partly in her papers on the Oedipus complex (1928; 1945), and indirectly by her concept of the depressive position (1935; 1940). Donald Winnicott considered that her most important contribution to psychoanalysis was the concept of the depressive position, which he wrote 'ranks with Freud's concept of the Oedipus complex' in the development of analysis (Winnicott 1962: 176).

In this chapter I want to describe some of what she added to the understanding of the Oedipus situation, what is meant by the depressive position, and how in my view the introduction of this concept necessarily changes our understanding of the resolution of the Oedipus complex. As I see it these two situations are inextricably intertwined in such a way that one cannot be resolved without the other: we resolve the Oedipus complex by working through the depressive position and the depressive position by working through the Oedipus complex.

Though Freud referred to Oedipus Rex, as I described, in 1897, he did not use the term 'Oedipus complex' in a paper until 'A special type of object-choice made by men' in 1910. In this paper he puts it that the boy who begins to desire his mother anew and hate his father as a rival 'comes, as we say, under the dominance of the Oedipus complex'. Under this dominance he emphasizes another element which is made even more central by Melanie Klein. In Freud's words, 'He does not forgive his mother having granted the favour of sexual intercourse not to himself but to his father, and he regards it as an act of unfaithfulness' (Freud 1910: 171).

The parents' sexual relationship is centre stage in this account and is at war with the child's exclusive relationship with his mother. The child's awareness of the parents' relationship is conspicuous in Freud's various accounts of the Oedipus complex during this period, culminating in his account of the 'primal scene' as the centrepiece of his case study usually known as the 'Wolf Man' (Freud 1918). This study was based on analytic work done between 1910 and 1914; it was written in 1914 but not published until 1918 (Editor's Introduction to Freud...
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1918). Freud began during that analysis to speculate on 'primal phantasies', an archaic inheritance of innate ideas, one variety of which would be some sort of primitive precursor of the primal scene (Editor's footnote to Moses and Monotheism, Freud 1939: 102). Such innate ideas, were they universal, would predispose us all to construct some version of parental intercourse fleshed out by experience and imagination (Freud 1916: 367–71). This notion would seem to be a forerunner of Bion's theory of preconceptions (Bion 1962b: 91). After 1916, however, the primal scene plays a less conspicuous part in Freud's account of childhood sexuality. In such of his writings as 'The infantile genital organization: an interpolation into the theory of sexuality' (1923b), 'The dissolution of the Oedipus complex' (1924a), and 'Some psychical consequences of the anatomical distinction between the sexes' (1925), it is displaced as a central concern by the castration complex and penis envy. However, his preoccupation with primal phantasies including the primal scene is once more to the fore in his late works such as Moses and Monotheism (1939: 78–9) and An Outline of Psycho-Analysis (1940: 187–9). But Freud 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).

Klein was to find ample confirmation of Freud's primal phantasies in the analyses of young children. She also found that such phantasies occurred very early, and that in very young children were violent, terrifying, and bizarre. She also found that, in conjunction with the aggressive phantasies of children against parental intercourse and mother's body containing unborn babies, there was guilt and despair at the damage done in phantasy and there was a wish to repair the damage. Where this reparative wish failed, the damage was denied and magically restored by omnipotent manic repairation. When this belief failed, obsessional methods were resorted to, with compulsive acts of symbolic significance carried out in desperate efforts to undo what had been done in imagination.

In Klein's view the Oedipal situation began in infancy and underwent a complex development occupying years before reaching its zenith at the age of four. This was the age of what has come to be called the classical Oedipus complex as described by Freud. Klein also emphasized that the development of our attitude to knowledge (the epistemophilic impulse – or the urge to know) is considerably influenced by these early experiences of the Oedipus situation. She described what enormous hatred could be stimulated by the child's feeling of ignorance in the face of the irreducible mysteries of parental sexuality and how in some children an inhibition of all desire for learning could follow. In one of her earliest papers, in 1926, she wrote:

At a very early age children become acquainted with reality through the deprivations which 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 Oedipus situation.

(Klein 1926: 128–9)

What are these deprivations? Why are they so crucial that they influence our hold on reality and therefore our sanity? We are better equipped to consider these questions in the light of the notion of the depressive position, a concept Klein first formulated a decade later (1935; 1940). In Klein's view the phenomena of the depressive position, which begin to develop between three and six months and continue thereafter, involve major steps forward in psychic integration. Part objects (breast, face, voice, hands, and so on) are recognized to be parts of one single, whole object. Love and hate, instead of being experienced towards separate objects, are realized to be directed towards the same object. The infant begins to feel guilt over his attacks on the good object and becomes afraid of the damage done to it and afraid of losing the object; he has a strong wish to make reparation to the object he believes he has damaged. Klein points out the simultaneity of the depressive position and the Oedipus complex. 'The early stages of the Oedipus complex and the depressive position', she says, 'are clearly linked and develop simultaneously' (Klein 1952b: 110). Or again:

Jealousy is based on the suspicion of and rivalry with the father, who is accused of having taken away the mother's breast and the mother. This rivalry marks the early stages of the direct and inverted Oedipus complex, which normally arises concurrently with the depressive position in the second quarter of the first year.

(Klein 1957: 196)

If the integration of the depressive position fails, the individual cannot progress fully towards developing a capacity for Symbol formation and rational thought. One of several possible abnormal outcomes is that the individual may resort to obsessional, compulsive acts to put right the imagined damage.

I found such obsessional efforts underlay the activities of a middle-aged patient of mine whose phantasies of parental intercourse were of sadistic violence, containing as they did not only her perceptions of her
father as a brutal robber taking away her mother, but also her own projected cruel vengeful wishes against her mother for betraying her. Whenever images related to these early phantasies would come to mind she would take desperate remedies to rid herself of what she called these 'bad thoughts'. She would repeatedly try to flush them down the toilet; wash them out of her hair; and empty them down the garbage-disposal chute.

In order to understand why this took such a concrete form, and required physical acts, it is necessary to realize that in some people the development of symbolic capacity is not fully achieved. Klein linked the development of the capacity to symbolize to the working through of the fundamental anxieties she had described, but it was Hanna Segal who in later years to show that the capacity to symbolize, and therefore to make symbolic, mental reparation was a consequence of working through the depressive position (Segal 1957).

I propose now to leap forward in time in order to discuss how I see these ideas in the 1990s. I see the depressive position and the Oedipus situation as never finished but as having to be re-worked in each new life situation, at each stage of development, and with each major addition to experience or knowledge. As we know, the effect of new knowledge in the scientific world which transcends our pre-existing view of things is at first disrupting: it needs investigation, abandonment of some existing order, and its integration demands modification of our world view. It arouses our hostility, threatens our security, challenges our claims to omniscience, reveals our ignorance and sense of helplessness, and releases our latent hatred of all things new or foreign: all things, that is, that we do not regard as some extension of ourselves, or as encompassed by the familiar boundaries of our mental landscape. In these moments we are once again in the same state as the infant in the depressive position as described by Klein. The depressive position arises inevitably and naturally in infancy as a consequence of the developing capacities of the child: to perceive, to recognize, to remember, to locate, and to anticipate experience. This is not simply an enlargement of awareness and knowledge, but the disruption of the existing psychic world of the infant. What had previously been separate worlds of timeless bliss in one ideal universe of experience, and terror and persecution in another alternative universe, now turn out to be one world. And they come, these contrasting experiences, from one source. The fount of all goodness, loved in phantasy as an ideal breast, turns out to be the same object as the hated bad breast previously perceived as the source of all things bad and the essence of evil. Innocence is lost, then, in its two senses. We are no longer innocent of knowledge - having eaten of the fruit of the tree of knowledge we can no longer live in Eden. And we have lost our innocence in the sense of becoming capable of guilt – guilt because we now know we hate that which we love and which we regard as good.

The depressive position, like the Oedipus complex, is an extremely rich and many-faceted concept, and long before its discovery in psychoanalysis it had been explored in theology and in literature. In English literature, it is perhaps most notably explored in Milton's Paradise Lost, and I think most beautifully expressed in Wordsworth's ode, 'Intimations of immortality from recollections of early childhood'. In this he recounts poetically the struggle at the heart of the depressive position, the struggle not to reject the banal goodness of ordinary life when contrasted with the hints of a lost ideal world. As he puts it, to 'find strength in what remains behind' when 'Nothing can bring back the hour/Of splendour in the grass, of glory in the flower' (Wordsworth 1804: 302).

As I have said, the depressive position is provoked by, and establishes, that greater knowledge of the object which includes awareness of its continuity of existence in time and space and also therefore of the other relationships of the object implied by that realization. The Oedipus situation exemplifies that knowledge. Hence the depressive position cannot be worked through without working through the Oedipus complex, and vice versa. Freud made clear that represion of the complex intact was a foundation for neurosis; that something else was needed, which he called its dissolution, for healthy development. Something had to be given up (Freud 1924a). In 'Mourning and melancholia' (1917) Freud linked the preservation of sanity and reality to the relinquishment of the idea of the permanent possession of the love object. But he did not apply this to the dissolution of the Oedipus complex.

Following Freud's ideas in 'Mourning and melancholia', Klein linked giving something up in the external world, as we do in weaning, for example, with the process of mourning. This is a process which necessitates once again that we give up the expectation of finding an ideal world which might be realized in the material world, and that we recognize the distinction between aspiration and expectation, the distinction between the psychic and the material. She saw this as a process of repeatedly anticipating something and then discovering it to be absent. She considered it to be a means of relinquishing the object in the material world and simultaneously installing it in the psychic, or inner, world (Klein 1935; 1940). In Bion's language, a preconception which is followed by a negative realization gives a thought if the frustration can be borne that it does not give a thing (Bion 1962b). If the frustration cannot be tolerated, the negative realization (that is, the
absence of something) is perceived as the presence of something bad - 'a bad thing' - with the notion that it can be got rid of; hence the phantasy that a state of deprivation can be eliminated by abolishing things. If, because of this failure to transform preconception into idea, there is in phantasy an incorporation literally and concretely of the external object into the inner world, then a state of mind exists which underlies some psychotic and severe obsession states. For example, a patient of mine, prior to seeking psychiatric help, had sought the removal of something bad inside her, which made her have bad thoughts, by surgery.

An essential element in the depressive position is the growth of the sense of distinction between self and object and between the real and the ideal object. Hanna Segal has suggested that it is a failure to make such distinctions that results in a failure of symbolization and the production of 'symbolic equations' – that is, symbolic objects experienced as identical with the original object (Segal 1957).

A similar state of affairs is implicit in Freud's account of the neurotic patient's treatment of all subsequent love relations as if they were with the original Oedipal object. Just as in the depressive position the idea of the permanent possession has to be given up, so in confronting the parental relationship the ideal of one's sole possession of the desired parent has to be relinquished. The Oedipal phantasy may become an effort to reinstate it, to deny the reality of the parental sexual relationship. If this denial threatens to sever the individual's hold on reality, then 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 1924b). This reservation, which may be an area of day-dream or masturbatory fantasy, 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'. In other people the reservation may be preserved as an island of activity, such as a perversion, separated from the mainstream of the individual's life.

I am making a distinction here claiming some phantasies possess psychic reality, not by their correspondence with an external reality, but by the sense of 'truth', which Bion (1962a: 119) has suggested is a similar quality in relation to our inner world as a sense of reality is in relation to the external world. He proposes that a sense of reality comes from our combining data derived from different sensory modalities, such as sight, hearing, touch, and so on -- 'common sense'. In a similar way he suggests that a sense of truth comes from our combining different emotional views of the same object. Thus, when we acknowledge we hate what we feel to be the same person as someone we love, we feel ourselves to be truthful and our relationship to be substantial. If this recognition of ambivalence is evaded by, for example, using the Oedipal configuration to perpetuate our divided universe by having one permanently good parent and one permanently bad, then this reliable sense of the truth of things is lacking, and this, I think, often leads to repetitious patterns of behaviour designed to assert a reality that lacks inner conviction; for example, to repeated re-enactments of stereotyped Oedipal situations in life.

If, in order to achieve the integration described by Bion, the common view of the object has to be established and tolerated, it means that the mother perceived as a feeding and loving mother has to be perceived as the same person as the sexual mother -- that is, in the first instance as father's sexual partner. This poses great difficulty for many people. It often seems to be represented by pictures of women as degenerating or deteriorating, or, as in a male patient of mine, scarring. He recently began an affair with a romantically idealized woman and he described with lyrical intensity the meal they recently had together which was flawed only by her mentioning her former husband at the end of the meal. Then something began to go wrong for him, and, when he saw a small scar like a flaw on her leg, he became impotent and subsequently could not bring himself to contact her. Having cut himself off from her, he then developed a state of alarm about her, convinced she must be severely depressed and possibly suicidal. I was familiar with this pattern in this patient and it manifested itself in the transference recurrently. What seemed to happen was that his aversion to the thought of parental sexuality was represented by the image of a disgusting woman, and the hostility provoked by his envy and jealousy led him to 'cutting himself off', an act which he felt mutilated those he subjected to it. The anxieties which ensued about the fate of the woman are typical of those Klein designated as depressive anxieties.

This sort of reaction was a relatively recent development in this patient. When he first came into analysis, women were either pure and remote, or the objects of pornographic study and perverse scoptophilia as excitingly degraded figures. He had also suffered paranoid anxieties intermittently and had secret states of grandeur and elation when he assumed the characteristics in his mind, by projective identification, of a magical, omnipotent father. In essence he was predominantly in the state that Klein describes as the paranoid-schizoid position (see especially Chapter 3) and the more recent phenomena I have described represented a partial move towards the depressive position.

The perception of parental sexuality in the paranoid-schizoid position is phantastic and often horrific. It may form the basis of
psychotic anxieties and perverse practices or crimes. One notable example is the phantasy of the combined parent figure. The figures are formed by the projection of the infant's oral, anal, and genital desires into the parental intercourse, which is perceived as perpetual; this results in phantasies of conjoined figures such as mother with father's penis or father inside; or father with mother's breasts or mother inside him. In some patients the recognition of parental intercourse may be regarded as destructive of everything good about mother, or breast, and hence destructive of the good internal object which would be equated with everything good in the world. Thus in such a patient the primal scene is likely to be seen as a catastrophe leading to a fallen world. As in the myth of the Garden of Eden, it is eating the fruit of the tree of knowledge which brings the Fall: the advent of shame and sex, and the avenging angel.

In such patients there may develop a hatred of knowledge and sometimes quite literally hatred of seeing or of being seen. If enlightenment is experienced in a persecutory mode it is felt to be forced in, not taken in. Then either the whole personality is protected from knowledge, or, by splitting, part of it may be. This was the case in a patient who, in response to an interpretation of mine which suggested that as a result of her experience she might see things differently, said, 'Seeing and thinking have nothing to do with feeling and dreaming!'

In this patient, who would be described as a severely borderline psychotic case, that aspect of herself which privately she called 'me' was kept from the light of ordinary day and from any interaction. It remained infantile, blind, hardly differentiated, and persecuted by any light. Until analysis, where it emerged in a psychic transference, this aspect of her had remained undisclosed, unmodified, and ungratified except by a variety of autoerotic activities. For a long time in analysis this aspect became manifest in my room only in the dark underneath a blanket on the floor, where she could feel the carpet, or, tentatively, my shoe. She was terrified at such times because she was allowing contact with me and therefore access to me, and felt that I might force enlightenment into her as a sort of psychic rape.

Exploration of these phantasies which she feared so much eventually became possible. They existed in her mind, of course, but initially she believed them to be externally located and likely to come from me. When they emerged they were of horrific and confused images of a sort of part-object sexuality - mouths with fierce teeth biting off penises; breasts with holes where nipples should be; strange representations of female genitalia with penises in them; the inside of a maternal body like a cave with corpses in it.

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I am not describing here the gradual emergence into the light of repressed thoughts and desires but the efforts of someone to defend themselves from what they perceive as substantial assaults; perceived as actual, not symbolic, and external, not internal. The patient in the paranoid-schizoid position has buried his unacknowledged thoughts in others, or in his actions, or in his perceptions. And though they are symbolic in form they are treated as things. Analysis in such cases, as Betty Joseph has pointed out, is likely to be a scene for action rather than thought, and it is the analyst's task to reclaim for thought what may otherwise be dispersed in action and reaction (Joseph 1978).

As the individual moves more towards the depressive position, the sense of persecution is diminished and the theme of loss is more to the fore. A boy of nine, Peter, whom I treated, was reacting to what he experienced as a reactivation of loss in the Oedipal situation. His only sibling, Carol, was fourteen years older than Peter and had recently married and was now having a baby. Peter was doing badly at school as he spent most of his day in a dream. The content of these day-dreams was to discover in the course of his treatment. They were extremely elaborate stories which he illustrated in fine details or modelled in Plasticine. Their purpose was to provide him with that 'reservation', which Freud referred to, where he could reinstate old phantasies of omnipotent self-sufficiency based on his body. His favourite stories were about a primitive tribe he had invented which he called the 'Wallies'. They had a mine with many underground levels and a central shaft. The chief Wally sat at the top of the shaft and was fed on the food which was mined from the mud and brought up from below. He also received jewels from the mine. Peter confided that he thought of his body as like the mine with little men inside. Later in his treatment he said that though the Wallies said they were jewels that they found in the mud, really they were germs. In this elaborate fantasy Peter reinstated an old phantasy of feeding himself from his own faecal products as he now fed his mind on his own ideas and tried to ignore his teacher's words and mine; it was an effort to turn from the painful conflicts he experienced in any dependent relationship.

The issues involved in this were illustrated in his first session following a holiday break after a year of treatment. He had begun to react to my leaving him and this was portrayed in his play. He began to draw the Wallies who were preparing to resist the attempt of Baron von Wally to invade their territory. Baron von Wally was a character who had emerged to become the leader of the Wallies since Peter had been in treatment. Now, however, the Wallies had got rid of him for not feeding them, and when they had fought him off they returned to their mine. When I talked to Peter about his feelings of my having
deserted him like the Baron and his turning away from me angrily as a result, he began to play with two rulers on the table. Then he said they were two ships, one British and one American. I felt there was some transference reference in this as my woman colleague, who saw Peter's parents regularly, was American, a fact he had always been conscious of. The two rulers in his game bumped their ends together and Peter said that when the two ships came together a little pug dog who was swimming in the water was crushed in between them.

This I think portrayed Peter's experience of two ruling parents coming together and of his finding it to be a crushing blow. He responded to my interpretation along these lines by taking up the camel from among the animals. The camel had two humps and on top of each a sort of protruding harness. Peter said this was a nipple and began to feed the little animals from it. Then he looked at the two humps intently and put his finger on them. When his finger came to the space between them he shuddered and said, 'Ugh - I don't like that bit in between; it makes me feel funny.' I linked this to his not liking gaps between sessions and that it reminded him of what it would be like between feeds. Peter said, 'Daniel, my baby, drinks from a cup.' This was said defiantly, and he added, 'He used to drink from my sister's tits but he did not like it so after about three weeks he gave it up, so now he drinks from a cup.' He looked at me very intently and then said, 'I think it was after one week.' My break had been for three weeks.

When in the course of time Peter's reaction was not to turn away but to express his anger more directly, it also became clearer that he was worried about the effects of his anger on his parental objects, both in the transference and at home. His father's health and his mother's anxious nature lent some substance to this; but it was also clear that Peter was unwilling to give up the omnipotence that led to such depressive anxieties. When he began to do so in the transference, he became assailed by a new thought that I was going to start treating a new boy. Peter hated to think he did not know things, and so was apt to assert that if he suspected something it was true. So it was with the new boy, whom he declared was going to come from his class at school. This intolerance of ignorance was linked to his feelings about exclusion from some parts of his parents' life, and now he faced it again with his sister's marriage, pregnancy, and childbirth.

Peter was not such an envious child as my borderline patient. Nor had he such disturbed parents; and he had not therefore restricted his own capacity to see in the way that she had, and he was able to take from me in a way that she was not able to for a long time. His own body-based system of self-feeding and self-production represented by the Wallies' mine was a rivalrous organization to the parents' feeding and reproducing capacity, and was prompted by his envy of their knowledge and their creative ability. It was mitigated, however, by feelings of love and appreciation; initially he tried to protect both by putting them alongside each other; that is, his narcissistic dream-life and his relationships with his family existed in parallel.

When she first wrote about the depressive position Klein felt that the issue which decided whether we could move forward through it, or remain defended against it and vulnerable to the development of psychotic depressions, was the balance between hate and love. If we believed that our good feelings and therefore our good objects could survive integration with our bad feelings and bad objects, we could move forward. I think the combination of the depressive position and the Oedipal situation poses another question. Will our love survive knowledge, particularly our growing awareness of the separateness of our love objects and their relationships with others which exclude us? When we seriously doubt that our capacity to love will survive this knowledge we are tempted to take refuge in the cultivation of illusions. Favoured among these are the many varieties of Oedipal illusion in which the phantasy of remaining the chosen one is perpetuated and kept secret. In some people, life, instead of being lived, can become the vehicle for the reinstatement of such defensive illusions, and the relationships of the external world are used only as stage props for an insistent internal drama whose function is to deny the psychic reality of the depressive position and the pains of the real Oedipus situation. It was with such patients that psychoanalysis began, in the Studies on Hysteria.