

# Introduction

A child's intercourse with anyone responsible for his care affords him an unending source of sexual excitation and satisfaction from his erotogenic zones. This is especially so since the person in charge of him, who, after all, is as a rule his mother, herself regards him with feelings that are derived from her own sexual life: she strokes him, kisses him, rocks him and quite clearly treats him as a substitute for a complete sexual object. A mother would probably be horrified if she were made aware that all her marks of affection were rousing the child's sexual instinct and preparing for its later intensity. She regards what she does as asexual, "pure" love, since, after all, she carefully avoids applying more excitations to the child's genitals than are unavoidable in nursery care. As we know, however, the sexual instinct is not aroused only by direct excitation of the genital zone. What we call affection will unfailingly show its effects one day on the genital zones as well.

—Freud, *Three Essays on the Theory of Sexuality*

"The boy is in love with his mother and wants to get rid of his father; the daughter, for her part, is in love with her father, and wants to get rid of her mother." Here, in a few words, is the oldest cliché of psychoanalysis, the most celebrated love-drama: the Oedipus complex. And nevertheless, nothing is more deceptive than this standard account of the Freudian complex. Why? Because the Oedipus complex is not a story of love or hate between parents and children. It is a story of sex, that is to say, a story of bodies that take pleasure from caressing, kissing, and biting each other, exhibiting themselves and looking at each other, in short, of bodies that take as much pleasure from touching themselves as they

do from hurting themselves. No. Oedipus is not a matter of feeling and tenderness, but rather concerns bodies of desire, fantasies and pleasure. No doubt, parents and children love each other tenderly and can hate each other, but at the heart of the love and the hate of the family, sexual desire simmers.

Oedipus entails an immense excess: it is a sexual desire proper to an adult, experienced in the immature body and mind of a four-year-old child, whose parents are the object of that desire. The Oedipal child is a joyous child who, in all innocence, sexualizes his parents, includes them in his fantasies as objects of desire, and mimics their sexual gestures without shame or moral sense. It is the first time in his life that the child experiences an erotic movement of his entire body toward the body of an other. It is no longer a question of a mouth that seeks a breast but of an entire being that wants to embrace the entire body of his mother. Now, if it is true that the Oedipal child is happy to desire, and with the pleasure derived from it, it is even more true that desire and pleasure frighten him because he fears them as a danger. What danger? The danger of seeing his body overcome by the ardor of his passion; the danger of seeing his head explode due to the failure to master his desire mentally; and finally, the danger of being punished by the Law of the prohibition of incest, for having taken his parents as sexual partners. Excited by his desire, happy with his fantasies but also anguished, the child is lost and completely bewildered. The Oedipal crisis is an unbearable conflict between erotic pleasure and fear, between the exaltation of desire and the fear of disappearing in the flames of desire.

Thus, the child reacts without compromise. Torn between joy and anxiety, there is no other way out than by forgetting and erasing everything. Yes, the Oedipal child, whether boy or girl, vigorously represses fantasies and anxiety, ceases to take his or her parents as sexual partners, and becomes, from then on, free to conquer new and legitimate objects of desire. It is in this way that the child progressively discovers shame, develops the feeling of guilt, and moral sense, and determines his or her sexual identity as male or female. Let us note that after a period of relative calm with respect to the drives—and I do mean relative—puberty brings about a second Oedipal shock. Just as he had already done at four

years of age, the young adolescent will have to adapt the ardor of his or her impulses to his or her new body, which is in full pubescent metamorphosis, and to new social demands. But such an adjustment is never easy for a youngster and this is why we find so many difficulties with an adolescent in crisis. The young person no longer knows how to alleviate his or her drives as he or she had done at the end of the Oedipus stage; on the contrary, he or she stokes his or her desire by rebelling, and sometimes, on the contrary, he or she suppresses his desire so brutally that he or she becomes inhibited and quite withdrawn. Nevertheless, the Oedipal volcano does not extinguish itself in adolescence. Much later, in adulthood, on the occasion of an emotional conflict, new eruptive episodes can break out in the form of neurotic disorders such as phobia, hysteria, and obsession. Finally, let us not forget that another reactivation of Oedipus can come up, this time experimentally, in the psychoanalytic scene at the heart of the transference neurosis. I will state this in the following formulation: the transference between the patient and the analyst is the repetition, in act, of the Oedipus complex.

What then is Oedipus? Oedipus is the experience undergone by a child around four years of age who, overcome by an uncontrollable sexual desire, must learn to control his or her drives and adjust them to the limits of his or her immature body, emerging consciousness, fear, and finally to the limits of a tacit Law that orders him or her to stop treating his or her parents as sexual objects. This is what is essential in the Oedipal crisis: to learn to channel an excessive desire. With respect to Oedipus, it is the first time in our lives that we say to our insolent desire: "Calm down! Behave yourself! Learn to live in society!" Thus, we conclude that Oedipus is the painful rite of passage of a wild desire into a socialized desire and the acceptance—which is just as painful—that our desires can never be completely satisfied.

Oedipus, however, is not only a sexual crisis related to maturation; it is also the fantasm that this crisis forms in the infantile unconscious. In fact, the lived experience of the Oedipal seism is registered in the unconscious of the child and perdures until the end of his or her life as a fantasm that will define the sexual identity of the subject, will determine numerous features of its personality, and will establish its aptitude to

resolve affective conflicts. In the case where the child would have experienced, during the Oedipal crisis, a pleasure that was too precocious, intense, and unexpected, that is to say, in the case where the experience of an excessive pleasure was traumatic, the resulting fantasm would be the certain cause of a future neurosis.

However, Oedipus is more than a sexual crisis and the fantasm that it forms in the unconscious; it is also a concept, the most crucial of psychoanalytic concepts. I would say that it is psychoanalysis itself, since the entirety of the sensations that a child undergoes during this sexual experience we call the Oedipus complex, is, for us psychoanalysts, the model that allows us to understand the adult that we are. Like the Oedipal child, we experience the rising of our desire toward the other, we form fantasies, we take pleasure with our own bodies or with the body of the other person, we fear being overcome by our drives, and we learn, finally, to restrain our desire and our pleasure in order to live in society. What is psychoanalysis if not a practice sustained by a theory that conceives of human beings today on the basis of the Oedipal trial that all children undergo when they must learn to restrain their desire and temper their pleasure?

Finally, Oedipus is also a myth, since this real and concrete crisis that survives in a four-year-old child, this crisis is a devastating allegory of combat between impetuous forces of individual desire and the forces of the civilization that opposes them. The best way out of this conflict is a compromise that entails *modesty* and *intimacy*.

### **What is the status of Oedipus? A Reality, a Fantasm, a Concept, or a Myth?**

What then is the true status of Oedipus? Is it a sexual crisis related to maturation that can be observed in the behavior of children? Is it a fantasm inscribed in the unconscious? Or is it rather the most important theoretical construction, the keystone of the analytic edifice? Or is it simply a myth, the modern myth that reveals that the universal prohibition of incest is a response to the mad incestuous human desire. Is Oedipus, then, a reality, a fantasm, a concept, or quite simply a myth?

I would respond that Oedipus is all of them: reality, fantasm, concept, and myth. Nevertheless, for psychoanalysts, Oedipus remains above all a fantasm, I should say, a double fantasm. It is the infantile fantasm active in the unconscious of the adult patient that is reconstructed by the practitioner in analysis. I can only understand the suffering of my adult patients in terms of the desires, fictions and anxieties they experienced at the Oedipal stage. And I tell myself that these infantile desires, fictions, and anxieties are still present today, disguised in the numerous agonies of the patients' neuroses. When, for example, I listen to "Sarah," a twenty-six-year-old who is severely anorexic, in my mind I see the little girl that she was and I imagine how she was torn between the desire to be a boy with a "flat" body like that of her brother, the favorite child of the father, and the desire of being the woman loved by the father. Now, it is by addressing myself to this little four-year-old girl within Sarah that I can have a chance of influencing the course of her anorexia. When, during a session, I suggest an interpretation, it is Sarah the patient who hears it, but it is the little Sarah who receives it. Which little Sarah? She is the little Oedipal girl that I imagine in my listening and that I suppose to be active in the unconscious of the adult Sarah. But what proves that this fantasm, forged in the listening with the aid of the clinical material and Oedipal theory, is indeed the one that acts in the unconscious of my patient? What guarantees that the fantasm, in which the little Sarah is torn between the desire to be a boy and that of being a woman, is not an erroneous construction? In other words, what is the validity of this fantasm and of the Oedipal concept that subtends it? I would suggest that this concept and this fantasm are valid for two essential reasons. First, because each time I listen to a patient with the theoretical *a priori* of Oedipus and the fantasm that it entails, my intervention turn out to be pertinent, that is to say that they are validated thereafter by the very patient. Second, and, finally, because I have the confirmation through my experience that the listening, enriched by the concept of Oedipus, is an extremely supple, malleable listening that is capable of harmonizing the present occurrence of the suffering of the patient, the fantasm of the child that he or she was, and the rigor of a psychoanalytical theory that I constantly fashion and appropriate in my work.



If now I were to schematize the Oedipal crisis in two main stages, I would say that Oedipus begins with the *sexualization* of the parents and ends with their *desexualization*, a desexualization that leads finally to adult sexual identity.

I would like to present in detail, in what follows, the logic of the Oedipal crisis for the boy and for the girl, using a metapsychological legend and narrative that I have forged in the light of psychoanalytic theory and on the basis of my clinical experience. But first it is necessary to indicate the main elements of the crisis: *incestuous desires*, *fantasms*, and *identification*. We will first address the incestuous desires; then we will consider the three main fantasms of the Oedipus complex: fantasms of *phallic* omnipotence—the child believes itself to be omnipotent; fantasms of *pleasure* that provide the imaginary satisfaction of incestuous desire—the child is joyful; fantasms of *anxiety* in the case of the boy—the boy is fearful—and fantasms of *pain* in the case of the girl—the little girl is battered; and finally, the last link of the Oedipal logic, the surprising phenomenon of *identification*. Desires, fantasms and identification are thus the three operators that punctuate respectively the birth, apogee and decline of the Oedipus complex (Diagram 1).