

Beyond Oedipus

Geoff Lamb

Most people will probably be familiar with the classic Freudian concept of the Oedipal stage of Psychosexual Development, where the boy, aged between three and six, becomes sexually attracted to his mother and rivalrous with his father. The hypothetical goal of these impulses is for the boy to marry (have sex with) his mother and to murder his father, as happens in the Oedipus myth, explored by Sophocles in his play *Oedipus Rex*. The conflict, or complex, is resolved by the boy, under threat of castration by his father, giving up his desire to have sex with his mother and beginning to identify with his father, eventually internalising him as the Super-Ego, whose task in the psyche is to keep the unruly impulses of the Id in check lest they overwhelm the fragile, at this stage, emerging Ego (Freud, 1991a, b).

Not surprisingly, these ideas have continued to be criticised ever since they were first formulated, Freud's ideas about the female version of this process even more so – containing, as they do, notions such as *penis envy*, which is resolved, as the girl matures, into the desire for a baby, and the idea that sexual maturity in women means becoming more erogenously focused on their vagina than their clitoris.

The difficulty with most criticisms of Freud's ideas about the Oedipal stage of development is that they 'throw out the baby with the bathwater' – taking the sex out altogether, or certainly downplaying it (see Appignanesi & Forrester, 2005; Jacobus, 1995; Lacan, 1998); Freud himself was, according to Wilhelm Reich, guilty of the latter (Reich, 1973). Reich's implication was that Freud, having originally proposed his pioneering idea that children were sexual beings, was concerned about the implications of this for the respectability of the

psychoanalytic profession he saw himself as creating.

Arguably, one result of the way that post-Freudians, including those who have developed models in opposition to analytic theory, have handled this controversy is that we have, on the one hand, a group of therapists who recognise the existence of childhood sexuality and impulses, but which sees these as in need of control by means of threat and prohibition; and another group which doesn't want to interest itself in childhood sexuality, certainly not as far as the development of healthy adult sexual relationships is concerned.

Reich, whom I mentioned earlier, is one of the exceptions to this grouping – his view of childhood sexuality being as an essentially positive aspect of children's development. His focus was on liberation from the 19th and early 20th century constraints as to how children's sexuality should be responded to by parents and society – citing the attitudes of the Trobriand islanders to their children's psychosexual development as an example of how this could be done in the West (Reich, 1975).

More recently in the 1990s, the Dutch developmental psychologist and body psychotherapist Willem Poppeliers developed a therapeutic method which re-imagined the Oedipal stage of psychosexual development from a more positive perspective, recognising the relationship between child and parent as both intense and erotic – which was Freud's original, inspired observation – but which doesn't attach an adult meaning to these childish desires and impulses (Poppeliers & Broesterhuizen, 2007). Poppeliers recognises that, although a child at the Oedipal stage may well be fascinated by his/her own genitals, deeply curious about others' genitals,

particularly those of their parent of the opposite sex, and even have the desire for an intense erotic connection with that parent, there is no question of wanting to have intercourse, mainly because the child of that age has no real concept of what this means. Again, it's worth emphasising that many of Freud's critics use this as evidence that there's nothing sexual about the child's relationship with their parents.

Poppeliers also asserts that a secure father has no need to threaten his son because that son takes an appropriate childish sexual interest in his wife. However, many fathers are not secure, perhaps because they haven't had their sexuality supported by their own fathers (and mothers), and this is where the problems begin. However, whilst this may be an endemic generational problem, it's not inevitable. I've used the example of a son and his father here, but, in this version of the Oedipus complex, the experience of the girl and her mother is similar, i.e. a sexually secure woman has no need to be rivalrous with her daughter because that daughter has a fascination with her father and wants a close 'special' relationship with him.

In Poppeliers work we have a model of psychosexual development which is not only based on a more positive view of human beings and their desires and impulses, but is also more effective as a framework within which the psychosexual problems, which are presented frequently (directly or, more usually, in a disguised form) in psychotherapy and counselling, can be worked with. No one has to give anything up, be scared of being castrated or, in the case of women and girls, be told that they've already been castrated (Lacan, 1998). Instead, our natural positive sexual impulses and desires can be accepted and normalised.

So, we've rewritten Oedipus, but we can do more than that. We can go 'Beyond Oedipus'. What if childish sexual impulses, in all their excitement, curiosity and innocence, could not only be tolerated as natural and normal, but also be responded to positively, welcomed and encouraged? Then we have a situation,

Poppeliers argues, which is analogous to Winnicott's concept of 'mirroring', where the very young child's gestures, smiles, sounds etc. are responded to positively by his/her parent. In this case, it is the child's being or existence that is being responded to and, Winnicott argues, affirmed (Winnicott, 1967). At the Oedipal stage, it is the child as a sexual being who is being mirrored, and therefore affirmed.

The idea of sexual mirroring becomes very important when we apply it to adult relationships. So many relationships struggle because both partners are trying to get this affirmation, which they didn't get from their own parents, from each other. We need our partner to find us sexually attractive in order to feel good about ourselves as a man or woman. The demand that one's partner should 'make me feel like a real man/woman' is not uncommon, but it is impossible to fulfil since it puts that partner into the role of a parent. Whether this happens in one direction (Poppeliers argues that this is more likely where there is a considerable age gap between the partners) or in both directions, where each partner is looking to the other to be the parent they never had, the end-result is going to be tension and disappointment (see Duffell & Løvendal-Duffell, 2016).

Application

So far, we've been talking about positive alternatives to the traditional Freudian theory, and I hope that this is making sense at an experiential level, i.e. making sense of our own lived experience; but how does this work in a clinical setting? How might this re-working of a traditional psychotherapeutic concept change the way we work with, and relate to, our clients?

I'm not going to attempt to be comprehensive here, but will allude to one or two key concepts, which might be useful as possible applications of the theory I've described so far.

Working relationally

As Mearns and Cooper assert in their groundbreaking book (Mearns & Cooper, 2005), there are very few problems which are presented in psychotherapeutic settings which aren't about relationships; and further, one of the most significant aspects of the healing process, in psychotherapy and counselling, is the therapeutic relationship itself. However, they leave both sexuality and transference out of the equation, asserting that when working at 'relational depth', transference is no longer happening. (Whilst I admire both of them for their thoughtful emphasis of the therapeutic relationship as an essential part of the healing process in psychotherapy and counselling, I think I would put them both in the group I referred to earlier, of psychotherapists who are not especially interested in childhood sexuality as a factor in the development of adult relationship problems.) Martha Stark's more psychodynamically oriented approach (Stark, 1999) offers some hope, in that it recognises and works with transference and unconscious process at the same time as prioritising the therapeutic relationship; but other than a brief and cautionary reference to the dangers of the 'seductive therapist', sexuality isn't included.

To be sure, there are psychotherapists who *are* interested in the erotic nature of the therapeutic relationship, notably David Mann (Mann, 1997), but they are few and far between, and most seem to regard erotic transference and counter-transference as problems to be dealt with, or even dangers to be avoided.

To use the erotic energy of the therapeutic relationship, the erotic transference and counter-transference safely and creatively, one possibility is to go back to Winnicott's work with infant mirroring. Here, Winnicott argues that the 'good-enough mother' (for which we could read 'good-enough therapist') responds to the infant's communication, rather than stimulating a response in the infant in order to affirm her as a mother. Arguably, a good therapist working with early issues will do

exactly the same, but we can also transpose this scenario to the Oedipal stage (transferentially). This means that it becomes important for the therapist to respond to the client's unconscious sexual communication in a manner which affirms the client as a sexual being, appropriate to the age of their transference, and without stimulating the client to elicit a response whose purpose would be the therapist's sexual affirmation. This requires experience and self-awareness.

Working with couples

I mentioned earlier that one of the things which causes problems in adult sexual relationships is when one or both partners seek the sexual mirroring, which I've described above, from the other. There is a deep longing in all of us to be received, understood and celebrated as the sexual beings that we are; and as Duffell and Løvendal-Duffell (2016) describe in their book at the 'falling in love' stage of a relationship, it can seem as though we've found that in our partner. When working with couples, it's really important that we as the therapists don't support the perpetuation of this illusion (often, couples will come to us with a wish to get back to that 'in-love' stage). Usually, as we begin to uncover each partner's early history, the dependence each partner has on the other for their self-perception as an acceptable sexual being can be traced to a lack of sexual mirroring in their primary sexual relationship with their parents at the Oedipal stage.

Stereotypically, the man will want to have sex with his partner, and if she rejects him, this will re-stimulate all of the early feelings from when he approached his mother at the age of 4 or 5, showing her his penis and how excited he was about it and she didn't want to know. The man is almost always unconscious of this, and his partner, similarly, is often unconscious of the nature of her response, which is that she is not really attracted to having sex with a little boy of 4 or 5 – they're sweet, but not very sexy!

There is a similar, but different, dynamic for the woman in the relationship, and I'm aware that I've only mentioned heterosexual relationships in this short article; but the important thing here is not the issues themselves, but the therapist's awareness of them as they emerge in the couple work. In this, we have to move beyond a problem-solving approach to couple work, and be clear about the impossibility of what the couple are demanding from each other and where that demand really belongs. If the partners are each aware enough, just knowing this can release them from the trap I've just described; but all too often, they need some help to internalise their own positive reflection as a sexual being. Then there are two possibilities. Either you, as the couple worker, can take on the role of the reflecting parent, or you can refer them to individual therapists who may be able to do the work. Neither of these options is simple – the latter for reasons I've already outlined above.

Whether we're working with couples or individuals, or even if we're not working as therapists at all but are involved in, for example, the delivery of sex education in schools, it is important to go beyond Oedipus and recognise that human sexuality is a vital – literally – part of human growth and development, rather than something to be either feared and controlled or ignored. There are undoubtedly any number of 'sex positive' initiatives taking place, both in the helping professions and in education, but psychotherapy and counselling still seem to be stuck in the anachronistic dichotomy I referred to earlier in this article. In my view, delivering 'sex positive' psychotherapy and counselling is not helped by the sort of 'defensive practice' which seems prevalent these days; but perhaps that's the subject of another article!

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About the contributor



Geoff Lamb has been practising as a psychotherapist for 35 years. He currently works as a psychosexual therapist, a couple therapist and Sexual Grounding trainer. He lives in rural Somerset, and in his spare time enjoys choral

singing and growing vegetables. His book, *Sexual Grounding Therapy: Context, Theory and Practice*, which is based on the work of Willem Poppeliers, is available from Routledge – see <http://routledge.pub/sexualgrounding>.