**The Internal and External Geography of the Oedipus complex**

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***Introduction***

I have previously stated (López-Corvo, 2014) that *all forms of psychopathology are always traumatic*. I defined trauma as ‘the mental condition that results when a*temporary fact* becomes *permanent* by way of repetition compulsion.’ I have also considered the existence of two form of traumas, the “pre-conceptual”and the “conceptual;” the former are ubiquitous and represents traumas that befall early in the life of every human being,at the time when there is not a mind capable of containing and providing them with a significant meaning and when the mother’s reverie capacity fails as well.Pre-conceptual traumas represent experiences inflicted by chance that repeated by compulsion.“Conceptual” traumas, on the other hand, are accidental and take place at a time when there is already a mind capable of containing them, but fails to do so, due not only to the trauma’s intensity, but also and very important, because conceptual traumas always unconsciously trigger pre-conceptual traumas, a concept I have previously referred to as “trauma entanglement” (López-Corvo, 2013, 2014)

 Pre-conceptual traumas split the mind in two states: the “traumatized” and the “Non-traumatized. The former represents the compulsive unconscious repetition of the pre-conceptual traumathat is structured by beta elements. The ‘Non-traumatized,” on the other hand, characterises the natural development of everybody’s mind from birth to old age and is ruled by the alpha function and alpha elements.

***The four pillars of theOedipus complex***

According to Bion (1974) any myth, like Oedipus, can be represented by the formula:“K(****)”, where K stands for a constant that is conscious and saturated -like the presence of always the same characters in the myth- and ****that characterizes what is variable, what is private, unsaturated and unconscious (p. 23); meaning the narrative, of how the characters interact in the myth. In other words, the Oedipus complex always contains the same five characters: both parents, the child, the crossroad where the murder is committed and the bed where incest takes place; however, the narrative of the myth, of how these characters always interrelate, evolves in a uniquefashion according to the specific culture of each individual and *is always particularly determined by the explicit pre-conceptual trauma experienced by every human during the early years of their life.*Paradoxically, pre-conceptual traumas also becomeat the same time, a decisive factor that organizes the mind*’,* a "*selected fact"[[2]](#footnote-2)*in Bion’s terminology, whichoutlines significant aspects of the idiosyncrasy and identity of all human beings.

With amazing accuracy Freud established that the Oedipus complex is always in the centre of any form of mental conflict. There are at least *four main pillars*that sustainthis complex. I have already succinctly describedtwo of them:i) the‘five characters,’ that are fatalistically predetermined and always present; ii)the specific individual‘narrative, determined by cultural aspects, either general or family bound;’ iii) What the Greeks referred as Ananke, destiny or necessity, representingFreud’s‘repetition compulsion,’ meaning, the inexorable and unconscious recurrent ‘necessity’ of the Oedipus complex to be always present. In Sophocles account, Oedipus thought, after consulting the Oracle, that his parents were KingPolybus and Queen Merope of [Corinth](http://www.greekmythology.com/Myths/Places/Corinth/corinth.html)**, and that by**moving to Thebe, he was sparing their life, when I fact he was going fulfil his fate[[3]](#footnote-3). iv) The fourth pillar refers to the‘mechanisms of defence,’ representing the form of how the ego defends itself from three mainclosely interrelatedoedipal anxieties: *exclusion, castration and persecutory or guilt ridden anxiety*.Different from the ‘characters,’ the ‘fate’ and the ‘narrative,’ which are mostly unconscious, the ‘mechanisms of defence’ are in great part conscious and obvious, prompting specialists to use them in order to classify psychopathology; however, they are only unspecific symptoms that point to a hidden (unconscious) meaning, whose specific natureis never revealed. It will be similar to how the fever could disclose an infection but is unable to determine theprecise aetiology of the germs in question. In summary, defences are generally descriptive, not metapsychological and very much *geographically determined*.

There are significant differences in the type of defense observed in America, betweenMediterranean andNorthern countries. It is a discrepancydetermined by the use of different points of fixation according to psychosexual stages of development: more *anal fixations* innorthern Anglo‑Saxon cultures, and greater *oral fixations* in the tropic. In northern countries, for instance,there is a predominance ofobsessive traits,as well as the use ofdefense mechanisms such as reactive formation, anal retentive behavior, passive aggression and ulcerative colitis in somatic pathology. In the tropic, on the other hand,the mechanisms of manic denial and direct and open forms of aggressionare more common,as well as hysterical traits, perversions, phobic defenses and somatic pathology related to the upper segment of the digestive system.The main difference between this two culturalforms of defense, could be a consequence of the impact the weather would have on individuals. The life threatening cold weather present in northern countries, have a determining impact on the culture and idiosyncrasy of the inhabitants, demanding capacity to organize and to plan ahead in order to survive the extreme inclemency of the winter. Perhaps not so obvious at the present time, when new developments like electricity, insulation, heat, winter clothing, supermarkets, and so on, had simplified life, very different from the past when none of this improvements existed and everyone had to rely on their own attainments. It is a situation quite different at the tropics, where thefriendly mildness of the weather, prompts a life of leisure and relaxation, without the crucial need toplan future strategy as a requirement for survival,a condition that willalso echoes in the idiosyncrasy of the inhabitants, such as a tendency to rely on improvisation, lack of discipline and organization.

***Psychogenic autism***

Let’s take for instance the "psychogenic autism," which often imply a *child response –usually boys- to his mother's projective identification, who had withdrawn her affect, using ob­sessive defenses in order to ward off filicide impulses, in­duced by her disappointment and narcissistic injury of having given birth to an or­ganic child*.[[4]](#footnote-4) I based this statement on clinical observations, as well as family studies and empirical finding such as the com­parison between "autistic psychosis" (Kanner, 1943) on one hand, and "symbiotic psychosis" (Mahler, 1972) on the other, as I had observed its incidence in northern countries such as Canada and a tropical ones like Venezuela. While "autism" is common,but scarcer the "symbiosis" in the northern one, such relation is inverted in the tropic. The hypothesis I then introduced was based onthe *ego's different forms of defense, used in order to avoid the narcissistic pain thatmothers experiencewhen not being able to resolve their unconscious feelings of phallic envy, after giving birth to an organic child*. In other words, this mothers, usually very ambitious,feel very disappointed when giving birth to a child who is mentally or physically limited, since they have high expectation on their child’s performance due to their own narcissistic needs of fulfilling their ‘narcissistic fault’for not ‘having a penis.’ They shelter the strong will of giving birth to an ‘extraordinary child,’ mostly a boy, following Freud’s well known formula of “baby = feces = penis.” *This explain why there is a ratio, found by researchers, of boys on average, being five to fifteen times more likely to have autism than girls do.*

Kanner's original description, and most of all his definition of the "refrigerator mother", used to illustrate their obsessive detachment, prompted many researchers to sway to the other extreme, becoming the devil's advocate when they expressed that much responsibility was weighed on the parents, who already were suffering the birth of a sick and difficult child. In any case, the fact that "psychogenic autism" improve with psychoanalytical psychotherapy, make us think that the environ­ment is determinant and that Kanner's original statement is still germane. *The intimacy and exact details of how such maternal rejection takes place, could be very difficult to observe, since it might be so per­sonal, so specific of the mother‑child relationship that I had referred to it as the "schizoid secret".*

On their investigation on autism, Meltzer et al. (1975) described a new defense mechanism, "different from spliting and projective identification", as they said, to which they referred as "dismantling". Using Bion's language, "dismantling" will result as a conse­quence of "mother's incontinence", because the *good breast* will act as a cohesion, like an interstitial tissue that anchor the perspective, and when this fails, *senses* will drift because they lack a "common sense" that will hold them together.

 Meltzer (1966) said:

When this (good breast) withers, as it probably does when depression or other disturbance in the mother dries up her attentiveness, warmth, chat­ter and sensuality toward the baby, the dismantled self will tend to float away for longer and longer period of mindless activity. (p. 16)

Bick (1968) had referred to the skin as an organ that envelopes the body and binds together parts of the personality providing differentiation or a boundary between internal and external spaces; however,

…this internal function of containing the parts of the self is dependent initially on the introjection of an external object…Until [this] containing functions have been introjected, the concept of a space within the self cannot arise.”

The differentiation or ‘skin’ separating self and object will result from the introjection of an especial object Bick believed to be breast. Failure in the creation of this primarily “containing object,”–as Bick refers to- will induce a

…frantic search for an object –a light, a voice, a smell, or other sensual object-” representing a “secondary skin,” which will then act “momentarily at least, as holding the parts of personality together. (p. 484).

In think however, that the "dismantling" mechanism con­stitutes for the child, the narcissistic identification with the mother's own obsessive dismantling capacity, at least in "psychogenic autism". Such mechanism will be the direct conse­quence of the mother's aggression, via anal sadistic and obsessive mechanisms, in the face of the narcissistic injury of the phallic fault, dissatisfied with the birth of an abnormal child, and the child becoming the place where she continuously projects undesired aspects of the self. The child then dismantles by virtue of the mother dismantling him or her, denying love and affection (perceptive systems) as a form of reactive formation or passive aggression. This mechanism is more common among mothers from Nordic cul­tures, where the defense, as an obsessive "solution", is socially more frequent that those observed in Latin cultures[[5]](#footnote-5).‘Dismantling’ as observed in northern countries, not only can be observed in autistic children, but also socially, in normal individuals!

***Alexithymia***

A similar situation can be observed also in relation to ‘alexithymia,’ described as the ‘incapacity to be aware of emotions, to name or distinguish them, a condition that has been described as a relevant symptom present in individuals suffering from psychosomatic ailments (Nemiah, 1970; McDougall, 1989; Taylor et al 1997). I believe this clinical manifestation represents a form of defence that appears to be predominantly culturally bound, possibly related to other defences found in individuals who use obsessive mechanisms.Like autism and dismantling defences,I have never observedalexithymia in Venezuela (López-Corvo, 1995), however, I had often seeing several cases that used these form of defences in Canada. I can think of one particular patient who was in analysis three times a week for the last six years, who never presented psychosomatic pathology and yet showed defences in order to protect herself from the terror induced by strong feelings of dependency resulting from early and significant pre-conceptual traumas. I strongly believe alexithymia is very often a consequence of this kind of mechanism, through which projective identification is used in order to place in others, internally feared 'needy' elements, as a way to avoid being emotionallywounded. However, not all individuals who present this unconscious dynamics, develop alexithymia (McDougall, Ibid, p. 37) or psychosomatic illness.

Perhaps we might require further investigation about the relevance culture as well as weather might exercise over the ego's choice of defence. There is a possibility of confusion whenevidenceis gathered and assumed, using only the vertex of the observer, without considering also the intimate and basic nature of thephenomenon we might be observing. I remember reading during medical school in an old textbook on anatomy, about the existence of a vertical fold -believed to be natural-on the frontal side of women's liver; a description that disappeared in newer textbooks, once it was found that the reason for that fold, was the women’s habit of wearing a corset!

***Common pathologies in the Tropic***

A common pathology found in Latin America is perversion. I have previously referred to perversion as either a *symptom* or a *structure*, (Lopez-Corvo, 1993) similar to Meltzer’s (1973) reference of ‘perversion as an *adjective* and as a *noun* respectively.’ I will be now referring to perversion as a symptom, adjective or “habitual perversion,” culturally present in the majority of Latin Americans as an attack on truth and on the law.A condition often foundin the family structure, appears to be a circular behaviour produced by the combination of an infantilized mother and of a violent father. Due to her difficulty to symbolize and to transcend her own oedipal desires, the mother resits mental growth and independence,something she unconsciously relates to ‘oedipal murder’ and ‘incest.’ The father on the other hand, in order to deal with his castration anxiety resorts to violence against women, as an expression of his anger towards his own mother, who he feels did not protect him from his father’s violence. According to this situation, the ‘wife-daughter’ fears her ‘husband–father’ and behaves as if she were an older daughter, conspiring together with her own‘children-siblings’ against her husband demands,behind his back. Such a conspiracy results in a corruption of the law represented by the father, later displayed to other institutions and authorities. This tendency to bend the rules and to twist the laws, is common in Latin cultures, including the Spaniards; it is more part of the ethos, than a form of individual psychopathology[[6]](#footnote-6) that could require consultation.

A clinical case might useful: Peter was a 19 year old man, oldest of three siblings, followed by two younger sisters. He was brought for treatment by his parents due to drug abuse and some delinquent behaviour.Peter described his father as a busy businessman, violent, a sort of womanizer who was often absent; while his mother he defined as rather dependent and fearful. There were constant frictions between both parents, reaching high levels of aggressionsometimes even physical due to his mother jalousie about his father unfaithfulness.Peter became his mother’s champion and rescuer, and in order to protect her from his father he passively aggressive attacked him by not giving him what Peter thought his father wished for him to do or to be, even if by doing so he was attacking himself. He became his mother’s ‘narcissistic completion,’ the phallus that sealed her narcissistic fault; although a phallus unconsciously structured by a powerful ambivalence: on one hand idealized, but on the other enviously debased due to her revengeful feeling towards her own father and her husband; in other words, a “faecal phallus.”

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1. Training and supervising psychoanalyst for the International Psychoanalytic Association as well as the Canadian and Venezuelan Psychoanalytic Societies. [↑](#footnote-ref-1)
2. A term Bion has borrowed from Poincaré, representing an emotional experience capable of providing order and coherence to a complexity of elements to that moment scattered and seemingly unrelated (Bion, 1962, p. 87). [↑](#footnote-ref-2)
3. I have elaborated on this aspect in a paper: “The traumatic trap: When Getting Out, Means Stepping In!” Presented at the Canadian Psychoanalytic Congress,Toronto, June 2016. [↑](#footnote-ref-3)
4. Some of this concepts were previously presented in the paper “The Minotaur and his Labyrinth,” read at the Montreal Children Hospital annual meeting, in 1989. [↑](#footnote-ref-4)
5. There is also a popular confusion in South America, brought about by the general need to prefer ‘autism,’ thought to be a more sophisticated term, than the more accurate one of ‘organic’ or ‘mentally retarded,’ felt to be demeaning. [↑](#footnote-ref-5)
6. A well-known editorial from Spain I have published with, signed a contract and received money from a third party for a translation of one of my books without my consent, although they knew that the rights for translation were mine according to the contract we had previously signed. When I complained, they insulted me and said I was too rigid! A similar situation took place with my English editors, however they provided my address to the person interested in translating my book in order for me to deal with it! [↑](#footnote-ref-6)