

Questioning the Oedipus Complex*

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According to one of my patients, her mother used to say to her – as many of us do – “Well... what is the worst that can happen?” My patient took this to mean, “Imagine the worst and take every step you possibly can to prevent it happening.” It was only with great difficulty that she could bring herself to acknowledge that, for her, “the worst” was always death. Her life had been spent taking endless actions to pre-empt death. These actions included making sure that death, though constantly present, was never thought about or imaginatively perceived. She would make frantic physical gestures as though to get rid of an unbearable sight. Pressed to acknowledge that “the worst” was death, she said that if that really happened to someone who mattered to her, she herself would die and she elaborated an instant fantasy of a brief and immediate suicide – a death to avoid the knowledge of death. When, earlier in our work, we had spoken of death, I had commented that she didn’t seem to know about it and she had replied in astonishment: “How *can* you say that! I think about it all the time.” When I agreed but suggested that she didn’t seem to understand that it was connected with loss, staggered, she assented. This is not an unusual state-of-affairs – most obviously a small child doesn’t know that death is absence or loss; an “at risk” adolescent, for the same reason, may die because he or she does not know the meaning of death. My patient displayed clear hysterical conversion symptoms, hysterical modes of identification and extreme hystero-phobic anxieties.

Freud solved the problem of hysteria with his formulation of the Oedipus complex. This set up the psychic internalisation of the taboo on intergenerational incest as the nodal point of the humanisation of homo sapiens. The Oedipus complex is the primal phantasy of this incest. Together with the closely interlinked concept of repression it was to be the foundation stone of psychoanalysis. The child who has resolved the Oedipus complex has accepted that he (differently she) is not allowed to possess the mother (less emphatically the father). The person who remains hysterical has not grasped that this is a prohibition, an absolute law; instead he feels that it could be a possibility if only something did not stand in the way. Through the understanding of Oedipal psychosexuality, hysteria itself was comprehended. Associated always with femininity this understanding (not wrong, I believe, but limited) ties the woman back into sexuality (always her ideological resting-place) and misses an essential element of the distinction between the sexes).

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It is not sufficient as we have hitherto done, to add – as Freud added and to which Lacan so emphatically ‘returned’ – the castration complex onto the Oedipus complex to complete the picture. The problem of death, not only its representation in castration, questions both the centrality and the construction of the Oedipus complex.

We need to read ‘death’ back into studies of hysteria to understand not only hysteria but the limitations on understanding women and men if hysteria is understood only through the sexual dimension of the Oedipus complex. The non-meaning of death is at the centre of hysteria, as hysteria is at the centre of the human condition. Hysteria is a borderline phenomenon, a restless moving across what used to be called the nature/culture or the biological/psychological divide.

In his last years Freud argued that the repudiation of femininity (passivity in relation to a father) was basic to mankind. In claiming this he may have been, in part, illustrating his own, and at some point everyone’s, attempted repudiation of death. A psychic relationship to death through the mother precedes the Oedipus complex and indeed may be the motor force that provokes the Oedipus complex into existence. This is linked with hysteria – the founding illness of psychoanalysis. Indeed to read the case of Anna O as she falls ill at the deathbed of her father is to wonder how sexuality ever became the exclusive theoretical answer to her case history. It is this inter-relationship between sexuality and death, which is what hysteria – perhaps what human emotions? – are about. I want to question the Oedipus complex from the perspective of death.

By moving from symptoms and behaviour to a concentration on dreams with the case of Dora, hysteria, which could have been a way to unconscious emotions, became understood instead in terms of ideational life. Before psychoanalysis, the hysteric did not talk but enacted his helplessness – he still does, but all too often outside the consulting-room and we may miss the acts in listening to the controlling Oedipal story.

The point about death is, of course, that it cannot be conquered; it does have dominion. “The worst” is ultimately that situation in which we are completely helpless, and, as Shakespeare realised, the worst does not exist while one can talk about it. To talk about it is to have some control over it. Freud argued that as the unconscious knew neither time nor absence, death could not be represented in the unconscious. In the first metapsychology, it is the repression of illicit sexuality that sets up the unconscious. Later, in the second metapsychology instead of a conflict of sexual and self-preservative drives, a life drive and a death drive were seen to be in conflictual opposition or in a state of fusion. How is it possible that if sexuality as part of this life drive and death are interactive the representations of the one could constitute the unconscious while the other not be found therein? I propose to explore this paradox.

My questions about the Oedipus complex arise from clinical work with patients who had important hysterical characteristics and were in full-time analytic treatment, but I am going to present them as reflections on Freud’s theories and their aftermath. My “return to Freud” is not a scholastic so much as a metaphorical pursuit. Freud and his writings stand for something that has gone missing in our understanding of hysteria. The contradictions and omissions within the thinking about hysteria give us the material to ask questions of the Oedipus complex. I am making an implicit transposition of the hysterical condition onto Freud’s life and work. This is not to say, or not only to say, that Freud was an hysteric (although, like all of us at times, or for a considerable time, he was), but rather that hysteria can be traced onto the trajectory of his psychological condition and his theoretical thinking. My use of Freud is therefore imaginative rather than critically accurate. His work is part of the fabric of my thinking about my patients, it is not a text that at the moment I am working to get right.

During the course of a long working life, Freud altered and emended aspects of the metapsychology, which he proposed for psychoanalysis. However, these alterations aside, for the purposes of discussion we can reductively chart two completely distinct metapsychologies within his work. Both theories are theories of conflicting drives – but the drives of the two metapsychologies are different, and so too, though less clearly, is the way that they are thought to operate. In the first theory the sexual drive is in conflict with a self-preservative drive. In the second a life drive is in conflict with a death drive. This shift is usually thought of as a substitution. However this is not quite accurate. The second theory developed in tandem with a new concept of the structure of the mind in which the mind is divided into ego, id and superego. What is often not noticed is that the new so-called structural model of the mind affects the concept of the drive as such.

In the first theory, there is a conflict of the drives of self preservation which observes rules and regulations, and of sexuality which was postulated as a drive that offends them; through the defence of repression this conflict produces a division into the unconscious and conscious mind which is definitional of humanity. It is the result of the social nature of humankind. In the second theory, the drive conflict is definitional not of humanity but of all living matter. The mass slaughter of World War I, as always with instances of extreme violence, seemed to pose the possibility that humankind was driven by forces larger than those that could be either confined to, or that abused, the conditions of social existence. In the theory that Freud developed, perhaps in part to cope with this observation, it is the newly posited ‘structures of the mind,’ ego, id and superego which “make use” of the conflict of life and death drives in a way that specifically defines humanity. One should not therefore see the two metapsychologies as alternative drive theories in which ‘life’ is substituted for sexuality and ‘death’ for self-preservation.

However, there is something else that is interesting here. After the second metapsychology something happens to the Oedipus complex. Always posited as central, a shibboleth of psychoanalysis, in fact textually the Oedipus complex is both slow in appearing as a theory despite its insistent observation and, after the second metapsychology, it often seems to disappear to the margins. In *Beyond the Pleasure Principle, Inhibitions, Symptoms and Anxiety*, it is noticeable for its relative absence. Yet, against this observation, we must set the fact that it remains prominent in works devoted to female sexuality and in essays devoted to panoramic speculations about human history. In this second instance we see the remains of the importance of the social in the first metapsychology.

The first metapsychology arose largely from observations of hysterical patients and produced the theory and practice of psychoanalysis; the second arose from within and as a result of that established theory and practice. Although rarely explicitly consigning it thereto, most understanding of hysteria places it within the first theory. Indeed one could be forgiven for thinking “Dora” (1901–1905) was Freud’s last word on hysteria. In order to understand the paradox of sexuality, death and the unconscious, and indeed hopefully further to understand hysteria and human emotions, I propose to read the early hysterical cases through the second metapsychology of life and death drives. In other words, to follow in this re-reading of the theory, the practice of reconstruction within psychoanalysis.

Freud’s earliest understanding of hysteria was that a seduction in childhood – abuse – came to have meaning later, after puberty, when sexuality existed for the subject. This real event with its meaning deferred was replaced by the notion of a regression to an infantile sexual phantasy of seducing and having been seduced, a phantasy which, because it was illicit, had had to be repressed. This new understanding led to the key tenets of psychoanalysis: repression from consciousness sets up the unconscious; there is sexuality in infancy; this is expressed in a way that becomes forbidden – the Oedipus and later the

castration complex. Once it reaches the phallic stage, the sexual drive in humans is forbidden its first objects (the mother and then the father) so that in self-protection the emergent ego pushes its representations and its wishes into unconsciousness. Hysteria is one of the failures of this repression – the return of illicit sexual desire as a symptom or as anxiety. At this stage in the theory, the conflict of the two drives – sexuality and the self-preserved drive – provides the dynamic of the neuroses.

This first psychoanalytic conceptualisation discovered both the unconscious mind and the centrality of sexuality in civilisation and its neuroses. Both are articulated in the Oedipus complex. But in a sense the very notions that explained hysteria in part counteracted or resolved it – as working on these ideas resolved it in Freud's own life. The Oedipus complex offered the norm and banished hysteria. There are various ways in which this was the case.

In 1882 Freud studied with Charcot at the huge public clinic, the Salpêtrière, in Paris. Later he translated the "leçons" which Charcot delivered every Tuesday into German. Two aspects of this influence remained crucial: Charcot's skills at classification and his demonstration of male hysteria (the two are not unconnected). Freud's work grew away from Charcot's, but he remained convinced and profoundly respectful of the latter's achievements which he praised in terms of Charcot's revolutionary classification and scientific organisation of hysteria "...by [Charcot's] efforts, hysteria was lifted out of the chaos of neuroses, was differentiated from other conditions with a similar appearance, and was provided with a symptomatology which, though sufficiently multifarious, nevertheless makes it impossible to doubt the rule of law and order" (*Standard Edition*, Vol. 1: 12). Law and order were imposed on the unruly and chaotic.

The unruly and chaotic, which always haunt Freud's work, are synonymous with the feminine. In the end it is femininity untamed that for Freud forms the bedrock beneath which psychoanalysis cannot penetrate. Indeed law and order became in Freud's subsequent work identified with the castration complex and with its role in overcoming the Oedipus complex. It is this identification of the castration complex with the law which pushed hysteria and femininity together as familiar bed-fellows. The place they had to occupy was that of the non-understood, the extrinsic, the unruly. Hysteria as the illness that enables the observation and theorisation of the Oedipus complex became its victim. Hysteria enabled Freud to formulate the Oedipus complex but at its own cost – it was either re-consigned to its uncomprehended position, a mystery that couldn't be fathomed, or it was accorded a position of failed normality, a non-resolution of the Oedipus complex whose proper dissolution was the mark of human sociality.

I suggest that once the Oedipus complex was formulated, hysteria, like women (one only has to think of the language used to describe the suffragettes or feminists in the early seventies) sank back into unfathomable chaos and all the classificatory skills went marching on without it. In the twentieth century, hysteria which is supposed to have disappeared, has been divided and classified into myriad subgroups of which anorexia and Multiple Personality Syndrome are only the most notorious. I would argue that the loss of hysteria as a totality from scientific understanding has had serious effects: we have lost the connections, and not understanding what conditions have in common is not to understand the base of the condition. That so much can be hysterical (a major argument used against its retention as a diagnosis) is precisely the point about hysteria.

Hysteria is about a primal and serious disturbance; thinking about hysteria, even about its symptomatology, is profoundly disturbing. To classify, categorise, analyse, indeed even to "think" about hysteria is to belie hysteria's purpose which is to 'unthink.' Charcot's success quickly ran into the sands leaving only the wish to classify, not his classificatory

achievements, in place. ‘Thinking’ hysteria is hysteria Oedipalized. From this perspective, if hysteria has disappeared, it is only in so far as it has escaped a scientific understanding of it.

One of the several further causes of its disappearance may be its assimilation or transposition into psychosomatic illness. The conversion symptom is profoundly unruly in that it confounds all Cartesian thinking; not so the concept of a psychosomatic response the very core of which is the preservation of a separate mind and body with a transmission between them.

Hysteria’s existence is co-terminous with written records of human history. There is a pertinence with which feminism has made us all too familiar, that it is through the repeated re-discovery of the male hysteric that we can re-connect hysteria with the human condition. Working with a *male* hysterical patient “E” and on his self-analysis, Freud discovered core factors about the human mind: the division into conscious and unconscious; the universal existence of the Oedipus complex. Hysteria became a failed negotiation of a task set to all humanity – the neurosis uncovered the norm and disappeared into it. The explicit emphasis of the new understanding was entirely on sexuality. The repression of sexuality establishes a repressed unconscious. Hysterical symptoms are the return of the repressed, the indicators therefore of sexuality in the unconscious. The conversion symptom is an enactment, a pantomime of a phantasized scene that cannot be spoken about. The symptoms tell us the scene and why it must be unconscious but not how the unconscious operates. Having led us there, it is as though conversion symptoms became uninteresting, telling us nothing of the unconscious itself. In *The Interpretation of Dreams* and in “Dora” (and in subsequent Freudian practice), dreams take over as “the royal road” to the unconscious. It is dreams that tell us about the Oedipus complex. As Jocasta says, many men have married their mothers in their dreams.

However, after the eighteen nineties, although hysteria comes to seem a less interesting problem, Freud’s reflections on it do not as is so often thought, end with Dora. Two of the lost metapsychology papers of 1915 were apparently devoted one to anxiety hysteria and the other to conversion hysteria. Then, from 1920 to 1926 comes the major revision and the new metapsychology. The life drive binds things together in ever increasing unities; the death drive, fragmenting and breaking apart, works against this to restore all to the equivalent of a unicellular unity, to the state of the inorganic. All living organisms are bound on the wheel of this conflict. One principle aim of an organism is to produce a state of pleasure or avoid unpleasure by discharging tension that has accumulated inside it. But another, and contradictory, one is to work over repetitiously, unconsciously, compulsively the state of tension itself. This latter drive that goes beyond the pleasure principle can be seen most vividly in the repetition of a trauma, and in the way in which repression has to keep on working to keep the drive impulse unconscious. Trauma, repression, and hysteria are yoked together. In some ways the second metapsychology is much more suited to hysteria than the first.

After 1920 and the formulation of the life and death drives, the conflict of the drives does not operate in quite the same way as the motor for the neuroses or psychoses. The drives fuse and defuse and certain fusions or defusions will be characteristic of certain states or conditions (for example, more death drive because more defusion in melancholia), but the active conflict is between the newly conceived different parts of the mind: the ego, the id and the superego and the external world. The ego has to protect itself from danger in the external world and in the internal world from impulses, which would provoke danger in the external world. Thus, for instance, it is not (as is popularly believed) that an incestuous impulse is itself dangerous but rather that it would provoke a dangerous reaction from the outside world – a threat, a prohibition, a punishment. The early theory was not so clear

about this – it was as though by becoming realistic the child would gradually give up its Oedipal positions. In other words the first formulation of the Oedipus complex and the one within which our understanding of hysteria takes place, is perilously close to the hysteric's own limited understanding of why he cannot have a sexual relationship with his mother. Much psychoanalytic theory has continued in this strain to imply the self-evidence of reality. So does the hysteric – only he or she does not want to accept reality. Accepting or not accepting a self-evident reality are two sides of the same coin. Acknowledging a prohibition is a different proposition altogether.

If we read back the early writings on hysteria through the later metapsychology and its implications then we see that hysteria was first conceived as an impasse on the road to the normal – as it was in Freud's own life. This helps us to understand an aspect of both the motives and the reasons for the failure of Freud's technique. For instance, it is usually argued that Freud failed with Dora either because he didn't understand the counter-transference/transference situation and/or because he failed to understand the significance of Frau K, the homosexual layer beneath Dora's repudiated love for Herr K and her father. Both are relevant as causative factors of failure, but so too is his expectation that presenting Dora with the reality of her emotional situation will enable her to change: on the contrary, the hysteric wants to change reality. (Eventually this realisation about resistance led Freud forward to his notorious ascription of femininity as the bedrock beneath which psychoanalysis cannot penetrate; the analyst rarely can get a woman to give up her wish for a penis. I would suggest that this is because the demand takes place on the level of reality and being asked to accept reality from a realistic point of view only makes the neurotic in everyone substitute a more satisfactory fantasy.) Reality can only be accepted once prohibition has been acknowledged and the danger of the consequences of its transgression internalised. The prohibition is the castration complex. Freud was moving towards its formulation in the first decade of the century as it is implicit within the Oedipal story (as patricide), but castration is only given its proper significance by the second metapsychology. Castration has to do with the place of death and has long been thought to be death's symbolic expression. Staying within the Oedipal story without the implications of castration is to stay outside an understanding of castration for the construction of symbolisation. This is the argument Lacan developed. Its importance seems certain. But it also no longer appears to me to cover the questions.

Although popular psycho-analytic opinion holds that Freud's interest in hysteria declined along with the condition itself during this century there are in fact three main texts of Freud's of relevance to hysteria that post-date his formulation of the death drive: the theoretical *Inhibitions, Symptoms and Anxiety* (1926) and two "case-histories:" *A Seventeenth-Century Demonological-Neurosis* (1923) and, most importantly, *Dostoevsky and Parricide* (1928).

Though of course neither Christoph Haizzman nor Dostoevsky are patients, it is important that both are men. Only women are studied in *Studies in Hysteria* (1895). So long as Freud linked the aetiology of hysteria to sexuality, women are its main proponents. Despite the significance of male hysteria in the eighteen eighties and nineties; despite "the enormous practical importance of male hysteria" as Freud put it; despite the emphasis of Charcot, Freud's challenge to a resistant Viennese medical community, a few pre-psychoanalytic papers (the case of "E" and the letters to Fliess), it is only when death holds centre stage that men hysterics come into their own.

In a slightly anxious way, after his formulation of the death and life drives, Freud continued to consider that it was only illicit sexual desire which was repressed to form the unconscious even though there was a primal unconscious id that pre-existed this repression.

Death did not feature. Since Freud's time particularly Kleinian analysts have seen the death drive as operative in the psychoses and borderline or narcissistic conditions and in the early fixation points of these (particularly the so-called paranoid-schizoid position of very early infancy). Though doubtless death drive manifestations are prevalent in these instances, I think that the omission of "death" from our understanding of hysteria and of hysteria from a prominent place in our thinking falsifies our perception of psychic life. The espousal of Freud's first reading of the Oedipus complex is at least partly to blame.

All the patients whom I have come to consider hysterical (not as the only but as a significant aspect of their condition) had had often long and even numerous psychotherapeutic and/or psychiatric treatments in which the diagnosis of hysteria had not been made, yet in all, but most clearly in my patient who lived by fighting off the "worst," there was a clear history of serious conversion symptoms which had led to complete incapacity in certain motor fields and to hospitalisations in which no organic cause had been found. During the years of treatment of this patient these conversion symptoms had apparently abated but we came to feel that they had not been resolved but rather displaced into what was a way of life in which "yesterday" could not be remembered and a catastrophe loomed around each corner making her genuinely "at risk." During our work the conversion symptoms returned as fits, panic breathing, shaking with "cold," temporary motor paralyses. If she could verbalise the sensations we were (as is typical in hysteria) on the way – but only on the way – to their resolution. Thus, for instance, once she was relieved of a paroxysmic type of choking which turned out to be a "can of worms" stuck in her throat – something it is safer to try to swallow than to open. Understanding this shifted rather than 'cured' the symptom. All my patients uttered – often as a litany – what Jung called "the 'I don't know'" of the hysteric. All "spoke" with their bodies, none could "see" significant people (parents, children, their analyst) in their "mind's eye." With one person, people were represented in dreams as "stick drawings," in another there was absolutely no perceptual recollection of a dead mother. The ego had said "no" to an intolerable perception. This is an emotional reaction that underlies psychical repression.

In all understandings of hysteria, the ego has repressed something that must not be perceived – an external occurrence that arouses an unacceptable internal sensation; Anna 'O' at the bedside of her dying father saw her fingers turn to snakes, thoughts of her father's death became thoughts of her unconscious phallic desire (passive or active?) for him; these had to be repressed but (against her will) came back as hallucinatory phantasies. But is this all? Freud saw repression as the mode of defence which was the hall-mark of hysteria. Repression is the corner-stone of psychoanalysis; the Oedipus complex and its overcoming are about repression. In fact, like Pierre Janet and later like Fairbairn who, atypically, made hysteria a centre-point of his theoretical revisions, Freud had first thought that the mechanism that distinguishes hysteria was not repression but a "splitting," in which two parts of the personality do not know each other or in which one simultaneously knows and doesn't know something. In most psychoanalytic literature on psychosis this 'splitting' would be splitting into good and bad so that the latter does not destroy the former. To me, splitting remains a dominant (perhaps *the* dominant) mechanism of hysteria; moreover, I would argue it is the result not of the ego trying to fend off pressing illicit sexuality but of the death drive, here as in psychoses – but with a different result. This is not the splitting of the object into good and bad but the splitting of the ego that in one version is a multiple personality. My patient who thought always of death had a recurring dream of a seated man who looked completely normal. Only she knew that he had been reassembled as though from the pieces of a jigsaw puzzle. Only she knew he was really dead, in pieces, stuck together to look alive.

At the end of his life, Freud wrote an unfinished paper, “The Splitting of the Ego in the Process of Defence” (*Standard Edition*, Vol. 23: 243). In it he illustrates his thesis with a case of childhood fetishism; the boy simultaneously knows and doesn’t know that the castration complex means he could lose his penis – he retains it in the ever-present, never-to-be-lost fetish – but, of course, he does this because in another part of his mind he acknowledges its possible loss. Freud wonders to himself in this paper if he is saying something new, or repeating what he already was aware of some fifty years earlier in the 1880s and 1890s. I suggest it is both: this is the splitting of hysteria that he knew about before he decided on repression; it was his very first understanding: his thesis then got stuck in the mould of the Oedipus and castration complex.

The split the hysteric effects is to know something could be lost and simultaneously and absolutely not to know it. This is not a split of good and bad though at times that may be one of its manifestations but of seeing or hearing or remembering and not seeing or not hearing or not remembering. In the face of the danger of something not being there, a permanent presence is established. This is not concrete thinking (as in psychosis) but rather “literal” thinking or performative language or pseudosymbolic thought: something is there whose absence cannot be tolerated. Language cannot thus be truly representational. All hysterical patients tell stories – they do not free associate but weave connections to hide the intolerable gaps. Nothing bursts through these stories from a repressed unconscious, it is more like the play of permanent light never punctuated by shade. For my first patient ‘death’ was always present, never a punctuation mark, because its meaning – absolute loss – could not be grasped.

In the eighties and nineties Freud himself “literalized” death. In his relationship to Fliess he was forever calculating the year of his death; he suffered from palpitations, migraines, fatigue, nasal discharges, intestinal disorders. The Fliess letters are a catalogue of what I would call hysterical symptoms. I suggest that in carrying out his self-analysis (which led eventually to his emancipation from Fliess), Freud started to cure his own hysteria. He moved from splitting to repression and to conscious acknowledgement of repression. In other words, he moved from hysteria into the Oedipus complex and out of it through the as yet unformulated castration complex. (He retained his passionate addiction to something that must always be present and never ‘lost,’ only in his smoking – the condition of his creativity and the very eventual cause of his death.) After his father’s death in 1896, Freud was able to start to “think” death rather than to enact it; but in curing his own hysteria it is almost as though he separated himself from the hysterical possibilities. This was indicated by his virtual ‘forgetting’ of the male hysteric.

However, after the second metapsychology – even if only in the margins – it is the male hysteric who returns from repression. He returns bearing death. In 1920 Freud wrote to his friend Stefan Zweig:

I don’t think you should have confined D[ostoevsky] to his alleged epilepsy. It is very unlikely he was an epileptic... great men who are said to have been epileptics are straight cases of hysteria. [...] [A] sharp tendency towards ambivalence combined with his childhood trauma may have partly determined the unusual violence of D’s case of hysteria (Freud’s letter to Stefan Zweig, in Ernst L. Freud 1970: 337).

Ten years later, Freud wrote a brief paper in which he linked Dostoevsky’s life and *The Brothers Karamazov* (as in this letter) through their shared patricide. The other repressed dimension of the Oedipus complex – the murder of Laius – has truly come home to rest, but for Dostoevsky in his hysteria, this is as a deed, it is not symbolised but identified with. Dostoevsky wished his father dead (his father was in fact then murdered), and in his later epileptic fits he became himself identified with the dead man. In deadly earnest his fits played dead:

We know the meaning and intention of such deathlike [epileptic] attacks. They signify an identification with a dead person, either with someone who is really dead or with someone who is still alive and whom the subject wishes dead (*Standard Edition*, Vol. 21: 182–183).

In studying identification, Freud considered that one identifies only with part of the other person. That asserted, he goes on to illustrate this identification by the act of a small child whose cat had died and who subsequently walked on all fours, mewing and feeding as a cat – a whole cat. Perhaps the contradiction in Freud is due to his reluctance to emend the Oedipus complex to include death. It is in the death-like absence of the pre-Oedipal mother repeated in the actual death of the relevant other person (or cat), that one insists on not losing them by becoming them entirely. As in the epileptic fit, there is no part-identification here.

I once coined the term “identity” for this degree of absolute identification. It is a regression to something very early. Instead of the person on whom one is utterly dependent going missing, one becomes them. To grow up, a girl must identify with her mother, a boy with his father, but these need to be secondary identifications made after each parent is symbolically “lost.” This hysterical identification is like the act of transubstantiation or the Lutheran consubstantiation. This is the mimesis for which hysteria is famous. It is pre-Oedipal and if it is linked with repression then it must be linked with a regression to primal as well as Oedipal repression. It is not, of course, that through a long and varied life an hysteric will always make a total identification or always identify only with the significant other person, but the particular nature of this identification will always be of this “consubstantial” kind. It is a precarious if entrenched identification; the possibility of its failure when the other person reveals that he/she is not the same as the subject, leads to utter rage – the outrage of the return of the split off part and of the need for instant re-splitting. The violence of the death drive comes back in the intense irritability of the post-epileptic fit; in the famous “grudge” of the hysteric, in the tendency to suicide. The act of identification makes death a presence. Clinically the patient will identify perfectly with one’s interpretations but they will have no meaning, they may be enacted but not taken in. This is the interminable analysis...

Freud, sticking as ever with the importance of the castration threat underlying total identification, concentrates on phantasies of patricide and fears of retributive filicide; but of course as he acknowledges in other contexts, for a small child before any Oedipus or any castration, the absence of the person on whom he or she depends is the equivalent of a death. Elsewhere he claims that analytically we cannot understand (we can only recognise) that in certain conditions the ego fears that it will be completely overwhelmed. Surely it is in this very condition that the ego saves itself by losing itself in an instant identification; such an “imitation of life” is on a par with an hallucination (or a negative hallucination) – the subject becomes the one who has disappeared and thereby has not.

It is understandable that the experience of helplessness should become transformed into something that resembles the Oedipus complex. In fact, this is not the Oedipus complex but its prototype, the primal scene, in which one is omitted from the act of coition that creates one. In phantasy the hysteric tries to find a place within the scene. One of my hysterical patients was ‘pregnant’ with her dead father; another expressed the fact that she was her mother by looking like her adult daughter when her daughter reached the age at which my patient both remembered and had completely forgotten her actual mother; the hysteric is “asking” about procreation. In order not to be excluded he will take on either the mother’s or father’s role. Only when well into her analysis did my death-preoccupied patient dream for the first time in her life of her two parents within the same dream – she had never before allowed them to be together as in order to exist as a subject, she always had to be one or other of them.

Imaginatively, 'death' is the ultimate non-existence of conception in the same way that when dead, one is both there and not there. This reflection can perhaps provide a clue to the linkage between death and sexuality. One of the earliest – perhaps the earliest – of all psychic mechanisms is the process of an instantaneous reversal of something into its opposite. This mechanism precedes the repressions of the Oedipus complex. Interestingly Freud worries about it when formulating the nature of the conflict between life and death drives. In his schema there must be two entities for conflict to take place and there must be conflict for life to take place. In "The Ego and the Id" (1923), Freud sets up what he considers the greatest challenge to his dualism. This is that in essence the two drives were originally one and each has the capacity to turn into the other. If this were to prove to be the case, there could be no ordinary conflict:

...the distinction between the two classes of instincts does not seem sufficiently assured and it is possible that facts of clinical analysis may be found which will do away with its pretension.

One such fact there appears to be. For the opposition between the two classes of instincts we may put the polarity of love and hate. There is no difficulty in finding a representative of Eros; but we must be grateful that we can find a representative of the elusive death instinct in the instinct of destruction, to which hate points the way. Now, clinical observation shows not only that love is with unexpected regularity accompanied by hate (ambivalence), and not only that in human relationships hate is frequently a forerunner of love, but also that in a number of circumstances hate changes into love and love into hate. If this change is more than a mere succession in time – if, that is, one of them actually turns into the other – then clearly the ground is cut away from under a distinction so fundamental as that between erotic instincts and death instincts, one which presupposes physiological processes running in opposite directions (*Standard Edition*, Vol. 19: 42–43).

In fact, Freud establishes that love and hate or life and death are *not* in origin one and the same but rather that a quantity of freely disposable energy is available in the system and that the movement of this enables this reversal into the opposite to take place with lightning rapidity. Both a very high degree of ambivalence and also at least a near instantaneous reversal of love into hate, life into death – and vice versa – are distinctive features of hysteria – hysterics love where they hate. I believe it is worth interrogating Freud's solution. If one looks at the proposition dialectically rather than dualistically and if one listens not to Freud's argument but to his language and imagery in the context of what one can see and hear of the clinical experience of hysteria, then both a conflict of opposites and their reversal into each other are not incompatible propositions.

In September or October 1898 Freud had a dream of the Three Fates. In his *Freud's Self-Analysis*, Didier Anzieu comments that, in this dream, "the connection between death and sexuality became more explicit" (Anzieu 1986: 362). Freud himself, hell-bent on establishing the major significance of sexuality and the emergent Oedipus complex had written:

My dream of the 'Three Fates' was clearly a hunger dream. But it succeeded in shifting the craving for nourishment back to a child's longing for his mother's breast, and made use of an innocent desire as a screen for a more serious one which could not be so openly displayed (*Standard Edition*, Vol. 10: 233).

However, a main association of Freud's to the dream is not of sexuality. The memory is of his mother rubbing her hands together to produce the dirt of the epidermis to show Freud, aged 6, that we are all made of dust and to dust we shall return. The Three Fates are the mother who bears one, the mother one loves and whose replica one marries, and the mother who bears one away in death. Freud wrote of them with reference to King Lear in his 1912 paper on the Three Caskets where he concludes:

The Goddess of Love herself, who now took the place of the goddess of Death, had once been identical with her. Mother-goddesses of the oriental peoples... all seem to have been creators and destroyers – both goddesses of life and fertility and goddesses of death. Thus the replacement by a wishful opposite in our theme looks back to a primeval identity (*Standard Edition*, Vol. 12: 299).

Freud comments continually on Cordelia's muteness. "Mute" is a favourite word for the death drive; mutism is a very common hysterical symptom. Life and Death; love and hate; war and peace – these oppositions unite to form a new polarity and a new opposition. The life-threatening absence of the infant's mother seems like death; an instant identification with her then transforms that death into life; my body becomes her absent body and all is presence. Should anything unsettle this total identification, life turns back into death.

Mythologically, archetypally, it is the mother who bears and bears away, who represents life and death. Freud briefly (and late) acknowledges the importance of the mother for hysteria as he does for femininity. But the dominant imago is for Freud always the father:

[There is] an individual's first and most important identification, his identification with the father in his own personal prehistory... it is a direct and immediate identification and takes place earlier than any object-cathexis (*Standard Edition*, Vol. 19: 31).

Freud then footnotes this comment: "Perhaps it would be safer to say, 'with the parents.'" I would want to re-write this as the undifferentiated parents but with the mother as the synecdoche. Freud's slip into the father is the movement from acknowledging the mother as death to asserting the father as castration.

Freud thought that it was only passivity in the relationship to the father that human beings repudiated. In this way he once more confirmed the Oedipus complex. In fact, hysteria shows it is passivity (and hence helplessness) in relation to the mother which is the wonderful and frightening condition of life. It is this that is dreaded and yet must be accepted. In a letter of 1930, by then heavily dependent on his daughter whom he calls Anna Antigone, Freud replied to a correspondent asking him whether or not King Lear was an hysteric, thus:

The fact that [King Lear] calms down and reacts normally when he realizes he is safely protected by Cordelia doesn't seem to me to justify a diagnosis of hysteria (Freud's letter to Richard Flatter, in Ernst L. Freud 1970: 395).

Accepting one's dependence on someone who is not within one's control, who can go missing and thus be "dead," is to accept loss and to overcome one's hysteria. The prohibition which articulates this may come from the father but his castration threat is subtended by the mother's role as death. Freud made a Freudian slip which confirms this point. He confused the stories of Kronos and Zeus. Is this because Kronos, though a parent figure, in eating his children and castrating his father, presents a *mother* imago?

It seems to me then, that some communication of death subtends the Oedipus complex. That we must take seriously for psychic construction that the infant's helplessness turns the caretaker's absence into death. Oedipus's mother went missing, he could not symbolise her absence by the play of absence and presence as in the child's game with the cotton-reel; she disappeared as a mother before he married her as a wife. But we also know that, preconsciously, Jocasta the wife-mother knew she was the vanished mother returned from the "dead" to be desired. Does the absence of the mother set desire in motion, does "death" initiate the psychosexuality of the Oedipus complex? If so, this, I believe is more than the structural role of loss in the theories of Lacan and others.

The mother's absence may enact death for the infant but the presence of the foetus itself has already communicated the inevitability which is death's hall-mark to the mother. Nothing can stop the birth (even if it is a miscarriage or an abortion) of the conceived baby. The inevitable birth of her baby for the woman is as inexorable as death. Only hysteria can stop a woman knowing the inevitability of birth. Clinically as well as in literature the mother who doesn't know – in the sense of it having meaning – that she has had children is not uncommon. To defend against the meaning of birth is to protect oneself against death. From the baby's point of view, the mother who does not know she has given birth and will die is psychically absent – she is Jocasta trying to eradicate the infant Oedipus thus precipitating him into enacting the Oedipus complex, not enabling him to know through her knowledge and acceptance of death that such things are forbidden. The hysteric lives with the presence of death making a passionate and insistent effort to turn it into life but inevitably it will be someone else's life he largely lives until he can consent to lose and gain it. Hysteria continues to question the Oedipus complex.

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