

Metaphor and Oedipus

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Abstract

The main aim of this article is to point out metaphors taken from oral tradition or performed by patients in psychotherapy, as a royal way to Oedipus complex in analysis working through process. First, the position of the metaphor in clinical works and in philosophy is presented and its importance for clinical practice is shown even though inasmuch it was excluded from the field. In addition, some examples in psychotherapy using metaphors are displayed and analyzed. It is indicated that Oedipus complex is present in living metaphors and in dead metaphors, as well. Whenever we succeed working with the metaphors that the patient uses, which usually brings out his symptom, a new way of life might emerge.

Keywords: Metaphor; psychotherapy; oedipal complex.

Metáfora e Édipo

Compendio

Este artículo tiene como objetivo principal atender a las metáforas provenientes de la tradición oral, o dichas por pacientes en proceso psicoterápico, como un camino Real para el complejo de Edipo en análisis perlaborativas. Se presenta la utilización de la metáfora en el trabajo clínico y en la filosofía, así como su importancia para la práctica clínica, aunque esta haya sido excluida de campos de actuación. Son analizados en este artículo, ejemplos de metáforas utilizadas en psicoterapias. Se puede notar que el Complejo de Edipo se presenta en metáforas vivas, así como en las muertas. Un nuevo modo de vivir se puede obtener como consecuencia del éxito en el trabajo con metáforas dichas por pacientes, siendo portadoras de sus propios síntomas.

Palabras clave: Metáfora; psicoterapia; complejo de Edipo.

Metaphor, Philosophy and Clinical Work

Metaphor has been removed from traditional clinical work. Although clinical work, conceived here in all its extension, exists before Greek's philosophy, metaphor was usually distrusted or at least considered with precautions. Following this same tradition, we can even say physicians do not usually respect metaphor. Since the Greeks, metaphor was banished from the philosophical thoughts, because it was perceived as a promoter of ambiguity and equivocity. Overall, it was usually considered that metaphor incited enchantment or persuasion. This last feature is very important in clinical work, so we will return on this subject, called clinical pragmatics.

It is good to have fun not to work with it said an old Psychiatrist Professor, advising to cope with patient's metaphors carefully. Besides, metaphor, quoted only as a decorative speech, is not so suitable and desirable in medical practice, which is related to suffering, death and people's problems in their everyday lives. Despite of Aristotle's effort to emplace metaphor in his entire philosophical project, metaphor has remained belonging to Rhetoric and Poetry, and hence seeing as a futile ornament of speech. Speech has perceived as dangerous, mixed with plenty of mischievousness by important psychiatrists. For instance, Kraepelin (1970) once

said it was important to forget patient's language since "ignorance of sick patient's language is an excellent 'condition' to be observed in mental medicine." We could think about Heidegger's (1946/1983) words concerning general disqualification of language during the last century as empty speeches (*Das Geredete*). This remains as a huge problem of modern times. Moreover, metaphor has been seen the worst way in general speech and language, because it is a source of language unreliability in scientific and serious researches. Despite this, metaphors are facts in our language and reality, what justifies our refusal to "throw the baby with its dirty water out of the bath".

We propose to enlarge metaphor conception further than metaphor traditional use as figurative speech, belonging only to Rhetoric and Poetry. Important philosophers tried to accomplish this project during XX century. We could indicate some, summarizing them grossly in four statements: 1) Metaphor is the use of an inappropriate word, as Fontanier (1968) and Black (1968) elaborated; 2) Metaphor is an unusual predication, as Richards (1965) defended; 3) Enunciation (the speaker's intention) gives meaning for the metaphor, as Searle (1972) studied; 4) Metaphor is a promoter of a new description of the world, which could be read in Ricoeur (2000a). These efforts have to be considered by physicians and especially psychotherapists in daily clinical work. However, in order to accomplish that, it is necessary to qualify the speeches and metaphors used by our patients.

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Oral Tradition and Metaphor

Oral tradition holds a great amount of histories, which comes from people's life experiences. The sooner history retains a lot of life experiences and resolutions made by each character in real life and the more it lasts, the better. When a patient talks to us, he is usually using metaphors, analogies, comparisons, periphrasis and others modalities of elements of speech. All these aspects are important to be studied, but this is not our clinical aim at the point. Notwithstanding, life experience is noted in every word and in metaphors said by someone. Tales tell all about crucial moments of life development in human groups and societies, as well. *Exempli gratia*, Sophocles' tragedy about Oedipus is not only a myth created by a genius mind. It is a crop of many others histories and stories, which were selected and synthesized by Sophocles - for instance, Dodds (1966) and Rudnytsky (1987) show that others works of Sofloces before *Oedipus Rex* as *Laio*, *Seven against Tebas*, *The Sphinx* have a lot of informations for our comprehension of *Oedipus Rex*. Anyhow, it is not usual to know patients that carry on tales with them to tell their therapists. They usually tell metaphors. Considering that, metaphors are to be understood not only as a figurative speech. They depend on the way listeners will work out a new meaning. Ricoeur (2000b) may help us to enlighten what we are striving to say:

"Thus, a metaphor doesn't exist in itself, but in and for an interpretation. The metaphorical interpretation presupposes a literal interpretation that self-destructs in a signifiant contradiction. It is this self-destruction process or transformation that imposes a type of torsion to words, an extension of sense, which allows us to disclose a meaning, where a literal interpretation would be absurd. That's the reason why a metaphor appears as a type of response to a certain inconsistency in the metaphorical enunciation interpreted".

The simple quiz "*How are you going?*", which usually starts our contacts in daily life could be listened as an invitation to build a personal metaphor that is invariable in patient's enunciation and history (Martins, 2003).

1 - *How are you?*: "More or less", says the neurotic denying.

2 - *How are you?*: "Very bad, look at the harm I've caused", says the melancholic.

3 - *How are you?*: "Bad, everything and everyone is wrong, despite of the fact that I've done everything right", says the depressed neurotic.

4 - *How are you?*: "Excellent, everything is divine and wonderful, let's hurry up because life is too short", says the hippomaniac.

5 - *How are you?*: "I'm fine, can't you see that my leg is not broken anymore", says the psychotic handling the signifiant as a thing.

6 - *How are you?*: "Are you?", answers the autistic.

7 - *How are you?*: "Haul what?", highlights a compulsive signifiant interpreter.

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8 - *And you, what's going on?*: "What's going? Everything that moves, like a bus, is going on for sure", says someone distracted, handicapped or learning English.

9 - *How about you who are coming for the first psychotherapeutic session, are you all right?* "Of course not, otherwise I wouldn't be here", answers the obsessive, previously angry with the therapist.

10 - *How are you?*: "Why are you interested???", answers a hysteric, uneasy, with a transference to the analyst, in a somewhat belligerent predisposition.

11 - *So, how are you?* "How dare you to treat me like that?! Me, your Lord Almighty Sanctuary of all Religions of this and the other Planets", says another one in a paranoid position, self-entitling himself.

12 - *How are you, Mr. John?* "Business is just going down, but life is going on", answers the grocery store owner with obsessive worries after he had bought a new car quite expensive.

13 - *And you, how have you been doing?* "I've been doing nothing (at the same time he is crossing a street without looking at all)", answers and acts an old person with Alzheimer disease, becoming apragmatic, but dominated by survival drives.

14 - *How are you?*: "It's none of your business, I haven't even asked for being born", replies negatively an anthropophobic person.

15 - *What are you going to do here?* [Asks the customs officer to a poor emigrant, seeking to survive or to get a better life abroad] "I am visiting your beautiful country... just visiting...", replies a naive emigrant thinking he is the cleverest man in the world.

16 - *And you, Sir, how are you XM?* "After becoming worse than Werther of Goethe, I'll go only with her", says somebody who is infatuate until death.

17 - *And you?* "I'm fine", says the pacified ordinary person.

With a high risk to flaw the diagnosis, we could say that everybody could bring out all these answers. This is possible because language is not usually simple as a univocal sign. It invariably holds equivocity in its operation and achievement. We can request each of those sentences as a good sign of some important syndromes. Nevertheless, metaphors do not belong generally to medical Semiology. Good signs were taken out of Psychiatry all over the history. In this way, in order to understand metaphors, we should think about an enlarged Semiology. For instance, enunciation is a very important concept to be considered. We shall stress that whenever metaphor is not present in a statement, it might be present at language's background. In other words, frontline statements of meanings are to be considered with all their collateral meanings as well. There are plenty of meanings in the virtuality of a sentence uttered. For example, we have those sentences we introduced above. Some metaphors are noted in some common and simple statements as '*How are you going?*'

Speakers of Indo-European languages guess important metaphors well. Metaphors hidden in patient's speech are related to existence, like metaphors of roads, which are being traveled by the speaker (or walker?!). When a patient does not think of metaphors of roads as an answer of that quiz, we might note answers like the ones psychotics bring off, who handle the signifiant as things (5) or the ones produced by an autistic child (6). We could ask about the late simpleton answer or to somebody distracted (8) whether they indeed understood our simple quiz or not. The intention is to light up what we meant, our presupposition that people would use a metaphor concerning the existence as a road. It is well acceptable that: 1) neurosis, 2) melancholy, 3) depression neurosis, 4) hippomaniac, 7) harsh compulsive signifiant interpreter, 9) obsessive, 10) hysterical answer, 11) paranoid, 12) obsessive grocery store owner, 14) anthropofobic man, 15) emigrant quite naive, 16) passionate man, and 17) pacified common man likely understood our presupposition. We can argue all these label diagnosis and if each answer had a presupposed belief in existence as a road. The fact is that this metaphor is in our question. We may just wonder whether our patients understood our presupposition or not. In addition, we would like to say there are more than presupposed metaphors to look out. We can think there are dead metaphors and living metaphors. Then, if we say, *X falls in love with L* it might be listened not as a metaphor. However, it is indeed a metaphor. It is a dead metaphor since it is quoted in Thesaurus of English Language meaning to be in love with someone. Nevertheless, if this sentence is listened otherwise, it is no longer dead. It becomes alive. The experience of falling is seldom remembered even though it is present forever in this experience, the feeling of being precipitated or dropped in an empty space without a something to grab. In this case, an object of attachment becomes essential in order to take a passionate person out of this dropping experience. Someone else can carry out that *he is as happy as a hungry chimp eating bananas*. It is a new living metaphor certainly, but for the listener it does not matter. Dead or alive, they are both metaphors to our listener. They are living metaphors because the dead ones are only placed in Thesaurus of language. They are living in speech. Anyway, when we listen to dead or living metaphors, it is possible to make all them alive. That is a therapeutic task of a practioner therapist. It does not usually happen spontaneously.

According to Lakoff and Johnson (1986), there are three types of metaphorical concepts: orientation, ontological, and structural. Metaphor's essence is to experience something in terms of another thing. The concepts are structured metaphorically, human activities are structured metaphorically as well and, consequently, the language itself is structured metaphorically. The metaphorical structuring of the concepts occurs in different experiences: our body (perceptual apparatus, motor, mental capacities, emotional character, etc.); our interaction with our physical atmosphere

(movement, manipulation of objects and meals, etc.); and, finally, our interaction with other people inside our culture (in terms of social institutions, politics, economics and religions). These experiences, 'natural' for some authors, can be universal, although they vary vastly from a culture to another. We can use as an example the metaphorical expression of a lover when he tells us, "*He had invested a long time on her*". Alternatively, a friend advertises him: "*you have to calculate your time*". They both are supported by the characteristic of our cultural structural metaphoric concept: "*time is money*", which means in our culture that time is also understood as a value as well as money. As quoted before, we think like Lakoff and Johnson that metaphor of roads is present in all languages we know. Up to now, we do not know another metaphor to substitute this one. We have never heard somebody using images of '*dances*' to express the idea of how is he going on, in spite of the fact that it would be possible in a very nice culture.

Metaphors, Symptom and Oedipus

Metaphor is important since it points out patient's symptom well. Symptoms also show the patient's way of being. Moreover, it expresses the way patient's driving is going on, especially how he gets along with his wishes. It means that the symptom can get meaning. However, meaning is an achievement that comes from a resolution of a driving search for an object. In addition, metaphor empowers the possibility to present a patient's symptom to himself. This is a very important issue for our practice. It provides help to handle and symbolize the patient's problems as well as to lead with his existence and fate. It provides images that the patient can project him on it, and then, turns them on movement as real life. Patients are usually in a situation without any way out. Therefore, metaphor provides means of symbolization and process replacing patient's harmful symptom.

We could verify this situation in a patient who lived his early childhood in England. He was much identified to England history. He was having problems to express his explosive anger. Rage used to come out whenever he was thinking about his relationship with a cunning woman. There was also a jealous struggle for a woman he was full tilt in love. His comrades called him "*Prince Edward, always haughty, aloof and with a superior gaze concerning tough and distressed events*". In spite of his sorrows, he was all inhibited. As an experienced therapist knows, inhibition is sometimes worse than any other symptom because it breaks the whole creative process that could set patients in a new way. It means that inhibition must be removed in order to allow our patients to give themselves a chance to live his dreams further. That is the reason why his therapist uttered: "*you know that Africa was not conquered with a cup of tea...*" After that, he decided to cope his situation. He decided to do what he wished a long time ago... We shall explain that the woman he was longing turned to be very cult

but also cunning, playing around with his feeling, defying him as a man, but having a disguising feminist speech. Then, he could cope his symptom, face a charming, roguish and cunning woman how she really was and not how he was imagining she should be. Thus, it means to work through his castration complex. His shyness was only an aspect of his fear. He told the therapist some months after that utterance: “*when I think in your statement, I burst out laughing*”. Irony with oneself can be very powerful to heal one’s own selfishness. It means to kill his *Self* of being a Prince in order to recover life.

For a psychoanalyst, Oedipus is the history of all histories. Sophocles held together a very long tradition of tell tales. Thus, a psychoanalyst expects their patients will bring a new and elaborated, creative and original Oedipian history in their speech. It is also supposed that each patient retains cultural metaphors linked directly to his Oedipus complex from his childhood and from his parents and acquaintances. That is our general hypothesis. It also means that during his life route every man will face the Sphinx.

W., bewildered by his obsessional way of life and symptoms, told us in the beginning of an analytical session: “*my mother told me ‘she’s lost in a wood without a dog’*”. In Brazilian Portuguese language, it is said: “*está perdida em um mato sem cachorro*”, which means “*she is in a state of helplessness. Therefore, she needs someone or something to complement and fix her wished absent object*”. Before he could resume his speech, the therapist asked him: “*Are you going to be her dog?*” Taken by surprise, he replied saying immediately “*Yes, but...*” Finally, he made a decision and said he wanted “*no more to be his mother’s pit bull dog, it takes a lot of risk and I am only an ordinary man*”. So, he decided by himself, reminding his own illusional bubble, to halt his ambivalence and bring his life near to anyone else life. His neurosis was becoming a common neurosis without complaints and swallowed sorrows he could not bear.

However, what does it mean to be a dog in this old Brazilian metaphor? In order to answer that, we shall find out the origin of this metaphor in oral tradition linked to everyday life. It could mean that a family, struggling to survive in a wild land, had to take with her a fierce dog to face the unknown whenever someone would go to a virgin forest. What would a mother wish from an obsessive boy in this Brazilian metaphor? He would be an object, brave, angry and dutiful complying with

the commands, orders, or instructions given, as a raised dog, but ferocious. This patient was frozen in this position, considering his mother as a displeased woman. Moreover, it was very difficult for him to get himself out off this position because he idolized his mother as a goddess, as an object of devotion or at least as a modern “*Our Lady*”. He would naturally like to be her complement, to be something that was missing on his mother.

Metaphor has not yet been recognized in clinical work and this text points out its importance. When used in psychotherapy, it performs images that introduces and creates a relationship with the patient’s symptom. Oedipus complex is to be seen as a general framework in movement. It means this complex must be updated with creativity and originality each time a metaphor is worked through in a therapy by a patient. The analysis of two cases and some statements were carried out on the text in order to provide hope to those who want to share a kind of therapy that uses an enlarged Semiology.

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