Week 4 – READ - Newirth

**Psychoanalysis’ past, present, and future: Sherlock Holmes, Sir Lancelot, and the Wizard of Oz.**

**Abstract:**

This paper describes three psychoanalytic perspectives each of which represent central elements of psychoanalysis’ past, present and future through the literary metaphors of Sherlock Holmes, Sir Lancelot and the Wizard of Oz. These metaphors provide a way of understanding the evolving nature of psychoanalytic theory and practice. Sherlock Holmes represents a nineteenth century search for hidden truths, Sir Lancelot represents contemporary approaches which emphasize new relational experiences and the Wizard of Oz represents the emerging transformational models in psychoanalysis which emphasize the creation of subjective meaning. Transformational models are emerging in psychoanalysis, developmental psychology and neuropsychology; each emphasizes multiple modes of apprehending the world and the development of the capacity for symbolization and the creation of subjective meaning. A transformational model of psychoanalysis is described and the process of progressive symbolization is illustrated with four moments from an extended psychoanalytic treatment. Additional clinical material is used to illustrate the three psychoanalytic approaches.

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Psychoanalytic theory has continuously evolved from Freud’s early collaboration with Breuer ([Breuer & Freud, 1893](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c5)) through the present. Discussions of the evolving nature of psychoanalysis are often presented as partisan debates ([Blass, 2010](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c4)) that attempt to define “what psychoanalysis is.” Rather than entering this argument, I take the position that psychoanalysis is a living system that evolves, sometimes smoothly integrating past clinical and theoretical perspectives and sometimes being disrupted by new ideas in keeping with emerging scientific and cultural developments. In this paper, I will highlight three psychoanalytic perspectives, each of which when taken alone represents central elements of psychoanalysis’ past, present, and future, but when taken together they represent multiple aspects of the complex activity of clinical psychoanalysis in the moment-to-moment choices between analyst and patient.

Complex activities such as psychoanalysis, riding a bicycle, or flirting are developed through implicit procedural learning (BPCSG, 2007). These activities are hard to describe in linear discursive language and may best be understood through metaphors, which function as evocative, multidimensional, presentational symbols ([Langer, 1942](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c26)) that organize intersubjective experiences in artistic, dramatic, and poetic forms. Several authors (Hamilton, 1993; Hanley, 1990) in discussing differences and similarities among psychoanalytic theories suggest two basic dimensions: correspondence, which emphasizes the theories relationship with knowable external events, and coherence, which emphasizes the theories’ ability to make consistent meaning conceptually and clinically. In this paper, I emphasize a coherence model of psychoanalytic theory and practice. I believe that what is largely knowable and teachable in psychoanalytic theory are the underlying models that reflect internal consistency/coherence and the scientific and cultural zeitgeist in which each theory developed.

With a wink to Dickens’ “A Christmas Carol,” I will begin by presenting three literary metaphors; similar to Scrooge’s dream of Marlowe’s ghost, these metaphors embody different perspectives on psychoanalysis’ past, present, and future: (a) Sherlock Holmes, the rational, objective detective/scientist in search of hidden truths; (b) Sir Lancelot, the flawed hero, who struggles with enactments in the transference-countertransference relationship and the opportunities to repair the inevitable ruptures in the therapeutic relationship; and (c) the Wizard of Oz, a creator of illusions and personal meaning who facilitates the development of enactments, symbolization, and the transformation of the patient’s concrete persecutory experience into generative metaphors. In addition to comparing these different psychoanalytic perspectives, I will use the metaphor of the Wizard of Oz as a springboard to articulate an emerging transformational model of psychoanalysis, one that emphasizes the development of the capacity for symbolization, for how the mind makes meaning.

[**Sherlock Holmes: The Search for Hidden Truth**](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#toc)Freud used several metaphors to describe the analyst’s stance in relation to the patient that reflected his evolving views of psychoanalytic theory and technique. His early metaphor of the analyst as a surgeon ([Freud, 1912](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c16)) expressed his belief that we should act like medical experts, have a sense of our own authority, and be disciplined and objective. The metaphor of the surgeon reflected a theory of psychoanalytic action within the topographic model, in which the patient’s difficulties, his symptoms and neurosis, were thought of like an infection that needed to be carefully drained in an aseptic environment. Abreaction and remembering forgotten events became the equivalents of the medical procedure of lancing an infection and were thought to be sufficient to return the patient to health. With the emergence of the structural model, in which resistance, repression, and defense were the central issues, Freud suggested that the analyst be like a general alert in the battle with the patient’s resistance, expanding the model of psychoanalysis from a simple medical procedure to a prolonged struggle with a fierce enemy. [Freud’s (1909)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c45) third metaphor, Sherlock Holmes, suggested that like the great 19th century detective, analysts’ persistent, deductive, rational, inquiry brings to light the patient’s hidden truths and forgotten crimes.

In a letter to Jung, [Freud (1909)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c45) discusses an interaction with M. Spielrein in which his use of the metaphor of Sherlock Holmes reflected the growing emphasis ([Freud, 1920](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c17)) on the transformation of passively experienced repetitive trauma into active, internal, agentic experience through bringing hidden truths into the light of day.

FräuleinSpielrein has admitted in her second letter that her business has to do with you; apart from that, she has not disclosed her intentions. My reply was ever so wise and penetrating; I made it appear as though the most tenuous of clues had enabled me Sherlock Holmes-like to guess the situation (which of course was none too difficult after your communications) and suggested a more appropriate procedure, something endopsychic, as it were. Whether it will be effective, I don’t know. But now I must entreat you, don’t go too far in the direction of contrition and reaction (Freud, 1909, pp. 234–235).

In this brief communication, which seems to refer to Jung’s affair with Spielrein, Freud metaphorizes the analyst’s position in the implicit structure of the analytic relationship, reframing the psychoanalytic method and emphasizing the process of inquiry over that of battle. The psychoanalyst’s role evolved from that of a general in a struggle with a resistant patient to that of a clever detective who uncovers forgotten crimes and hidden truths, helping the patient take responsibility for his or her disowned actions. This reconceptualization of psychoanalytic action emphasizes the patient’s movement from unconscious or disowned experiences ([Schafer, 1976](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c36)) passively experienced as events in the external world to the recognition of unconscious wishes and truths, which are at the root of the patient’s unhappiness and self-destructive choices. Freud’s idea of making the unconscious conscious, of the ego and secondary process rational thought dominating the id and primary process thought, are embodied in the metaphor of the analyst as a detective and the zeitgeist of modernism and science, which put a premium on defeating the dark irrational impulses of man and bringing them under rational control. [Kohut (1984)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c23) criticized Freud’s 19th century perspective as “truth morality.” He ([Kohut, 1984](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl" \l "c23), p. 54) believes that this conservative view of man as guilty demands that the analyst be a moral presence, ferreting out lies and exposing hidden truths. This view of man as inherently guilty is echoed by another fictional detective who presented the rhetorical question: “Who knows what evil lurks in the heart of men? The Shadow knows!”

[**Sir Lancelot: The Analyst as Flawed Hero**](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#toc)Interpersonal and relational psychoanalysis redefined concepts of structure, psychological development, psychopathology, and the nature of therapeutic action. These theories rejected Freud’s one-person intrapsychic focus and developed a two-person interpersonal perspective. Psychopathology was thought of as an individual’s desperate attempts to maintain attachment and security through clinging to childhood patterns, traumas, and beliefs in the analytic and in other relationships. Interpersonal psychoanalysis developed a more active approach than classical psychoanalysis, viewing the analyst as a participant observer bringing his or her personal dynamics into the transference countertransference experiences. [Levenson (1972)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c27) described the inevitability of becoming trapped within these transference countertransference structures and the importance of the analyst’s first-person experience as a participant, which provided a critical opportunity to work out these complex transference countertransference enactments in the here and now.

Relational analysts ([Aron, 1992](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c1); [Mitchell, 1991](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c29); [Renik, 1995](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c34)) expanded this interpersonal perspective and emphasized the analyst’s subjectivity, personal history, self-disclosure, and the therapeutic effects of new relational experiences in the analytic dyad in which the analyst functions ([Burke, 1992](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c6)) as a new object and a traditional transference object. As a new object, the analyst provides novel positive experiences that contrast the patient’s earlier experiences with their historical objects. These new experiences awaken aspects of the patient, freeing him/her from the repetitions of the past. Often the analyst becomes intersubjectively entangled in an enactment, unwittingly acting out aspects of the transference countertransference relationship and rupturing the therapeutic harmony. This rupture typically becomes repaired as the analyst recognizes his or her subjective and personal contribution to the transference countertransference difficulties. These repeating experiences of rupture and repair result in critical encounters, often involving the analyst’s self-disclosure, a deepening sense of mutual knowing that fosters greater freedom and intimacy in the analytic relationship.

The narratives of many cases presented by interpersonal and relational analysts ([Gerson, 1996](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c46); [Mitchell, 1991](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c29)) describe patients as victims of abusive or negligent parents, having suffered childhood trauma, including sexual or physical abuse. If the literary genre of classical psychoanalysis is the detective novel, then the literary genre of interpersonal and relational psychoanalysis is the romantic, adventure novel, in which a flawed hero, the analyst, rescues the trapped, damaged, and emotionally stunted victim, the patient. These clinical illustrations often emphasize patients’ and analysts’ struggles with their inner demons, the powerful hold of the traumatic events of the past and the fear that accompanies this mutual journey into new uncharted experiences. I think of Sir Lancelot, the imperfect Knight of King Arthur’s Round Table, as a metaphor that represents the romantic and heroic struggles described in these case histories, in which the analyst, after confronting his or her own demons and personal failures, slays the dragon, freeing the patient from the prisons of the past. Like the Sir Lancelot legend, analysis becomes a trial for analyst and patient ([Davies, 1998](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c44)) as they struggle with the multiple self-states that analyst and patient bring into the transference countertransference relationship.

[Benjamin’s (2009)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c3) paper on the necessity of acknowledging failure illustrates the implicit and explicit struggles of the analyst, as a flawed hero like Sir Lancelot, who frees the patient from the repetitions of the past through a series of personal encounters. [Benjamin (2009)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c3) describes her work with Hannah, emphasizing Hannah’s childhood experiences of maternal failure and her own struggle to not to enter into the more traditional role of the interpreting analyst, Sherlock Holmes, emphasizing truth over experience. Benjamin’s paper allows us to enter into the experience of the analyst as she chooses between being a new object as opposed to being a transference object and the struggle to maintain his or her position as a new object, providing new relational experience within the transference countertransference relationship. I think of this analytic model as a romantic, heroic relationship, in which the analyst rescues the patient from a traumatic and dangerous past through her presence as a different person, providing reparative experiences and encouraging the patient to become a new, more authentic, albeit flawed, self, much like the analyst.

[Benjamin (2009](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c3); p. 446) illustrates her struggle to be a soothing maternal presence and not to interpret the transference, or become emotionally disregulated as did the patient’s mother, who failed to survive Hannah’s affective storms. Being a new object disconfirmed Hannah’s certainty that the other “would be crushed by her destructive disappointment; and that she must protect that other/mother by showing herself to be unworthy. Thus she experienced herself as the destructive one who kept ruining a potential viable third.” Benjamin describes a particular moment as a personal failure, losing her place as a thoughtful relational analyst who provides new soothing experience. Responding out of frustration and anger, she describes this moment as becoming an “authentic” self. [I put “authentic” in quotation because it represents a shift in the analyst’s position from being a new object into being a person (](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#fn1)[Benjamin, 2000](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c2)), a flawed hero, unadorned by theory. [Benjamin (2009](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c3); p. 447) comments that she speaks as if Hannah were her own daughter and questioned why “she thought her anxiety and vulnerability were so unacceptable, why weren’t they a part of imperfect but acceptable humanness?” Although Benjamin describes this as an analytic failure, the patient experiences Benjamin heroically, as her “staunch defender,” rescuing her from being trapped in her repetitive self-disparaging behaviors. From a more traditional perspective, the patient’s approving response may be thought of as repeating an old transference pattern in which she protects the analyst as she did her mother; however, this possibility remains unexplored, perhaps because of Benjamin’s emphasis on the experiential dimension of the relationship rather than on discovering hidden meaning in repetitive transference experiences.

Benjamin describes a second moment of failure, becoming trapped in an enactment in which she becomes angry with Hannah who describes herself as an incompetent mother. Benjamin describes the value of this enactment as she and the patient work out their multiple self-states, showing how the inevitable processes of rupture and repair are critical aspects in the development of new analytic experiences and growth. Throughout this enactment, Benjamin remains herself, eschewing efforts at interpretation and simply being a flawed hero, Sir Lancelot. Benjamin consistently emphasizes her role as a new object, often experiencing herself as an authentic person, sometimes flawed and sometimes heroic, but always in an experience near encounter with the patient. If the classical position emphasized the discovery of hidden truths and forgotten crimes, then the relational position redefines therapeutic action as repeating experiences of rescue, rupture, and repair; of the encounter between the flawed patient and the flawed analyst; and the meeting between Guinevere and Sir Lancelot.

[**The Wizard of Oz: The Analyst as Creator of Illusions**](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#toc)The Wizard of Oz can be thought of within the literary genre of magical realism; similar to most children’s books, it captures the unconscious struggles that inhabit our lives, dreams, and fantasies. I think of the Wizard of Oz as a metaphor for therapeutic action within the transformational model of psychoanalysis. Transformational models are emerging in different areas of psychoanalysis and psychology and focus on the individual’s ability to represent and symbolize experience, to make meaning, rather than the discovery of disowned and repressed wishes and unacknowledged actions or attempts to repair repetitive, self-destructive relationship patterns. Many psychoanalytic theorists ([Ferro, 2006](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c9); [Grotstein, 2007](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c20); [Newirth, 2003](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c30); [Ogden, 2010](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c33); [Riolo, 2007](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c35); [Symington, 2007](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c40)) associated with transformational models have extended Bion’s and Winnicott’s theories of symbolization, reverie, and transitional experience, focusing on the development of the patient’s capacity for symbolic thought. Transformational models are also current in developmental and neuropsychological theories. The concept of mentalization ([Fonagy, Target, Gergely, Allen, & Bateman, 2003](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl" \l "c12)), implicit relational knowing, procedural learning, moments of change ([Boston Change Process Study Group, 2007](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c43)), mirror neurons, and the differential functions of right and left brain hemispheres ([Schore, 2003](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl" \l "c38), [2009](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c39)) emphasize the development of the capacity to represent experience and generate symbolic, subjective meaning.

Patients who organize experience concretely typically locate thoughts and experience in the external world of facts and authority rather than as products of their own or another’s mind. Unable to symbolize meaning, they organize experience and thoughts concretely through action, are flooded by affect, and represent experience in modes of psychic ([Fonagy et al., 2003](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl" \l "c12)) or symbolic ([Segal, 1978](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c37)) equivalence as absolutely real. [Grotstein (1995)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c21) refers to patients who are unable to symbolize their experience and are trapped in an external world of impersonal meaning as “Orphans of the Real.” In this concrete mode, I am what I am, you are what you are, and everything will always be the same. Although coming from different sectors of psychological and neurological science, transformational models similarly conceptualize the mind as parallel systems that apprehend and generate meaning in an external, objective realm and an internal, subjective realm. Transformational models focus on the development of the patient’s capacity to symbolize concrete, externalized, often paranoid experiences, enacted in the transference countertransference relationship, into symbolic, affective, subjective experience through the use of spontaneous and intentional enactments, transitional experiences, presentational symbols, and metaphors. This model of making meaning contrasts with traditional hierarchical models, in which meaning and memories are lost through repression and recovered through an interpretive process, or the interpersonal-relational model, in which meanings are developed through expanding experience and encounters that disconfirm older scripts and introduce new relational experiences.

I would like to consider the Wizard of Oz as an allegory for the psychoanalytic experience in the transformational model. Dorothy, an orphan, is transported by a tornado to the Land of Oz, where we follow her desperate attempts to return home. Returning home is an allusion for her confusion, for her lack of direction, for her anxiety about becoming an adolescent and having lost her parents, and for her struggles with various loved and hated maternal objects—the bad witch who she destroys and the good witch who helps her on her way. To return home, she is told to get help from the Wizard of Oz, the one who is supposed to know, and who she believes will help her find her way home. On the way to Oz, she meets three fellow travelers: the Scarecrow, the Tin Man, and the Cowardly Lion. She invites them to join her on the journey with the promise that the Wizard will help each of them to become the person he dreams of becoming.

The Wizard of Oz is a contemporary therapist: people come to him for help, to achieve their goals, and to become the person they wish to be. He is conflicted about his role, and he knows that he does not know how to answer the questions that he is asked. He also feels lost and wishes to find his own way home. However, he seems to have discovered that he can help people by helping them create symbolic experiences—illusions, metaphoric enactments, and transitional experiences in which each person can discover and create him/herself through the development of symbolic experiences. The Wizard of Oz does not function as a detective finding hidden truths and forgotten crimes, or as a flawed hero rescuing or repairing an injured patient through new affective experiences; rather, he is a kind of actor, creating illusions ([Symington, 2007](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c40); [Winnicott, 1971](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c42)) that transform patients’ concrete paranoid experiences into symbolic subjective experiences. [Jung (1981)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c22) presented a similar view of the analyst, suggesting that the archetype for the therapist is the trickster, the court jester, the magician, or the comic, all of who help the king to pierce the veil of certainty and of external reality and enter into deeper experiences of knowledge and wisdom.

Like Dorothy, we become angry with the Wizard when the screen is pulled away and we see that he is simply a man who creates illusions and does not have special abilities and knowledge. Our anger reflects our disappointment that the analyst does not know what we wish he knew and cannot act in the way we hoped he could. He is only able to help us generate symbolic, transitional experiences, develop metaphors that integrate and symbolize our fearful disowned and desired experiences: a diploma for the Scarecrow so that he can know his intelligence; a valentine’s heart for the Tin Man so that he can know his capacity to feel and love; a medal for the lion so that he can puff out his chest, roar his presence, and know his courage; and ruby slippers so that Dorothy can experience her power to return home, the power that she always potentially had but could not symbolize and actualize. These symbolic or metaphoric acts are not superficial carnival tricks; they are deeply saturated, presentational symbols ([Langer, 1942](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c26)) that involve complex developmental, self-reflective experiences that suggest increased capacity for symbolization, mentalization, and the continuous creative internal conversations involved in reverie and dreaming.

[Lacan (2007)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c24) also identifies the analyst, in his or her relationship with the patient, much like the Wizard of Oz, as being “the one who is supposed to know.” This view of the analyst—that he is the one who is supposed to know—revolves around the question of who knows and who pretends to know or who does not know and who pretends to not know. The patient believes that the analyst knows the way the patient can resolve his or her problems in living or that he or she knows the truth that the patient fears knowing. The analyst knows that he or she does not know how the patient should live while also knowing that, in the evolving transference countertransference relationship, the possibility will present itself for the patient to become more fully himself and to metaphorize his experience so that he may live more fully in the symbolic world. Lacan ([Dor, 1998](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl" \l "c7)) discusses the linguistic functions of metaphor and metonymy, suggesting that they parallel Freud’s ideas of condensation and displacement in dreams and unconscious thought. I want to suggest that metaphors are a central idea in the transformational model and are ways that we express, symbolize, subjectify, and make our own the implicit relational structures that are deeply embedded in our unconscious, or neuropsychologically speaking, in right-brain structures.

[**Clinical Illustration: I Want a Penis**](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#toc)Like the Wizard of Oz, the analyst, by entering more deeply into the symbolic, dreamlike journey through the transference countertransference maze, helps his or her patients transform concrete experience of shame and cowardliness into courage, passion, and agency. As analysts, we facilitate these transformations through processes of reverie and symbolization; through the development of transitional experiences; and through an evolving capacity for play, trust, and intimacy in the analytic relationship. The following case illustrates the metaphor of the Wizard of Oz as a representation of the transformational model of psychoanalysis. I will present several moments in my work with a long-term analytic patient that illustrates the metaphorization and transformation of a significant disowned aspect of my patient’s experience that had been expressed concretely in frequent painful, repetitive experiences in her life.

I had been working with Holly for many years, during which time she resolved much of her early depression; substantially improved her relationship with her husband; helped launch her children into self-directed and affirming careers; and expanded her sense of herself from that of a depressed maternal caretaker into a more complex identity as a woman, an academic, and a person able to stand up for herself. Early in our work we focused on her fearfulness of entering or engaging the world; this anxiety had a generalized phobic quality and was concretely expressed as a “fear of flying.” This phobic attitude toward the world had been significantly resolved and resulted in Holly’s being able, among other things, to enter into a graduate program in which she shined and received accolades and the recognition that had been missing earlier in her life. However, like many people, the necessity to complete her thesis resulted in a return of her phobic orientation and an inability to complete this final step.

Holly has had a long-standing fantasy of having either a radio or TV show in which she would facilitate discussions between children and adults. However, she has been afraid to pursue or create the opportunities to make her fantasy into a reality. In our work, we have identified her fear of being seen, her anxiety about potentially exhibitionistic wishes and experiences, and her difficulty separating from and competing with her sisters. It is not clear whether this fantasy, which she experiences as real, is only a concrete expression of her desire to be seen, to have a voice, to stand out, and to differentiate herself from her mother and her three older sisters or is an unconscious exhibitionistic wish that stands behind her phobic attitude toward the world, inhibiting her forward progress.

Several years ago, Holly was awakened by an anxiety-filled dream in which she was a lawyer, dressed in a sophisticated Armani suit, and as she began to present the closing arguments of her case, she became paralyzed and could not speak. In talking about the dream, we focused on the suit, which she recalled as navy blue, fitted, and very elegant—something that she would never own. It became clear that being seen in this very grown-up way was extremely frightening, bringing up memories of her childhood and a sense that she should always be the little sister “sitting in the back seat of the car” on family trips. In working with this dream, we developed an evocative metaphor for her conflicted feelings about being seen: a red Armani suit, which expressed her fear of being seen and her desire to stand out.

At another time, the patient had a dream that she initially felt too embarrassed to talk about in analysis. In this dream she was about to perform, to sing in public; the setting was unclear, but the excitement was palpable. As she held the microphone up to sing, it became a penis, and she froze in the dream and felt embarrassed thinking about the multiple sexual meanings of the dream. We spoke about many possible interpretations of this dream. One obvious interpretation was about the transference countertransference relationship as involving her and/or my sexual desires. A second interpretation was that like other men, I could not tolerate her having her own, independent voice and would overwhelm her sexually, putting her in her place. Another interpretation was that in becoming a woman, she had to give up her own voice, to castrate herself, and become a female eunuch ([Greer, 1971](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c18)). A fourth, more traditional interpretation was that of penis envy—her inability to accept herself as a woman. All of these interpretations are plausible and reflect different psychoanalytic perspectives. However, what seemed new in this dream, and in our work on it, was not the sexual tension and reverie that was present and had frequently come into the foreground in our transference countertransference relationship, but rather her equating her voice, her ability to speak, with a penis, or perhaps more exactly with the absence of a penis. It was as if Holly, like the scarecrow in the Wizard of Oz who sang the song, “If I only had a brain,” dreamt that she was singing her own song, “If I only had a penis,” to articulate her lack of a capacity to have a voice of her own and to be fully alive.

Holly’s dream raises interesting questions about how we think of sexual dreams, such as Holly’s dream of the microphone becoming a penis. It seems to me that contemporary American psychoanalysis has interpreted sexual content, like the penis in Holly’s dream, primarily in two ways: (a) as a literal sexual object representing a repressed wish/experience or as an abstract cultural experience; or (b) as either an erotic desire/fear or as an experience of gender, power, domination, and submission. Lacan adds another perspective to the discussion of sexual symbols. [Lacan (2007)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c24) differentiates the concept of the penis from that of the phallic object. The penis is a reference to an actual body part, and the phallus or phallic object reflects the movement from concrete, immature forms of thinking focused on images (the mirror stage) to the capacity to use language, to be part of the symbolic order, including experiences of subjective desire, and the recognition of loss and absence. Lacan’s differentiation of the penis from the phallus describes the difference between concrete experience of actual body parts and the symbolic meaning of metaphorical objects. For Lacan, the phallus, or phallic object, is a metaphor representing a movement from the mirror stage in which the individual wants to see him/herself puffed up, larger than life, and dependent on others’ applause to the symbolic mode in which the person struggles to use words and metaphors to express his or her desire while recognizing that words always fall short. [Lacan (2007)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c24) describes this process of transformation, or metaphorization, as “traversing the fantasy,” which involves a symbolic recognition that we are the authors of our own lives. From a Lacanian perspective, my patient’s dream may not simply be a dream about erotic desire in the transference countertransference relationship or our gendered power dynamics, but rather her wish to have her own phallus, a wish to enter into the symbolic realm in which she can speak, articulate her desire, have her own voice, and be able to metaphorize her anxiety about being seen and heard, to go beyond the limits imposed by her concrete, unsymbolized experience in family and culture.

Holly’s mother died about a year ago, at an advanced aged, having survived several major illnesses and two husbands. Her father died many years before when she was a late adolescent. Holly had surprised herself by taking the lead in arranging care for her mother during this illness, which lasted several months. Holly spent a lot of time with her mother, recognizing that her mother’s inability to know, or want to know, about her illness recapitulated her difficulty knowing her own and her children’s feelings, her inability to express emotions, particularly sad, depressed feelings of loss. Holly felt very good about her ability to know her own feelings and deal with the sadness and loss of her mother.

Approximately 4 months after Holly’s mother’s death, the following event occurred. She arrived for a session, and with a combination of excitement and vigilance said, “I want a penis.” She described how she had been thinking about getting a “penis” and that she really wanted to do it. Her affect felt as if she was about to embark on an adventure. When I asked about this, she elaborated on her thoughts, her fantasy, in an unusually unembarrassed way. She wanted to get a strap-on penis, she wanted to know what it felt like to have this appendage, she wanted to look at herself in the mirror, she wanted to wear it under her clothes in public so that only she knew about it, and she discussed it with her husband and suggested that she might like to use it in their sexual relationship. She wondered if this meant that she wanted to be a lesbian, and she felt that was not where she was at. She wanted to have a penis that she could play with in all possible ways, and she wanted to know what it feels like to have a penis.

I found myself propelled into many simultaneous thoughts and reveries by Holly’s straightforward statement of her desire for a penis. First, my old psychoanalytic super ego came to the fore; it felt threatened and demanded an interpretation and said that we had come to the ultimate truth—penis envy and castration anxiety. Second, my relational self came to the fore, believing that this must reflect some unknown part of myself, a personal failure that I needed to identify, talk about, and then rescue Holly from her wish to act out. Lastly, I felt inquisitive and wanted to join Holly in this new playful experience, imagining what it would be like for her and imagining her being in various places wearing and being aware of her penis, including in sessions with me. My response, which somewhat surprised me, was asking her if she knew where to get a penis and then telling her about a store that I had often passed that specialized in erotic toys for women. Rather than interpreting and searching for some repressed oedipal wish or focusing on our immediate encounter, I seemed to be reacting in a playful way, seeing and experiencing this penis as a transitional object. The session continued in a playful way, it felt warm, and like with other transitional experiences, it was not possible to say whether we were talking about reality or creating a dreamlike space that Holly and I could enter together.

I believe that the patient playfully introducing her wish to have a penis was an invitation to develop a transitional experience around her central themes of phobic anxiety, of being seen and heard, and of power, which was encoded in her familial and cultural experiences of gender. Throughout Holly’s treatment, fears of separation, of standing apart from her sisters and mother, of being seen, of being heard, and of being free have been experienced as concrete realities in modes of psychic equivalents as absolute truth, as facts, rather than symbolically as thoughts, scripts, symbols, or laws that must be followed or could be transgressed. Although we may think that Holly’s penis represented a concrete experience of gender and power, I see it as a movement into a metaphorical experience, using a strap-on penis as a presentational symbol, a metaphor, like a performance artist uses objects to express deep affective, symbolic experiences in shocking and humorous ways. We may think of this metaphoric enactment as illustrating the difference between the functional and symbolic use of objects, as the difference between tools and toys, and as the difference between work and play.

Discussions of the development of the capacity for symbolic experience are often difficult and confusing because we are not used to thinking about representational activity as having different psychological qualities and as occurring in parallel universes of external and internal space. From most perspectives, my patient is more than capable of symbolic thought; she speaks and conducts herself as a sophisticated, competent professional. However, her persistent anxiety symptoms and her phobic attitude toward speaking, being seen, and following her desires suggest that there are unconscious limits on her ability to be the author of her own life. Although our work included interpretation, articulating memories and forgotten truths, and involved many of the interpersonal and relational processes described above, I believe this process of progressive symbolization was a critical feature of our work. I would like to use the four moments from my work with Holly to illustrate the process of progressive symbolization and metaphorization that are central to the transformational model of therapeutic action.

Each of the analytic moments can be thought of as part of a progressive movement from an externalized, concrete, and phobic experience of herself as a passive actor toward an internal, metaphoric, and symbolic experience of herself as an empowered subject. Her fear of flying may be understood as a concrete and externalized phobic experience of personal excitement, pleasure, and power in the exploration of herself and the world. Her dream of being a well-dressed attorney paralyzed when she was about to speak and be seen suggests an internalization of her experience of personal excitement, pleasure, and power as she moves from an externalized phobic orientation to a fear of her own capacities that she can begin to challenge herself through metaphorizing this fantasy and seeing herself dressed in an red Armani suit. Her dream of a microphone turning into a penis as she is about to sing represents another important movement from the more concrete internalized action that was involved in the dream of being a lawyer, to a more symbolic experience of the microphone as a phallic object, something which she could potentially have and use. These shifts from concrete to symbolic representation are described by Segal (xxxx) as a shift in attitude from treating a thought “as if” it is real to an attitude of treating a thought from the perspective of “what if” it is real. Finally, Holly’s wish to have a penis and my participation in this transitional experience reflects her ability to experience the penis (phallus) more fully as a symbol or metaphor, as a toy that she can play with, and a transitional experiences that she can own. This transitional experience represents her increasing capacity for symbolization and the development of a set of personal metaphors that allowed her to move from a phobic and powerless state to one in which she could experience herself as a powerful and playful person having her own mind separate from the roles given to her by her family, her culture, and her analyst.

I believe that Holly’s wish to have a penis and my ability to validate her desire for a penis was a transformational moment—a metaphoric enactment of her long disowned desire to be seen, heard, and a powerful and competent person. This metaphoric enactment or transitional experience developed through my joining her and telling her where she might safely go to purchase a penis, rather than interpreting her desire from a Freudian or a relational/cultural perspective, and helping her create a new symbolic experience in the dreamlike world of the analytic relationship. Holly and I continued talking about her “fantasies” about her penis, and as this evolved, she seemed able to become more engaged in other experiences involving potency and pleasure, such as resuming work on her thesis. I am conflicted about whether to write about whether Holly purchased her penis or not. This conflict reflects my sense of not fulfilling aspects of my role as a psychoanalyst, defining the reality of sexual identity, and discouraging acting out. However, I feel that it would be in bad faith to Holly and to my view of psychoanalysis as a transformational process, to the Wizard of Oz, to move this subjective dreamlike experience into an objectified reality. I believe that Holly’s penis became our metaphor, a transitional experience in which we, in the safety of the illusory world of therapy, could play with her penis and allow her to become a more complete person and to enter more fully into the symbolic world. However, in the transitional experiences that are generated in psychoanalysis, it is hard to know what is real and what is illusory. Was I encouraging her acting out, supporting a denial of the painful truth of penis envy, of limitations, or was I denying the seriousness of her experience of being powerless and subordinated to a patriarchal order? Am I like the Wizard of Oz simply hiding behind a screen and using theatrical tricks and props? Am I the one who is supposed to know and does not know, or have I/we facilitated an important transformation through developing the metaphor of Holly’s penis?

The transformational model conceptualizes psychoanalysis as a series of potential now moments (Stern et al.; xxx) in which subjective meaning becomes generated through metaphoric enactments, the development of metaphors that reorganize experience, allowing us to integrate disowned aspects of ourselves as we move forward in life. Interest in metaphor as a specific kind of symbolic and linguistic structure has been growing. For example, [Enckell (2010)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c8) contrasts metaphors with discursive symbols and argues that metaphors bring a future temporal focus and intentionality into experience, guiding a person as he or she moves into the future, creating a life. Likewise, Fonagy (2007) and others ([Lakoff& Johnson, 1999](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl" \l "c25)) have highlighted the importance of metaphors as the individual integrates the many emotional, physical, and cognitive elements that allow him/her to become a self-reflective agent. Although not using the concept of metaphor, [Ogden (2007)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c32) has written about similar processes in his discussion of talking like dreaming, in which conversations between analyst and patient become dreamlike structures in which patients can move from concrete modes of deadened experience into deeply symbolic experiences of themselves as more fully alive, the authors of their experience. This focus on metaphor helps us to think about differences in representation in unconscious processes such as dreams as contrasted to discursive symbols or abstract thought such as historical memories.

[**Final Thoughts**](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#toc)In viewing psychoanalysis as an evolving theory, I have suggested three literary metaphors to highlight the evolution of different aspects of the therapeutic action of psychoanalysis: the search for hidden truth, the importance of the transference countertransference experience in creating new modes of relatedness, and the development of the capacity for symbolic thought and metaphors in creating subjective meaning. Although these perspectives evolved during different historical periods and are linked with different psychoanalytic, philosophical, cultural, and scientific systems of thought, they are all elements in contemporary psychoanalytic practice. The developing transformational models in psychoanalysis, developmental psychology, and neuropsychology focus our attention on the importance of the patient’s capacity to represent experience and make meaning in a symbolic, generative mode. In this clinical model, enactments are not simply useful as a source of information, or as new experience, but are useful in increasing the patient’s capacity for the development of metaphors that allow the patient to organize his or her life in a generative, intentional, and active way. Many psychoanalytic authors, including [Grotstein, (2007)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c20), [Ogden (2010)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c33), [Ferro (2006)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c9), [Symington (2007)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c40), [Riolo (2007)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c35), and [Lombardi (2009)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c28), present transformational perspectives extending Bion’s concepts of alpha function, reverie, dreaming, and waking dream thoughts and focus on the development of the capacity to symbolize and create metaphoric experiences. These contemporary Kleinian approaches can synergistically be integrated with developmental, neuropsychological, and Lacanian perspectives, each contributing to a deepening of our understanding of the function of symbols and metaphors in analysis and in the unconscious.

I have argued for the metaphor of the Wizard of Oz as a way of conceptualizing a contemporary view of the analytic process as a transformational experience that facilitates the patient’s development of the capacity to create meaning and to symbolize and develop metaphors that represent unconscious, implicit relational structures. This metaphor contrasts with that of Sherlock Holmes, a great 19th century detective, and Sir Lancelot, the flawed hero that represents analysis as a romantic journey. To return to the beginning, psychoanalysis takes place in the explicit, conscious realm and in the implicit, unconscious realms where our psychoanalytic metaphors determine what we hear, how we act, and what we say. I think that it is important for each of us to determine our own metaphor and to see how it helps or hinders us in deepening our work with patients and moving psychoanalysis into the future.

[**Footnotes**](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#toc)

[1](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#b-fn1) [Levenson (1972)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl" \l "c27) discuss the shift in analytic virtues from the classical position of sincerity (purity) to the interpersonal position of authenticity. The notion of authenticity seems to be one that pervades romantic literature.

[References](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=1a435b2c-c214-43f2-a983-8b7db90c5458%40sessionmgr4009&vid=0&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#toc)

Aron, L. (1992). Interpretation as expression of the analyst’s subjectivity.*Psychoanalytic Dialogues*, *2*, 475–507. doi:10.1080/10481889209538947

Benjamin, J. (2000). Intersubjective distinctions: Subjects and persons, recognitions and break. *Psychoanalytic Dialogues*, *10*, 43–55. doi:10.1080/10481881009348520

Benjamin, J. (2009). A relational psychoanalysis perspective on the necessity of acknowledging failure in order to restore the facilitating and containing features of the intersubjective relationship (the shared third). *The International Journal of Psychoanalysis*, *90*, 441–450. doi:10.1111/j.1745-8315.2009.00163.x

Blass, R. B. (2010). Affirming ‘that’s not psycho-analysis!’On the value of the politically incorrect act of attempting to define the limits of our field.*The International Journal of Psychoanalysis*, *91*, 81–89. doi:10.1111/j.1745-8315.2009.00211.x

Boston Change Process Study Group (BCPSG). (2007). The foundational level of psychodynamic meaning: Implicit processes in relation to conflict, defense and the dynamic unconscious. *International Journal of Psycho-Analysis*, *88*, 843–860.

Breuer, J., & Freud, S. (1893). On the psychical mechanism of hysterical phenomena: Preliminary communication from studies on hysteria. In *The standard edition of the complete psychological works of Sigmund Freud, Volume II (1893–1895): Studies on hysteria* (pp. 1–17). London, United Kingdom: Vintage.

Burke, W. F. (1992). Countertransference disclosure, the asymmetry/mutuality dilemma.*Psychoanalytic Dialogues*, *2*, 241–271. doi:10.1080/10481889209538931

Davies, J. M. (1998). Between the disclosure and foreclosure of erotic transference-countertransference: Can psychoanalysis find a place for adult sexuality?*Psychoanalytic Dialogues*, *8*, 747–766.

Dor, J. (1998). *Introduction to the reading of Lacan: The unconscious structured like a language*. New York, NY: Other Press.

Enckell, H. (2010). Reflection in psychoanalysis: On symbols and metaphors. *The International Journal of Psychoanalysis*, *91*, 1093–1114. doi:10.1111/j.1745-8315.2010.00320.x

Ferro, A. (2006). Clinical implications of Bion’s thought. *The International Journal of Psychoanalysis*, *87*, 989–1003.doi:10.1516/8TG7-F1WU-RLG7-QUV1

Fonagy, P., & Target, M. (2007). The rooting of the mind in the body: New links between attachment theory and psychoanalytic thought. *Journal of the American Psychoanalytic Association*, *55*, 411–456.

Fonagy, P., Target, M., Gergely, G., Allen, J. G., & Bateman, A. W. (2003). The developmental roots of borderline personality disorder in early attachment relationships: A theory and some evidence. *Psychoanalytic Inquiry*, *23*, 412–459. doi:10.1080/07351692309349042

Freud, S. (1909). Letter from Sigmund Freud to C. G. Jung, June 18, 1909. In W.McGuire (Ed.).*The Freud/Jung Letters: The Correspondence between Sigmund Freud and C. G. Jung (Bollingen Series, No. 94)*. Princeton, NJ: Princeton University Press.

Freud, S. (1912). Recommendations to physicians practising psycho-analysis. In The standard edition of the complete psychological works of Sigmund Freud (Vol. *12*, pp. 109–120). *The Case of Schreber, Papers on Technique and Other Works*. London: The Hogarth Press.

Freud, S. (1920). Beyond the pleasure principle. In The standard edition of the complete psychological works of Sigmund Freud (Vol. *18*, pp. 1–64), *Group Psychology and Other Works*. The Hogarth Press, London.

Gerson, S. (1996).Neutrality, resistance, and self-disclosure in an intersubjective psychoanalysis.*Psychoanalytic Dialogues*, *6*, 623–645.

Greer, G. (1971). *The female eunich*. New York, NY: McGraw-Hill.

Grotstein, J. S. (1995). Orphans of the “real”: Some modern and postmodern perspectives on the neurobiological and psychosocial dimensions of psychosis and other primitive emotional states. *Bulletin of the Menninger Clinic*, *59*, 287–311.

Grotstein, J. S. (2000). *Who is the dreamer who dreams the dream? A study of psychic presences*. New York, NY: Relational Perspectives Book Series.

Grotstein, J. S. (2007). *A beam of intense darkness: Wilfred Bions legacy to psychoanalysis*. London, United Kingdom: Karnac.

Jung, C. G. (1981). *Archtypes and the collective unconscious*. Princeton, NJ: Princeton University Press.

Kohut, H. (1984). *How does analysis cure?*A.Goldberg& P. E.Stepansky (Eds.). Chicago, IL: University of Chicago Press.

Lacan, J. (2007). *Ecrits: The first complete edition in English*. B.Fink (Ed.). New York, NY: Norton.

Lakoff, G., & Johnson, M. (1999).*Philosophy in the flesh: The embodied mind and its challenge to Western thought*. New York, NY: Basic Books.

Langer, S. (1942). *Philosophy in a new key*. Cambridge, MA: Harvard University Press.

Levenson, E. A. (1972). *The falacy of understanding*. New York, NY: Basic Books.

Lombardi, R. (2009). Symmetrical frenzy and catastrophic change: A consideration of primitive mental states in the wake of Bion and Matte-Blanco. *The International Journal of Psychoanalysis*, *90*, 529–549. doi:10.1111/j.1745-8315.2009.00152.x

Mitchell, S. A. (1991). Wishes, needs, and interpersonal negotiations.*Psychoanalytic Inquiry*, *11*, 147–170. doi:10.1080/07351699109533849

Newirth, J. (2003). *Between emotion and cognition: The generative unconscious*. New York, NY: Other Press.

Ogden, T. H. (2007). On talking-as-dreaming.*The International Journal of Psychoanalysis*, *88*, 575–589. doi:10.1516/PU23-5627-04K0-7502

Ogden, T. H. (2010). On three forms of thinking: Magical thinking, dream thinking, and transformat. *The Psychoanalytic Quarterly*, *79*, 317–347. doi:10.1002/j.2167-4086.2010.tb00450.x

Renik, O. (1995). The ideal of the anonymous analyst and the problem of self-disclosure.*The Psychoanalytic Quarterly*, *64*, 466–495.

Riolo, F. (2007).Psychoanalytic transformations.*The International Journal of Psychoanalysis*, *88*, 1375–1389.

Schafer, R. (1976). *A new language for psychoanalysis*. New Haven, CT: Yale University Press.

Segal, H. (1978). On symbolism.*The International Journal of Psychoanalysis*, *59*, 315–319.

Segal, H. (1994). Salman Rushdie and the Sea of Stories.*International, Journal of Psycho-Analysis*, *75*, 611–618.

Schore, A. N. (2003). *Affect dysregulation and the disorders of the self*. New York, NY: Norton.

Schore, A. N. (2009). Relational trauma and the developing right brain: An interface of psychoanalytic self psychology and neuroscience. *Annals of the New York Academy of Science*, 189–203.

Stern, D. N., Sander, L. W., Nahum, J. P., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., . . .Tronick, E. Z. (1998). Non-interpretive mechanisms in psychoanalytic therapy: The ‘something more’ than interpretation. *International Journal of Psycho-Analysis*, *79*, 903–921.

Symington, N. (2007). A technique for facilitating the creation of mind.*The International Journal of Psychoanalysis*, *88*, 1409–1422. doi:10.1516/BN47-2657-886V-7256

Winnicott, D. W. (1971). *Playing and reality*. London, United Kingdom: Tavistock.

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