

TAP THE AMERICAN PSYCHOANALYST

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CULTURE CHANGE

Greetings from a newly reimagined *TAP!* If you're reading this in print, you've undoubtedly noticed something different about this issue: we are now in vibrant full color, including some remarkable original artwork. This is also the first issue for our editor in chief Austin Ratner, whom I'm pleased to welcome to his new role. Austin is bringing fresh ideas about content as well as style—about which more in his editor's letter. For my part, I'd like to share an updated version of remarks I made to the APsA board at our meeting in New York about our Association and its future.

While the pandemic isn't over, I think we can feel good—though never complacent—about how we, as an Association, have coped with it. The pandemic and the shift to remote work have probably changed us and our profession forever. But we still managed to have one of our most successful and lively National Meetings in recent memory, with nearly 1,000 people in attendance in New York. In addition to excellent scientific sessions, we had the opportunity to meet first-time attendees at a packed gathering, as well as reconnect with old friends at various social events, including a performance by two extraordinary artists from Jazz at Lincoln Center. It does feel to me like we're heading toward some version of a "new normal," but we're not there yet. We need to remain open-minded and curious about what the future holds, and continually adapt to a rapidly changing world.

To say there's a lot going on in APsA would be an understatement. We recently saw the passage, by an overwhelming 81 percent of our voting members, of the Expanded Membership bylaw amendment. Many of you devoted countless hours to the development of what I believe is a major step forward in our history as a professional association, formalizing the inclusive and expansive vision of what a psychoanalytic organization can be: a home for all psychoanalytic work. It is not without controversy, but that's often the case with innovation and change. I want to thank those who have led the way in this endeavor, many years in the making, for their vision, courage, and hard work. You will be hearing much more about Expanded Membership in the months ahead.

Other important initiatives are either well underway or about to begin, including the Holmes Commission, which will be delivering its report and recommendations in the spring. There's the newly launched Commission on the Economics of Psychoanalysis, which will be exploring what have been rather taboo topics, including the economics of our members' practices, of training, and of local and national institutions. There's the In-

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ter-Institutional Leadership Initiative, in partnership with the Department of Psychoanalytic Education, bringing leaders of local institutes, societies, and centers together in small groups to share their leadership and organizational challenges with each other. There's the Pathways to Membership project of the Membership Committee, which will be

gathering narratives from as many of our members as possible, not only to help us learn how people went from their first encounter with psychoanalysis to becoming members of APsA, but also so that we can "reverse engineer" some of those experiences to attract new members to us. I think the experience of conducting and participating in these informal interviews will create new connections and inspire a greater sense of community among us. And there's a task force that's reimagining our national meetings for the future.

As noted above, we recently announced a new editor in chief for *TAP*, Austin Ratner. We've also welcomed a new editor for *JAPA*, Greg Rizzolo. Both Greg and Austin were selected by open applications for the roles from our entire membership and represent the next generation of editorial leadership. They bring ambitious, creative visions to their respective publications. We're about to launch a new APsA website, which will support our redoubled focus on outreach and advocacy for our profession. Several new institutes have expressed an interest in joining APsA through our Institute Requirements and Review Committee, which I see as a sign of renewed excitement about our work. We have even moved our staff headquarters to a new space near Grand Central. This may be the best metaphor for what's happening—moving from a dark underground space to a beautiful, light-filled office.

What I'm hoping to convey, more than a list of activities, is a process of culture change that is occurring in our Association. We're opening things up, and trying to warm things up, too, by making APsA more welcoming of new and old members and guests, reducing administrative burdens of meetings, and creating more informal opportunities for members to socialize and deepen relationships. Many important committee chair appointments and other key roles are now being opened to

expressions of interest from the entire membership, rather than being "tapped" by the leadership from a predictable pool. We will be instituting term limits for all roles, to ensure that leadership is refreshed and opportunities opened up for younger members to participate in every part of APsA.

Some of this change is anxiety-provoking and at times painful. Change inevitably involves loss, but also gain. Some people embrace change with gusto, others resist it tooth and nail. Most organizations are never fully ready for change, and never will be. One can't wait to gain everyone's emotional acceptance. Change would never happen if that were a requirement. What is necessary is a certain critical mass of readiness, achieved by respectful listening, by not-too-hard selling, and by pushing the organization forward despite the resistance. Some of the adaptation occurs with time *after* the change has already taken place, but not before. For APsA, I worry that if we don't adapt—thoughtfully and deliberately—to our changing world, we will do ourselves, our patients, and our society a disservice. But one thing I am sure of is that the world needs psychoanalysis. As a clinical discipline, as a set of powerful theories with many applications, and—perhaps equally importantly—as a set of values, psychoanalysis can, in my view, serve as a kind of antidote to some of the prevailing and disturbing trends of our time.

I see APsA as being on the cutting edge of psychoanalysis today, and we want to learn and evolve not in isolation, but in partnership with diverse colleagues from around the world. APsA can be a laboratory for progress, while respecting that other psychoanalytic organizations have different traditions and histories, and other concerns and goals.

I'm honored and proud to be part of this noble profession and this vital organization. We can be on the cusp of a psychoanalytic renaissance, if we allow ourselves to think boldly, to liberate ourselves from aspects of our own history that hold us back, and to take some chances. Thanks to all of you for being part of this journey, and for all you do on behalf of APsA. ■

KERRY J. SULKOWICZ

Editor's note: As *TAP* was going to press, Kerry Sulkowicz stepped down as APsA president.

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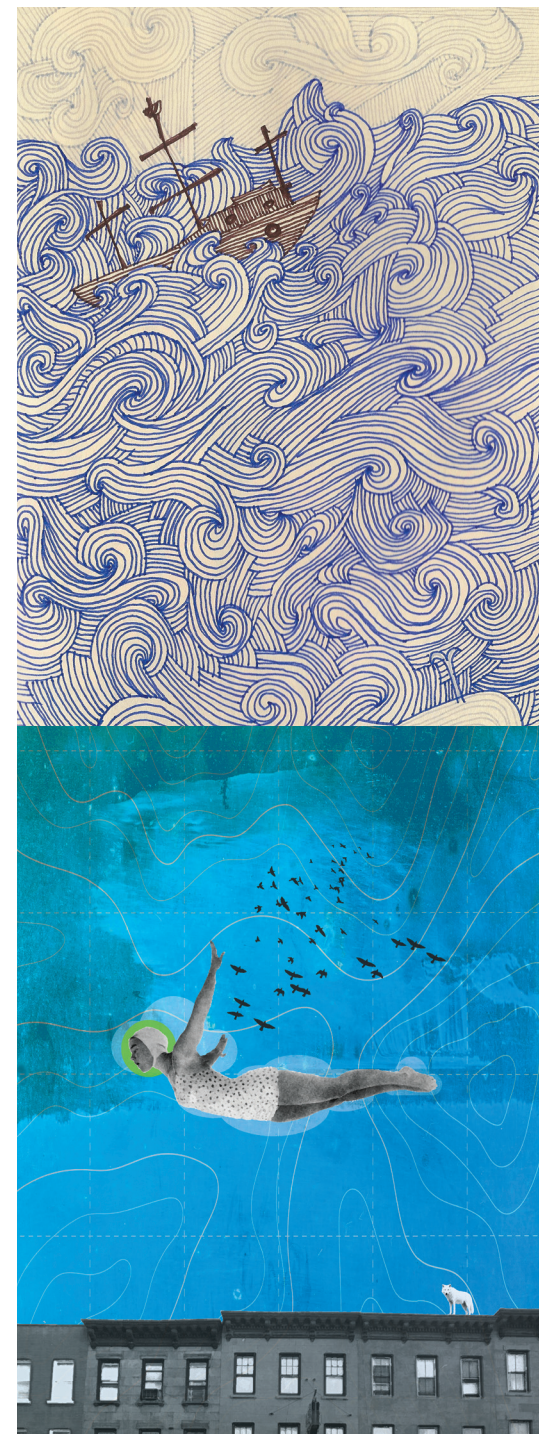
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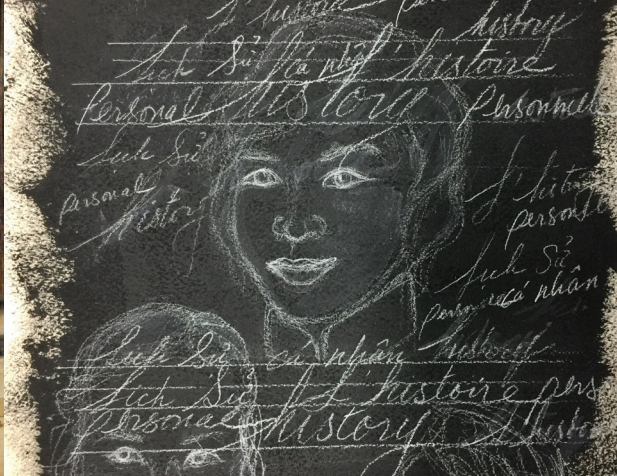
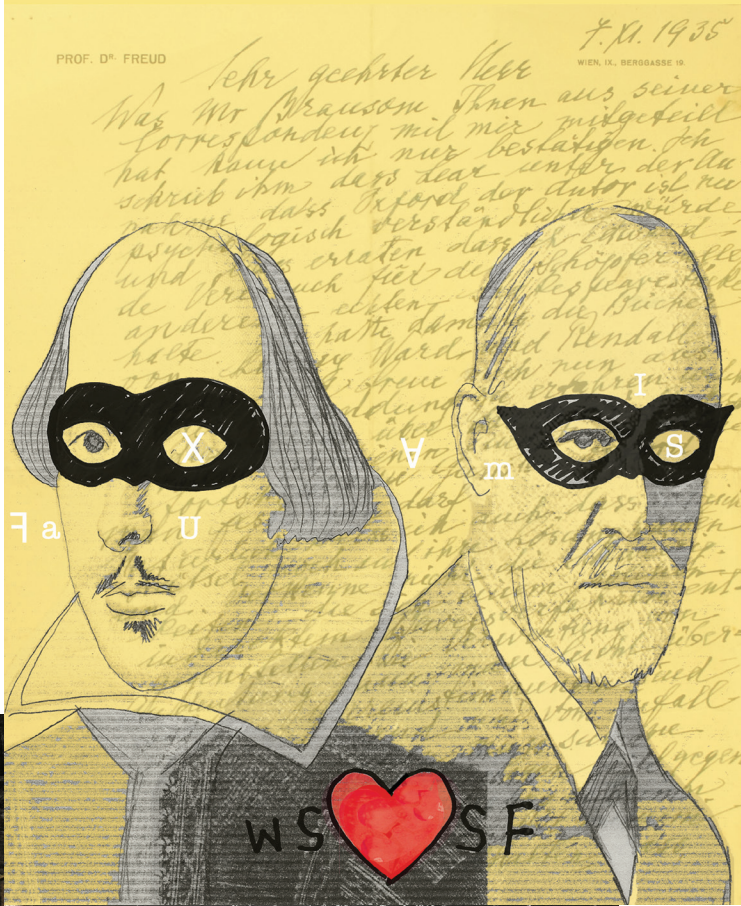
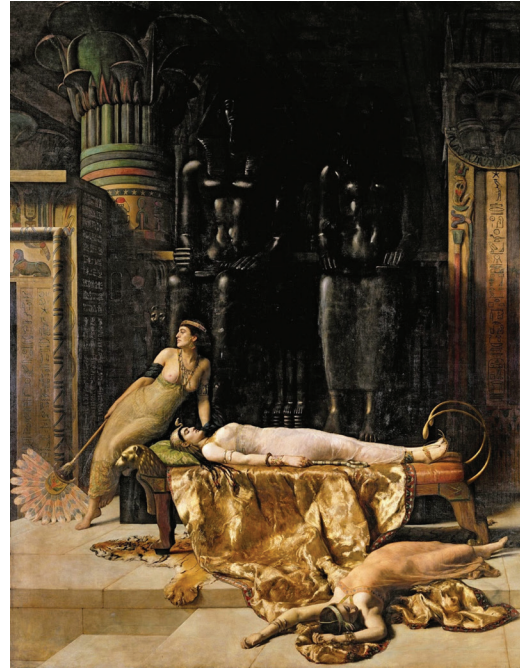
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ON THE COVER: The cover image, *Sea Change* by Austin Hughes, depicts a swimmer diving through air to convey the idea that depth psychology charts a path to liberating flight. The theme of the issue is "sea change." Easter egg: look for a reference to one of Freud's classic case studies.



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Unprotected Speech

TAP is a survivor. It began as the APsA newsletter, graduated to intermittent capitalization and italics as *The Newsletter* in the APsA bulletins, and for the last thirty-four years has been published under the name *The American Psychoanalyst*. During those years, psychoanalysis suffered more than a few reverses, but through it all *TAP* kept coming, three or four times a year, a heartbeat proving that psychoanalysis was still alive.

Nobody I've talked to remembers exactly what the newsletter looked like. Issues from that misty bygone era are now locked away in a document storage facility in Edison, New Jersey, with the forbidding name "Iron Mountain." But *TAP* has in many ways remained a newsletter: a comfy space where psychoanalysts can report their activities to their peers in an informal but semi-public way. Written and edited at night and on weekends by volunteers whose workdays were devoted to their patients, *TAP* has been a labor of love. It's drawn on the considerable intellectual firepower of the analytic community to produce some great thinking and writing from time to time, but it's also struggled to staff itself and carry out its business. As listservs and websites have replaced some of its custodial functions, it has lost direction. Even to some of its writers and editors, it's become a bit outdated and moribund.

I was invited to think of ways *TAP* might evolve. The search committee specifically welcomed change in tandem with APsA's evolution into a more open and public-facing organization. That sounded right to me. Psychoanalytic knowledge is too important to be kept secret. So, perhaps against my better judgment, I applied to be editor and they offered me the job, perhaps against theirs. I am not a psychoanalyst. I am an author who has published two novels. Not exactly what you might imagine for an editor of the present publication. And yet I have published a history of psychoanalysis, as well as many articles pertaining to the topic, including an essay about transference that the *New*

York Times Magazine in 2017 named one of its sixteen all-time best Lives columns. In addition, like many analysts, I have earned an MD.

Having undergone my own personal psychoanalysis and studied Freud's writings under an APsA mentorship, I've become an advocate for the public rehabilitation of psychoanalysis. In keeping with that aim, I'm reimagining *TAP* as a voice that might beckon to readers beyond the profession, to interest them in psychoanalysis, restore lost trust, and welcome them to the indispensable conversation about feelings, transferences, defenses, and the unconscious mind. If *TAP* can be made more interesting to general readers, I hope it will become more interesting, not less, to APsA members too.

Under my editorship, *TAP* will continue to publish material pertinent to the internal affairs of the field of psychoanalysis, but it will also attempt transformation into something fresh and new. Progress is of course impossible without change. As Kerry Sulkowicz noted in his remarks to the APsA board at the winter meetings, change brings with it uncertainty and loss. Even change for the better—that is, "growth"—means inevitable discomfort. One such loss may be the former comfiness of *TAP* as a space for psychoanalysts to say whatever they want without fear of "outside" judgment or misunderstanding. *TAP* has in the past represented a form of "protected speech" within the walls of psychoanalysis, a form of speech that's essential to the conduct of talking therapy but does not always lead to healthy public discourse.

What do I mean by psychoanalytic "protected speech"? Psychoanalysts have long understood that the severest of censors resides within, in the speaker's unconscious mind. They've therefore taken great care, in consulting rooms hushed by white noise, to foster conditions that might relax this censorship, allowing patients to express uncomfortable, antisocial feelings. Sigmund Freud felt "outside" resistance to his antisocial ideas



The Psychoanalyst's Aversion to Proof, cover sketch, Austin Ratner.

“I’m reimagining *TAP* as a voice that might beckon to readers beyond the profession... and welcome them to the indispensable conversation about feelings, transferences, defenses, and the unconscious mind.”

threatened psychoanalytic discourse altogether and preferred to confine that discourse to private institutions for psychoanalytic members only. My book *The Psychoanalyst’s Aversion to Proof* details the emotional underpinnings of that sort of protected speech, as well as an unintended consequence: the field’s withdrawal into a cloister.

That said, a good editor must tread a line between perilous withdrawal on one hand and, on the other, pandering to “the noble rabble,” as Freud sarcastically described the public in a 1907 letter to Carl Jung. I look back at the Hogarth Press, which in 1924 published James Strachey’s English translations of Freud, as a fine example of editorial balance between quality on one hand and public currency on the other. Leonard and Virginia Woolf founded the press in 1917, hand-printing their books on their dining room table at Hogarth House, their home on Paradise Road in West London. In an early promotional flyer, the Woolfs described their mission as follows: “to publish at low prices short works of merit, in prose or poetry, which could not, because of their merits, appeal to a very large public.”

Merit and commercial appeal were in the Woolfs’ eyes mutually exclusive. They began by writing and publishing for the small audience they thought would take an interest. In 1923 they published the first UK edition of T. S. Eliot’s “The Wasteland” in an edition of a few hundred books, and the next year they published Freud’s collected works for the first time in

translation. By 1930, they had a couple of bestsellers (Woolf’s *Orlando* and Vita Sackville-West’s *The Edwardians*), which sold tens of thousands of copies. They grew as a press not by catering to the lowest common denominator but by publicizing works of aesthetic and intellectual merit. They did not chase an audience, in other words, by pandering or dumbing down, but by introducing more people to their rarefied treasures. Their initial attempt to communicate with a select few ended up spreading modernism and psychoanalysis to the whole English-speaking world.

After a long period of contraction and marginalization, psychoanalysis has begun to make a recovery. I’m hoping *TAP* can help build its momentum by alerting more people to the treasures of psychoanalytic knowledge. I humbly ask for your patience, even your support, as we together discover what *TAP* might say going forward, who might help it speak, and which new audiences might listen. At the presidential symposium titled “The Question of Applied Psychoanalysis” at the 2023 APsA winter meeting, Kimberlyn Leary observed that activists who attempt to create change must be able to tolerate uncertainty and unpreparedness. I find myself in that uncomfortable position now. My main preparation for this moment is having been unprepared so many times before. It’s the plight of the writer, trying out his voice with unknown audiences again and again, encountering a lot of rejection and just enough receptivity to



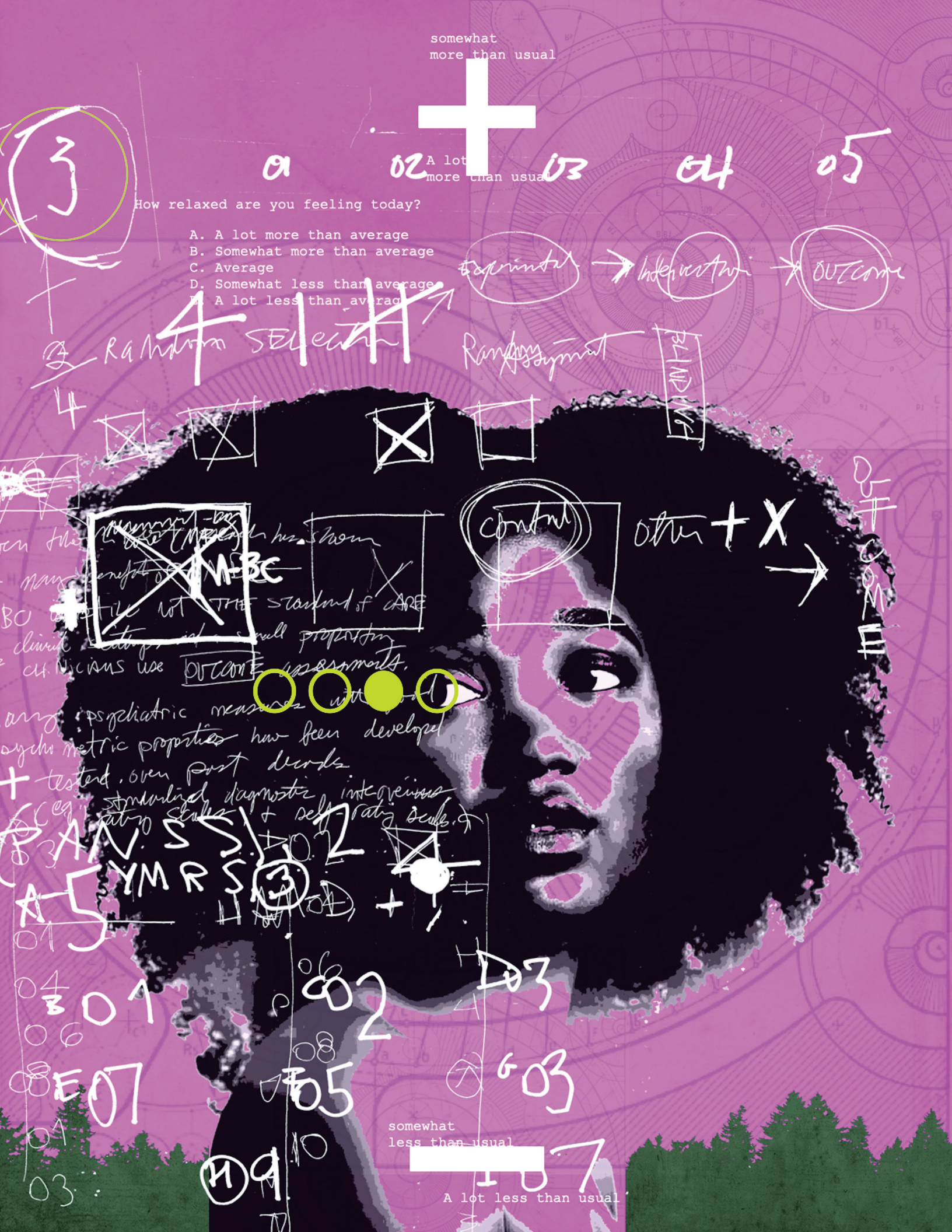
keep him whispering, offering his unprotected speech to the darkness. “All these years,” the obscure writer Kilgore Trout says in Kurt Vonnegut’s *Slaughterhouse Five*, “I’ve been opening the window and making love to the world.”

I’ve organized this issue into six categories of offerings: *Stories from Life*, *The Arts*, *Spotlight on Research*, *Education*, *Play*, and *Work*. In *Stories from Life*, *TAP* marks the 50th anniversary of the Paris Peace Accords, which pulled US combat troops out of Vietnam, with a gripping personal account of the subsequent 1975 American evacuation of Saigon. Artist-writer-filmmaker Tati Nguyen, who was eight at the time of the evacuation, has hauled the baggage of history ever since. *The Arts* features an essay by eminent Shakespeare scholar Leonard Barkan on Shakespeare’s divergence from Freud into postmodern terrain in *Antony and Cleopatra* and another on “regression in the service of the ego” in the plays of Aristophanes, written by poet Aaron Poochigian, translator of four Aristophanes plays published by Norton in 2021. In *Spotlight on Research*, Austen Riggs research director Katie Lewis and her coauthor Steve Ackerman write about their efforts to integrate psychoanalytic research with general psychological research. *Education* includes psychiatry resident Abram Davidov’s account of his journey from pharmacology to psychotherapy. *Education*, along with *Spotlight on Research*, will be aimed at students on a psychology or psychiatry career track who want to learn more

about psychoanalysis, its history, theory, and evidence base. *Play* introduces a crossword puzzle on psychoanalytic themes. *Work* includes an article on the social progress reflected in the work of this year’s recipients of the Sigourney Award, focusing on Jack Drescher and written by journalist Ryan Lenz, a former reporter for the Associated Press who was embedded with the 101st Airborne in Iraq in 2005.

I am lucky to have with me on the journey managing editor Lucas McGranahan, who is himself editor of *Tableau*, the humanities magazine of the University of Chicago, not to mention a PhD in philosophy, and art and design directors Austin Hughes and Melissa Overton, who have transformed *TAP* into something visually remarkable. Austin is a visual artist who spent years at design agency Donovan & Green creating movie posters for Paramount Pictures, Parsons School of Design catalogs, and more. He is an American Institute of Graphic Arts awards winner. Melissa served as creative director for the MoMA Design Store from 2015 to 2018; has designed print material for Ian Schrager hotels, Dolce & Gabbana, and many other high-end brands; and served as associate production manager at *Interview Magazine* in the 1990s. Many thanks to Michael Slevin, who edited *TAP* from 2004 to 2007, for his guidance and help. ■

 AUSTIN RATNER



IN EVIDENCE

MEASUREMENT-BASED CARE CAN GUIDE CLINICAL PRACTICE IN PSYCHOANALYSIS

BY STEVEN ACKERMAN AND KATIE LEWIS

Illustration by Austin Hughes

How do we know when psychoanalysis works? While outcome assessment is common practice in the fields of medicine and mental health, some psychoanalysts have disputed its relevance, role, and purpose, deeming it overly simplistic, beside the point, or even dehumanizing to patients. In contrast, those involved in psychoanalytic research have long pointed out the necessity of evidence-based practices if psychoanalytic treatments are to be widely understood, appreciated, and applied. And in fact, since the late 1960s, over 300 randomized control trials have been published that demonstrate psychoanalytic treatments' superiority over inactive control groups and noninferiority to other forms of evidence-based treatment (see sidebar, p.13).

In addition to proving psychoanalytic treatments effective, research can help guide and improve the care provided. One evidence-based practice model, measurement-based care (MBC), gives patients an important opportunity to provide information about the ways they suffer while also offering feedback about their experiences in psychoanalytic treatment. The use of MBC allows the patient to become a primary stakeholder in the process of identifying meaningful change in mental health treatment. In this article, we provide one example of an approach to developing an MBC project that we believe can meaningfully inform the care and treatment of patients in a psychoanalytic residential treatment setting.

MBC is a model of assessment intended to both define patient attributes and evaluate the quality of their outcomes. In contrast to psychological testing, which may be requested

to clarify questions or concerns related to individual patients, MBC projects are developed with the goal of capturing aspects of functioning that are relevant across a given patient population (e.g., within a specific treatment setting), identifying differences in functioning for individual patients over the course of treatment as well as in comparison to peers. When used to inform individual treatment, MBC can expose hidden treatment barriers such as ruptures in the relationship between patient and therapist and negative reactions to the care provided. It can also engage patients in understanding gains and losses in specific domains (e.g., work and relationships). Furthermore, MBC can usefully assess what factors contribute to meaningful change over the course of treatment.

Recently, we implemented an MBC project at the Austen Riggs Center (ARC). ARC is a small, private, open psychiatric treatment setting that provides psychoanalytically informed residential care for treatment-resistant patients. One of the pillars of the treatment at ARC is acknowledging and promoting patient authority by encouraging patients to have an active voice in their work. Echoing broader areas of disagreement within the psychoanalytic field, one of the tensions at ARC is between (1) our desire to remain in dialogue with the larger world of mental health regarding empirical and clinical assessment and (2) maintaining a psychoanalytic, person-centered approach which anticipates ambiguity, nuance, and complexity in functioning over time.

The MBC project at ARC asks patients to routinely complete a series of measures to evaluate their progress

and growth in several areas. The belief is that this type of systematic assessment can help us further understand how individuals suffer and the effectiveness of psychoanalytic treatment conducted in a residential setting. Because analytic work can provide a rich source of data for research to capture, MBC could contribute very importantly to a psychoanalytic approach to understanding people and to mental health treatment in general.

While one objective of MBC frameworks is to facilitate a dialogue with the broader field of mental health through a shared emphasis on specific areas of functioning, we recognized that the ultimate value and legitimacy of this program would depend upon the actual relevance of the assessment to our clinical values and priorities. Therefore, our initial step in developing our MBC protocol was to engage in a discussion with clinical staff about what they would like to know about their patients (in a broad sense, not limited to specific cases), and what information they felt would meaningfully inform their clinical work. From their answers, we developed a list of domains to focus our measurement efforts. The domains included (1) individual personality style, such as a person's ability to express emotions, the impact of adverse childhood events, and the ability to empathize; (2) clinical concerns such as suicide risk and substance use; (3) interpersonal relationships, including working alliance with therapist; and (4) general functioning including the ability to think clearly, performance at work, and overall well-being.

Next, we engaged current patients at ARC to explore what they would want to learn about themselves and what information they felt would be important for their treatment teams to know. We had some concerns that patients might view the MBC initiative as another bureaucratic demand being made on their time, potentially taxing already limited emotional resources. Instead, our patients were deeply invested in understanding the nature of their suffering and viewed the MBC initiative as a meaningful part of the treatment process. Encouragingly, patients felt that the list of domains generated by clinical staff was consistent with their interests. One suggestion provided by our patients was that we should assess their strengths as well as their challenges; we ultimately incorporated measures assessing hopefulness, optimism, self-confidence, and ability to have fun to address this important point.

A multidisciplinary team reviewed the list of domains and worked to identify valid measurement tools that could reliably capture meaningful data. We used an iterative process of reviewing published literature, holding focused meetings to discuss individual measures, and selecting the measure we

felt captured the clinical domain of interest. Our priorities in selecting measures were to attend to relevance to clinical needs, psychometric properties, length of administration, and accessibility. This process led to the selection of eight measures which are completed at different points in the treatment.

While the MBC program is launched and data collection is underway, we view our primary challenge going forward as the need to develop a method for providing meaningful feedback to individual patients and their treatment team. Feedback about individual results may not only increase the meaning and value of assessments to patients and their teams, but also create an opportunity for maintaining an ongoing open dialogue with patients on their interests and values in the outcomes assessment process, as well as support patient agency and authority in their treatment.

In our experience of implementing an MBC initiative at ARC, we have found that concerns over whether this approach to measurement may be inherently disruptive to the process of treating patients are unfounded, and in fact the collaborative development of such a program has facilitated greater interest and investment in treatment. Evidence from the last several decades in fact has shown that information collection methods like MBC enhance the effectiveness of psychoanalytic treatment by identifying potential ruptures and negative outcomes before they fully develop. Early identification of these types of treatment disruptions means they can be addressed, understood, interpreted, and used to deepen the work. More importantly, the implementation of MBC can help us to understand what is most important to our patients and help them achieve meaningful goals. ■

Steven Ackerman, PhD, MBA, ABPP, is a treatment team leader, psychotherapist, consultant to the therapeutic community program, accreditation manager, and chair of the Institutional Review Board at the Austen Riggs Center. He researches the therapeutic alliance through the interaction between personality, psychopathology, and psychotherapy process.

Katie Lewis, PhD, is the director of research at the Austen Riggs Center. Her research examines short-term changes in suicidal thoughts and interpersonal functioning using experience sampling methods. She has published on a range of topics, including suicidality, social connection, and multimethod personality assessment.

REVIEW OF RESEARCH

There is extensive scientific evidence, collected over several decades, that psychodynamic and psychoanalytic treatment is an effective and clinically useful approach for treating many complex psychiatric problems such as severe character disorders, traumas, borderline personality disorder, anxiety, and depression.¹ On this basis, experts agree that psychodynamic and psychoanalytic treatment is empirically based and a standard part of contemporary psychiatric practice.² In fact, standard practice guidelines issued by major organizations such as the American Psychiatric Association include psychodynamic psychotherapy among other evidence-based treatment options.³

Since the late 1960s, over 300 randomized control trials have been published which show conclusively that psychodynamic treatment is superior to inactive comparison groups and is not inferior to other active evidence-based treatments.⁴⁻¹¹ These findings support the notion that psychodynamic treatment is as effective as other forms of active treatment. They also

demonstrate the efficacy of psychodynamic and psychoanalytic treatments in reducing symptom severity and improving quality of life across a broad and diverse range of patient populations and treatment settings.

The work conducted by these research groups has helped address basic questions about whether psychoanalytic treatment "works" when compared to other treatment approaches for certain disorders. Improvements in these trials have been defined in various ways, from general symptom domains (e.g., depression, anxiety), to interpersonal functioning (e.g., severity of interpersonal problems, relationships quality), perceived quality of life, and specific clinically relevant behaviors (e.g., self-harm, substance use). A more limited number of studies have targeted outcomes that are more central to psychoanalytic models of the mind, most notably reflective functioning and mentalization capacities,¹² level of personality organization,^{13,14} and maturity of defense mechanisms.

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Backward into Creation

Adaptive regression in the plays of Aristophanes

BY AARON POOCHIGIAN

Illustration by Sarah-Jane Crowson

In artmaking, according to Ernst Kris, the ego simultaneously surrenders and controls. In 1936, Kris described this phenomenon with the phrase “regression in the service of the ego.” He added the related psychoanalytic concept of “adaptive regression” in his seminal 1952 paper, “The Psychology of Caricature.” Adaptive regression means a movement backward—backward from adult reality to childhood make-believe, backward from maturity in the final stage of psychosexual development, the genital, to earlier stages. The difference from nonartistic regression is that the artist who surrenders to this primal material is still enough in control to generate work in a particular medium. The ancient Greek comedies of Aristophanes are illuminated by just such an understanding of adaptive regression. Drawing on Kris’s concept and Freudian theories in general, I will suggest that, while often juvenile or even downright infantile, Aristophanic comedy regularly portrays, or even enacts, temporal regression (a return to earlier stages of psychosexual development) and conceptual regression (a return to instability of identity and reality).

With its emphasis on eating, bodily functions, and sex, Aristophanic comedy regularly enacts regression to preadult stages of psychosexual development, in particular, the oral,

anal, and phallic. Let’s start with the oral. Like many of Aristophanes’s plays, *Birds* ends with a feast. Portrayed as a glutton in comedy, Heracles surrenders his whole purpose as a negotiator in order to enjoy barbecued fowl. All id in Freudian terms, he is, according to his fellow ambassador Poseidon, “an idiotic pig.” The irony is that Heracles’s all-consuming

urge, instead of causing further conflict, precipitates the happy and festive denouement of the play—peace between the gods and the birds is concluded, and the wedding of the main character Peisthetaerus to Princess, an allegorical goddess of prosperity, is celebrated. So in Aristophanic comedy preadult psychosexual stages like the oral can, in addition to being humorous, solve the problems which adults, with their less primal and more intellectual demands, have created.

Before we turn to the anal and phallic stages, I should explain that, in passages that focus on defecation and male genitalia, I sometimes used “baby words” in my translations, partly as an expression of the regression enacted in the plays and partly for aesthetic reasons. For example, I at times rendered words for feces as “poop” instead of “shit.” Constant obscenity in art, like constant violence, becomes tedious and ineffective. If one says “shit” over and

Genius
is nothing more
nor less than
childhood
recovered at will.

—Charles Baudelaire

over again, the word loses its shock value. Furthermore, the word “poop” evokes regression to the anal stage better than the more adult word “shit.” As he laments his constipation in a soliloquy, an old man named Blepyrus, for example, expresses childlike wonder at the way food is converted into excrement:

What am I going to do? This present pressure isn't my only problem. When I eat again, will there be room for still more poop? Already Mr. Nowhere-Else-to-Go has got my door sealed tight.

In order to relieve himself, he conflates the anus and the vagina in a prayer to Eileithuia, the goddess of childbirth:

Goddess of Childbirth, don't you leave me helpless when I am crammed and bolted.

Whether one finds the metaphor offensive or humorous *because* offensive, its focus on orifices places it squarely in the Freudian scheme of psychosexual development.

In the final stage, the genital, teens have learned, according to Freud, to balance their most basic urges against the need to conform to the demands of reality and social norms. By shamelessly revealing his masturbation instead of concealing it out of a respect for social norms, Strepsiades in *Clouds* enacts regression from the genital to the phallic stage of development. Endowed with a leather strap-on as part of his costume, he is tossing and turning on a bed under a blanket when Socrates, the headmaster of a school called “The Thinkery,” enters. Strepsiades has been tasked with coming up with intellectual ideas, so Socrates asks:

Have you had any good ideas?

Strepsiades:

No,

By Zeus, no good ideas.

Socrates:

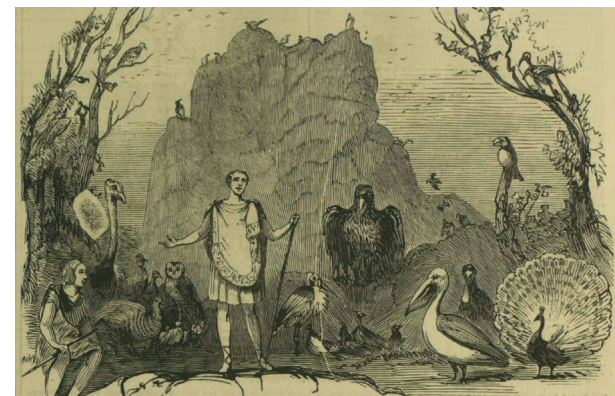
Nothing at all.

Strepsiades: (throwing off the blanket)
Nothing except this boner in my hand.

Strepsiades has not only received a failing grade from Socrates but failed the test of the genital stage by refusing to suppress his urge in a social situation. I used the juvenile word “boner” here to suggest that Strepsiades is acting like a teenager who has regressed to the phallic stage by publicly playing with himself. Throughout this play Aristophanes reduces intellectual concepts to bodily functions and libido, and he here equates intellectual contemplation with masturbation.

As with all drama, ancient Greek comedy inherently presents a regression from a mature stage, with its acceptance of reality, into make-believe. The audience is expected to accept that, in the world of the play, male actors are females and the Theater of Dionysus in Athens is any number of faraway settings, even the utopian and impossible Cloudcuckooland. A night out at the theater demands that one pretend, and this acceptance of what is not so is itself a childlike act.

For all of the anxiety over masculinity in ancient Athens, its comedy required male actors to breach boundaries of gender identity and dress and act like females. The twenty-four-member chorus consisted of *ephebes* (young men) from a particular deme (district) of Athens. These young men played, as a collective, characters other than what they were—animals and insects in such plays as *Frogs* and *Wasps* and women in such plays as *Lysistrata* and *Women of the Assembly*. Furthermore, since all the actors were male, all the other named female characters were males in drag as well. This practice compelled the actors to explore another gender identity and exaggerate its stereotypical behaviors well enough to present a travesty of them. Given the number of male actors dressed as women, the play *Lysistrata*, for example, was one big “Drag Queen Story Hour.” It is remarkable that Athenian males, who were even more “macho” (concerned with appearing masculine in public) than American males, established and loved theatrical-religious festivals in which promising young men, selected by the civic-political



The Birds of Aristophanes, Robinson Planche, 1846.



The Birds at University of Cambridge, Henry Gillard Glindoni, 1833.

head the archon, were required to dress in drag and act like females. In myth, the hyper-masculine hero Heracles both dresses in drag and does what was traditionally considered women's work, such as weaving, for a year. The implication is that acting like a female was a rite of passage to adulthood for the young men and to immortality for Heracles. It was as if one had to experience being the opposite of what he would become in order to fully understand his future role.

In its original performance, *Women of the Assembly* featured double drag—male actors playing female characters who dressed in drag as males. The concept of double drag reintroduces self-awareness and fun to gender identification: being a man is just the humdrum thing a man does each day; playing a woman who is acting like a man, however, makes the whole performance fresh and enlightening. It's the difference between “I'm a man” and “I'm a man!” Though lacking, of course, male primary sexual characteristics, the female characters in *Women of the Assembly* have concerned themselves with secondary ones—body and facial hair. One says, “I've grown my armpit hair out/bushier than a thicket,” and they all tie on fake beards—a hallmark of male adulthood in ancient Greece. They also rehearse what one might call tertiary sexual characteristics—walking and talking like men. Since respectable females traditionally have fairer skin than males in ancient Greece (because they are rarely allowed outside), one says she has been tanning so as to pass more credibly as a man. As with Blepyrus's conflation of the anus and vagina earlier in the play, we here find the conflation of the vagina and mouth when the lead female character Praxagora, while enjoining the women to stay in their male roles, compares female pubic hair to the bushy beard of a prominent Athenian named Phormisius:

It would be just glorious if some woman clambered over the men and hitched her clothes up and exposed her—Phormisius!

It seems that focus on orifices is not just Freudian but Aristophanic as well. As a connoisseur of Aristophanic comedy and a man who has on occasion dressed and acted like a woman, I can attest that dressing in drag is not only fun but mind-expanding.

In his seminal article on adaptive regression that I referred to at the outset, Kris proposed that creative individuals can gain access to primary process thought and utilize it in adaptive ways. By switching back

and forth between primitive ideation and remote associations, on the one hand, and critical evaluative thinking, on the other, they creatively integrate illogical thoughts and associations. In just this way, Aristophanes playfully, impossibly, fuses avian and human characteristics in his comedy *Birds*, in which a new utopian city, Cloudcuckooland, demonstrates, by contrast, all that is undesirable about real-world Athens toward the end of fifth century BCE. The playwright simultaneously surrenders to childlike play and controls this play in such a way that the whole comedy is a polemic. In a 1981 book called *Cognition and Consciousness*, Martindale explains that, “because primary process cognition is associative, it makes the discovery of new combinations of mental elements more likely.” *Birds* is rife with such combinations. The many avian species have become civilized (according to human standards) and speak human language. Humans, in turn, can become birds. It is, perhaps, only through this conceptual regression to make-believe that one can conceive of a utopia like Cloudcuckooland where all primitive urges are satisfied and all adult frustrations eliminated.

As an artist, I spend my workdays unlearning and surrendering. Indeed, artistic creativity over the millennia has had far less to do with pushing forward toward innovation (as technology and medicine do) and far more to do with going backward to the primal urges and thought-processes we have all experienced. ■

Aaron Poochigian earned a PhD in classics from the University of Minnesota and an MFA in poetry from Columbia University. He translated Aristophanes: *Four Plays* (Liveright, 2021), and his poems have appeared in *Best American Poetry*, *The Paris Review*, and *POETRY*.



From my earliest memories of learning a foreign language, I have found myself fascinated by the concept of *faux amis*, or false friends. The expression itself has a poetic, even a tragic, quality suggesting that one has been betrayed by one's nearest and dearest. The real meaning is, of course, more pedestrian: there exist words in different languages that look similar or even identical, but they don't mean the same thing. If you go to a *Gymnasium* in Germany, chances are you won't be running around a track, since it is not an exercise arena but a school that prepares you for university; and if, while you're there, someone offers you a *gift* you had better not accept it since *Gift* in German means *poison*. For me, the concept lends itself to something more than linguistic morphologies, however: there are entities in history, in culture, in aesthetics that may look alike but prove upon closer observation to be quite different; indeed, more may be gained from contrasting them than from treating them as parallel.

The *faux amis* that I have in mind are Shakespeare and Freud. Not that they aren't obviously different: what centuries they lived in, what media they operated in, how our own world "uses" them: all these distinctions are readily observable. The line of connection that I have in mind—the "friendship" that may look true but proves to be otherwise—is a common interest in the inner lives of human beings. This is, of course, the center of Freud's project, a subject that he approaches as, essentially, a science. Lovers of the works of Shakespeare, for their part (Freud included), often credit him with a parallel kind of mastery, though it is usually understood as more art than science, insofar as those can be distinguished.

It may be no coincidence that the historical period when this particular talent in rendering the complexity of human beings' inner lives was most at the center of Shakespeare appreciation (or even idolatry) is also the period when Freud was formulating his own psychological theories. One can offer two quite contrasting indicators on the Shakespeare side of things, both of them wielding enormous influence. First, of a serious kind: in 1904, A. C. Bradley published his seminal work, *Shakespearean Tragedy: Lectures on Hamlet, King Lear, Othello, and Macbeth*, which for several generations of scholars and readers located

as the central fact of Shakespeare's genius the ability to create characters that were of infinite complexity and at the same time profoundly true to life. Of a less serious kind is the publication in 1851 by Mary Cowden Clarke of a book called *The Girlhood of Shakespeare's Heroines*, which enjoyed an enormous success throughout the Victorian period. Clarke narrated the (totally fabricated) backstories of Ophelia, Juliet, Rosalind, etc., so as to give them the full lives that their circumscribed appearances in Shakespeare's plays necessarily denied them.

Both of these works are based on a principle that my own intellectual formation as a mid-to-late twentieth-century student of literature would find at best misguided and at worst ludicrous: that fictional characters are to be understood in certain respects as the equivalent of real people. In some ways this circumstance touches upon what we might call the dirty little secret of literary fiction. On the one hand, it is clearly nonsensical: lives that are lived in the world have not been scripted and do not operate under the guidance of some authorial plan. On the other hand, if we were not tricked into believing these fictions as some kind of equivalent to the real, then literature, particularly that of a traditional narrative kind, would lose most of its force. Shakespeare's work finds itself at the very crux of this paradox.

I offer this somewhat ponderous explanation of what most of us who read fiction take for granted because *Antony and Cleopatra* (in common with some other late works of Shakespeare) seems somehow to make a deliberate point of challenging our own readerly, or viewerly, capacity for belief, almost of taunting us or backing us into a corner where we get lost in not knowing what to believe.

Antony and Cleopatra was written around 1607—in other words, about three-quarters of the way through Shakespeare's career. We can imagine it between the bookends of *Macbeth* (ca. 1606) and *Pericles* (ca. 1608). In the recent past, in other words, Shakespeare has written a play whose centerpiece is a sustained exercise of deeply ethical introspection coming from a central character who has an acute sense of good and evil at the same time as he chooses evil. And in the immediate future, with the plays from *Pericles* to *The Tempest*, he will turn toward legendary figures in fanciful never-never-land settings. As he

enters this transition period in the arc of his production, he has been taking the question of the morally agonizing individual about as far as it can go, and when he turns to writing the late tragicomedies, at the end of the transition period, one might say that fantasy and fairy tale will substitute for the densely represented interior life. No surprise, perhaps, that *Antony and Cleopatra* should emerge at this moment, with its highly exotic settings, and with a conflicted relationship to the question of character. It is that conflicted relationship that is the principal subject of this paper.

In composing his play, Shakespeare followed very closely—often to the edge of what we would call plagiarism—the biography of Antony in Plutarch's *Lives*, specifically in the elegantly written translation by Thomas North. Plutarch is masterful at depicting events and (more surprisingly) at recounting speeches, but, especially by modern standards, he is very stingy on motivations. Furthermore, he is much more interested in Antony than he is in Cleopatra, whom he sees almost exclusively from the outside. On top of which, the heritage from antiquity through the Middle Ages, at least as regards Cleopatra, is very negative indeed (Dante places her among the lustful in Canto V of the *Inferno*), though there are striking signs of change in the Renaissance. All of which adds up to a rather confusing storyboard as Shakespeare assembles his materials for writing this tragedy: the historical events themselves are not always clear, and the same goes for the reasons why the characters act as they do and for the ethical evaluation that we are expected to apply to these acts. Indeed, I would say that all of this left Shakespeare with a set of materials that gave him no very certain indication whether to make a play about the inner lives of human beings or a play about grand events on the world stage. Except, of course, he wasn't *left* with those materials; he *chose* them. I believe that at this moment, when he was poised between the psychological density of *Macbeth* and the make-believe world of the late romances, he

embraced that uncertainty, and that embrace leaves its mark on *Antony and Cleopatra*.

One way to tell the story of that uncertainty is simply to observe the many surprises, U-turns, and changes of heart that characterize the narrative. We may expect that sort of thing from Cleopatra, but it turns out that Antony is no different—more so, perhaps; indeed, even the presumably stolid Caesar, who does everything he can to defeat the title characters and then weeps over the one and eulogizes the other, doesn't seem particularly consistent. Such changes as these become the fundamental characteristic of the action in the play. And I use that word "become" advisedly, in recognition of Antony's ambiguous characterization of his beloved:

Fie, wrangling Queen

Whom everything becomes—to chide, to laugh,
To make itself in thee fair and admired!

These lines, which are spoken almost in the first seconds of the play, establish a sort of program for the ambiguities of human character in the drama, and they turn on the double meaning of "become"—on the one hand, *to transform into* or *come into being*, and, on the other hand, *to be suitable to*, *to be a fitting adornment for*, as in "Mourning Becomes Electra." All these contradictory things transform themselves *into* Cleopatra; and all of them look good on her (at least when one chooses to view her positively). In fact, a dizzying program of metamorphosis and beauty seem to go together in this play—or at least that's the claim implicit in Antony's celebration of Cleopatra at the moment.

As the drama goes on, there is plenty of dizzying change in the plot, and it is not necessarily "becoming" to the characters involved. Antony won't see the Roman messengers, then he will; Cleopatra hates the fact that Antony is married but is horrified when Antony's wife dies and he fails to mourn her sufficiently; he is attached to Cleopatra but agrees swiftly to the politically motivated proposal that he marry Caesar's sister Octavia. Then (skipping lots of other similar events) there are two battles in which Cleopatra abruptly seems to desert him, then he rails at her, then he changes his mind and reattaches himself to her. Following that, he strikes a death blow against himself because she has killed herself, only he doesn't die, plus it turns out she lied about having killed herself. And just when one imagines he might be a little resentful that he has fatally wounded himself owing to a report from Cleopatra about her suicide that was a deliberate falsehood, he turns around and expresses his deepest love for her. And that's just scratching the surface of the way that this play defies our attempt to understand



The Meeting of Antony and Cleopatra, Lawrence Alma-Tadema, 1883.



Death of Cleopatra, John Collier, 1890.

some consistent or “true-to-life” notion of human character.

Following the narrative is not the only way to tell this story. For the fullest exposure we must look where we always look in Shakespeare: the language. To begin with, a rather innocent exchange, once again from the opening moments of the play. Antony has just offered a grand gesture of his commitment to Egypt and Cleopatra by declaring that Rome may as well melt into the Tiber for all he cares. This should greatly gratify Cleopatra, but it doesn’t. “Excellent falsehood,” she responds, possibly in an aside to the audience, or possibly (depending on how it is staged) in a speech that taunts him to his face, and then she continues,

Why, did he marry Fulvia and not love her?
I’ll seem the fool I am not. Antony
Will be himself.

What Cleopatra apparently means to say is that she will pretend to be a fool (i.e., pretend to believe that his anti-Rome, anti-Fulvia protestations are sincere), but that, by contrast to her *seeming* foolish, Antony will actually *be* a fool. Except that Cleopatra stops herself before saying “fool” and substitutes “himself.”

And that takes us to the central term that encloses all of this multivalence of meaning: what might it mean to say that Antony will be *himself*? Shakespeare uses the term *self* (alone or attached to personal pronouns) sixty-three times in this play. Granted, that may sound more impressive than it is, since “self” is a favorite word throughout his oeuvre (which is interesting in *itself*); but I’m not sure there is any other play where it bears as much weight. For Cleopatra in the passage just quoted, “himself” is a kind of euphemism for “fool.” For Shakespeare it inaugurates a pattern of describing human character in a way that refuses to describe human character. And there are other locutions, not necessarily involving the word “self,” that point in the same direction. Much of the time the subject is, as here at the beginning, Antony; and one can produce a kind of schematic for the whole action based on this particular linguistic construction as applied to the hero. Moments after the first appearance of that empty equation of “Antony” and “himself,” his follower, Philo, says,

Sometimes when he is not Antony
He comes too short of that great property
Which still should go with Antony.

What, if anything, does that mean? Dropping the word *property* into that sentence reminds us that we are in the world of Aristotelean philosophy, which will later become Lucretian and still later Thomistic philosophy, all of which are fundamentally conscious of the properties of things as an account of their essence. But here the definition of that property is an empty set. To paraphrase those lines, when Antony is not Antony, he is . . . not Antony. What Antony *is*,

it seems, is a walking tautology.

Tautology is a kind of vacuous circle of meaning, a failed search for signification. We’ll return to Antony in a moment, but it’s also worth pointing out that the deep structure of the play, in which Roman values are set against Egyptian values, with most of the characters identified with one but torn between the two, constantly involves an attempt to make sense across a definitional divide. If Antony’s followers are constantly being asked to explain him and if they constantly respond with an empty equation (Antony = Antony), it’s part of a fundamental discursive activity where one person or group of persons tries to understand another and finds that there is no common language to facilitate that understanding. This process expresses itself in one of the most fascinatingly enigmatic exchanges in the play. Antony is being interrogated by his Roman colleague about one of Egypt’s most famous wonders:

LEPIDUS What manner o’ thing is your crocodile?
ANTHONY It is shaped, sir, like itself, and it is as
 broad as it hath breadth. It is just so high as it is, and moves
 with its own organs. It lives by that which nourisheth it,
 and the elements once out of it, it transmigrates.
LEPIDUS What colour is it of?
ANTHONY Of its own colour too.
LEPIDUS ’Tis a strange serpent.

The crocodile is untranslatable; it can be defined only with reference to itself. In the gaps between one civilization and another, or even perhaps between one individual and another, everything is a tautology, definable only in terms of itself.

And that hollow thread of self will run through the play. Another, more prominent follower of Antony, Enobarbus, when urged by Lepidus to get Antony to talk peace with his fellow Roman triumvirs, says, “I shall entreat him to answer like *himself*.” What sort of answer will that be? Equivocal, not to say deceitful, as it turns out. In the course of cementing the marriage with Caesar’s sister Octavia (and thereby his alliance with Caesar), Antony tries to make a more substantial equation: “if I lose mine honour, / I lose myself”; but the purely strategic circumstances of this marriage, and his swift departure from it to Egypt, where, as he says, his “pleasure lies,” give the lie to any sense that Antony’s “self” equals “honour.” (And his follower Scarus will soon say of him, “Experience, manhood, honour, ne’er before / Did violate so itself.”) When the first battle is lost, yet another follower says of him, “Had our general / Been what he knew *himself*, it had gone well.” Here, the usage touches upon one of the most famous contexts of the concept *self*: γνῶθι σεαυτόν, *nosce te ipsum*, know thyself. But what can that universal injunction mean in this context if the play has refused to define the self that Antony is supposed to know (or what we are supposed to know of him)?

From this point, the plot of Antony’s career can be traced through this problematic *self*. In reaction to the lost battle against Caesar in Act Three, he says, “I have fled myself,”



Cleopatra Testing Poison on Condemned Prisoners, Alexandre Cabanel, 1887.

which contains an interesting double meaning of which more in a moment; and he adds, urging his followers to decamp, “let that be left / Which leaves itself.” When Caesar has collected quite a few of these defectors, he orders them to be placed on the frontlines of the battle, so that, in his words, “Antony may seem to spend his fury / Upon himself.” By the end, it will be clear that both the protagonists are caught up in this empty circuit of self. Cleopatra is throughout the play the very contradiction to *nosce te ipsum*, as we see from one of her earliest attempts at controlling Antony. She doesn’t know where he is in the palace, and sends Charmian with the injunction, “if you find him sad, / Say I am dancing; if in mirth, report / That I am sudden sick”: she possesses, in other words, a completely fabricated self, and one that is fabricated by contradiction. Whether all of this becomes her is an open question.

No surprise that the central action in the last part of the play—the action that will, in fact, reunite the lovers—is their respective searches for a suitable way to die. And, as it turns out, a play about *self* is also a play about suicide, which, after all, contains the Latin word for *self*, plus the root for “kill.” The tragedy of a self that isn’t a self turns into a celebration of heroic suicide. As he prepares to meet his doom, Antony identifies with Hercules: “Let me,” he says, “with those hands that grasp’d the heaviest club, / Subdue my worthiest *self*.” And he views this choice as a kind of military victory: “Not Caesar’s valor hath o’erthrown Antony, / But Antony’s hath triumph’d on *itself*.” He further imagines Cleopatra’s (supposed) suicide as asserting her mastery: “she which by her death our Caesar tells / ‘I am conqueror of *myself*.’” This particular suicide didn’t happen (not yet, at any rate), and that might form a bathetic counterargument to the celebration of self-murder, as does the fact that Antony somehow falls on his sword but misses. Yet Shakespeare constructs a plot—taking materials from Plutarch but putting special emphasis on some of them—in which, for Cleopatra, suicide is an authentic triumph. “Triumph” is an especially appropriate term because the whole final movement of the play is a chess game about Caesar’s desire to be able to

exhibit the living and subjugated Cleopatra as one of the spoils of war when he takes his Egyptian booty back to Rome. She will form one of the grand public displays for which the city, and the empire, is famous.

It’s not just the play’s final quarter of an hour that concentrates on this point; I would argue that one of the central points of Shakespeare’s attraction to this material had to do with the notion of the grand Roman triumph that didn’t happen. For Shakespeare this struggle around a triumph is an issue in theatricality. In place of the grand heroic event—heroic for Caesar but antiheroic for Cleopatra—in 31 BCE, which didn’t happen, he inserts the Antony and Cleopatra performance in 1607 CE, which *did* happen. Which is why he chooses this occasion to bring on one of the most breathtaking effects in his entire oeuvre, a true *mise en abyme*, which is a fancy term for the kind of cereal box that has a picture of a cereal box that has a picture of a cereal box, etc. Cleopatra, expressing the greatest horror of all—a horror from which suicide would free her—in picturing herself as a captive in Rome, imagines that

the quick comedians
Extemporally will stage us, and present
Our Alexandrian revels; Antony
Shall be brought drunken forth, and I shall see
Some squeaking Cleopatra boy my greatness
I’ the posture of a whore.

The Elizabethan theater, it should be recollected, included no female performers; women’s roles were played by boys. It is, in short, none other than a “squeaking Cleopatra”—a prepubescent boy in drag—whom we have been watching for the last couple of hours and who himself expresses as the ultimate horror the prospect of a boy impersonating her onstage.

Then, too, there is the matter of suicide. The narrative of these heroic lives in the final phases of the play essentially tricks us into what has to be understood as a theologically outrageous position. The military triumph back in Rome never happens;

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triumph as defined and enacted alternatively in the play is double suicide, a mortal sin. It is also, I would argue, the fitting goal of a play in which everyone, both characters and audience, is looking for a self, but either not finding it or else fabricating it from moment to moment. Self-slaughter emerges as something like a blessed relief from that fruitless search.

What we see here, then, is a play which, besides harping on the word *self*, represents a kind of Shakespearean fatigue with the notion of what we would think of as complex and rounded fictional character. He therefore delivers to us—partly because that’s what his sources delivered to him—figures of such inconsistency between insides and outsides that no notion of satisfying fullness can be entertained. So he flaunts that requirement, and offers a work that teaches us to be wary in general of “character” as a central element in fiction. This is particularly appropriate in the case of theatrical fiction, which is after all defined by the very fact that the persons whom we are actually watching are by definition not being *themselves*.

One final wrinkle in that term *self*, a potentially crucial distinction that I have so far elided. Consider the difference between “myself” and “my self”—between, in other words, a simple grammatical formation, in which a speaker refers back to a previously named person, and a vastly more complicated proposition, according to which individuals have some sort of inward essence that defines the uniqueness of their being. Consider what happens when we apply this distinction to one of the moments when the hero reflects on his own fate most succinctly, specifically the circumstance that his men will desert him. Should the text read,

I have fled myself; and have instructed cowards
To run and show their shoulders.

Or should it read,

I have fled my self; and have instructed cowards
To run and show their shoulders.

In other words, does it mean “My men may as well flee; after all, speaking for myself, I already have fled”—that is, by joining with Cleopatra’s troops when she turned tail. Or does it mean, “I have abandoned my own deepest essence, so they may as well do whatever it is that they want to do, since all bets are off”?

The simple, orthographical answer is that Elizabethan typography and punctuation did not make such distinctions, at least not in any consistent way. The more complicated answer is a historical one—or, to be more precise in the language of literary criticism in our own time, a historicist one. What, in other words, can we assume is the mentality, the episteme, the worldview on this subject in 1607, and how can we shape our own thinking, itself hopelessly mired in 2023, so as to effect a channel of communication with that past moment that is both

true to them and meaningful to us? In the whole world of issues about which we would seek the mentality of the past as distinct from our own, there is no topic more vital and alluring than the question of whether people believed in this kind of personal essence, and/or how they might have framed such a belief, or their equivalent for it, either in their heads or in their language.

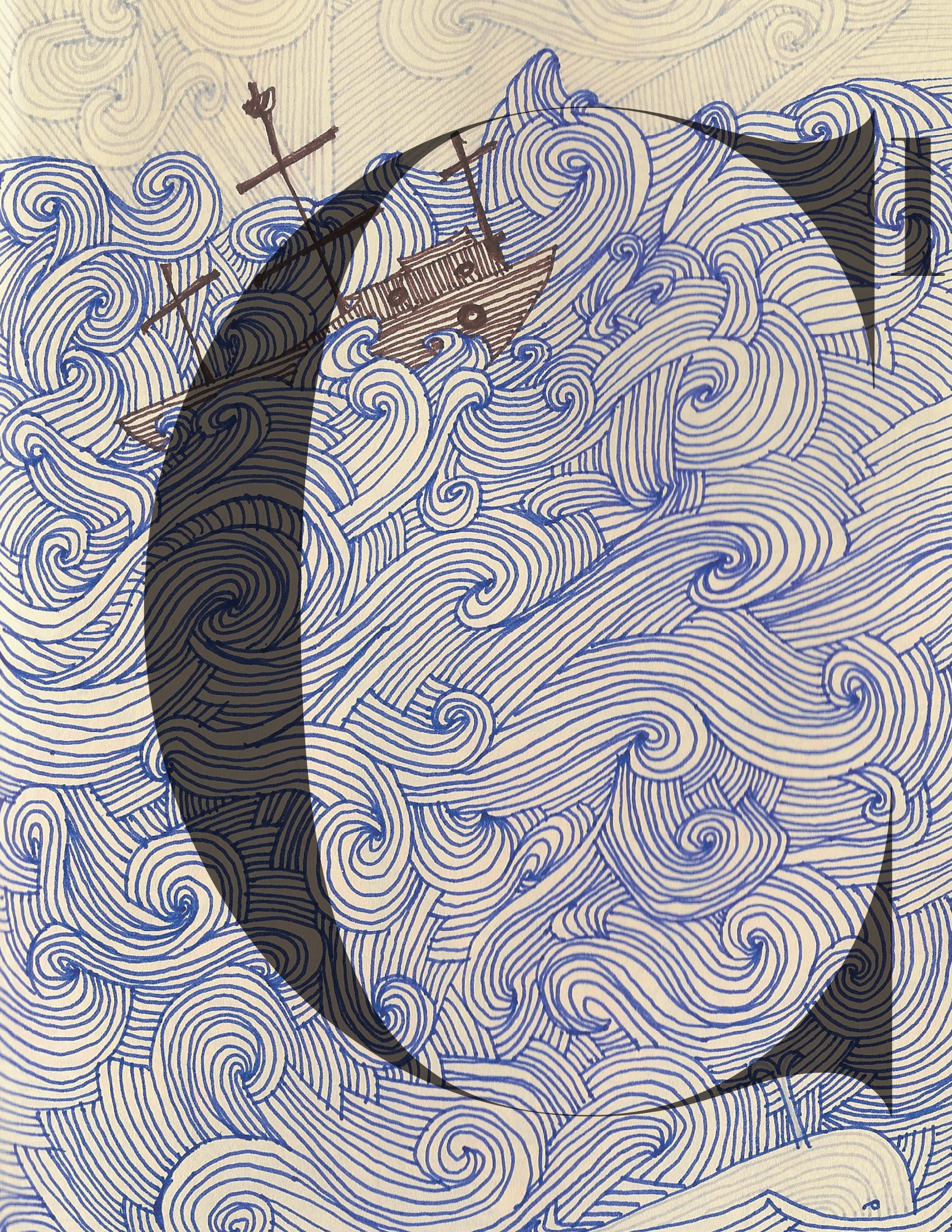
Perhaps it is best to scale down all this vastness to orthography and to seek guidance in the *Oxford English Dictionary*, which defines words through each stage of their history. Focusing on the subject of that particle *self*, one goes through ten of the thirteen pages devoted to this word, beginning with Cynewulf in 900 CE—all of them about sameness and grammatical reflexivity—until one finally gets to:

That which in a person is really and intrinsically he (in contradistinction to what is adventitious); the ego (often identified with the soul or mind as opposed to the body); a permanent subject of successive and varying states of consciousness.

The earliest quotation they apply to that definition is from 1674, several decades post-Antony. Yet when you think about it, “that which in a person is really and intrinsically he [or she]”; and “a permanent subject of successive and varying states of consciousness”—it sounds almost like a plot summary of *Antony and Cleopatra*. Not that Shakespeare has invented the self (though some have claimed it), or that he is “proving” with this play that there is such a thing as the self. Rather, that his play is an essay of self-questioning about how it is that the human personality might be said to be defined, described, or constructed. Which means in the end that *Antony and Cleopatra* isn’t just about whether there is such a thing as fictional personhood, but whether there is anything like real personhood. To return to the historicist mode, it begins to seem as though premodern thought on this subject looks quite a bit like postmodern thought on this subject. *Antony and Cleopatra* may have helped write some of our own contemporary—and even psychoanalytic—questions about the possibility that human character can be consistently grasped at all. ■

Leonard Barkan recently retired from Princeton, where he taught literature, classics, and art history. He has published works on Renaissance art and literature, on Berlin, and on Rome. His latest book is entitled Reading Shakespeare Reading Me.

Citations from the play are to William Shakespeare, *The Tragedy of Anthony and Cleopatra*, ed. Michael Neill (Oxford, 1994).



Cleopatra's Dream

ON THE USES
OF FANTASY
IN THE WORK OF
SHAKESPEARE
AND FREUD

WRITTEN & ILLUSTRATED BY AUSTIN RATNER

Sigmund Freud and William Shakespeare go together like peanut butter and jelly. It's rare to find a Shakespearean who's not at least a little bit Freudian and perhaps even rarer to find a psychoanalyst without an interest in the Bard. Shakespeare scholar Leonard Barkan provides a classic example of the affiliation between the two geniuses in his recent book *Reading Shakespeare, Reading Me* (Fordham University Press, 2022), in which he appeals to Freud as an "authority of, I would say, comparable talent to Shakespeare's in mapping the human condition." However, in "False Friends, True Loves," Barkan's delightfully cheeky essay in this edition of *TAP*, he questions whether Freud and Shakespeare always stride together in perfect lockstep. Mapping the human condition was, after all, not Shakespeare's only aim. Freud sought to understand human character in order to treat its maladies. Shakespeare studied it in order to create characters onstage.

And sometimes, Barkan suggests, the Bard did not even want us to believe in his characters, let alone understand them. In his late-career play *Antony and Cleopatra*, Shakespeare flaunts his characters' constructedness and his own artifice: the identities of Antony and Cleopatra swirl and change in a windstorm of words. There are more speeches in this play than in any other Shakespeare play, and the characters, as Barkan shows, often expend their wind on contradictory accounts of themselves and others. Shakespeare went postmodern in the end, Barkan concludes, playing with the idea that human character is unknowable or a mirage woven from raveling strings of words. French psychoanalyst Jacques Lacan, who looked into the human heart and saw a lack, or at best a tornado of flying receipts and paper bags, would probably approve. Freud would not. The *Ur*-analyst suggested that repression *obscures* the self, not that repression

"Full fathom five..."
by Edmund Dulac,
Hodder and Stoughton's
The Tempest, 1915.



erases it, and aimed psychoanalysis at recovering self-knowledge. Likewise, in many of his greatest plays, Shakespeare wrote psychologically comprehensible characters who act predictably and consistently even as they sometimes blind themselves with desire, guilt, and fear ("art thou yet to thy own soul so blind?"), and even as they sometimes grow, discovering new aspects of themselves.

So what is Shakespeare doing in *Antony and Cleopatra*? Is he perhaps taking a new tack with an old theme, evident elsewhere in his works, that hidden motives render the self mutable and mysterious? Professor Barkan has other ideas. He observes, for one thing, that in Shakespeare's later works "fantasy and fairy tale will substitute for the densely represented interior life." By 1611, when Shakespeare writes his farewell play, *The Tempest*, he will take us to magic realms beyond science but also far beyond the lugubrious beanfields of postmodern doubt—to the domain of a conjurer, a place of lucid dreaming.

Both Freud and Shakespeare had much to say about dreams, and they evidently shared certain impressions of the nature of dreaming. For example, Shakespeare anticipates Freud's theory of dreams as expressions of wishes. Freud famously used Moritz von Schwind's 1836 painting *The Prisoner's Dream* as the frontispiece to his *Introductory Lectures* to illustrate this point. Schwind's painting depicted a recumbent prisoner dreaming of escape through a high cell window. Likewise, in Shakespeare's *Richard III*, the Duke of Clarence dreams of escape from the Tower of London, where he's imprisoned and sentenced to die. Clarence narrates his dream: "Methoughts that I had broken from the Tower / And was embark'd to cross to Burgundy."

Freud and Shakespeare also shared the idea that fictional art is a waking dream shared by artist and audience. Shakespeare equates dramatic art with dream, for example, when Hamlet berates himself for failing to take action and compares himself to a traveling actor who summons so much activity and feeling "in a fiction, in a dream of passion." Freud links art and waking

dream in his 1907 lecture "Creative Writers and Day-Dreaming." In this view, both Shakespeare and Freud rooted themselves in classical tradition. The ancient Roman Cicero reserved special honors for what he called *illustre*, "that department of oratory which almost sets the fact before the eyes." In an essay called "The Argentine Writer and Tradition," Jorge Luis Borges would later call it "that voluntary dream which is artistic creation."

Where Freud mined dreams for information about the psyche, however, Shakespeare wielded them as instruments invested with a power so great it could grant the artist control over his audience or make a dreamer feel immortal. The Duke of Clarence's dream in *Richard III* is not only a dream of escape from prison but from death. He dreams his brother Richard knocks him overboard, but instead of drowning, Clarence visits wonders on the bottom of the sea, including skulls with gems for eyes "that mock'd the dead bones that lay scatter'd by." Sir Brakenbury, Constable of the Tower, asks Clarence, "Had you such leisure in the time of death / To gaze upon the secrets of the deep?" Clarence answers, "Methought I had." Of course, it was only a dream, and Clarence does not survive his death sentence in waking life. To add to that, his executioners drown him. In a vat of wine.

The image of death transformed to wonder in the dream-scape of the sea returns in Shakespeare's grand finale, *The Tempest*, when Ariel works dreamy magic on death, singing again of sunken skulls with jewels for eyes (this time, pearls). In *The Tempest*, we enter the province of artistic daydreaming, of conjuration, a talent mastered by the play's central character, Prospero. With his magical art, Prospero animates spirits just as Shakespeare animates characters in the fictional dream of the play: "Spirits, which by mine art / I have from their confines call'd to enact / My present fancies." He manipulates other characters with elaborate stories, just as Shakespeare manipulates his audience. Prospero's art is so powerful it can rouse the dead: "graves at my command / Have waked their sleepers, oped, and let 'em forth

/ By my so potent art." In the end, a son thought drowned turns up alive, symbolically reversing the fate of the Duke of Clarence—and perhaps that of Shakespeare's own son Hamnet, who died. Prospero puts aside his magic arts, but their death-defying powers leave the world of the play permanently changed.

After Mark Antony dies in Cleopatra's arms near the end of *Antony and Cleopatra*, Cleopatra has a dream about him in which he appears godlike and physically bigger than the world. In narrating the dream, she asserts that when it comes to creation, nature cannot compete with dreams, but in this case she wishes that it could. She wishes that Antony could *really* be bigger than the world, bigger than a dream, bigger than death:

But, if there be, or ever were, one such,
It's past the size of dreaming: nature wants stuff
To vie strange forms with fancy; yet t' imagine
An Antony were nature's piece 'gainst fancy,
Condemning shadows quite.

She wishes her dream were powerful enough to make itself come true. It's an impossible dream. But it's also one that Shakespeare's career in a sense achieves. Shakespeare asks the waking dreams of his art to rise up and defeat death *for real* by outlasting his physical body, even outlasting other attempts at memorial by people who in life wielded more earthly power than a lowly poet. His Sonnet 55 begins:

Not marble nor the gilded monuments
Of princes shall outlive this powerful rhyme;

This is a moment in literature like Babe Ruth calling his shot in the 1932 World Series before swatting a home run into the centerfield bleachers at Wrigley. It's like Lebron



Clarence's Dream,
William Blake, 1774.

James tattooing "Chosen 1" across his shoulders at the beginning of his career and then going on to break the all-time career scoring record at the end. (He did it this past season, his twentieth in the NBA.) Shakespeare really *did* in a sense defeat death and time. More than four hundred years later, he still reigns supreme. As Gustave Flaubert said of him in an 1846 letter to Louise Colet, "He is a terrifying colossus: one can scarcely believe he was a man." By dreaming—and staging—such evocative and penetrating dreams, Shakespeare made Cleopatra's dream come true,

only the giant bigger than the world, bigger than time, was not Mark Antony, it was William Shakespeare.

When Shakespeare is in his power-dream mode, he mocks death, whether by setting gems in skulls' eyes or by satirizing his own carnage-filled tragedies, which he seems to be doing in part in *Antony and Cleopatra*. It's a little bit *funny* that Mark Antony falls on his sword "and misses," as Barkan puts it. The scene where Mark Antony tries to convince his friend Eros to kill him makes me laugh out loud when I read it. Antony asks Eros to do it no less than five times, an extent of repetition seen mainly in comedy, and as in comedy, the payoff comes with a reversal of established expectations: each time Antony asks to be stabbed, Eros resists; finally, the fifth time, Eros assents but surprises Antony by stabbing himself instead! In Antony's death scene, Antony keeps saying, "I am dying," but he won't die. He keeps trying to speak his last words but can't seem to get to the point, and when he asks Cleopatra to let him speak, she interrupts him, "No, let me speak." May we all go out with our loved ones interrupting our last words!

Antony's death scene is funny, but it's also profound. In it, Shakespeare's words interrupt death. In the Bard's career as a whole, his words in some *real* sense interrupt mortality. The products of his imagination still have extraordinary power. They are, as Cleopatra says, "past the size of dreaming." ■

STORIES FROM LIFE

DISPLACEMENT

A YOUNG GIRL'S
LIFELONG ESCAPE
FROM SAIGON

A PERSONAL STORY
OF WAR, RESILIENCE, AND
THE MEANING OF HOME

WRITTEN & ILLUSTRATED BY TATI NGUYỄN

What takes place
would seem to be
something in the nature
of a 'displacement'—
of psychical emphasis,
shall we say?

—Sigmund Freud

I was not born here. I was born in a place that no longer exists. On a world map, Saigon is not there; where it used to be there is now a place called Ho Chi Minh City. Saigon, the city of my birth, lives on only in the mythical recreations of war films and in the hearts of those exiled from it. In our hearts, physical displacement becomes mental. The past is an actor who wears the present like a mask.

My childhood ended, in a sense, with the siege of my home city in the final days of the Vietnam War. The journey to the US that began then was one of transformation, a passage through new names and identities: first I was a child, then an evacuee, and then a refugee. After my departure from Saigon on helicopters, warships, and boats, and my passage through refugee camps, I transitioned upon arrival in Brooklyn to "resident alien," then gradually over time I morphed into a "naturalized citizen." These identities were not my choice, but created by an external body, by the US government, who granted the permission to physically remain on foreign soil. Many travelers and expatriates pass through these identities, but in my case they were baptized upon my head by others. And they were instigated by a displacement. It is still a scar. The internal injuries leave me yearning for something unattainable, to regain equilibrium from the loss of safety, of identity, of a past and a future. The striving to acclimate and settle here in the United States never ends.

Over my last remaining days in Saigon, in April of 1975, enduring week after week in a city where daily life unfolds before a backdrop of smoke-filled horizons blotting out the sun, with the soundtrack of explosions, fires, and death, my parents contemplate the future under a regime which will surely kill us either by physical violence or the assassination of our spirit. My mother decides she would risk everything rather than live another day in this grim reality. Each morning, instead of our familiar regimented routines, we the children are told to be ready for anything. We have not been able to



“I WAS NOT BORN HERE. I WAS BORN IN A PLACE THAT NO LONGER EXISTS... SAIGON, THE CITY OF MY BIRTH, LIVES ON ONLY IN THE MYTHICAL RECREATIONS OF WAR FILMS AND IN THE HEARTS OF THOSE EXILED FROM IT.”

return to school. Just after Tet, the building finally succumbed to the daily bombings: a direct hit on the playground at the heart of the school and on our sense of order and normalcy. Now we are told that we are packing for a possible last-minute trip. We are placated with vague excuses in response to our many questions: Why can't we go back to school? Why are we packing? May we pack our treasures, books, toys, a favorite dress? Where are we going, and for how long? Will we see friends? The list of endless inquiries is answered with hurried, unintelligible responses or, worse, silence. Children can instinctively sense the current of finality. My siblings and I turn to ourselves for answers via deductions and fantastic narratives. Maybe we are taking an early vacation, to return at a later date. What had started this stupid war anyway?

Frenetic energy now dictates all actions of our lives. My diminutive feisty mother, Napoleonic at 4'9", holds the reins of the household. She is indefatigable, starting her campaign each morning at 4 a.m., while the darkness shrouds the chaos and abates the heat. She would retire not to sleep, but to organize. At the first crack of light, Mother would independently brave treacherous journeys in our unravelling city, trying to anticipate all worst-case scenarios. In addition to *our* survival, she had to think about

her in-laws, my father's extended family (my grandmother and my aunt's family) now joining us, seeking refuge from the seaside city of Nha Trang, a few kilometers from Saigon. Their arrival at our home, a precarious family reunion, is the indicator of the approaching shadow, the calm before the storm. Monitoring the fighting and troop movements, which everyday rumble nearer and remove more pieces of the city's infrastructure, my mother deals with each momentary minor emergency of sustaining young and old, with an eye on the ultimate goal: to get out. Meanwhile, the rest of my family hastily attempts to exert some kind of control through the act of packing suitcases, though in the end, by necessity, we would leave everything behind.

By the twenty-ninth of April, the possibility of an orderly passage out of Vietnam is diminishing. My father at the time served as a researcher and director of the National Cancer Institute of Vietnam, as well as an ENT surgeon and an army general practitioner. He was assured by the heads of the institute that there would be an evacuation plan put in

place: helicopters were available to fly the medical staff out, as their collaboration with foreign doctors would be seen as traitorous to the new regime. Despite my father's trust in the hospital's proposal, the plans were never carried out. My mother's skepticism, on the other hand, never wavered, and this would rescue us time and again. Perhaps she was reliving her previous exodus from Hanoi in 1954. Her memories and firsthand experience with the Northern regime fueled the difficult decision to evacuate our family. She loudly argues with my father, a regular occurrence, though today we children are listening. Mother cleverly devises a backup plan which can still leverage the resources available to my father. She

pleads with him to take us along when he is next called out for emergency service. Our family could ride with my father in the ambulance, "a vehicle large enough to transport everyone at once," she states. She rejects any escape options other than one which would keep the family together.

This plan is currently our best chance, an effective means of transport through a burning city, a pragmatic choice in which my father does see merit. Later, however, Father was never able to reconcile the decision to leave with his wish to remain behind in the hopes of rebuilding his war-torn country. His own mother was dead set

against my mother's perilous evacuation plan.

Father is pulled between his mother's wishes and his wife's stubborn insistence. His fatalistic view of the situation clashes with my mother's. He feels the war will inevitably arrive at our front door, and there is nowhere else to run, so why risk uncertainty and our children's lives? Perhaps his medical skills will be enough to save us, as he could be useful to the new regime in the reconstruction of the country. My mother, having had experience with the North Vietnamese, warns my father of the reeducation camps, of the likelihood of family separation. He says that he'll think about it after a nap, then perhaps have energy to play a game of tennis.

"Perfect," she says, "we'll see you for dinner, when we will all be dining on rat poison. We can all leave together, or we can all die together. Your choice."

My father acquiesces.

Later that day, arriving in an available ambulance from his attending hospital duties, my father returns home to salvage additional supplies from his private practice to continue his

In truth,
all sensation
is already
memory.

—Henri Bergson

rounds. Gathering his doctor's bags, my father also takes along our family. The moment has finally come to actualize my mother's plan. She is resolute to take everyone. The space constraints of the ambulance do not deter her at all. It will require various methods of arranging our bodies and covering us in blankets and bandages, leaving room to bring only the barest of necessities. Years later, I asked my mother what she had decided to pack with her.

"A few worldly possessions which remind us of who we are," she said, "and a few items to ensure our survival," all of which fit into a small carry-on bag on her shoulder. It contained a partial collection of our family's documents, her identification, a handful of photos, and most importantly a few cans of condensed milk. Everything else was left behind, including the hastily packed suitcases full of our precious random possessions.

When my family members are loaded into the ambulance, with my siblings looking on, I am the last to board. My singular desire is not to let go of the hand holding mine, my precious nanny *chị Quý*. (Her name literally translates to *beloved sister*.) "Why can't she come with us?" I wail. There are frustrated commands from my family directing me to "just get into the vehicle." I don't budge, nothing can make me let go of *chị Quý*. She was my shield, my nurse and teacher from the moment I was born, until now. As a child, I saw my own mother as a woman to admire from a formal distance, someone who is poised, beautiful, and brilliant—who nurtured my ideals, my intellect, my reason. *Chị Quý*, my nanny, is my warmth, my heart, my guide to everyday life. When the school closed, she filled the gaps of my education with practical knowledge of household chores. She taught me to appreciate the smell of calm, the odor of clean shirts in various shades of white hanging on the laundry line. In unspoken affection she lifted my spirit with simple foods. With a sweet melody she lulled me to dreamland.

I do not accept this separation. I exhibit my refusal by physically hanging onto the nearby wall fixtures. My screams are intense, drowning out the sounds of explosions and the jets that rattle the windows and doors. After what seems like an eternity of crying myself to the point of exhaustion, she is able to soothe me. I am then told the first significant lie of my

life: that she will follow me after, once our family reaches the airfield, that the ambulance is to return to bring her to us. That day, I experience my first great loss. I hold onto her promise for dear life, refusing to let her go. She was my everything, my childhood, and her loss would leave me emotionally stoic. From then on, I would remember to limit my range of acceptable emotions, maintain distance, not form any attachment so strong as to risk further loss.

The back of the ambulance is hot and airless, but we are told to keep quiet anyway. We children are riding blind, hidden underneath blankets, mapping the route in our minds by feel: a braille system of craters and bumps on the road. The vehicle shakes and moves haltingly, sometimes coming to a standstill. Outside voices are louder when the ambulance is no longer moving. Travel documents and visas no longer matter. The embassy is impenetrable. Our only means of exiting Saigon is to be directly airlifted by helicopters from Tan Son Nhat International Airport. The ambulance is redirected further into the heart of cacophony.

Outside, possessions are strewn around the streets; swirling meaningless paper money, lost shoes, hats, and all manner of personal property lose their function and context in the chaos of de-

sertion. As the ambulance trundles closer to the airport, my parents witness the runways being bombed. How can we leave now? Besides, my nanny, *chị Quý*, is still not here. The panic and frustration of helplessness makes my anger—the rage of a child—fiercer than the destruction in front of us. The ambulance discharges us all and turns back toward the broken roads for its salvage mission to bring a few more souls to hypothetical safety.

When we reach the airfield destination by foot, it is even louder up close: more bullets, more explosions, more screaming. I am fascinated how all matter can be consumed by the phenomenon of smoke, of perpetual burning. My focus becomes singular, closer, narrower. After registering the backdrop of the chaos, my perspective has shifted only to the minutiae of things closest to my field of vision: the intensity of colors, the exact position and pressure of my mother's hand gripping me tightly, and the presence of only her in the crowd. I can no longer think about what I've left behind, my world has been reduced to the Now. If I let go of the promise, the



memory, I know the idea of my nanny will cease to exist; she too will evaporate in the smoke. My breathing accelerates and I am gasping for a breath of clean air. We wait squatting on the ground, huddled together for hours amidst the cacophony of sounds, mechanical noises blended with explosions, screams, and violently barked orders, all the while just waiting. The daylight is fading, a dusky haze of sunset blends with the smoldering city ablaze, where no one can extinguish the burning anguish of its inevitable downfall. Someone points to us, and my mother says, “Yes, we are a family!” They ask questions, while those in charge count people, trying their best to keep families together. “How many?” We have the right number of members in our family to go.

Though I become dissociated in the fugue state of watching myself go through the motions of being evacuated, I also notice and read the other silent faces who are in the same conversation with fear. I vaguely register a woman pushing past me to get on the helicopter, when she tugs the buttons off of my dress. I remember the pressure and pain from my mother’s hand grasping

onto her meager possessions and clutches her children to her even tighter. We children in unfamiliar surroundings are coaxed out of our fears for a little while, eat little sandwiches of foreign food, which my senses would always remember the taste of. We walk onto a rectangular floating space with three sides, the soldiers are closing the fourth side, and we are now on another form of transport. Moving slowly away from the burning city, we head out toward the infinite nothingness of the sea. I can only feel the cold now, coughing, clinging closer to my mother. She is holding me as I gasp for air; an asthma attack forces me to focus solely on my breathing. But I am still an observer: it’s raining now and drops of rainwater drown the salt in my tears, mixed with a taste of ash in my mouth, trickling down into the sea. We are all saturated. It’s evening, the dark sky illuminated by the bright artificial glow from the deck of the spaceship, throwing giant shadows, all the danger of the moment cueing our senses, and somehow we endure it; even when our spirit could no longer, our bodies still pick up and carry on.

“Looking back, I remember an intensely physical sensation the French call *l’appel du vide*—‘the call of the void’—a powerful urge to be enveloped in the ocean...”

mine and my siblings’ wrists all together so tightly that it leaves bright red marks and starts to bruise. It’s a beat of silence, then the cold, the immense drastic temperature drop of being lifted upwards. I feel a rush from intense heat to the blast of cold in the open copter, in my inadequate attire, then the panic of my realization that it’s too late, *chị Quý* will not be coming with us.

Hurting onto the uncaring metal floor of the ascending aircraft, I vomit my motion sickness and inarticulate fear into a tin. I still recall the act of kindness of the old man who gave the tin to us. I feel gratitude for this simple act; he gives me back a momentary sense of humanity. I had never flown in a helicopter, going straight up towards an abstract color field, the chaotic blur of saturated feelings: cold, hunger, anxiety, fear, terror, excitement, and guilt entwined together like a ball of twisted yarn, one that has taken years for me to unravel.

Our whirling metal dragonfly descends onto the deck of a giant warship. To a child having never seen an aircraft carrier, it seems like a fragment of floating highway. We are being moved once again like loads of random cargo, parceled off into segments down metal stairs, entering the belly of the mechanical beast underneath, as if plunging into a sci-fi universe where the alien spaceship is now a reality. Later on, I would learn that my spaceship also has a name: the USS Midway.

We are all packed in tightly, to make room for as many souls as possible. Time passes as we are physically examined by soldiers and crew members in uniform. My mother grasps

Looking back, I remember an intensely physical sensation the French call *l’appel du vide*—“the call of the void”—a powerful urge to be enveloped in the ocean, in shades of clear colorlessness, a mesmerizing pull to step forward with outstretched hands, only to be jarred back again from the shimmering abyss by the immediacy of noises and smells of all the unwashed bodies packed together on the deck of this floating island. We were lined up to be hosed down during a routine group washing. I felt on my skin the great difference in scale: the size of a child against the seemingly boundless body of water.

Today, in the new country I call Brooklyn, I sometimes feel that visceral *appel du vide*, a panicky sensation more than a memory. I live with packed bags even when there are no plans to travel. My packed bag is what I believe, rationally or not, will prepare me for the next escape. While emergency preparedness kits typically include flashlights, protein bars, water bottles, maybe a thermal blanket, the items on my list differ. In my bag is that same handful of pictures that my mother packed. ■

Tati Nguyễn is a visual artist, storyteller, filmmaker, and arts educator; her multicultural perspective continues to shape her work. She holds an MFA from Cal Arts and a BFA from Cooper Union and currently works as the creative media specialist at Pratt Institute.





ON BEING TORN

Reflections on Tati Nguyễn's 'Displacement'

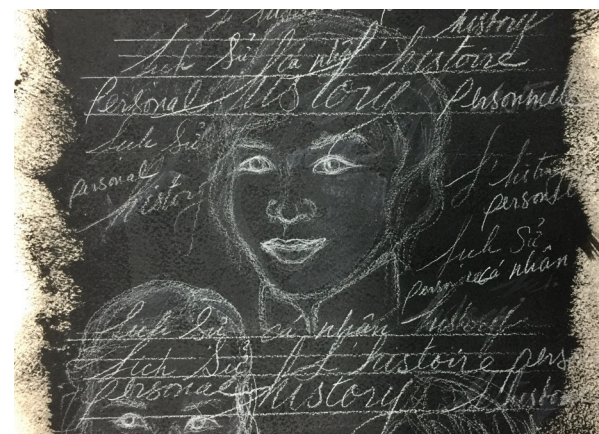
BY SALMAN AKHTAR

Illustration by Tati Nguyễn

Tati Nguyen's recollection of her clandestine, frightening, hurried, but life-saving migration during the 1975 fall of Saigon shatters me into pieces. My generally good-hearted and kind self gets flooded with pain, horror, and confusion. My immigrant self knows the anguish of geo-cultural dislocation and nods in agreement with Nguyen. But that self also contrasts my voluntary exit from a mostly serene India with her involuntary and terrifying escape from a war-torn Vietnam; it makes me feel ashamed of my occasional indulgence in masochistic glorification of my losses. And then there are my writer and psychoanalyst selves. The former admires Nguyen's craft, tries its best not to envy. The latter refuses to be gullible. It questions the reliability of the author's memory and also wonders how her early psychic development could have colored the processing of this highly traumatic event. However, the same psychoanalytic self warns me against the unethical nature and erroneous results of such "wild analysis." I am torn into pieces.

As soon as I utter these words, I realize that being torn and the mental pain (*Seelenschmerz* in Freud's phraseology) it brings are what all this is about. Tati Nguyen, a New York-based visual artist and filmmaker, offers us a narrative of her abrupt uprooting from the city of her origin—a city in flames, having fallen to the enemy in the final moments of a decades-long conflict. The author is all of eight years old at the time of this psychosocial amputation, and themes of being torn apart abound in her narrative. Let us take a look.

“WE ACTUALLY NEVER LEAVE OUR CHILDHOOD HOMES. WE CARRY THEM IN OUR HEARTS TILL WE DIE . . . WE TRY TO REPLICATE THEM, FREQUENT THEM IN DREAMS, AND ALLOW THEM TO HOUSE THE POEMS WE WRITE LATE AT NIGHTS.”



I. BEING TORN FROM ONE'S MOTHERLAND

Nguyen's piece opens with the stunning declaration, "I was born in a place that no longer exists." How terrible is that? How unmooring of the self and its grounding in a familiar ecological surround? Today, most psychoanalysts take living in a country for granted. The Jewish émigré analysts, dispersed all over the globe following the Holocaust, did not address their dislocation for a long time. It was too traumatic, and they did not want to call attention to their ethnicity and religion which had led to their persecution in the first place. Blocked (externally and internally) from the possibility of return, they had a pressing need to assimilate. It was with passage of considerable time and a growing sense of safety that they began to address such issues. A major impetus to psychoanalytic writing about geo-cultural dislocation (involving changes in landscape, climate, architecture, vegetation, little and big animals) came from less traumatized immigrant analysts (e.g., Leon and Rebecca Grinberg, César Garza-Guerrero, and myself) who had left their countries on a voluntary basis. One can speak of these things only when one is ready to speak. Nguyen has now given her experience a voice by addressing, in a sensitive and erudite manner, her loss of what Heinz Hartmann called an "average expectable environment"—a stable home conducive to normal childhood development.

II. BEING TORN FROM ONE'S HOME

In his inimitable fashion, Winnicott said that a home serves many emotional functions which become evident only when the home is lost. Nguyen's memory of packing and repacking suitcases to take as the family was leaving poignantly describes the hapless effort of migrants to take their home along with them. At the end of her essay, she refers to bags that still contain photographs brought from those early days. Look, the American saying that one cannot go home again and the Spanish journalist Maruja Torres's phrase "the wound of return" might be correct—we cannot return to an earlier phase of life, or a prior homeland, and experience it as we remember it because both



we and the place have meanwhile changed considerably—but it is also true that we actually never leave our childhood homes. We carry them in our hearts till we die. We revisit them for what Samuel Novey termed a "second look." We try to replicate them, frequent them in dreams, and allow them to house the poems we write late at nights.

III. BEING TORN FROM ONE'S LOVE OBJECTS

Nguyen's description of being separated from her beloved nanny is truly difficult to read; it is simply too painful. Her weeping, wailing, screaming, clutching doors and walls, refusing to leave, and having to be lied to by her parents are unfortunately familiar to me. At age fourteen or fifteen, I witnessed a seven-year-old cousin being brutally separated from his nanny and sent away to an out-of-town British-run boarding school. Call the scene "A Child Is Being Separated," if you will—a scene eerily similar to that described by Nguyen. My familiarity with the significance of childhood nannies is also derived from the lives of four great psychoanalysts (Freud, Ferenczi, Bowlby, and Bion) who were deeply affected by this relational bond, its rupture showing up in subtle and not so subtle ways in their theoretical formulations.

IV. BEING TORN FROM ONE'S CHILDHOOD INNOCENCE

A child needs safety, security, and environmental continuity for psychic growth and maturation. Such "holding" and "containing" provisions help the child negotiate its epigenetically unfolding developmental tasks. Oral clinging, anal retentiveness, and oedipal defiance notwithstanding, there is still a quality of innocence to childhood, a wide-eyed wonder that is most marked in the latency years. War, societal turbulence, and other life-threatening circumstances—with overwhelmed and scared parents—rob the child of such innocence. The "protective shield" is lacerated, trauma results, and long-term effects (e.g., flashbacks, psychic homelessness) ensue. Nguyen delineates all this in searing details.

V. BEING TORN FROM ONE'S RIGHT TO A SELF-EARNED IDENTITY

Under normal circumstances, identity evolves from a gradual internalization and discerning synthesis of significant objects of one's formative years (e.g., parents, older siblings, grandparents, neighbors, schoolteachers). Such accretion is mostly unconscious and ego-syntonic. It is "owned" by the individual (e.g., "I am a proud parent of two wonderful kids," "I am a nurse"). Under abnormal circumstances, the individual is assigned labels by others (e.g., "colored," "terrorist," "alien," "foreigner," "deplorable," "woke"). This is a subcultural theft of the individual's privilege of self-definition. It causes estrangement on both interpersonal and intrapsychic bases. Note how the Bulgarian émigré Julia Kristeva speaks of an immigrant's mother tongue hiding inside him or her as a handicapped child tucked away in the back room of the family house. It is painful.

Lest the scenarios I have outlined seem unbearably dismal, allow me to add that all is not doom and gloom. Trauma is a double-edged sword. Human beings can get hurt, but they also possess perseverance, stoicism, grit, and resilience. "Being torn" is certainly a wound, but a wound can turn into a scar and a scar into a story. And it is at this juncture that creativity enters the picture. Creativity, according to Freud, is "a continuation of, and a substitute for, what was once the play of childhood," a play that, we might add, gets at times cruelly aborted. The artist and the writer—and Tati Nguyen is both—can jump-start the process of thwarted development by her healing paintings and words. This is what Georges Braque meant when he stated that "art is a wound turned to light." Nguyen has brought much light to the exiled and ethno-dystonic parts of our selves. Bravo! ■

Salman Akhtar, MD, is a professor of psychiatry at Jefferson Medical College and training and supervising analyst at the Psychoanalytic Center of Philadelphia. He received the Sigourney Award in 2012 and is the author or editor of 110 books.

FREUD ON SCREEN

Freud has always fascinated artists. The production of dramas about him has only accelerated with the passage of time.



1962

John Huston
Freud: The Secret Passion
Starring Montgomery Clift as Freud

1976

Herbert Ross
The Seven-Per-Cent Solution
Alan Arkin as Freud in an adaptation by Nicholas Meyer of his novel expanding the Sherlock Holmes universe

1981

Nanni Moretti
Sogni d'oro
Story of an Italian film student who makes a movie called *Freud's Mother*, featuring a depiction of Freud in the film within the film

1984

Moira Armstrong
Freud
BBC miniseries with Freud played by David Suchet

1985

Hugh Brody
Nineteen Nineteen
Frank Finlay as voice of Freud

2010

Felix and Percy Adlon
Mahler on the Couch
Karl Markovics as Freud

2011

David Cronenberg
A Dangerous Method
Viggo Mortensen as Freud, Michael Fassbender as Jung

2014

David Ruhm
Therapy for a Vampire
Karl Fischer as Freud

2020

Marvin Kren
Freud
Netflix series starring Robert Finster as Freud investigating a murder conspiracy

∞

Matthew Brown
Freud's Last Session
Anthony Hopkins as Freud debating the existence of God with C. S. Lewis on the eve of World War II (in production)

CON VER SION

Sigourney Award Committee recognizes 'sea change' in major psychoanalytic advances

BY RYAN LENZ

Illustration by Austin Hughes

Jack Drescher was not yet a doctor, just finishing up medical school and beginning interviews for training in psychiatry when he understood what would become his life's work. It was 1980 and the American Psychiatric Association had only seven years earlier reversed a long-standing opinion that people like him were mentally ill.

That reversal was hardly an apology, but Drescher knew it was the beginning of something important—a change for gay people and their mental health treatment. So when an interviewer for a residency at Cornell-affiliated New York Hospital said as part of the selection process, “Tell me about your intimate life,” Drescher saw no reason to lie. He was gay.

“He looked like I hit him between the eyes with a slingshot,” Drescher said. “Literally.” Why would he be so bold? “I thought it wasn't a problem. I had read like everybody else that homosexuality was no longer considered a disorder. There had been nothing in my medical school training other than it was clear people didn't want to talk about it. I didn't know it was the wrong thing to say at the time.”

While Cornell did not accept him, Drescher went on to train in psychoanalysis at the William Alanson White Institute, and he has since committed more than forty years to advancing a scientific understanding of human sexuality in the face of growing cultural forces waging a vicious attack on the social acceptance of LGBTQ+ people.

Things in the field have changed. Late last year, Drescher was among five recipients of the 2022 Sigourney Award for major advances in psychoanalysis. Special attention went to studies into the nature of human sexuality and gender, explorations of identity as determined by the physical self, and efforts to unpack racial bias institutionalized in the field of psychoanalysis.

“The Sigourney Award Trust received work from an

exceptional pool of global applicants representing sea changes in the understanding of psychoanalytic theory and its clinical application,” the committee said, noting the research affected people's lives in “education, health care delivery, race, equity, gender, and sexuality issues, and community.”

Sea changes. The phrase appears again announcing the award for Drescher, a professor at Columbia University and New York University: “His work has managed to shift psychoanalytic thinking about LGBTQ+ people and brought psychoanalytic sensibilities into conversations outside of psychoanalysis, fostering a sea change in psychoanalytic organizations' perspectives on gender and sexuality,” the committee said.

This strong praise has a sound basis: since entering psychiatry, Drescher has worked to rethink faulty psychoanalytic ideas about homosexuality based on solid scientific evidence rather than past understandings. Drescher's work comes as human sexuality rises to the center of historic cultural challenges. In recent years, laws have been passed around the country both enshrining protections for LGBTQ+ people and tearing them down. The overall climate has sparked morally outraged rhetoric and inspired violence, most tragically in 2015 when a gunman killed forty-nine people at the Pulse nightclub in Orlando. Meanwhile, divisions linger internally in psychoanalysis, and the debate continues.

“This is definitely culture work,” Drescher said. “This is culture war work.”

That work seems more important now, especially as new horizons in psychology emerge. “We're at the beginning of the conversation having to do with trans people, and it's gotten

“THIS
IS
CULTURE
WAR
WORK.”

ugly because politicians on the right and also people on the left have a very common view of gender, so they fall back on bedrocks that they think shouldn't be transgressed,” Drescher said.

Drescher's notable accomplishments include editing the section for Gender Dysphoria—formerly called

Gender Identity Disorder—in the 2022 revision of the *DSM-V* and taking part in the World Health Organization's working group that revised sex and gender diagnoses for the organization's International Classification of Diseases. But perhaps most notable has been Drescher's longstanding opposition to reparative therapy.

In his 1998 paper “I'm Your Handyman: A History of Reparative Therapies,” Drescher called attention to misguided and antiquated understandings perpetuated through the dangerous practice.

“The evolution of one branch of psychoanalytic theory into an anti-homosexual political movement illustrates the permeability of boundaries between clinical issues and political ones,” Drescher wrote presciently then. “In their open support of antigay legislation, reparative therapists have moved from the traditional psychoanalytic center and have been embraced by conservative religious and political forces opposed to homosexuality.”

It's hard to imagine in 2023, nearly a decade after the US Supreme Court legalized same-sex marriage, as wider acceptance of LGBTQ+ identities becomes normalized in many parts of the world, just how powerful and important those words were as they called out a branch of psychoanalytic theory for its “mythic status as an implacable foe of lesbian and



WORK

“I think psychoanalysis has lagged behind culture in terms of gay rights.”

gay identities.” Drescher said it has taken many years for the field of psychoanalysis to come to terms with itself.

“I do think that psychoanalysis has good things to offer to the culture—the very notion of the unconsciousness that may be in operation, that [we] may not be fully considering everything we’re doing, that everything is not immediately accessible to our thinking—is an idea that is very helpful in a variety of settings,” Drescher said. “But I think psychoanalysis has lagged behind culture in terms of gay rights. Psychoanalysis is behind the culture.” ■

Ryan Lenz is an award-winning journalist and writer who spent eight years documenting the rise of extremist ideas for the Southern Poverty Law Center. From 2005 to 2008, he covered the Iraq War for the Associated Press. He lives in Atlanta.

OTHER SIGOURNEY AWARD WINNERS

GIUSEPPE CIVITARESE, for work extending Bion’s reformulation of the concept of “hallucinosis” to transform it into a psychoanalytic technique. The committee noted that Civitarese “extends those ideas to show how human subjectivity is also intersubjective, essentially positing that mental life is rooted in co-being with others.” The committee noted Civitarese’s evocative writing describing the experience of analytic transformation. “My work, although sometimes dealing with abstract and difficult concepts, is always grounded in a concern to improve the treatment of mental suffering,” he said. Civitarese has also written three books on contemporary art and literature, including the Italian-language work *L’ora della nascita: Psicoanalisi del sublime e arte contemporanea* (The Hour of Birth: Psychoanalysis of the Sublime and Contemporary Art), which won the Gradiva-Lavarone prize for the best psychoanalytic book of 2020.

DOROTHY E. HOLMES, for her landmark work examining race within psychoanalysis. Holmes articulates the necessity to “understand racist

hatred that is carried widely in the culture and individually, and she shows that persistent racial unknowing is practiced in psychoanalytic institutions through silence, political intimidation, and disappearing in the face of repeated painful racial enactments,” the award citation noted. Holmes is a training and supervising analyst at the Psychoanalytic Center of the Carolinas and IPTAR, a training analyst at the Washington Baltimore Center for Psychoanalysis, and a teacher at George Washington University. “By examining systemic racism and its role in psychoanalysis, Dr. Holmes is inspiring open discussion of discriminatory practices that impact racial equity in psychoanalytic treatment and training,” said Robin A. Deutsch, a psychoanalyst who helps administer the award.

ALLESANDRA LEMMA, for clinical contributions addressing issues such as body modifications, transgender identities, and the impact of new digital technologies on the mind and body, especially applied to youth mental health. “Addressing a deep understanding of how modern identity finds its way through our physical

self, her work explains widespread social phenomena in young people such as tattooing and cosmetic surgery, broadening the scope of thinking about what drives people to modify their bodies,” the committee noted. For the past ten years, Lemma has served as general editor of Routledge’s New Library of Psychoanalysis series. Her academic work has been translated into ten languages. She is a fellow of the British Psychoanalytic Society and a professor at University College London.

EDWARD TRONIC, for work focusing on the concept of repairing relational disruptions as a major change process in psychological development and the healing of psychological illnesses. The committee noted that his work in developmental psychoanalysis revised an understanding of infancy and development to involve “disorganization and repair.” A professor of psychiatry and pediatrics at the University of Massachusetts Chan Medical School, Tronic has published more than eighty papers on biological and scientific advances in psychology, genetics, and epigenetics.

The Freeing Speech of Pioneer Erika Schmidt

BY LINDA MICHAELS

Illustration by Austin Ratner

Erika Schmidt was a woman of many firsts: the first woman, the first social worker, the first child analyst, and the first non-MD to be elected president of the Chicago Psychoanalytic Institute eighty-one years after its founding. As a self-described “dissident voice within BoPS [APsA’s Board on Professional Standards],” and as a leader of the Association—she became the Executive Committee Lead Director of the APsA board—she also helped inaugurate a new era for psychoanalysis as a whole. She believed in progress for the field and believed that psychoanalysis could in turn bring change to individuals and communities, where she applied psychoanalysis in pursuit of social justice for children. She died unexpectedly in late December 2022 at age seventy-three.

I first met Erika in the Fall of 2013 at what was then called the Chicago Institute for Psychoanalysis. I was starting the adult psychotherapy program, and Erika was starting her presidency of the institute. I felt enthusiasm for Erika’s tenure and hope for the future of the institute and for our field as a whole. Erika and I chatted at the welcome meeting for incoming students; I remember her as friendly yet formal. I knew there must be something special about this woman who had just broken so many barriers and stepped right through the toxic clouds of prejudice and outdated, yet entrenched, traditions. But because she was quiet, polite, and unassuming, I didn’t realize the extent of her power and persistence. I didn’t realize then that she was a revolutionary leader who used her powerful voice on behalf of children.

Well before her election as president, Erika put her commitment to social justice into action. She helped launch, and was the first director of, the Center for Child and Adolescent Psychotherapy at the institute. The center focuses on providing mental health services on a sliding scale to underserved communities and educating members of those communities about the emotional life and developmental needs of children and their families. It offers individual psychotherapy, psychoanalysis, developmental guidance for parents, group therapy, consultation, and referrals, all with a central goal of making quality services more accessible to those with limited financial resources. Prior to leading the center, Erika was the clinical director of the Chicago chapter of A Home Within, a national organization that organizes volunteer therapists to provide pro bono psychotherapy to children in foster care. She started her career at the Juvenile Protective Association, first providing social

work services to children and families where there was abuse or neglect, and then codirecting their Infant Development Project for high-risk children.

Erika was also instrumental in establishing the Englewood Project, a highly successful and creative community program sponsored by the institute. It provides pro bono group therapy to children (grades K–8) who have been impacted by violence and loss. Englewood, a neighborhood on the South Side of Chicago, is often referred to as Chicago’s murder capital. Therapists travel to the schools, meeting with the kids during the school day, in groups as small as four or five kids. They continue to meet weekly for as long as the children want to, and some of the groups have been meeting continuously for years. With their focus on understanding oneself and others, they have been able to transform lives and have earned their name of “Growth Groups” many times over.

In describing the impact of the Growth Groups and the appreciation the teachers, parents, and school administrators came to have for the therapists and their psychoanalytic approach, Erika often shared how surprised the teachers and parents were that the therapists kept showing up. They showed up week after week, year after year, and they showed up for every child in every group. The community was used to White, monied do-gooders suddenly appearing in their communities with offers to help, and then disappearing just as quickly. They saw the transformations in their children, and they came to deeply appreciate the therapists’ dedication, care, persistence, and relationship.

Erika herself lived by these values, and she kept showing up. Throughout her career, she kept showing up for high-risk kids and families, especially the most vulnerable with the least resources. She built successful connections and programs to reach them, and she maintained a focus on the importance of children and the right they have to their inner lives and experiences. Indeed, her ideas on this topic are still being put out into the world: her article “The Rights of Children” was recently included in a book called *Advancing Psychotherapy for the Next Generation: Humanizing Mental Health Policy and Practice* (Routledge, 2023), edited by Psychotherapy Action Network.

Erika also kept standing up for psychoanalysis and worked to bring its values and therapies to the public. These goals

and values informed the massive effort she and others at the institute undertook to transform its curricula and modernize the institution. The name was changed to the Chicago Psychoanalytic Institute, and formerly segregated programs were brought together, with all incoming students completing a first year of studies together in a new Fundamentals program. After that year, students decide whether to pursue the analytic track or the therapy track. But they come in knowing that they are a part of a larger cohort of psychoanalytic therapists. When I went through the program, the psychotherapy classes met on Tuesdays and the psychoanalysis classes met on Fridays. We were never even in the institute at the same time, and there was no connection or collaboration with other students. With the transformations in the approach, schedule, and curricula, enrollment in the programs has increased appreciably.

I reconnected with Erika and the institute several years after completing the psychotherapy program. Like others, I was lured back by Jonathan Lear offering a class on Freud. I stayed on for the next year in Erika’s Freud class, in which we pursued a close and detailed reading of his texts. The depth and breadth of her knowledge of the psychoanalytic literature was impressive. She had a mastery of the history of the field, and particularly women analysts. And I was so impressed by the changes at the institute, and the ways in which it was reconceptualizing its mission and its relationship with students and the broader

community. The institute was also embracing students from all over the world—Australia, Iran, China—and investing in the necessary technology to do so well before the pandemic.

I also became more aware of how threatening these changes were to some of the “old guard.” While I can appreciate the anxieties some analysts experienced due to Erika’s changes, I could not believe the extent of the resistance and vitriol, hidden and blatant, they directed at Erika. Yes, Erika was direct, clear, decisive. This may have been mistaken for harshness, but as a friend said at an informal gathering after her death, Erika was without guile. She offered her best, most considered advice and made informed, balanced decisions that aligned with her personal and professional values and principles. Part of me was scared of her at times, but mainly because she was strong, opinionated. I always knew, without question, that I’d get an



honest answer that I could trust. And that I could ask for her help with any problem, at any time. I knew she would show up for me.

Erika's generosity of time and spirit, her empathy, and her courage to do what's right and what she believed in, even if that meant breaking boundaries or traditions, were all special aspects of her. Her dedication to helping kids and families and to advocating for psychoanalysis led to another connection I shared with Erika through the Psychotherapy Action Network. She met with us early on, when we were still trying to figure out how to build this advocacy organization and explain it and our big dreams. I'm sure our passion came through, but I don't know about our clarity of vision. Yet Erika could see the potential, and she decided the institute would sign on as one of the first organizational members. We also asked her to join our Children's Committee, and after a thoughtful pause, she agreed. She helped us prepare for our 2019 conference in San Francisco, introduced us to whoever she thought could help, and presented there as well. At the start of the pandemic, she realized that therapists in training would need special support and developed a series of webinars to assist them with the transition to online therapy.

Throughout the six years of PsiAN's life, Erika's presence has been pivotal and valuable. Our work and friendship deepened over the last several years in particular, during which we met for two hours a week, every Friday. Two years ago, she joined our interim board, while still working as president of the institute, teaching, and maintaining a small private practice. This small group focused on defining the structure and resources we'd need to expand and solidify the organization for the future. In 2022, we launched our board of directors and Erika was elected vice chair. She led our Development Committee and our first coordinated, organized, and systematic effort to fundraise toward our mission. She set an ambitious goal, which made me anxious. But she led an incredibly successful campaign, which not only met that goal, but exceeded it by 70 percent.

When Erika retired from the institute in September 2022, she had planned to devote her professional energies to PsiAN, while continuing her leadership role on APsA's Executive Committee. Perhaps PsiAN's focus on therapies of depth, insight, and relationship had a unique resonance with Erika, because they also exemplified how she lived her life. She created, nurtured, and deepened multiple friendships, many of which spanned three or four decades. In a gathering we had in early January, her friends spoke about her in loving and moving ways, and the depth, beauty, and complexity of her relationships were clear. Many said she was an open and deep listener—trustworthy, loving, and devoted. She was the person you wanted to talk to when you were struggling and in need of guidance. You knew she would take you seriously, and that she would, in fact, help you. Even while being a private person, she opened herself up and shared of herself deeply. She had both a profound

intelligence and a wicked sense of humor. She liked being in charge, and she was also playful—whether playing Scrabble, Super Scrabble, mah-jongg, Wordle, or more. I don't think I ever saw her without a *New York Times* newspaper in her bag (paper copy, of course).

Her quiet ways and idiosyncrasies made her a most unassuming revolutionary. She was one for breaking boundaries, reaching across chasms defined by sexism, racism, and classism, and helping those who needed help the most. We had several conversations about the revolutionary act that is psychoanalysis and how free speech can be not only a tool and a practice from Freud, but also a verb—to *free speech*—to free our speech and our thinking, to create the power to free and alter a life. Perhaps this is why, as devoted as she was to studying therapeutic action, she prized action. She wanted to do things, make things, help change people's lives. She loved this aspect of PsiAN, that "action" was not only in our name but driving everything we do. Her commitment to action touched all of the organizations, capacities, and structures she built in her career, and all of the children and families in whose lives she made real, tangible differences. She has had enduring impact for at-risk children and families, under-resourced communities, the institute community, the field of psychoanalysis, and depth therapy.

The informal gathering gave us a chance to be together, to talk, laugh, cry, and remember Erika. This group also organized a weekend of Reading for Erika, with each of us signing up to read, alone, uninterrupted, for one hour in honor of Erika. This gesture was lovely—genuine, deep, quiet, and powerful, not flashy. Personal and profound, quiet and connecting, suffused with poignancy, and rich with meaning—just like Erika.

We will continue to remember her, embrace her values and carry on her projects, reach out to her children. The mourning will take a very long time. But from knowing Erika, and seeing all that she shared with the world, one thing is clear to me: her impact will outlive us all. ■

Linda Michaels, PsyD, MBA, is the chair and cofounder of Psychotherapy Action Network (PsiAN), a consulting editor of Psychoanalytic Inquiry, and a fellow of the Lauder Institute Global MBA program. She is a psychologist with a private practice in Chicago.

GETTING PERSONAL:

The ethics of abstinence, neutrality, and candor

BY ELLEN PINSKY

Illustration by Austin Hughes

When I was in my late thirties or early forties, a few years before I started analytic training, some friends and I used to play a game that goes like this: Imagine you overhear someone talking about you, and they speak a single adjective that describes you. A single adjective. What adjective would give you the greatest pleasure to hear? One friend, I remember, chose "brilliant," another chose "noble"; a third said "complex," then switched to "deep," toyed for a moment with "charming," settling finally on "mysterious."

Now let's play the game again but change the players. You are to imagine you overhear someone—say, a colleague—talking about you as an analyst. They speak a single adjective to describe you. What would you like to hear? Trustworthy? Smart? Wise? Kindhearted? Tough-minded?

Not long ago, a colleague introduced me to an adjective I'd never considered: "personable." He organized a panel to discuss the phrase "Personableness as a Function of Neutrality." What does it mean to connect the quality of personableness to analytic neutrality? Something about how the analyst is to behave, or to appear. But the phrase suggests more than behavior and self-presentation: not only how the analyst should be but who the analyst is.

I remember how eager, excited, and sometimes overwhelmed my classmates and I felt as new candidates, now over twenty years ago, setting out to learn the craft. We were in our own analyses, full of wonder, tinged with anxiety (at least I was). The first one of us to have an analytic patient said, not long after the treatment began, that he'd taken his seat behind the couch with no idea of the *voltage* he'd experience. Voltage. As if there's a shock, an unexpected force—something momentous, a power carrying danger. Our technical term for that force set in motion is the transference.

In class one evening later that first year, another classmate expressed a need for guidance: "We need more help," she said, "knowing how to behave," and she offered the following

example: "Say, you're out in the street, you're walking the dog, or parking the car, and a patient comes toward you," she said. "What do you *do*?" The teacher paused, then quietly replied, "Say hello."

We laughed, understanding both the absurdity of the question and the underlying anxiety. But what's the anxiety? What rule, or code of conduct, is the student analyst afraid she might break? My class then collaborated on a fantasy that the Education Committee would provide a booth in the common area where, behind a curtain, our own "Miss Psychoanalytic Manners" would sit. You could bring a coin, and in return for that token Miss Manners would answer any question about behavior appropriate to a psychoanalyst. We'd joke, imagining different answers depending on which of the senior eminences sat hidden there. I look back on that playfulness as one way to manage our anxiety.

Freud attempted early to evoke the analyst's position and ethical responsibility in *Papers on Technique*, most incisively in "Observations on Transference-Love" (1915). There he addresses the young doctor, giving us terms that provide the foundation. The essay does not only lay down technical principles and ethical precepts: it teaches us that they are the same thing.

"Observations on Transference-Love" is Freud's methodical argument, first, for what he calls "the fundamental principle of the treatment being carried out in abstinence"—the analyst says, "No," tacitly setting up the forbidden: an absolute embedded in the restrictions of the setting. With abstinence comes the second, closely associated though distinct notion of neutrality. "Abstinence" refers to the analyst's behavior, a judicious holding back that protects but at the same time heats things up: abstinence is *alluring*, it increases the appeal and force of the transference magnet, the human being who occupies the seat. And the second term, neutrality, refers to attitude—a benevolent receptivity not to be confused with coldness, or not caring. The

two terms, a behavior and an attitude, can't be separated. And together, abstinence and neutrality are forms of *presence*, not absence: a two-person humanity.

With these two concepts, abstinence and neutrality, plus an essential third element—the patient's pledge to candor—Freud gives us psychoanalytic treatment. Everything follows from that spacious, flexible, three-part basis.

There is an institutional pull toward automatic formulation: a tendency to codify basic ideas into doctrine or a rulebook. There is also an equal and opposite tendency to dismantle the constructed doctrine. The slide into codification fosters a slide into equally glib debunking. In contrast, actual understanding of the principles indicated by Freud's words is more difficult and more important. Understanding does not follow from organizational rules or codes; rather, it is the responsibility of each individual *person*. To put it another way, character underlies ethics.

Which returns me to that adjective: "personable." Some more history, this from the *Oxford English Dictionary* on the word. Well into the twentieth century, we're told, "personable" referred mostly to the physical, or external. Here I quote an *OED* source from almost five hundred years ago, 1541: "One woman . . . hath many childern, of them some be fayre and personable, some ylle-favoured and croked." Or, two hundred years later, in 1731, here's Jonathan Swift: "My Master is a parsonable Man, and not a spindle-shank'd hoddy doddy." Two hundred years pass, and in 1953, here's the word having to do with more than the external or appearance: "Sir George Sitwell . . . emerges, if not the hero of the memoirs, a very personable and likeable figure." Pleasing now in *manner*—affable. And a few years ago, from the *Boston Globe's* sports pages, broadcaster Joe Castiglione opined about our world-champion Red Sox: "I think it's actually the best group we've ever had in terms of not just ability, but how personable they are." With the changing definition, there's a shift from outside (the surface) to inside (the attitude, or character). By the old definition, "personable" male analysts would have been handsome, carefully groomed, and well-dressed—no spindle-shanked hoddy doddies, but young men in nice suits.

We've seen a shift from the cartoonish caricature of the heyday's silent uninvolved doctor to the deeply involved, sometimes over-involved, analyst of today. Some might suggest that too much focus on the analyst's internal states may overshadow or even erase the patient's experience, today's more engaged analyst the obverse of the coolly detached figure who is unresponsive to the point of disappearing. While the growth of a counter-transference literature appreciates the magnitude of that reciprocal force, we can also get stuck in our own vocabulary, at times become almost formulaic: for an example, "Is it a one-person or a two-person psychology?"

Primary questions remain: What kind of person should or can the therapist be? What is due to the patient as a person? I

began by suggesting that my friend's phrase—"Personableness as a Function of Neutrality"—was asking not only how the analyst is to be but who the analyst *is*. The answer is inside the adjective itself: The analyst is a "person" and "able"—able to become a person. Also, "able" as a person to enable the *other* as a person: in a professional setting, someone with the capacity to be a person for the other. The patient too must be person-"able," that is, must become a person for the analyst—not merely the idealized, or demonized, object of a transference fantasy from either side of the couch. Two individuals, two persons, and what passes between the two: in that movement is the therapeutic action.

I think of Hans Loewald's 1960 "Therapeutic Action" paper: Not only does the analytic attitude include physical and social posture ("outside" and "inside"), but it requires, he writes, "an objectivity and neutrality the essence of which is love and respect for the individual and individual development." The analyst has to be able to envision the other as a developing separate *person*. "In sculpturing," Loewald writes, "the figure to be created comes into being by taking something away from the material." And he continues: "In analysis, we bring about the true form by taking away the neurotic distortions. However, as in sculpture, we must have, if only in rudiments, an image of that which needs to be brought into its own."

The analyst holds in safe-keeping the image of the person's potential—his or her "person-hood." The activity is a nonintrusive lifting-away; tact is involved: how much to direct, how much to hold back. The other is a *person*, and to experience that truth, to become "able" to perceive it, is a process that entails a reciprocal presence as a person, and not as a thing or an ideal or a set of abstract categories. The analyst's offering is in this view an active mirroring: a human transaction, between persons.

I could spin forever in playing the adjective game. Here's another way to play. This time, imagine you overhear not a colleague but instead a patient talking about you. What would you most wish to hear the patient say about you? And then turn it around: What would you *least* like to hear the patient say? Most, and then least.

Enjoy the game. ■

Ellen Pinsky is the author of Death and Fallibility in the Psychoanalytic Encounter: Mortal Gifts (Routledge, 2017). She came to psychoanalysis as a second profession following twenty-five years as a middle school English teacher. She is on the faculty at the Boston Psychoanalytic Society and Institute.



Abstinence

Abstinence refers to the analyst's behavior, a judicious holding back that protects, but at the same time heats things up: abstinence is alluring, it increases the appeal and force of the transference magnet.

neutrality by

neutrality refers to attitude—a benevolent receptivity that is to be confused with coyness, or not answering.

personable

personable gives us psychoanalytic treatment.

"ABSTINENCE" REFERS TO THE ANALYST'S BEHAVIOR, A JUDICIOUS HOLDING BACK THAT PROTECTS BUT AT THE SAME TIME HEATS THINGS UP: ABSTINENCE IS **ALLURING**, IT INCREASES THE APPEAL AND FORCE OF THE TRANSFERENCE MAGNET, THE HUMAN BEING WHO OCCUPIES THE SEAT.

From Biological to Balanced

A patient helps a young psychiatrist learn the value of psychotherapy

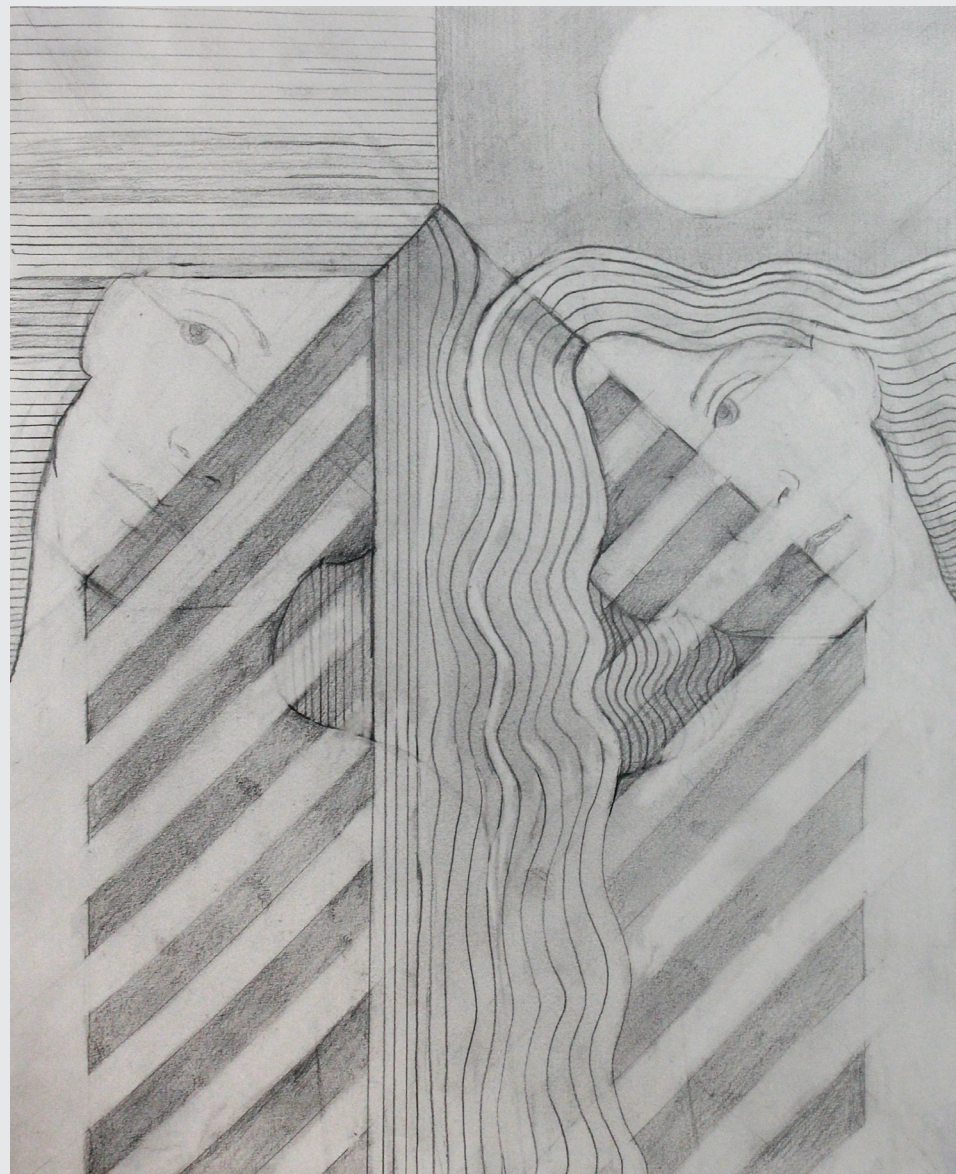
BY ABRAM DAVIDOV

Illustration by Jackie Hoving

“We got the best drugs.” That was my answer when asked why I chose psychiatry as my specialty. Between the psychopharmacologic art of finding the right antidepressant (hint: it’s always bupropion), the transformative magic of panic-blocking benzos, writing ADHD scrips to stimulate students, treating bipolar disorder with all-natural lithium, and calming voices with clozapine, you name it, we got it. I read textbook chapters on mechanisms of actions of antipsychotics and built a mental framework for organizing medications by side-effect profile, potency, and metabolism. I planned whiteboard lectures that I taught to medical students and co-residents because I was so pumped to talk about psychopharmacology.

I had little interest in psychotherapy and psychodynamics. Don’t get me wrong, I was all about building the therapeutic alliance, but for me that was just the means to the antipsychotic end. I did learn some motivational interviewing techniques and cognitive behavioral talking points that could inspire change, with few to no side effects. But it wasn’t until halfway through my second year that an attending physician displayed psychodynamic interviewing techniques in short interactions with patients that I started to think about what it meant to really understand patients and help patients understand themselves. I began to grasp the difference between medications that can treat and words that can heal.

A case I encountered while on call in the emergency department illustrates the difference well. AJ was a twenty-seven-year-old black female who was in a six-month relationship, had no kids, lived with her twin sister in an apartment, and supported herself by working as a receptionist in an optometrist’s office. She had a history of major depressive disorder with psychotic features and had just been discharged from our inpatient psych unit the day prior after a twelve-day stay. In fact, she had been inpatient for twenty-three days over the prior month with two nearly back-to-back admissions. During those stays she had received an aripiprazole 300-mg long-acting injection with the next dose due in a few weeks.



On the evening of my call she was brought voluntarily to the emergency department by her twin sister, and psychiatry was consulted for “hallucinations at home, worsening anxiety.”

I was not familiar with the patient and did not have adequate time to review her chart in-depth. I was not concerned about nonadherence to medication given her recent long-acting injection. My thought process was linear and goal-directed. Psychosis secondary to substance abuse, treatment-resistant psychosis, and psychosis secondary to unmanaged anxiety were high on my list of differential diagnoses. But instead of preemptively diagnosing her, I sat and asked if we could review the past twenty-four hours since her discharge.

AJ told me her dad picked her up from the hospital and drove her to the family home with almost no conversation on the car ride home. When she arrived, her mom was busy with the phone and didn’t greet her, and her twin sister was out on errands. While she was in the hospital, she was deprived of family contact due to COVID restrictions, so this would have been the first time she had seen their faces in two weeks. I pointed out that it would have been natural to feel disappointed that the family she hadn’t seen in two weeks didn’t seem excited to have her back. We explored these thoughts and the feelings they stirred, until I asked her to fantasize about the ideal welcome. She dreamt up an extended family waiting for her, and her sister greeting her in the car. She wanted to feel supported, like they were in it together.

She told me about the rest of that day. Within a few hours of coming home she felt light-headed and became worried that she was going to faint, so she started pacing. Bio-brain interrupted my thoughts. Was this antipsychotic-induced akathisia? Aripiprazole is a known offender, and the skin-crawling restlessness that comes with akathisia can be described as anxiety with pacing. If so, prescribe propranolol 10 mg twice a day and have her follow up outpatient. But maybe it was something deeper than cellular signaling. I asked if it was easier for her to feel anxious than for her to feel disappointed by her family. She agreed with my interpretation, and I could sense a

“My practice has become a
blend of medicine and the dynamic mind,
coiled together in a double helix.”

smile of self-recognition underneath her facemask.

She told me that after a few hours of pacing at home she called EMS herself and was brought to a different hospital where she sat in the waiting room for two hours. While she waited, her anxiety subsided, so she felt ready to return home without being seen. We briefly touched upon what she thought the waiting room offered her that was lacking at home. We concluded that she had been taken care of by doctors and nurses before, and that therefore she associated the hospital with the calm it gave her.

We didn’t continue the conversation much further; she said she felt much better and thanked me. She said no one had taken the time to speak to her like this before. I gave her the number to our clinic and to several resources for community care. While in the emergency room she was able to eat, nap, and call her sister, who agreed to take her home and help her follow up outpatient. I called AJ eight months after our initial encounter, and she had not returned to the hospital since. From the time of her first hospitalization, this was the longest she had gone without an inpatient psychiatric stay.

I am not sure where my career will take me, but I want to hone every tool at my disposal so that the future me can best serve his patients and himself. I realized that I initially felt biased toward the biological approach after coming from years of medical school and undergraduate study of the natural sciences. The further I transitioned from the theoretical and the closer I got to the actual patient, the more I saw the intangibles at play. My practice has become a blend of medicine and the dynamic mind, coiled together in a double helix. The more I grow, the tighter these strands twist, and I catch brief moments when they blend into one cohesive art. ■

Abram Davidov is a third-year psychiatry resident in Detroit. He studied neuroscience and creative writing as an undergraduate. When not walking his dog Moose, playing chess, or reading comics, he likes to practice psychiatry.

Trance & Trauma

From shamanism to psychedelic-assisted psychotherapy

BY HAROLD KUDLER

Illustration by Tate Overton

What did William Blake, Aldous Huxley, and Jim Morrison have in common? The answer can be found in this line of poetry: “If the doors of perception were cleansed, everything would appear to man as it is, infinite.” This quote from Blake’s eighteenth-century *Marriage of Heaven and Hell* provided the title of Huxley’s influential book *The Doors of Perception* (1954), which reflects on his experience with the psychedelic mescaline and advocates for psychedelic-assisted psychotherapy. Jim Morrison and his band named themselves “The Doors” after reading Huxley. Were they alive today, these three visionaries would feel right at home with the current renaissance of psychedelic research, brought to public attention, for instance, by Michael Pollan’s 2018 book *How to Change Your Mind*.

I want to make a clear statement about psychedelic-assisted psychotherapy for PTSD and other disorders: if large, well-designed, independently replicated research shows that these treatments are safe and effective, then they should be employed. There is no reason to wait until we fully understand the mechanism of this treatment. We rarely ever know the first principles by which our treatments succeed. That said, clinicians must grapple with the what, how, and why of what they do. What follows is my best effort to live up to this obligation, while offering some historical perspective.



Left to right (clockwise): J. Augustus Knapp for John Uri Lloyd’s *Etidorhpa*, 1895.

Animal Magnetism, The Magic Finger. Leigh Woods, 1892.



The roots of these unorthodox practices are deep. Many will remember W. H. R. Rivers as a psychiatrist portrayed in Pat Barker’s *Regeneration* trilogy of historical novels about shell shock among British officers during World War I, but fewer are familiar with his actual career. After completing medical training in 1886, Rivers, aged twenty-two, founded Britain’s first experimental psychology laboratory at Cambridge University. In 1898, he sailed to the Torres Strait (an area comprising northern Australia and islands in and around New Guinea) to study the sensory functions of the Melanesians. There he was drawn to anthropological fieldwork. In later life, Rivers reflected on health and illness in his book *Medicine, Magic and Religion* (1924):

One of the most striking results of the modern developments of our knowledge concerning the influence of mental factors in disease is that they are bringing back medicine in some measure to that cooperation with religion which existed in the early stages of human progress.

Rivers speaks from first-hand experience with the healing practices of Melanesian shamans. Shamans are regarded as having access to, and influence in, the world of good and evil spirits. They typically enter a trance state during a ritual, which allows them to practice divination and healing. While this practice may seem quaint to medical clinicians, hundreds if not thousands of combat veterans now seek care for war-related mental health problems from shamans at ayahuasca retreats across Central and South America. In addition, many clinicians now seek out those shamans for instruction.

Medical psychotherapy also emerged out of older traditions of trance states and ritual healing. Father Johann Gassner (1727–1779) successfully employed Catholic exorcism rites to treat physical illnesses. In 1775, Franz Anton Mesmer (1734–1815), a University of Vienna-trained physician, delivered an invited presentation to the Munich Academy of Sciences on Gassner’s exorcisms in which he reported that, while Gassner believed he was casting out demons, his miraculous cures were achieved through “animal magnetism.” Medical historian Henri Ellenberger cites the intersection between Gassner’s religious view of healing and Mesmer’s secular approach as the point of emergence of modern psychiatry.

Mesmer’s own magnetic treatments often proved effective

EDUCATION

when contemporary medicine had failed. Consequently, he was in such demand that he had to optimize the number of patients he could treat in a single session. By holding metal rods inserted into tables or baths, he could “magnetize” large groups of people simultaneously. Alternatively, he could link them by ropes to a “magnetized” tree.

Eventually, disgruntled members of the French medical society demanded that King Louis XVI investigate Mesmer. Louis charged Benjamin Franklin (in France as a representative of the American colonies) with leading a scientific commission which demonstrated conclusively that there was no magnetism in mesmerism. Thus discredited, mesmerism remained suppressed for a century.

Franklin was an expert on magnetism but he wasn’t a clinician. This may be why his report didn’t focus on the fact that many of Mesmer’s patients achieved significant improvement which they had not attained through conventional treatment. Looking back, we could accuse Franklin’s commission of throwing the baby out with the (magnetized) bathwater. We don’t want to repeat that mistake now.

It was only through the authority of Jean-Martin Charcot (1825–1893), father of neurology, that a form of mesmerism reentered French medicine as hypnosis. In 1885, Sigmund Freud, then a recent medical graduate, traveled to Paris to study neuroanatomy. As he watched Charcot demonstrate that hysterical symptoms could be manipulated through hypnosis, Freud remembered a case described to him by his mentor, Josef Breuer. As Breuer treated a young woman for hysteria, he noted that she could spontaneously enter trance states. It occurred to Breuer that he might be able to probe her thoughts by hypnotizing her. To both doctor’s and patient’s surprise, once hypnotized, she became able to trace each of her



Lewis Carroll, *Alice-Under-Ground*.



intellect, may be attained through a transcendent state of mind and spirit. Altered mental states play an important role in mystical experience and can be attained in many ways including ingestion of natural substances (e.g., peyote, mushrooms, ergots) or synthetic drugs, meditation, sleep deprivation, isolation, or even mortification of the flesh.

Two methods of producing altered mental states, hypnosis and sodium amytal, were highly effective in relieving psychiatric symptoms among WWII veterans as documented by military psychiatrists Roy Grinker and John Spiegel in their 1945 report, *Men Under Stress*. Their success prompted the establishment of departments of psychiatry across the US after the war. It also secured the dominance of psychoanalysis in American psychiatry because of their dramatic demonstration that psychological trauma could be relieved by overcoming repression.

Another World War II psychiatrist refused to jump on that bandwagon: Jerome Frank chose to explore “nonspecific” factors which he believed were essential in all forms of healing. In the third and final edition of *Persuasion and Healing* (1991), Frank concluded that

Cultural hostility toward certain drugs limits their use in psychotherapy. . . . Little attention has been paid to the potentially beneficial use of substances that induce abnormal states of consciousness. . . . Widespread prejudice against “psychotropic hedonism” (Klerman, 1972) may be as much to blame as concern over the unreliability of the drug’s effects.

This statement is highly relevant to recent consideration of psychedelic-assisted psychotherapy. Frank believed that all healing practices restore morale in those who lack a “sense of inner freedom, self-efficacy and satisfaction with life.” Psychological trauma can be understood as a paradigm for loss of morale. He suggested that all therapies, including “those involving various rituals of medication, prayer, and, sometimes, mind-altering drugs—that are intended to provide experiences of direct contact with transcendental healing powers” have in common the restoration of morale. This is largely accomplished within and through the therapeutic relationship.

MDMA, psilocybin, mescaline, ayahuasca, and ketamine are just a few of many substances capable of eliciting a profound sense of receptivity and connection. This experience, while short-lived physiologically, may nonetheless provide an

enduring psychological buffer against cognitive and emotional distress previously associated with traumatic memories. Following Frank, such experiences may work primarily by restoring morale through a revelatory experience akin to those described by psychologist and philosopher William James in *The Varieties of Religious Experience: A Study in Human Nature* (1902). James focuses on spontaneous conversion experiences (which tend to be sudden and dramatic) but also mentions that conversions were observed “in an extraordinary degree” with the anesthetic agents of his time. By “conversion” James did not mean the adoption of a religious belief but rather a transformation in an individual’s character or personality. James’s contemporary Mary Baker Eddy founded Christian Science after receiving medical treatment by a mesmerist. Christian Science’s motto is “Heal the sick, raise the dead, cleanse the lepers, cast out demons.” This implies a deep link between healing and mystical experiences. It also brings us back to Gassner’s exorcisms.

With this truncated history in mind, can we tease out the role played by altered states (exorcism, mesmerism, hypnosis, psychedelics, and others) in achieving therapeutic goals? When psychedelic-assisted psychotherapy succeeds, are the effects primarily pharmacologic or psychological? What role might its unique therapeutic relationship play? Could these components be intrinsically linked? To answer these questions, we’ll need to know a great deal more about neuroscience and human nature. We may also have to reappraise our core beliefs as well as some lessons our teachers taught us.

William Blake, quoted at the outset, had an intellectual and spiritual predecessor, the inventor and scientist Emanuel Swedenborg (1688–1772). Both Blake and Huxley allude to Swedenborg’s book, *Heaven and Its Wonders and Hell From Things Heard and Seen* (1758). Swedenborg described a transformative experience he termed “vastation” and claimed that confrontation with dark and ominous forces prompts a renewal or purification through purgation. Like Swedenborg, Henry James Sr., the father of writer Henry James and William James, reported his own spiritual and intellectual transformation through vastation.

In *The Varieties of Religious Experience*, William James provides numerous examples of historical figures who attained enlargement of both mind and soul through perceived confrontation with “the infinite.” He held that, while such incidents might have “morbid origins” in brain pathology (e.g., temporal lobe epilepsy) or intoxication, and may seem irrational to observers, they are, in general, positive because valued ideas and insights often remain with that person for the rest of their life (as was true of James’s father).

James believed that these experiences could restore physical and mental health and that such cures could be equal or superior

to those obtained by medical means. It’s not that James was dismissive of standard medical practice; he simply recognized that some people require a different path to health. Regarding mechanism of action, James suggested that, through mystical experience, people come to perceive both sickness and evil as illusions and, thereby, overcome them.

The idea that purgation can lead to health is ancient. Aristotle adapted the contemporary medical term *catharsis* to explain the power which theater holds over its audience. It’s important to note that ancient Greek theater was regarded less as an entertainment than as a mystical experience associated with the worship of Dionysus and other deities. In *Achilles in Vietnam* (1994), Jonathan Shay suggests that Greek theater was deliberately employed as psychological and moral treatment for Athenian warriors as they readjusted to civilian life. Breuer and Freud followed this tradition in their “cathartic treatment,” which Freud refined to develop psychoanalysis. In doing so, he followed a principle which James emphasized: the importance of applying rigorous and objective attention to subjective experience as an essential component of the scientific approach to human nature.

Another point of agreement between Freud and James appears in “The Uncanny” (1919), which Freud wrote in the aftermath of World War I and the 1918 influenza pandemic. He defined uncanny experience as regression to

the old animistic conception of the universe . . .

characterized by the idea that the world was peopled with spirits of human beings; by the subject’s narcissistic overvaluation of his own mental processes; by the belief in the omnipotence of thoughts and the technique of magic based on that belief; by the attribution to various persons [e.g., mesmerists] and things [e.g., psychedelics] of carefully graded magical powers or ‘mana’; as well as by all the other creations with the help of which man, in the unrestricted narcissism of that stage of development, strove to fend off the manifest prohibitions of reality.

Freud is describing merger with the infinite as an attempted return to the safety of primary narcissism in the face of extraordinary challenges. Such regressions can include mental reorganization in which “word presentations” (defined in Freud’s 1915 paper “The Unconscious”) devolve into representations of



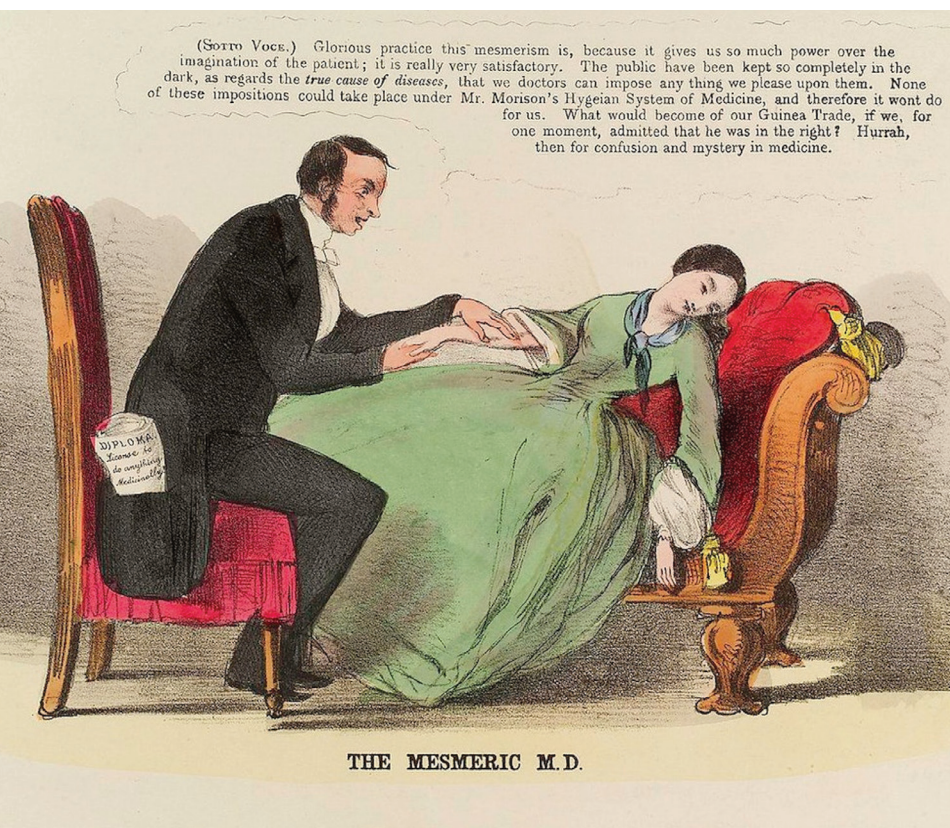
Lewis Carroll, *Alice-Under-Ground*.

symptoms back to specific traumatic experiences—and, as she did, each symptom disappeared. This was the original form of psychoanalysis.

Freud did his best to apply Breuer’s model, but he eventually abandoned hypnosis. As he shared in his *Five Lectures*,

. . . to this day I cannot understand how it can be supposed that by merely holding up a finger and saying once “go to sleep” I had created in the patient the peculiar psychical state in which her memory had access to all her psychical experiences. I may have called up the state by my suggestion but I did not create it, since its features—which are, incidentally, found universally—came as such a surprise to me. . . . I soon came to dislike hypnosis, for it was a temperamental and, one might almost say, a mystical ally.

It would be helpful to reflect on what Freud meant by “a mystical ally.” Mysticism can be defined as the belief that communion with the infinite, or knowledge not otherwise accessible to the



The mesmeric M.D., The Wellcome Collection, 1852.

the things themselves. This opens the door to merger of the self with those external things. Note that, as Huxley describes his mescaline experience, he repeatedly emphasizes that everything in his surroundings (from people to inanimate objects) became “the things themselves” rather than the words which normally symbolized them and that he came to the realization that both he and they were (and always had been) one with the infinite. This experience of cosmic unity was at the heart of Huxley’s enduring psychedelic revelation of universal harmony and peace.

Following James and Freud, and taking Huxley’s insights into account, might the therapeutic action of psychedelic-assisted psychotherapy stem from similar perceptions? Janoff-Bulman defined psychological trauma as disruption of basic assumptions about oneself, other people, and the universe. Perhaps the psychedelic experience of resonance across these spheres can realign that posttraumatic imbalance in a new and enduring configuration. This might also provide opportunities for posttraumatic growth.

While psychedelics may help create conditions conducive to therapeutic change, it is also important to address the psychotherapy component of psychedelic-assisted psychotherapy. The therapist must skillfully assist the patient in developing a positive mindset and provide an optimal physical and social environment called “set and setting”—a

term popularized by Timothy Leary in his 1960s Harvard experiments. This requires a series of carefully orchestrated meetings to prepare the patient for the psychedelic experience, instill positive expectations, and build a supportive therapeutic alliance that will facilitate the patient’s progress.

A recent experience left me concerned that the lack of exposure to psychoanalytic theory and technique among recent mental health trainees might limit their ability to provide such treatment. While attending a presentation by psychiatry fellows on psychedelic-assisted psychotherapy, I noted that, although they described each agent’s chemical structure, putative sites of action, and potential adverse effects in detail, they gave short shrift to the “-assisted psychotherapy” component of treatment. Thirty years after the onset of the “Decade of the Brain,” newly minted psychiatrists may have trouble seeing beyond the biomedical reductionism of our time. If psychedelic-assisted psychotherapy is validated as clinical practice, psychoanalytically trained clinicians should have an important role to play in training its practitioners.

Another concern is that clinicians who lack experience with psychoanalytic principles fail to perceive countertransference pressures that often emerge in the treatment of trauma. The history of psychiatry is replete with examples of brilliant clinicians who employed altered states to overcome intractable mental disorders and ended up getting lost in the phenomena they helped promote. Among these were Mesmer, the British academic physician John Elliotson (1791–1868), Charcot, and Breuer. Each was brought to grief once they realized that singular (and sometimes remarkable) responses to their efforts which they had thought were entirely under their control and rooted in objective science were, in fact, subjective phenomena which primarily operated at the level of the unconscious: their own as well as their patients’. Without an understanding of how psychological trauma may manifest in transference and countertransference, clinicians are especially susceptible to the temptation to “do magic.” And, although they may achieve stunning therapeutic successes along the way, they may ultimately find themselves in the same regrettable position as did Mesmer and Charcot.

While psychedelic agents may be safe as prescribed in treatment trials, once they are approved for prescription there is no way to regulate their off-label use. Research trials have strict criteria which usually exclude subjects with schizophrenia, bipolar disorder, or dissociative disorder; but given recent experience with off-label use of ketamine, it

“If psychedelic-assisted psychotherapy is validated as clinical practice, psychoanalytically trained clinicians should have an important role to play in training its practitioners.”

is likely that psychedelics will be prescribed for a range of conditions despite the absence of any evidence base and in a wide variety of doses and frequencies. There is also a critical need to develop training and standards for those who will attend patients during psychedelic experiences—especially as nonmedical facilitators may be trained to supplement the limited mental health workforce.

Definitive evidence for or against the efficacy and safety of psychedelic-assisted psychotherapy in controlled settings can be expected in the near future, but a clear understanding of its mechanism of action is farther off. That said, we should not repeat the Franklin Commission’s mistake of throwing out the baby with the bathwater even if it were shown that the clinical efficacy of this approach has more to do with the patient’s subjective experience than with the psychedelic itself. As William James concluded, no matter how it might be achieved, “union or harmonious relations with the higher universe [result in] a process wherein work is really done . . . and produces effects psychological or material, within the phenomenal world.” These may include what he describes as “a new zest which adds itself like a gift to life . . . An assurance of safety and a temper of peace.” James presages key ideas which Freud will later articulate in “The Unconscious” and “The Uncanny.” For example, James writes,

so long as we deal with the cosmic and general, we deal only with the symbols of reality, but as soon as we deal with the private and personal phenomena as such, we deal with realities in the completest sense of the term . . . The world of our experience consists at all times of two parts, an objective and subjective part . . . The cosmic objects [of science] are but ideal pictures of something [while the subjective is] the very experience itself; its reality and that of our experience are one.

For these reasons offered by James and Freud, it is unscientific to reject the reality of a therapeutic effect simply because it stems from the patient’s subjective experience. Subjectivity needs to be studied, understood, and accepted as integral to human existence and our shared reality. Psychedelics may or may not have direct pharmacological effects on discreet mental disorders, but if they can be rigorously shown to promote enduring positive effects on mental life when applied in combination with psychotherapy, we can’t afford to reject them. We will, instead, need to enlarge our understanding of human nature and of the paths to health made possible by cleansing the doors of perception. ■

Harold Kudler, MD, trained in psychiatry at Yale. He co-lead development of joint VA/Department of Defense clinical practice guidelines for PTSD, advised Sesame Street’s Talk, Listen, Connect series for military families, and cochairs APSA’s Service Member and Veterans Initiative.

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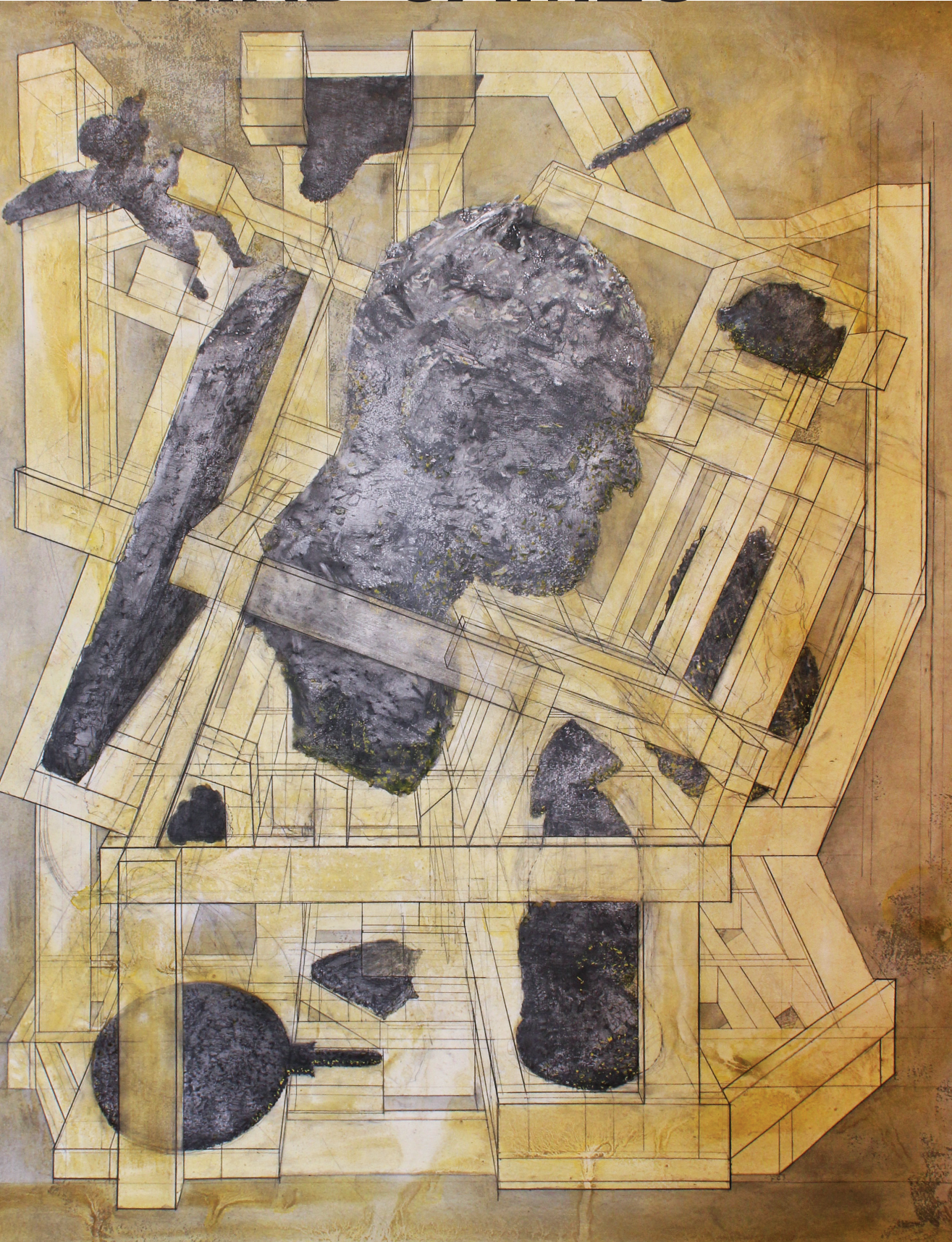
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MIND GAMES

Illustration by Norman Paris

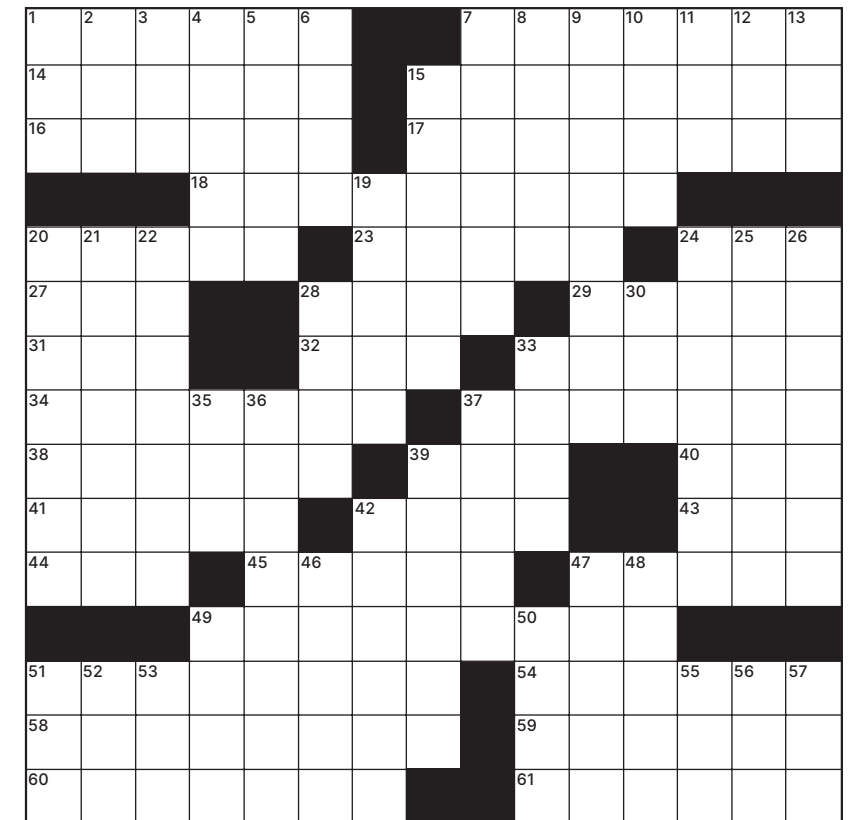


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