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 APaA 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 APaA 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-
ter-Institutional Leadership Initiative, in partnership with the Department of Psychoanalytic Education, bringing leaders of local insitutions, 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 supporting 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 joining APsA through our Institute Requirements and Review Committee, which I see as a sign of renewed excitement about the future. 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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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 comfort 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.”
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.
to discuss individual measures, and selecting the measure we and worked to identify valid measurement tools that could assessing hopefulness, optimism, self-confidence, and ability was consistent with their interests. One suggestion provided the nature of their suffering and viewed the MBC initiative as another bureaucratic demand being made on their felt would be important for their treatment teams to know. Feedback about individual results may not only increase the meaningful feedback to individual patients and their treatment team. 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 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 type 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, HIL, ABPP, is a treatment team leader, psychoanalyst, consultant to the therapeutic community program, accreditation manager, and chair of the Institutional Review Board at the Austen Riggs Center. He explores the therapeutic alliance through the interaction between personality, psychopathology, and psychotherapy process.

Laviot 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.

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, trauma, 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 psychoanalytic treatment is superior to inactive comparison groups and is not inferior to other active evidence-based treatments.4–6 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 psychodynamic and “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 psychodynamic models of the mind, most notably reflective functioning and mentalization capacities,7,8 level of personality organization,9 and maturity of defense mechanisms.10

REFERENCES

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—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).

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

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. Portrayed as 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.

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 over...
Strepsiades has been tasked with coming up with intellectual
the headmaster of a school called “The Thinkery,” enters.
tossing and turning on a bed under a blanket when Socrates,
out of a respect for social norms, Strepsiades in
shamelessly revealing his masturbation instead of concealing it
to conform to the demands of reality and social norms. By
Freud, to balance their most basic urges against the need
whether one finds the metaphor offensive or humorous
In order to relieve himself, he conflates the anus and the vagina
childlike wonder at the way food is converted into excrement:
soliloquy, an old man named Blepyrus, for example, expresses
regressed to the phallic stage by publicly playing with himself.
Frogs
frogs and women in such plays
Women of the Assembly
Frogs
To choose to dress in drag is an act of embracing
women to stay in their male roles, compares female pubic hair
as with Blepyrus’s conflation of the vagina and mouth
ancient Greece (because they are rarely allowed outside), one
sexual characteristics—walking and talking like men. Since
This conflation is in line with Aristophanes’s
In his seminal article on

Aaron Porashigian earned a Ph.D 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.
Some years ago I was invited to speak to the American Psychoanalytic Association on the subject of Shakespeare. The invitation surprised, even astonished, me since I recognized nothing in my work that bore the marks of whatever in those days I thought Freudian literary criticism looked like. The surprises kept coming: it turns out that Shakespeare played a regular role in these annual meetings. I learned that the Association chose a specific play each year, that literary scholars and psychoanalysts both gave talks on the play, and that the annual choice of a play was by no means restricted to the most obvious works in the canon such as Hamlet or Othello. When my schedule finally made it possible for me to accept this invitation, the play chosen for that year was *Antony and Cleopatra*. This was the biggest surprise of all, since it counted as my personal favorite among all the plays and since it is far from the sort of crowd pleaser that we professional Shakespeareans expect amateurs (dare I use the word?) even to have read. All of which may have aligned in its way with the one piece of clear advice that appeared in every communication I received from the Association: “You would be welcome to talk about whatever most interests you which need have absolutely nothing to do with psychoanalysis.” I leave it to others to speculate on what is likely to emerge when an officer of the American Psychoanalytic Association instructs a non-psychoanalyst speaker that their talk before the Association “need have absolutely nothing to do with psychoanalysis.” Or rather I present a version of what I did talk about as it has been filtered through some ten years of further experience, as well as further experience with that play.
F
rom 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 Gif 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 like such counterparts, transportations, and changes of heart that may prove true but prove to be otherwise—a is 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, almost of taunting us or backing us into a corner where we get lost in not knowing what to believe. 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, even the presumably stoical Caesar, who does everything he can to do to the title character 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. And I use that word “become” advisedly, in recognition of Antony’s ambiguous characterization of his beloved:

Fie, wrangling Queen
To every man what he doth owe, to thee,
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 “Mournin Becomes Electra.” All these contradictory things transform themselves into Cleopatra, and all of this is 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 kind of equivalent, would lose most of its force. Shakespeare’s work finds itself at the very core 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 readiness, 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. I say that fantasy and fairy tale will substitute for the densely characterized narrative. We may expect that sort of thing from Cleopatra, but it turns out that Antony is no different—more so, perhaps, even the presumably stoical Caesar, who does everything he can to do to the title character 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. And I use that word “become” advisedly, in recognition of Antony’s ambiguous characterization of his beloved:

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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 encompasses 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 locations, 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 Aristotelian philosophy, which will later become Luceritan 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 of 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 it own colour too. LEPIUS “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 triumvir, 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 Scars 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: Krishna/Tva/κοινος, “one to himself, 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,”
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 battlefield, 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 _noscere 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 suddenly sick.” She says this to the women and Petronius, respectively, suggesting she is an open question.

Nor is it clear in the entire 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, means 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 worstest 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 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 _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 Cleopatra’s troops when she turned tail. Or does it mean, “I, speaking for myself, I already have fled”—that is, by joining Cleopatra’s troops when she turned tail. Or does it mean, “I have abandoned my own deepest essence, so they may as well do so as well”—that is, they want to do so, even if 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, as to effect a channel of communication with that past moment that is both true to them and meaningful to us?

The whole world of issues about which we would speak the notion of the self 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 a construction of their history. Focusing on the subject of the 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 spiritual aspect 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 personal identity 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.
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...
erases it, and aimed psychoanalysis at recovering self-knowledge. Like-
wise, 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, dis-
covering 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? Profes-
sor 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 Shake-
peare wrote Antony and Cleopatra, he’s imprisoned and sentenced to die. Clarence narrates his
Dreams of escape from the Tower of London, where he
visits wonders on the bottom of the sea, including skulls with
jewels for eyes (this time, 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
dreams of escape of the sea returns in Shakespeare’s grand finale,
The Tempest, a reversal of established expectations: each time Antony
asks to be stabbed, Eros resists; finally, the fifth time, Eros
accepts but surprises Antony by stabbing himself instead! In
his sword “and misses,” as Barkan puts it. The scene where
Mark Antony dies in Cleopatra’s arms near the
end of Antony and Cleopatra, makes Cleopatra’s dream come true,
only the giant bigger than the world, bigger than life, 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 carriage-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
accepts 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!

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 interrupt death and
time. More than four hundred years later, he still reigns supreme. As Gustave Flaubert said of him in an 1864 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,
市场营销的
产品。他的产品
imagination still have extraordinary power.
They are, as Cleopatra says, “past the size of dreaming.”

The Prisoner’s Dream anticipates Freud’s theory of dreams as expressions of wish
place of lucid dreaming. Shakespeare knew that
writing, of conjuration, a talent mastered by the play’s

Of course, it was only a dream, and Clarence does not survive his
death sentence in waking life. To add to that, his executioners
dreamed him. In a vane of

The image of death transformed to wonder in the dream-
scapel of the sea returns in Shakespeare’s grand finale, The
Tempest, where Ariel works dreamy magic on death, sing-
ing again of sunken skulls with jewels for eyes (this time,
shells). 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: “Spirts, 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 com-
mand / Have waked their sleepers, ope, 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 Hamlet, who died. Prospa-
ro 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
d than death.

But, if I’ve 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 dreams 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 thyme;

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
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.”
In truth, all sensation is already memory.

—Henri Bergson

return to school. Just after Tet, the building finally succumbed to 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 questions: ‘Why can’t we go back to school? Why are we packing?’ May we pack our treasures, books, toys? The answer: ‘Yes, if you wish to keep a few more souls to hypothetically salvage mission to bring a few more souls to hypothetical survival.’

In the middle of things closest to my field of vision: the intensity of cacophony, the screaming. I am fascinated how all matter can be consumed and abates the heat. She would retire not to sleep, but to organize. At the first crack of light, Mother would independently hurriedly commute into our unrelenting 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 seacoast city of Nha Trang, a few kilometers from Saigon. Their arrival at our home, a precarious family reunion, is the heart of cacophony.

... My screams are lullied me to dreamland. My complete immersion in the Now. If I let go of the promise, the presence of only her in the crowd.

... My sins 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 important a few cans of condensed milk. Everything else was left behind, including the hastily packed suitcases full of our precious random possessions.

... the presence of only her in the crowd. The back of the ambulance is hot and airless, but we are told to keep quiet anyway. We 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 than the ambulance, travel documents and visas no longer matter.

... Frenetic energy now dictates the current of finality. My siblings and I turn to ourselves for answers via deductions and fantastic projections. Maybe we are taking an early vacation, to return at a later date. What had started this stupid war anyway?

... In our unravelling city, trying to anticipate all worst-case scenarios. My singular desire is not to let go of the hand holding mine, my precious sister. (Her name literally translates to beloved sister.) ‘Why can’t she come with us?’ I wail. There are frustrated commands from my father directing me to ‘just get into the vehicle.’ I don’t budge, nothing can make me move. ‘Chi Quyen, she is 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. Chi Quyen, my nanny, is my warmth, my heart, my guide to everyday life. When the school closed, she fulfilled 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 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 jet screaming down the road. 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 pick us up tomorrow. Now 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 stunted. From then on, I would remember to keep the promise, keep the 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 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 than the ambulance, 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 embassy is redirected further into the heart of cacophony.

... Outside, possessions are swirled 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 destruction. As the ambulance trundles closer to the airport, my parents witness the runways being bombed. How can we leave now? Besides, my nanny, Chi Quyen, 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 survival.

... 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 mine tightly, and the precise location of each doc. 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
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...
ON BEING TORN

Reflections on Tati Nguyễn’s ‘Displacement’

BY SALMAN AKHTAR

Illustration by Tati Nguyễn

Tati Nguyễn’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 Nguyễn. 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 Nguyễn, 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.
AT NIGHTS.
WRITE LATE
THE POEMS WE
THEM TO HOUSE.
IN DREAMS,
FREQUENT THEM
REPLICATE THEM,
WE DIE . . .
HEARTS TILL
HOMES. WE CARRY
OUR CHILDHOOD
NEVER LEAVE
WE ACTUALLY
CORRECT—we cannot return to an earlier phase of life, or a prior
Maruja Torres’s phrase “the wound of return” might be
saying that one cannot go home again and the Spanish journalist
photographs
the hapless effort of migrants to take their home along with
suitcases to take as the family was leaving poignantly describes
many emotional functions which become evident only when
In his inimitable fashion, Winnicott said that a home serves
“expectable environment”—a stable home conducive to normal
manner, her loss of what Heinz Hartmann called an “average
childhood development.
II. BEING TORN FROM ONE’S HOME

In his insinuative 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 helpless 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

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
Grisberg, 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
cultural dislocation.

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, oral repetitiveness, and
oral lip 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,”
“intelligens,” “disposable,” “woke”). This is a subcultural
theft of the individual’s privilege of self-definition. It causes
estrangement on both interpersonal and intrapyschic bases.
Note how the Bulgarian émigré Julia Kristeva speaks of an
immigrant’s mother tongue hiding inside him or her as a
handcapped 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 Broude 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 Ahsan 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 has always fascinated artists. The production of dramas about him has only accelerated with the passage of time.
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 a problem. I had read like everybody else that homosexuality was no longer considered a disorder.”

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 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 the American Psychiatric Association, and the debate continues.

“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 the American Psychiatric Association, and the debate continues.

“This is definitely culture war 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 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 religions 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 implausible foe of Lesbian
“I think psychoanalysis has lagged behind culture in terms of gay rights.”

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.

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.

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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 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 “dissonant voice within BoP [APA’s Board on Professional Standards],” and as a leader of the Association—she became the Executive Committee Lead Director of the APA 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 traveled 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 reconnect 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 anxiety some analists experienced due to Erika’s changes, I could not believe the extent of the resistance and virulently, 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. When I was scared of her at times, but mainly because she was strong, opinionated. I always knew, without question, that I’d get an

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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 to be 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 APA’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 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 Michursk, Prof. MBA, is the chair and co-_founder of Psychoanalytic Action Network (PsAN), a consulting editor of Psychoanalytic Inquiry, and a fellow of the Leader Institute Global MBA program. She is a psychologist with a private practice in Chicago.

Ellen Pinkus is the author of Death and Fallibility in the Psychoanalytic Encounter: Mortal Gifts. She is a psychoanalyst and a professor of psychoanalysis at the Psychoanalytic Institute, where she is a training analyst. She is a co-author of the textbook, Transference and Countertransference. She is also a co-founder of the journal, Psychoanalytic Inquiry, and has published extensively in the field of psychoanalysis.

Two hundred years pass, and in 1953, here’s the word having been adopted: “personable.” With the changing definition, there’s a shift from outside to inside. By the early 20th 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 children, 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 personable Man, and not a spindle-shank’d hoddy doddy.”

I think of Hans Loewald’s 1960 “Therapeutic Action” paper: “Therapeutic Action” does not only how the analyst itself—its “person” and “able” to be a person for the other. The patient too must be person-“able,” to 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.

The analyst holds in safe-keeping the image of the person’s potential—his “person-hood.” The activity is a nonintrusive lifting-away; tacit 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 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 like to hear the patient say about you? And then turn it around? What would you have to do to sound like a person talking about you? And then turn it around? What would you learn about the patient to sound like a person talking about you?

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“W”e 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 on 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 triggered 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 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 I 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 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, house, playing chess, or reading comics, he likes to practice psychiatry.

From Biological to Balanced
A patient helps a young psychiatrist learn the value of psychotherapy

BY ABRAM DAVIDOV
Illustration by Jackie Howing

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

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 1899, 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.

Mesner’s own magnetic treatments often proved effective 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 Mesner’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
with the infinite, or knowledge not otherwise accessible to the

It would be helpful to reflect on what Freud meant by “a mystical

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 “non-specific” 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” [Klirman, 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 transcendent 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 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 *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 aesthetic achievements 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 profound psychological 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 Husley 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 purification. 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. 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 alternate therapies; he simply recognized that some people require a different path to health. Regarding mechanisms of action, James suggested that, through mystical experience, people come to perceive both sickness and evil as illusions and, thereby, overcome their distress.

The idea that purgation can lead to health is ancient. Aristotle adapted the contemporary medical term *catarrhus* 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 Greece* (1994), Jonathan Shay suggests that Greek theater was deliberately employed as psychological and moral treatment for Athenian warriors as they readied 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 ‘ma’at; as well as by all the other conceptions 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 “a word presently rejected” (alluded to in Freud’s 1915 paper “The Uncanny”) devolve into representations of

Lewis Carroll. *Alice-Under-Ground*.
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 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.

Definitional 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 further 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 with 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 complete 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 discrete mental disorders, but of 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.
ACROSS
1  Climate-change skeptics are often said to be in it
7  Go backwards, backwards
14 Suspects
15 Cinnamon or ginger may be used to make it
16 “Stable genius” Trump’s mental status, according to Trump
17 One way to learn
18 Began anew
20 It rules Myanmar
23 Farah Fawcett’s paramour Ryan
24 Something to convert to
27 Song by U2 or Harry Nilsson
28 Broadway musical featuring Rumplestiltskin
29 Actress Dem
31 Uproar
32 Do days
33 Industrial rocker Trent who went on a “Self-Destruct” tour
34 “Stable genius” Trump’s mental status, according to Trump
37 Piet Mondrian painted in it
38 Boys named for a biblical Phoenician king
40 He designed a famous pyramid
41 Clancy
42 “Warm lights in __ a secret chamber shine”: Edna St. Vincent Millay
43 Cleveland Cavaliers, from 2015 to 2018, for short
44 American beer initials
45 Burnett, winner of 13 Grammys from 2001 to 2012
46 Roles
49 His father told him, “Thy wish was father, Harry, to that thought”: Henry IV, Part 2
51 Tattoo’s boss on Fantasy Island
54 Sun god of Greek mythology whose son Phaeton died trying to drive his chariot
58 Class of poisons
59 Judicial element
61 Hurt for 1- and 7-across, 21- and 25-down

DOWN
1 Compliment, to one in denial
2 Era, to a Spaniard in denial
3 Oui, to a Parisian in denial
4 Active, to one in denial
5 Knows where one is, to one in denial
6 Amount a pauper has, to one in denial
7 Notre Dame has lost two, the second time in April 2019
8 Member of a society, slantly
9 Two-handled soup bowls
10 Used books are sold in this condition
11 Insurance policy often provided by employers, for short
12 The electric kind does just as well in water
13 Semi-mythical owner of many NYC pizzerias
15 Athenian, first Swedish Nobel laureate, to his mother
16 The compass points to this
19 Give a tribute to
20 French Renaissance poet du Bellay, to his mother
21 “His compassion for you will be his ___,”: Emperor to Darth Vader
22 Color of some signage
23 Tree that produces gin blossoms?
24 Favors for a vampire hunting party?
26 Mangy dogs
27 One of the daydream believers?
28 Paylight, to a Spaniard in denial
29 “___ Might Be Next for Magic”: 1991 LA Times headline on Johnson’s HIV declaration
30 Mia, rapper with 10M Instagram followers
31 Nickname for shield-bearing hero of Marvel’s Avengers
32 Railway transport for lifesaving professionals?
33 Political candidate in an election year
35 Salsa, Floss, Lambada, etc.
36 Two-handled soup bowls
37 Political candidate in an election year
38 What optimists and pessimists agree on in a water glass?
39 What optimists and pessimists agree on in a water glass?
40 Railway transport for lifesaving professionals?
41 Common surname in China
42 What optimists and pessimists agree on in a water glass?
43 Letters for fighters marked with bullseyes
44 What optimists and pessimists agree on in a water glass?
45 What optimists and pessimists agree on in a water glass?
46 What optimists and pessimists agree on in a water glass?
47 What optimists and pessimists agree on in a water glass?
48 What optimists and pessimists agree on in a water glass?
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56 What optimists and pessimists agree on in a water glass?
57 What optimists and pessimists agree on in a water glass?
The New York Times has called it a “Freudaissance.”

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