



David Hellerstein, *The Couch, the Clinic, and the Scanner. Stories from Three Revolutionary Eras of the Mind*

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by George Tudorie

In a 1940 short story titled “The Circular Ruins”, Borges has the reader follow a mysterious character, tasked with dreaming up a disciple, only to discover, tardily, that he himself is a figment of someone else’s dreams. As he often does, Borges fleetingly lifts a veil, and one can almost, but not quite, grasp the thought that this universe in which ruins have never been anything else, and in which dreamers never break the circle of being themselves dreamed up, might as well be one’s own.

Forty-five years later, at the 1985 American Psychiatric Association Annual Meeting in Dallas, David Hellerstein almost, but not quite, meets Borges, invited to the event to lecture on metaphor. The “circus” (37) of mind readers and healers is about to change its signature show from foggy psychoanalysis to the “incredible” (43) practicality of DSM-III, and the first SSRIs. Characters are in search of an author. “For a moment, – Hellerstein notes retrospectively – it’s as if we have all been imagined by him, by Borges” (44).

The Couch, the Clinic, and the Scanner aims to capture the turbulences of three major transformations in psychiatry, spanning the last five decades, and to digest them into a how-it-was-like-to-be-there narrative for the general public. The reader



tracks Hellerstein's career in one of the great psychiatric cities, New York, in the waning years of psychoanalysis, then as psychopharmacology and scientific-sounding symptom clusters reign supreme, and finally in the current era of neuroscientific great expectations, as "a truly scientific psychiatry" (xiii) dawns. The volume is not a history of psychiatry, but a story, in the sense of fiction ambiguously rooted in reality, and carrying a pedagogical, and at times programmatic, halo. It is also rich in carefully curated autobiographical vignettes, without being an autobiography. At the end of the book, Hellerstein describes this volume as "metafiction" or "metanarrative" (234). This I find optimistic.

The lay reader may, for instance, mistake the patient stories and ubiquitous dialogue sequences for authentic, or at least based on contemporary notes (neither is the case). Or one may uninformedly join Hellerstein in summarily dismissing critics of psychiatry as sterile killjoys. "[The] sociologists and philosophers, the Szasz and Foucaults" (116), "medical historians" (112-13), "the eminent Dr. [Marcia] Angell" (184) "and her fellow muckrakers" (193)? "[T]hey're not the ones taking call" (116), "[h]and them the order book; let's see if they can do better!" (p.113). In the hustle and bustle of attending to desperate cases – even fictionalized desperate cases – an answer to skepticism is not worth the time. The brief clarification that concludes the book comes too late, and does little to qualify the vision of triumphant progress that emanates from the stories Hellerstein chose to tell. Even if his theoretical inclinations are sounder than, say, Szasz's, as I think they are, this is a weakness.

The book is significantly better when it allows itself the reflexivity and humor of retrospect. The first part ("The Couch"), which is largely dedicated to the psychoanalytic training of the author at the Payne Whitney Clinic in New York, I find to be the best. Hellerstein describes struggling with the "stifling monasticism" (17) of Freudianism, facing the fact that at times therapy "definitely does not work, at least for me" (24), wondering why years have been spent on "object relations and projective identification" without any training on basic research skills, and feeling "massive alienation from all these psychoanalysts" (41). However, he spends the final pages of the section noting that elements of the psychodynamic arsenal are salvageable. Not only that "[a]t its best, the psychoanalytic treatment we were taught was deeply humane and respectful" (61), but notions such as early trauma or attachment have enduring therapeutic significance (61-2). This is a more nuanced and less celebratory tone, and I think the general readership can truly learn from it. It would have thus been better to continue with this approach when discussing, later in the book, the wonders of DSM objectivity and expediency, the lifesaving impact of medication, including that used off-label, or the promise of translating psychiatric talk into brain talk.

Should the historians and other experts read this book? Some may be interested because it is an instance of a genre, a symptom in a series. This is a narrative of heroic medicine, and hard-won personal achievement. The doctors are the adults in the room, and what goes on in the room is not unlike the typical imagery of serialized medical dramas. Which is not necessarily criticism: doctors are often brilliant, overworked, hurried, world-weary heroes. Still, I find it informative as stylistic choice. One enters the cabinet, hears the dialogue with a patient or colleague, witnesses the patient getting better, finally reentering the world of the living. One sees the struggles,



humanity, and sometimes toxicity of family members. One even begins to see through skulls, faulty circuits lighting up metaphorical dark rooms. It makes for a readable text, a clear desideratum for this type of volume. For the expert reader it can however also play the role of analysandum – a pretext at least to wonder why our culture, at this time, produces and consumes no small quantities of such ‘testimonies’.

Psychiatry has had a long history of being anxious about its public credentials, and indeed its medical and scientific credentials. A story in which each “revolutionary era”, as the subtitle of the book puts it, does better than the previous one may be read as yet another public defense of the psychiatric enterprise. However, this is a book in which criticism is at best a minor character, seen as toothless when expressed from outside the profession, thus such a reading does not seem particularly fitting. What this volume and its techno-optimistic siblings (e.g. Peter Kramer’s bestsellers) rather suggest is that a defensive stance is no longer necessary, that the medical becoming of psychiatry is done, and tragedy in psychiatric cases is essentially preventable. The story, perhaps, has not reach the stage in which the title character realizes he, too, is dreamed up.

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