

## THE PSYCHOTHERAPY SCENE IN EURIPIDES' *BACCHAE*

I PROPOSE to demonstrate the clinical plausibility of the 'psychotherapy scene' of the *Bacchae*, which is subjected here to a purely psychiatric analysis: all my interpretations and conjectures are based on clinical data and psychiatric theory only. Euripides' objective and rational treatment of the irrational,<sup>1</sup> the accuracy of his descriptions (not theories)<sup>2</sup> of abnormal behaviour, which are compatible, down to the last detail, with descriptions found in modern psychiatric texts,<sup>3</sup> and his capacity to present not simply a partial list of symptoms, but a coherent clinical picture (syndrome)<sup>4</sup> are taken for granted and will not be discussed further in the present context. The focus of my enquiry is exclusively the psychiatric plausibility of Euripides' description of the *psychotherapeutic process*.

It goes without saying that, since 'instant cures' are impossible, Euripides condensed a normally fairly long procedure into a single scene, selectively high-lighting only what would be the crucial moments of a *real* psychotherapy. His summary of the psychotherapy is as satisfactory as that of a modern psychiatrist. In fact, Euripides' masterly selectivity actually facilitates the understanding of the psychodynamics of Agave's recovery. This enables me to comment on the Euripidean text in exactly the same way as I commented on the verbatim transcript of the psychotherapy of one of my Plains Indian patients.<sup>5</sup> I hope that my psychiatric 'scholia' will contribute to our understanding of the timeless appeal of this scene, which, because of its universally human validity, could, with only minor and purely external modifications, unfold itself also in the consulting room of any modern psychiatrist.

For, as will be shown, Agave's recovery is not a stage miracle, requiring 'suspension of disbelief'. It is the necessary result of Cadmus' flawless psychotherapeutic strategy. This implies that, unless one is prepared to credit Euripides with the invention of the principles of genuine psychotherapy, the scene in question must be viewed as an important document in the history of human culture: as the first surviving account of an insight-and-recall oriented psychotherapy,<sup>6</sup> which sheds light upon an aspect of Greek attempts to treat psychiatric illness, which is not otherwise directly attested. Indeed, other sources discussing the treatment of the insane record very different therapeutic techniques:

(1) The majority of Greek physicians appear to have relied mainly on chemotherapy (e.g., hellebore, etc.) and on various purely physical interventions.

(2) Laymen used mainly 'commonsense' methods: they ministered to the psychotic's

<sup>1</sup> E. R. Dodds, 'Euripides the Irrationalist', *CR* xliii (1929) 97-104.

<sup>2</sup> E. R. Dodds, 'The *αἰδώς* of Phaedra', *CR* xxxix (1925) 102-4.

<sup>3</sup> S. Bezdechi, 'Das psychopathische Substrat der *Bacchantinnen* Euripides', *Arch. Gesch. Mediz.* xxv (1932) 279-306; E. M. Blaiklock, *The Male Characters of Euripides* (1952) ch. 7; E. R. Dodds, *Euripides: Bacchae*<sup>2</sup> (1960) ad 1264-7; G. Devereux, 'The Miracle of Iolaos', *La Parola del Passato* (in press). Anthropological parallels: Dodds, *The Greeks and the Irrational* (1951) Appendix I; Dodds, ad *E. Ba.* 1272; etc. Cf. [Long.] *de sublim.* 15.3; *Pl. R.* 396a ff. For Aeschylus' accuracy, cf. G. Devereux, 'L'État Dépressif et le Rêve de Ménélas (A. Ag. 410-19)', *REG* lxxxix (1968) xii-xv.

<sup>4</sup> Sappho, too, could describe coherent syndromes ([Long.] *de sublim.* 10.1 ff.). Cf. D. Page, *Sappho and Alcaeus* (1959) 20-33; G. Devereux, 'The Nature of Sappho's Seizure', *CQ* n.s. xx (1970) 17-31

<sup>5</sup> G. Devereux, *Reality and Dream: The Psychotherapy of a Plains Indian*<sup>2</sup> (1969) esp. pt. ii.

<sup>6</sup> The clinically equally satisfactory scene in *E. HF* 1089 ff. is not, strictly speaking, a *genuine* psychotherapy. *Pace* Wilamowitz, Heracles the epileptic (Blaiklock, *op. cit.*) cannot be helped to *recall* the deeds he performed during his seizure. He can only be *told* of his crime and be helped to live with this terrible *hearsay* knowledge. Euripides is, thus, clinically correct in not causing Amphitryon to try to help Heracles *recall* something of which he probably has not even a subliminal memory. By contrast, Cadmus *can* help Agave *remember* her crime. On the difference between genuine recall and remembering only what one has been told about one's actions, cf. G. Devereux, 'Obsessive Doubt', *Bull. Philadelphia Assn. for Psychoanal.* x (1960) 50-5; *id.*, 'La Renoncia-tion à l'Identité', *Rev. Française de Psychanal.* xxxi (1967) 101-42.

physical needs (E. *IT*, *Or.*), and provided tender care, advice, encouragement, protection, information and help with the testing of reality. Ordinary maenads emerging from their seizure were treated gently.<sup>7</sup> Of course, an occasional psychotic apparently recovered without help, only to commit suicide afterwards.<sup>8</sup> As to Cassandra, she receives no care either in A. *Ag.* or in E. *Tr.*

(3) Most ritual treatments involved, as in the case of Orestes, purifications, legal exoneration (A. *Eum.*), the provision of magical defensive weapons (E. *Or.* 268), or else the obligation to perform a ritual crime (theft) (E. *IT*). All treatments of this type made use of *self-reinforcing*, rather than *self-abolishing*, therapeutic levers.<sup>9</sup> They were, therefore, from the psychiatric point of view relatively unsatisfactory, in that their effects were merely transitory or else only palliative, since, in most cases, the use of self-reinforcing levers simply results in the substitution of a socially approved symptom (*lato sensu*) for a socially disapproved one.<sup>10</sup>

(4) Still another type of ritual intervention promoted in the main a massive—and exhausting—psychomotor discharge of pent-up tensions (e.g. corybantic rites), or else deliberately sought to produce total exhaustion, for example, by chasing the patient about until he collapsed.<sup>11</sup>

There are indications, however, that some rites, such as incubation<sup>12</sup> and, above all, those performed at Trophonios' shrine, in which forgetting and remembering<sup>13</sup> played a crucial rôle, did promote a certain amount of anamnesis and perhaps even some (largely symbolic) insight. This inference is strongly supported by the fact that the psychotherapeutic rites of certain primitive shamans deliberately promote recall and insight.<sup>14</sup> It is, therefore, perhaps more than a coincidence that Euripides wrote the psychotherapy scene in backward Macedonia, where, even in court circles, the craft of the psychologically perceptive shaman may not yet have been wholly superseded by the psychologically somewhat short-sighted therapeutic methods of the 'Hippocratics'. It was probably in Macedonia that Euripides observed the administration of genuine psychotherapy (i.e. that which promotes insight and recall) to maenads.<sup>15</sup>

<sup>7</sup> Plaut. *Amph.* 703, cf. A. O'Brien-Moore, *Madness in Ancient Literature* (1924) 145, n. 10.

<sup>8</sup> S. *Aj.* On the suicide of incipient, or else temporarily recovered, psychotics in a primitive society, cf. G. Devereux, *Mohave Ethnopsychiatry*<sup>2</sup> (1969) 301.

<sup>9</sup> A self-abolishing lever is one whose successful use to effect a cure abolishes the patient's blind faith in, and reliance upon, that lever and upon the therapist who uses it. Cf. G. Devereux, *Reality and Dream*, esp. Introduction to the new edn.

<sup>10</sup> E.g. the substitution of a taboo for a tic, cf. M. E. Opler, 'Some Points of Comparison and Contrast between the Treatment of Functional Disorders by Apache Shamans and Modern Psychiatric Practice', *Amer. J. Psychiatry* xcii (1936) 1371-87.

<sup>11</sup> Cf. Melampus' hunting of Proetus' daughters (Apollod. ii 2.2, etc.). In the Agrionia, which commemorated the myth of Minyas' daughters, an armed priest pursued their female descendants (Plu. *Q. Gr.* 38, 299E ff.). Since Minyas' daughters bellowed like cows and since D. Kouretas ('*Ανώμαλοι Χαρακτήρες ἐκ τῶ Ἀρχαίων Δράμα* [Athens 1951]) holds that Io's psychosis was simply a bovine zoanthropy, it is suggestive that Io was mercilessly hunted and

harassed by a gadfly. Cf. also the (perhaps confused) tradition that Thebes was founded where, at the end of Cadmus' search for Europa (who had been abducted by the bull Zeus), a cow (=Europa?) lay down (collapsed?) (sch. E. *Ph.* 638). (Cf. also the well-known representations of sleeping maenads.) On the psychological aspects of ritual over-exertion leading to exhaustion, cf. G. Devereux, 'Réflexions Ethno-Psychanalytiques sur la Fatigue Névrotique', *Rev. Médec. Psychosom.* viii (1966) 235-41 (= *Trav. III Congr. Internat. Médec. Psychosom.* [1967] 159-65.)

<sup>12</sup> Cf. many of the testimonia cited by E. J. and L. Edelstein, *Asclepius* (1946).

<sup>13</sup> Paus. iii 39.4 ff. For a psychiatric discussion of this text, cf. D. Kouretas, 'Brainwashing and its Ancient Greek Prototype', *Medical Annals* (Athens) vi (1966) 935-55; *id.*, 'The Oracle of Trophonios: A Kind of Shock Treatment Associated with Sensory Deprivation in Ancient Greece', *Brit. J. Psychiatry* cxiii (1967) 1441-6.

<sup>14</sup> G. Devereux, *Mohave Ethnopsychiatry*; A. Kiev (ed.), *Magic, Faith and Healing* (1954) etc.

<sup>15</sup> Simply as a stylistic convenience, and without invidious connotations, in this study 'psychotherapy' denotes *exclusively* insight-and-recall oriented methods of treatment.

The assumption that Euripides may have been able to observe in Macedonia genuine psychotherapies administered to maenads (and probably to other psychiatric patients as well) explains only why he was able to write so persuasive a scene. It does not explain why he *chose* to write this scene, which is not only the first surviving record of a psychotherapy, but also a dramatic innovation. Indeed, in so far as one can determine, Euripides was the first poet to stage a genuine psychotherapy, instead of—as was customary—dramatising ritual interventions, physical ministrations and tender care. Such an innovation is the natural consequence of the basic outlook of a poet who had already dramatised a clinically flawless 'supportive therapy' scene (E. *HF* 1089 ff.) and, above all, systematically substituted psychological explanations of human motivation for traditionally supernatural ones.<sup>16</sup>

To sum up, the clinical plausibility of this scene suggests that, side by side with methods recorded in other early sources, there also existed—at least in Macedonia, and probably in Greece proper as well—a genuine psychotherapy, whose practitioners may well have been shamans and/or pioneers of a kind the hidebound tend to call 'quacks'.<sup>17</sup>

*Agave's Need of Psychotherapy*, at the precise moment when Cadmus intervenes, is perfectly established by Euripides and materially increases the plausibility of this psychotherapy scene.

One must differentiate in this connexion between Agave's symptoms and her need for help, both on the basis of clinical considerations and of mythological precedents. Indeed, no matter how dramatic the symptoms of a seizure may be, if they can (at least temporarily) be overcome without external help, they do not constitute a compelling indication for a psychotherapeutic intervention. I therefore deal with Agave's symptoms more briefly than with her need for psychotherapeutic help.

*The Symptoms* Agave exhibits during her frenzy are those of a classical maenadic seizure (1086 ff.) and, predictably, disappear before she comes on stage. Hence, her need of treatment can be revealed only by her abnormal behaviour *on stage* (1168 ff.), which is not so much an aftermath of her frenzy as a direct consequence of the murder she has committed. Had Agave not slain her son, the aftermath of her frenzy would have been different (e.g. a deep sleep); she would not have needed psychotherapeutic intervention.

Agave's principal on-stage symptoms are: disorientation with respect to reality, a *defensive* hypomanic exaltation masking great underlying grief (*infra*), a coy, hysterical foolishness and, above all, a *partial* amnesia, which is of special importance in the present study.

*Agave's Amnesia*—far more than her more manifest symptoms—indicates that she is in need of help. Indeed, though Dodds rightly stresses that 'Euripides knows that sudden alterations of personality are often accompanied by amnesia',<sup>18</sup> Agave's amnesia is only *partial* and therefore deserves careful scrutiny, particularly since her hypomanic exaltation on stage simply seeks to stave off the hour of reckoning—to postpone the moment when she must remember and become aware of her deed and assume responsibility for it (*infra*). This necessarily implies that she has a subliminal memory of and awareness of her deed. Her 'resistance' (in the technical sense of this term) to Cadmus' therapeutic efforts is also understandable only if Agave seeks to ward off a conscious recall of her crime (*infra*).

Both the Euripidean text and clinical considerations make it certain that Agave's amnesia is only a partial one:

<sup>16</sup> Thus, in E. *Or.* 258 f., the Erinyes were simply hallucinated. Also, though Menelaus apparently expected to learn that Orestes was pursued by real (A. *Eum.*) Erinyes, Orestes told him that his madness was due to feelings of guilt (E. *Or.* 396 and Méridier, *ad loc.*). In E. *Tr.* 914 ff., Hecuba opposed Helen's self-exonerating supernatural explanation of her misconduct by

highlighting its real—i.e., psychological—causes.

<sup>17</sup> Cf. both Pasteur's and Freud's difficulties with the medical profession and possibly also the contempt of certain philosophers for Archimedes' engineering interests and feats.

<sup>18</sup> Dodds, *ad* 1272, citing E. *HF* 1094 ff. and E. *Or.* 215 f.

(1) Agave's dissociated state during her frenzy is proved by 1210: 'τόνδε and θηρός thus represent the two discrepant parts of Agave's consciousness'.<sup>19</sup> In a dissociated state each 'part' of the psyche has knowledge not accessible to the other. It is precisely *because* one part of Agave *does* know that she has murdered Pentheus that another part of her does *not* know it (i.e., 'rejects' it). In fact, the dissociation itself is, in part, brought about by the need to separate discordant sets of knowledge and awareness. This necessarily implies the existence of two distinct, but complementary,<sup>20</sup> levels of awareness and recall. The momentarily suppressed and inhibited segment or level of the psyche contains everything the currently dominant one seems to lack.

(2) 1147 can mean either that the triumph is followed by tears or that it is accompanied by 'paradoxical' tears.<sup>21</sup> The second alternative is the more persuasive one, since conscious attitudes are often flatly contradicted by concurrent physiological reactions.<sup>22</sup> This interpretation is not contradicted by 1160 ff., in which the triumph is followed by tears. In that passage the speaker is not a compassionate eyewitness, but the hostile chorus. Moreover, whereas 1147 concerns the person who is most involved subjectively—Agave herself—1160 ff. concern the personally less involved Cadmean maenads *as a group*. So subtle a difference of nuance is clearly Euripidean.

(3) On emerging from their stupor, even catatonics often remember everything that has happened around them.<sup>23</sup> Moreover, primitives too know that even stuporous psychotics can react to strongly threatening stimuli.<sup>24</sup>

(4) Those details of a tachistoscopically presented picture which experimental subjects do not *consciously* register, appear the next night in their dreams.<sup>25</sup>

(5) Both Hippocrates and Aristotle knew that one can become aware in dream of an illness that is consciously still unnoticed.<sup>26</sup>

(6) At the end of her treatment, Agave does not just passively *believe* what Cadmus has told her; Euripides' wording suggests that Cadmus helped her to *recall* her crime actively.<sup>27</sup>

These data justify the view that much of Agave's behaviour during the psychotherapy constitutes a 'resistance' (to insight and recall) in the strictest clinical sense of that term. This finding alone would suffice to prove her need for psychotherapy, since the main function of genuine psychotherapy is precisely the overcoming of resistances (*infra*).

Now, though it would seem logical for me to discuss at this point Agave's resistances, I will have to refer to this problem so often in my analysis of the therapeutic process, that, for the moment, I will simply define 'resistance' with special reference to Agave's problem. Agave resists insight—and therefore therapy—because she has something to gain by it.

<sup>19</sup> R. P. Winnington-Ingram, *Euripides and Dionysus* (1948) 137, n. 1.

<sup>20</sup> Though psychiatrists know that, in dissociated states, 'ignorance' complements knowledge, and that the nature of one state complements the other, in their writings they often dramatize the 'sensational' distinctness of the two (or more) alternating states, instead of soberly stressing their complementary nature.

<sup>21</sup> My discussion of 1147 owes much to Professor Dodds' advice and encouragement.

<sup>22</sup> I disregard massive clinical experience bearing on this point and quote only two classical examples. Penelope sheds 'paradoxical' tears in the course of a prophetic dream which 'should' delight a truly devoted wife (Hom. *Od.* xix 541 ff.), cf. G. Devereux, 'Penelope's Character', *Psychoanal. Quart.* xxvi (1957) 378–86. Though still unaware of Hippolytus'

innocence, Theseus sheds tears in Sen. *Phaedr.* 1115–22.

<sup>23</sup> By contrast, epileptics do 'black out' fairly completely. Hence, unlike Agave, Heracles must be told what he had done (E. *HF* 1114 ff.). Here, too, Euripides' clinical acumen is flawless; that of Wilamowitz less so.

<sup>24</sup> R. S. Rattray, *Religion and Art in Ashanti* (1927) 303–4.

<sup>25</sup> O. Pözl, 'Experimentell erregte Traumbilder in ihren Beziehungen zum indirekten Sehen', *Zschr. ges. Neurol. Psychiatr.* xxxvii (1917) 278–349.

<sup>26</sup> Hp. *Insomn.* 86; Arist. *Div. Somn.* 462b17 ff. Their explanation is the same as that of modern psychiatrists, cf. L. H. Bartemeier, 'Illness following Dreams', *Int. J. Psycho-Anal.* xxxi (1950) 8–11.

<sup>27</sup> On the distinction between these two types of recall, cf. n. 6, *supra*.

Given the enormity of her crime, Agave can be happy only as long as she stays mad.<sup>28</sup> Cadmus' principal task is therefore to overcome her resistances. This being said, I now turn to the mythological precedents which indicate Agave's need of psychotherapy.

The ordinary maenad emerged from her frenzy both unscathed and without requiring assistance. But Agave is not an ordinary maenad, for, instead of rending an animal, she had slain her son.<sup>29</sup> This puts her in the category of other child-murdering maenads, who, even in myth, also stand in need of therapeutic help.<sup>30</sup> Moreover, Agave needs help precisely *during* the transitional, quasi-'twilight state' which succeeds her frenzy,<sup>31</sup> lest her defensive exaltation should turn into a chronic psychotic and suicidal depression.<sup>32</sup>

This finding suggests in turn that Cadmus' intervention is not only necessary but also *timely*, for in order to forestall a psychotic depression, Agave must be helped *before* her (post-frenzy) hypomanic state dissipates.

*The Course of Agave's Illness and Recovery* can be schematically divided into several scenes:

(1) *Her frenzy*, which precedes her appearance on stage, requires no special discussion; it is a typical maenadic seizure.

(2) *The hypomanic (defensive) exaltation*, which succeeds it, begins not later than 1168, when Agave appears on stage, but probably began with her tearful triumph (1147) or even at 1139. It ends, at the earliest, with 1258, and, at the latest, with 1263. This phase can be divided into two parts:

(a) During the first part, which ends with 1215, Agave need only ignore the sarcasms of the Asiatic maenads. This baiting scene, too, appears to have a broader significance, since Athena baits the exalted Ajax in a very similar manner.<sup>33</sup> During this scene, Agave clings to the comforting delusion that she is carrying in triumph the head of a lion or of a bull. In addition, she strenuously, but also coyly and foolishly, *demand*s that the Asiatic maenads confirm and encourage her delusions (1168 ff.). They comply, until Agave demands that they personally participate in a cannibal feast (1084 ff.).

Agave's clamouring for approval is meaningful only if one views it as an attempt to stave off the dawning of insight. Few modern psychiatric texts describe this defensive manoeuvre more accurately, nor do I know of any other literary work which succeeds in depicting foolishness (in the clinical sense of the term) not only forcefully and with precision, but also beautifully and movingly. In fact, though a poetic treatment of foolishness is almost impossible, Euripides achieves the impossible mainly by punctuating Agave's foolish boasts and clamourings for attention with the mock-compliant, icily sarcastic responses of the Asiatic maenads. 'The most tragic of all dramatic poets' seldom achieved a more tragic effect than in the scene in which the coldly fanatical, self-satisfied, sarcastically *schadenfreudige* chorus manages, by its relentless, mocking (854) cat-and-mouse game, to turn a poor,

<sup>28</sup> Winnington-Ingram, *op. cit.* 140.

<sup>29</sup> It is perhaps the culture-historically regressive character of her act which shocks the Asiatic maenads; cf. Plu. *Them.* 13.2 f., *Arist.* 9.2 f. For a culture-historically progressive evolution, cf. E. *IT* 1458 ff. There exist anthropological parallels for both.

<sup>30</sup> Cf. n. 11, *supra*.

<sup>31</sup> Treatment administered during that state may be compared to genuine psychotherapy administered to hypnotized patients. This latter technique differs radically from a now obsolete hypnotherapy, in which the patient was simply ordered to give up his symptoms (often with catastrophic results).

<sup>32</sup> The transformation of an exaltation into a suicidal or psychotic depression is described both in S. *Aj.* and in E. *HF*, though it took Greek physicians nearly 600 more years to establish a nexus between manic and depressive states; cf. H. Flashar, *Melancholie und Melancholiker* (1966), *passim*. On suicide as a means of forestalling an impending psychotic break or relapse, cf. Devereux, *Mohave Ethnopsychiatry* 301 and *passim*.

<sup>33</sup> The baiting of the insane occurs in many societies, cf. the eighteenth-century baiting of the insane in Bedlam Hospital, by visitors who were charged an entrance fee. Cf. Winnington-Ingram, *op. cit.* 23, 122, 136 n. 3, 144 n. 1.

foolishly crazy woman into a tragic and even poetic figure.<sup>34</sup> Nothing could highlight better how unsure of herself the exalted and delusional Agave is—an unsureness due to her latent awareness of her crime—than her boasts and hyperboles, and, above all, her total insensitiveness to the Asiatic maenads' sarcasms: this is resistance to insight at its worst.<sup>35</sup>

(b) The second phase of Agave's (slowly diminishing) exaltation begins with Cadmus' appearance on stage (1216). Whereas in the first phase she proved herself impervious both to the irony hidden behind a façade of approval and to the revulsion with which the Asiatic maenads reacted to the invitation to a cannibal feast, the second phase highlights Agave's characteristically psychotic (and defensive) imperviousness to the *facts* narrated by Cadmus in an objectively accurate and affectively appropriate manner.<sup>36</sup> Of course, Cadmus is at first so much preoccupied with his own grief that he speaks simply *in the presence of*—rather than *to* (*cf.* 1232)—his daughter. Furthermore, though it is certainly legitimate to assume that Agave is, for the moment, not really *attending* to Cadmus, the fact that she does not respond until 1233 has also conventional dramatic advantages: it permits Cadmus to deliver the equivalent of a Messenger's report. Nonetheless, the fact that Agave may not consciously *attend*, does not prove that she does not *register* Cadmus' statements subliminally.<sup>37</sup> Above all, she is manifestly aware of Cadmus' *presence*, since she addresses Cadmus *directly* (1233), before Cadmus addresses her. Finally, by 1251, she is capable of sensing that Cadmus disagrees with her interpretation of the facts. Whereas she had completely ignored the chorus' two overtly critical remarks (1084, 1200–1), she now blames Cadmus' negative reactions on the testiness of old age.<sup>38</sup> In a typically psychotic manner, she refuses to acknowledge her own psychological defect and ('projectively') claims that it is Cadmus who is psychologically flawed.

Much more important for present purposes than Agave's behaviour is Cadmus' conduct between 1216–59. Though he does not address Agave directly until 1244, he cannot but be at least dimly aware of her presence. Now, between 1216–58 Cadmus first speaks in the presence of the belatedly perceived (1230 ff.) Agave, and then to her, as though she were a rational being. In short, the bereaved Cadmus simply laments the misfortunes of his house: his attitude is subjective, rather than therapeutic. Though he knows that Agave *has had* a maenadic seizure (1227 ff.), her return seems to suggest to him that—like the average maenad (*supra*)—she at least (though perhaps not her sisters, *cf.* 1227 ff.) has already recovered her senses. It is only when Agave, instead of lamenting her own past

<sup>34</sup> The Sophoclean baiting scene (*S. Aj.* 74 ff.) is psychiatrically less convincing and humanly less compelling. Ajax' language is high-flown rather than exalted. He is 'purblind' rather than manifestly foolish and delusional; he is smugly self-satisfied rather than grandiose. Moreover, in Euripides, it is Agave's behaviour which *arouses* our pity. In Sophocles, only Odysseus' fear and compassion *inform* us that Ajax *deserves* to be pitied. For another cat-and-mouse game, *cf.* *S. El.* 1442 ff.

<sup>35</sup> The Sophoclean Ajax is totally unaware of the real nature of his misdeed, and his unawareness is not due simply to the fact that he (unwittingly) exaggerates his crime (animals = men), whereas Agave (unwittingly) minimises her's (man = animal). Moreover, whereas Agave literally forces herself and her delusions on the chorus, Ajax simply answers Athena's questions in a relatively calm and even smugly complacent manner.

<sup>36</sup> The affective façade of the Asiatic maenads'

ironic approval of Agave's deeds is not only spurious but also (humanly) 'inappropriate'. Cadmus' grief is both genuine and appropriate.

<sup>37</sup> *Cf.* the Pözl experiments mentioned n. 25, *supra*.

<sup>38</sup> On the *δυσκολία* of the aged, *cf.* also *E. Or.* 490. Not all groups believe in senile decay and/or testiness. Among the Sedang, senile decay is not only taken for granted, but one and the same word designates the ancestors, the old, the violent and the strong. By contrast, even Mohave shamans specialising in 'psychiatry' never mention senile deterioration. (*Cf.* Devereux, *Mohave Ethnopsychiatry* 254 ff.) In this respect the Mohave resemble the Greeks. Though in Greek tragedy the old themselves acknowledge that they are physically as helpless as children, psychologically not even those whom others (mistakenly) believe to be silly actually display symptoms of psychological senility. (*Cf.* Devereux, 'The Miracle of Iolaos', *op. cit.*)

madness, accuses *him* of being psychologically flawed, that he finally realises that she is *still* mad—though manifestly no longer in a state of Bacchic frenzy.

In short, one may say that it is only at 1259 ff. that Cadmus 'diagnoses' Agave's *continuing, present madness* and first recognises her need for insight and recall. But he does more than just diagnose Agave's illness: he also makes a (favourable) prognosis,<sup>39</sup> though it is evident that this will happen only because 'Agave . . . will receive restoration to sense (*voūs*) at [Cadmus'] hands (*cf.* *ἐννοῦς*, 1270).<sup>40</sup>

Once the situation becomes clear, the bereaved Cadmus ceases to be wholly absorbed by the contemplation of his own grief. The mourning father and grandfather, controlling his own sorrow, assumes the stance of an objective, if tender,<sup>41</sup> psychotherapist. The tactfully gradual manner in which he leads Agave, step by step, back to a painful but inescapable reality, is clinically flawless. Better still, Euripides understood perfectly why it is imperative to proceed gradually in such cases: in E. *HF* 1119–21, Amphitryon states, in so many words, that he must first test Herakles' sanity (= 'ego strength') before confronting him with the horrible crime he has committed during his seizure. Other passages of the *Bacchae* psychotherapy scene also reveal Cadmus' clinical tact through the flawless wording of his confrontations and interpretations,<sup>42</sup> which always temper the wind to the shorn lamb.

*The Pre-Therapy* is fairly short (1259–68). Apparently aware that the so-called 'border-line' or 'ambulatory' psychotic has to be prepared for a genuine insight-and-recall oriented treatment, Cadmus tries first to render the still confused—and therefore therapeutically inaccessible—Agave 'therapeutizable'. He manoeuvres so as to attract and hold Agave's attention: to divert it from fantasies to reality. The view that 1259–68 represent only a pre-therapy is conclusively proved by the fact that, as late as 1268, Agave has no insight into her psychological condition. She still recalls and believes only the Asiatic maenads' (hypocritical) approval but remains unaware of their sarcasm, for, as was shown earlier, even their horrified reaction to a prospective cannibal feast failed to jolt her out of her complacency (1184).

Agave becomes therapeutizable only at 1269–70, which mark the end of the pre-therapy and the beginning of the actual insight therapy, for the fact that, as late as 1263, Cadmus and Agave still talk past each other, makes it evident that Agave does not, as yet, recall her deed *consciously* and continues to resist a direct, rational confrontation with reality.

Seeking to divert Agave from fantasy to reality, Cadmus first attracts her attention to an aspect of external reality which is not only *not* charged with anxiety and with subjective preoccupations but is, in Greek belief, a beneficial phenomenon which dispels fantasies and neutralises nightmares:<sup>43</sup> the sunny, luminous sky. In short, Cadmus uses a traditional Greek cultural lever.<sup>44</sup> Once she agrees to look at the sky, Agave is helped both by her culturally conditioned 'reflexes' and by the vivid stimulation of her senses: she begins to react to the apotropaic value of the Sun, whose brilliance probably reminds her that the time of (violent) nocturnal rites is past.<sup>45</sup>

Cadmus' manoeuvre is effective: the sky seems brighter than before (1267).<sup>46</sup> Striking while the iron is hot, Cadmus' next question directs Agave's attention from the outside to

<sup>39</sup> *φρονήσασαι* (1259). *Cf.* Winnington-Ingram, *op. cit.*, 140: Cadmus 'knows that a time of awakening must come'.

<sup>40</sup> Winnington-Ingram, *op. cit.*, 139, n. 5.

<sup>41</sup> On Cadmus' tenderness, *cf.* Winnington-Ingram, *op. cit.*, 140. *Cf.* Dr S. Nacht's remark before a psychoanalytic audience: 'We must love our patients.'

<sup>42</sup> On these two distinct therapeutic devices, *cf.* G. Devereux, 'Some Criteria for the Timing of

Confrontations and Interpretations', *Internat. J. Psycho-Anal.* xxxii (1951) 19–24 (= (in) L. Paul (ed.), *Psychoanalytic Clinical Interpretations* [1963]).

<sup>43</sup> *Cf.* E. *Hec.* 69 ff., E. *IT* 42 ff., etc.

<sup>44</sup> On the proper therapeutic use of cultural levers, *cf.* G. Devereux, *Reality and Dream, passim*.

<sup>45</sup> I have at times used very similar devices to make a hallucinating, depressed psychotic once more aware of reality.

<sup>46</sup> *Cf.* Dodds ad 1264–7 and E. *HF* 1089.

the inside. She manifests her therapeutizability when she admits (1269–70) that not only the outer darkness, but also the clouding of her mind—of the field of her consciousness—has dissipated. This is the only two-line response in this 39-verse stichomythia: all other questions and responses consist of one line only. Dodds, too (*ad loc.*), underlines this momentary decrease of the tempo at a decisive moment and cites *E. Alc.* 1119. Agave's reply shows that she is ready to resume diplomatic relations with reality. This means that the *pre-therapy* has come to an end.

But, though Agave is now ready for real insight therapy, this does not mean that she is already sane, for she cannot, as yet, fully recall either her past state or her past deeds. However, even though at 1272 she can still claim that she has forgotten 'that which was said' (εἴπομεν) at least up to 1259, Cadmus could not subsequently confront her *so easily* with the same facts, had she no dim recollection of what she had heard, for seemingly unperceived and unregistered stimuli are not only unconsciously registered (*supra*), but effectively influence the subsequent operations of the psyche.

This being said, it is evident that Agave has something to gain by asserting, as late as 1272, that she does not remember what transpired in 1216–62; her denial proves that she remembers that Cadmus had *spoken* to her. Also, in asking him to repeat what had been said, she indirectly admits her awareness that what was said was, and is, relevant. But Agave's request is more than a subterfuge permitting her to cling a little longer to the fiction of a *total* amnesia. It is also a clinically familiar, devious *request for help*, which further proves her readiness for *insight* therapy. The significance of her implicit demand, that Cadmus should voice, on her behalf, the content of *her* memory, will be discussed further on.

Though Cadmus helps Agave to recall the past, he does not fall into the trap she has laid. Thus, while in 1216–62 he made statements, from 1264 onward he no longer answers her queries, but questions her and makes *her* recall the past, thereby forcing her to recognise this past as her own experience—not as hearsay. This is an important objective, since the substitution of a remembrance of 'hearsay' memories (i.e., anecdotes about oneself) for a recall of the actual experience, is a major resistance.<sup>47</sup>

Cadmus' first move is to resocialise Agave; he induces her to modify her self-definition. The maenad, the self-contained, socially tieless,<sup>48</sup> member of an unstructured *thiasos* on the rampage, is made to recall and to reaffirm her belonging to a structured group: to recall her married state and her motherhood (1273 ff.). The resocialisation of the de-socialised and de-culturalised psychotic<sup>49</sup> is a crucial step in therapy. Just as, a little earlier, Agave once more became aware of physical reality (1264 ff.), so she now recreates, *through* her father Cadmus, all her social bonds. Both these steps are indispensable for her recovery, since an awareness of one's insertion into both physical and social reality is a basic characteristic of the rational mind. Also, being Agave's father, Cadmus is particularly well placed to promote this process of social self-redefinition and reinsertion. As Plato (*Lg.* 672c) seems to have sensed, all psychological illness involves a certain amount of regression: a partial return to infancy or at least to childhood. Owing to her regressed state, it is presumably easier for Agave to recognise Cadmus spontaneously—to realise that he is her father, i.e., an important figure of her childhood—than it would be for her to recognise Echion, who belongs to a later, more mature, period of her life. Moreover, whereas she had deprived Cadmus 'only' of a grandson, she had deprived Echion of a son, and Pentheus of his life.<sup>50</sup> The fact that she spontaneously recognises Cadmus, but must be *made* to

<sup>47</sup> Cf. Devereux, 'Obsessive Doubt', *op. cit.*; *id.*, 'La Renonciation à l'Identité', *op. cit.* For the possibility of viewing the recall of anecdotes about oneself as 'screen memories', cf. G. Devereux, 'Transference, Screen Memory and the Temporal Ego', *J. Nerv. Ment. Disease* cxliii (1966) 318–23.

<sup>48</sup> Cf. *Ev. Luc.* 14.26, 33; *Ev. Jo.* 2.14.

<sup>49</sup> G. Devereux, 'Cultural Factors in Psychoanalytic Therapy', *J. Amer. Psychoanal. Assoc.* i (1953) 629–55.

<sup>50</sup> A loss of memory for recent events *only* is a common symptom of many psychiatric illnesses,



recognise Pentheus' head, may well be a psychologically sophisticated touch. I have shown elsewhere<sup>51</sup> that the order in which various Ithacans recognise Odysseus reflects the degree of their ambivalence over his return.

The moment the ex-maenad once more sees herself as a socially identifiable being, her 'identity problems'<sup>52</sup> no longer present a real difficulty. Cadmus' next task is therefore to confront Agave with her monstrous deed and to bring about the insertion of this experience into Agave's self-image and especially into the sense of her own continuity in time (*infra*).

Cadmus accomplishes this task with great skill. Though his interrogation only makes Agave say self-evident things, in the therapeutic situation it is the patient—and not the therapist—who must utter certain things; for it is not the therapist's understanding of the patient, but the patient's understanding of himself that effects the cure. The patient's attempt to make his therapist say things *on his behalf* is therefore a resistance;<sup>53</sup> no good therapist falls into such a verbal trap. As a psychotherapist, Cadmus must be given full credit for asking questions, rather than providing answers, though Euripides' brilliant handling of the question-and-answer technique in this passage was, no doubt, facilitated by the—sometimes tedious and inappropriate—predominance of the question-and-answer pattern in many other stichomythias. What matters here aesthetically is not Euripides' recourse to the question-and-answer technique, but its singular appropriateness in a psychotherapeutic context. The first result is that Agave ceases to visualise herself as a divinely mad, god-linked, socially tieless maenad. This makes possible her subsequent realisation that the divinely inspired maenad was simply a poor, crazy woman.

The doer, having recovered her sense of identity, must be made to recognise also her deed. Cadmus' interrogation is, once more, technically flawless—which does not imply that it is not *also* tactful and tender: the therapist cannot achieve efficient objectivity unless he genuinely feels for—and with—his patient.<sup>54</sup>

His first question concerns the head Agave carries in her arms—and continues to carry in her arms at least until 1300.<sup>55</sup> Agave's initial reply is significantly evasive: instead of saying what *she* believes it to be, she claims that *others* hold it to be a lion's head (1278). In fact, at this point she probably even averts her face, since Cadmus urges her to look at it.<sup>56</sup> By 1284, Agave realises at last that she is clutching Pentheus' head: the *corpus delicti* is identified.

Cadmus must now persuade her that she, herself, had killed her son. Agave is manifestly ready for this confrontation, for it is at this point (1286) that she asks the first *genuine* and *direct* question:<sup>57</sup> 'Who killed him? How did he fall into my hands?' The head is no longer in self-exoneration seen as that of a lion.<sup>58</sup>

including senility and alcoholism (Korsakow's syndrome). In E. HF 1102, Heracles recalls his descent into Hell, but not his recent actions.

<sup>51</sup> G. Devereux, 'Penelope's Character', *op. cit.*

<sup>52</sup> On the psychiatric importance of identity problems, cf. G. Devereux, 'La Renonciation à l'Identité', *op. cit.*

<sup>53</sup> G. Devereux, 'Mumbling', *J. Amer. Psychoanal. Assoc.* xiv (1966) 478–84. Cf. Wilamowitz, ad E. HF 1130, on Heracles' reluctance to voice the horrible suspicions (*not* memories) which begin to dawn on him.

<sup>54</sup> G. Devereux, *From Anxiety to Method in the Behavioral Sciences* (1967) *passim*, but esp. ch. 23. Cf. Winington-Ingram, *op. cit.* 140, and n. 41, *supra*.

<sup>55</sup> This is confirmed by *Christ. Pat.* 1466 ff.

<sup>56</sup> Agave's incapacity to identify the head through tactile contact *only*, may well be a sign of resistance,

masquerading as a tactile agnosia. For other commands to look at a horrible sight, cf. E. HF 1131, S. *El.* 1474.

<sup>57</sup> At 1263 she is still mad, and her 'question' is really a denial. 1272 is not an explicit question: Agave simply professes to be amnesic and makes a request. 1280 is an evasive question.

<sup>58</sup> The self-exonerating misperception of a human being as an animal probably accounts for many Greek mythical hunting accidents and is clinically persuasive. Two Pueblo Indian half-brothers first 'saw' their 'witch' enemies as foxes attacking their sheep and planned to shoot them. Later on they 'saw' a state policeman as a deer and actually shot him dead, G. Devereux, 'Normal and Abnormal' (in) J. B. Casagrande and T. Gladwin (eds.), *Some Uses of Anthropology: Theoretical and Applied* (1956). An Ojibwa Indian mother, in the grip of the cannibal-

Though insight is now inescapable, Agave still indulges in a few delaying tactics, seeking to postpone the hour of reckoning. She is still feebly trying to make Cadmus *tell* her what she herself is already *able to recognise* and—partly—to *recall*. Cadmus rightly refuses to answer Agave's question (1286); he says only: 'Alas, sad truth—you do appear, but too late.' Technically expressed, Cadmus at this point not only confirms Agave's previous insights, thereby consolidating his gains, but also forces her to ask a *further* question: to *request* information so insistently that her demand practically constitutes an *admission* of both a recall and an awareness of her guilt. By the time Cadmus says: 'You and your sisters killed him' (1288), Agave is ready to *believe* him, because her own *pre-conscious* already *knows* this statement to be true.

But Agave does more than that: she demands that the locale and the circumstances of her deed be specified (1290 ff.). Cadmus complies, since, in so doing, he increases the credibility of his statement.<sup>59</sup> At 1291, Cadmus himself goes one step further. By recalling—this time explicitly (*cf.* 1227)—the rending and devouring of Actaeon by his mad hounds—who are the equivalents of Dionysus' mad human hounds (977)—he manifestly suggests to Agave that she not only killed, but also rent (*sparagmos*, *cf.* Dodds, ad 1300) and probably partly cannibalised (*omophagia*, 1084) her son.<sup>60</sup> It need hardly be recalled that *omophagia* was an integral part of the *sparagmos*, and Actaeon must certainly have been (partly or wholly) devoured by his mad dogs, since Chiron, unable to effect a *compositio membrorum*, had to fashion an *eidolon* of Actaeon to comfort his grieving hounds (Apollod. iii 4.4).

But this reference to Actaeon also has further implications. Dodds (ad 1300) points out that Agave, the maenad, *knew* the *sparagmos* rite. If so, she must *also* have known the *omophagia* rite (1184), which *may* have included certain especially horrible details, which Euripides did not mention in the surviving text.<sup>61</sup> Hence, on this level, Cadmus' mention of Actaeon was probably not addressed to Agave's conscious mind *only*, but also sought to remobilise Agave's *latent* memory at least of the gory details which Cadmus had mentioned in her presence while she was still acutely mad: the dispersal of Pentheus' body (1217 ff., *cf.* 1299) and Actaeon's fate (1227, *cf.* 1291).

The therapy now enters its final, and crucial, phase. Agave already knows the 'what' and the 'how'; only the 'why' remains to be explained. In reply to her still somewhat evasive question (1294), Cadmus turns the floodlight of reason from the deed to the doer—from the outward event to the inner experience. He tells Agave that she—and the whole city with her—had been mad, but, very appropriately, makes this shocking confrontation psychologically bearable (*supra*) by his 'you, *but not only you*' wording. Such an added clause helps many neurotics<sup>62</sup> to overcome the feeling that *they alone* are 'monsters'.<sup>63</sup> Though by the time she utters 1301 even Agave herself no longer needs to stress the madness of others, at 1296 she is still evasive. Instead of admitting her past madness openly, she (correctly) claims that she had been undone by Dionysus. However, since Dionysus almost invariably maddens his victims, Agave's evasive comment is an indirect admission that she,

istic Windigo psychosis, may see her children as (edible) fat beavers, R. Landes, *The Ojibwa Woman* (1938) 216, etc.

<sup>59</sup> Myths, which are supposed to be believed, are always localised in space and sometimes even in time; this is one determinant of their credibility. Folktales, which require no belief, are hardly ever localised in space or time.

<sup>60</sup> At 1084 Agave probably offers to feast the Asiatic maenads only on those remains of Pentheus' body which had not been devoured raw during the rending itself. That *omophagia* takes place *during* the dismemberment is proved by the r.f. hydria, BM

E 246, which, thanks to the courtesy of Dr Ann Birchall, Asst. Keeper of Greek and Roman Antiquities, I was able to examine personally.

<sup>61</sup> *Cf.* Dodds, *E. Ba.*, p. xvii.

<sup>62</sup> I recall that at this point Agave is no longer psychotic.

<sup>63</sup> One of my patients stubbornly asserted that she was the *only* person deprived enough to engage in auto-erotic practices, until I pointed out to her that the existence of a word denoting such activities proved that others also engaged in them. *Cf.* the tactful 'those who' (instead of 'he who') used in connexion with Menelaus' symptoms, *A. Ag.* 412-13.

too, had been mad, though what she stresses here most is still only Dionysus' responsibility for both her madness and her deeds.

Moreover, at this point, she enquires about (the rest of) the *corpus delicti* (1298). Given both her increasingly clear recall of what has transpired since Cadmus' servitors have carried Pentheus' remains on stage, and the smallness of the Greek stage proper, Agave's question may seem rhetorical. Actually, it is psychiatrically plausible. Both clinical experience and experimental studies of perception prove that one can look at something and yet not perceive it consciously until the inhibitions to seeing it are dispelled; that one can even 'symbolically' know where a mislaid object is and yet be unable to find it until certain internal obstacles are overcome.<sup>64</sup>

Pointing to the *corpus delicti*, Cadmus once more reminds Agave how difficult it was to recover (what was left of?) the corpse (1299, cf. 1220 ff.): the allusion to *sparagmos*—and probably to *omophagia*—is, once again, unmistakable. This inference is supported by the finding that, in the course of the psychotherapy proper, Cadmus either elicited from Agave, or repeated in the language of the expert psychotherapist, nearly everything he had said since he last appeared on stage (1216–1262). All that he has *not yet* repeated, in so many words, is his earlier allusion to *omophagia* (1246 f.).

This finding alone almost suffices to suggest that the lacuna after 1300 (1300A) mentioned not only *sparagmos* (Dodds, *ad loc.*), but also *omophagia*, which probably included a number of shocking details, not yet adequately identified.

We have come to the last line preceding the lacuna. Whether it means, as many maintain: 'Is limb decently laid to limb?', or—as I believe—something slightly but ominously different, does not matter in this study. What does matter is the immensity of the psychological 'gap' between Agave's limited understanding of her psychological state up to 1300 and her point-blank admission, at 1301, that she had been insane. Also, she does not call her past madness *μανία*, which tends towards the divine and often suggests a supposed *increase* in the reach of the mind.<sup>65</sup> She calls it *ἀφροσύνη*, which tends towards the human and—as the prefix *a-* indicates—often denotes a lack or a defect: a *decrease* in the reach of the mind. It is possible that the choice of this word is intended to reflect Agave's retroactive insight that, in the light of day and of sober reason, she had not been graced with a rewarding, divinely inspired madness, but had been punished with a harshly degrading, senseless and all too human craziness. Such a change in her self-appraisal could, in principle, be brought about by a one-verse reply, provided that the fact it communicated to her was brutal and degrading enough. Yet, since I accept here Dodds' conjecture (ad 1300) that Cadmus' reply mentioned *sparagmos*—and, I suppose, also its normal sequel, *omophagia* (alluded to in 1084, 1122 ff.) with all its monstrous details—Dodds is probably right in assuming that at least three verses are missing. In fact, these verses may have dropped out precisely because their content was a particularly shocking one.<sup>66</sup>

But this is by the way, since in this study I have, for methodological reasons, decided to offer only those interpretations and conjectures which can be advanced on purely psychiatric grounds. This self-imposed limitation permits me to conjecture only the monstrous 'affective charge' of Cadmus' reply, but not its conceptual content. I therefore propose to advance only the view that *whatever* Cadmus said in these lost verses, shocked Agave more than anything her father had said up to that point.<sup>67</sup> The emotional impact

<sup>64</sup> This can happen even in the case of normal persons, cf. G. Devereux, 'Orthopraxis', *Psychiatric Quart.* xlii (1968) 726–37 for several cases analysed in depth.

<sup>65</sup> Pl. *Phdr.* 244a ff., *Ion* 533c ff.; 'The Blessings of Madness' (Dodds, *The Greeks and the Irrational*, ch. 3) are largely those provided by *μανία*.

<sup>66</sup> Cf. the fact that Porphyrius (*de abst.* 4.19) 'almost forgot' to cite E. *fr.* 471N<sup>2</sup>, which also mentions *omophagia*.

<sup>67</sup> The following discussion owes much to the advice of Professors Dodds and Lloyd-Jones.

of Cadmus' reply was so violent that it forced Agave to turn away from what happened to Pentheus in the irrational world which exists off stage,<sup>68</sup> and to consider how Pentheus' fate and her own deed will affect the survivors in the real and rational world that exists on stage.<sup>69</sup>

Above all, after 1301, Agave is a sane—though broken—woman throughout the rest of the tragedy: her psychotherapy has been effective. This finding, too, illuminates retroactively both the affective impact and the therapeutic function of Cadmus' reply, *whatever* it may have been. In the terminology of *Gestaltpsychologie*, the climactic information it contained 'closed the configuration' of the psychotherapy scene with a 'system-adequate closure element'.<sup>70</sup>

For, as cannot be stressed strongly enough, something drastic and irreversible happens at 1301. Despite the accumulation of many dreadful details, as late as 1295 Agave still tries to evade the insight that she had been insane. It is only after hearing Cadmus' (lost) reply that she at last *pleads* insanity, thereby recognising the *personal* relevance of her deed (*infra*). From that point on, her mind is no longer focused on external events, but on their inner relevance and on her past state. She reacts at last subjectively—with *insight*—to Cadmus' previously evaded statements (1229, 1259, 1295) that she had been mad. Moreover, she no longer hides behind the claim that she had been (*externally*) undone by Dionysus (1296). What matters most to her now is no longer the god's motive or deed, but the *previously dreaded* insight: 'I must have been mad.'<sup>71</sup>

This new outlook presupposes a complete reorientation of Agave's psyche and a radical modification of the hierarchy of her needs. Indeed, the statement: 'I am—or have been—mad; the very core of my self is—or was—flawed', is perhaps the most painful admission a human being can make and therefore reflects a far from negligible amount of Ego strength.<sup>72</sup> Anyone capable of making such a confession is no longer genuinely psychotic, though he may well be tragically sane.

This comprehension of her past state is accompanied by a dissipation of Agave's (partial) amnesia. Her return to sanity therefore also involves a renewal of her ties with herself *in time*: with her 'temporal ego'.<sup>73</sup> She is, as I sometimes express it, once more 'self-connected'.

So excruciatingly painful an insight is usually bearable only if it serves to ward off something even more painful. It must, as a rule, not be simply the lesser of two evils; it must yield a (partly neurotic) 'secondary gain'.<sup>74</sup>

The nature of Agave's 'secondary gain' is easy to identify. The admission, 'I was insane', exonerates her normal (and social) self; not she—not her real self—but her madness, caused her deed. So did Agamemnon in self-exoneration claim that not his real self but his *ate*—his purblindness—was the cause of his insulting behaviour toward Achilles;<sup>75</sup> so did

<sup>68</sup> G. Devereux, 'The Structure of Tragedy and the Structure of the Psyche in Aristotle's *Poetics*' (in M. Lazerowitz and C. Hanly (eds.) *Psychoanalysis and Philosophy: Essays in Memory of Ernest Jones* (in press).

<sup>69</sup> Arist. *Po.* 1460a26 f. I note in support of Aristotle's distinction between on-stage (rational) and off-stage (irrational), that even though Cadmus' metamorphosis into a serpent is predicted on stage (1330 ff.), it only occurs later on—after the tragedy ends—off stage.

<sup>70</sup> On the capacity of dramatic 'confrontations' to function as closure-elements ('interpretations') in psychoanalysis, cf. G. Devereux, 'Some Criteria for the Timing of Confrontations and Interpretations', *op. cit.*

<sup>71</sup> The old distinction between neurosis and psychosis, in terms of the presence or absence of

insight, is still of great heuristic value in psychiatry.

<sup>72</sup> G. Devereux, 'Primitive Psychiatric Diagnosis: A General Theory of the Diagnostic Process', (in I. Galdston (ed.) *Man's Image in Medicine and Anthropology* (1968).

<sup>73</sup> On this new concept, cf. G. Devereux, 'Transference, Screen Memory and the Temporal Ego', *op. cit.*; *id.*, 'La Renonciation à l'Identité', *op. cit.*

<sup>74</sup> Thus, chronic neurotic invalidism, though it involves many renunciations—such as tying the 'sufferer' to his bed—usually involves the 'secondary gain' of permitting the sufferer to monopolise attention and to rule his household with the iron rod of his 'martyrdom'.

<sup>75</sup> Cf. E. R. Dodds, *The Greeks and the Irrational* (1951) ch. 1. Cf. also R. D. Dawe, 'Some Reflections on *Ate* and *Hamartia*', *HSCP* lxxii (1968) 89–123.

the Cretans profess to have been mad when they rent the infant Dionysus.<sup>76</sup> Similarly, Euripides actually lets one witness Medea's attempts to make her (autonomous) *thymos* responsible for a deed she feels irresistibly impelled to perform.<sup>77</sup>

In short, Agave can—though just barely—afford to admit that she had been insane, for, in so doing, she also pleads: 'Not guilty by reason of insanity'—*apparently* by reason (at *this* time and in *this* perspective) *not* of a (presumably) divine, but of a (primarily) human madness. In retrospect, her divine maenadic fugue is rightly—but also in self-exoneration—reduced to the senseless outburst of a poor, crazy mortal.

For Euripides the dramatist, quite as much as for the clinician reading this tragedy, this insight terminates the psychotherapy scene: the therapeutic objective is attained. Agave is now sane, non-amnesic, reality-oriented and 'self-connected' in time; her past has, at last, become part of her present. It only remains for her to learn to live with it.

However, even in a completed psychotherapy, there always remain a few loose ends, with which the patient must deal on his own. Even in this respect this scene is flawless; there is, in 1301, a faint trace of a half-hearted, momentary regression to an earlier defensive manoeuvre. This type of last-ditch regression often appears just before the completion of a psychoanalysis.<sup>78</sup>

Agave's final query (1301) is satisfyingly ambiguous. Most scholars translate it: 'What part did my madness have in Pentheus' fate?', but Grégoire translates: 'What part did Pentheus have in my madness?'—and Verdenius<sup>79</sup> challenges neither the Grégoire nor the usual translation. Though I feel that Grégoire's translation leads up more logically to Cadmus' long explanatory speech (1302 ff.), it is not of crucial importance for the present argument which of the two translations one prefers. All that matters psychiatrically is that Agave's query still reveals the presence of a *trace* of resistance: she mentions her own madness in a sentence which, *however one translates it*, leads the discussion *away* from her and *toward* Pentheus. That, and nothing more, is *psychiatrically* relevant. I can therefore close my discussion by identifying Agave's utterance as a specimen of the kind of 'loose end' that is left in any psychotherapy and by noting that Cadmus' long reply (1302 ff.), the analysis of which lies outside the scope of this study, is psychiatrically appropriate. The psychotherapist's closing remarks at the end of the last therapy session often seek to relate the patient's (now cured) neurosis, and the effects of the recovery itself, to the world of reality in which the patient first functioned unrealistically, and in which he will henceforth live realistically.

### CONCLUSIONS

(1) Euripides observed and described accurately, and probably understood at least intuitively, not only psychological illness but also the psychotherapeutic process. Freud stressed repeatedly that the poets had anticipated many of his clinical findings and theoretical conclusions.

(2) The psychotherapy scene of the *Bacchae* is clinically flawless and persuasive; it will

<sup>76</sup> Firm. *de err. prof. relig.* 6. On the doer and his responsibility in general, cf. (with some reservations) A. W. H. Adkins, *Merit and Responsibility* (1960).

<sup>77</sup> E. *Med.* 1019 ff. A. Rivier ('L'Élément Démotique chez Euripide jusqu'en 428', *Entretiens Hardt* vi [1958]) notwithstanding, this passage does not shed light on Euripides' psychological theories. It is simply a superbly realistic clinical description of a manoeuvre every experienced psychotherapist has had occasion to observe.

<sup>78</sup> When a satisfactorily analysed patient is told that his analysis is almost finished, he often has a brief relapse: all of his old symptoms return for a few days or weeks. This relapse seeks to stave off the final resolution of his dependence upon—and transference on—his analyst. At times, it is precisely the analysis of this brief relapse which permits the complete dissolution of the analytic relationship.

<sup>79</sup> Cf. W. J. Verdenius, 'Notes on Euripides' *Bacchae*', *Mnemosyne* xv (1966) 337–63.

bear comparison with any modern summary of a psychotherapy written by a professional clinician.

(3) The psychiatric plausibility of this scene permits one to view it as a specimen of one (hitherto unidentified) type of Greek psychotherapy. Its analysis is therefore also a contribution to the history of Greek psychiatry.

(4) Agave's sudden gaining of insight after Cadmus' lost reply suggests that the content of the lost verse(s) was extremely shocking.

(5) This explains, in turn, why the missing verse(s) dropped out of the text.

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*Paris.*