



“This isn’t therapy, what we’ve done. We’ve erased things.”

— Heidi Bergman, *Homecoming* (TV version).

Roanne Kantor and Anna Mukamal //

This fall I had the pleasure of teaching a course on intersections between disability and technology. In putting together the syllabus, I quickly noticed that one of the most potent sites for this question was the rehabilitation of PTSD among soldiers in the last 100 years. Much good writing has already been posted on SYNOPSIS related to the actual experiences of veterans and those who work with them. Here, instead, we want to focus on some of the cultural *anxieties* that get expressed through this figure and scenario. In this post, my co-author Anna Mukamal and I will examine *Homecoming*, an experimental-fiction “radio play” podcast written by Micah Bloomberg and Eli Horowitz from 2016 that was adapted into an Amazon Prime limited series directed by Sam Esmail earlier this year.

****spoilers ahead!****

Homecoming offers a tense detective story about the treatment of veterans with PTSD, suggesting the potentially deforming effect of healing technologies on the embodied therapeutic encounter between doctor-figure and patient. Approximately five years in the past, a woman named Heidi Bergman (Catherine Keener) was recruited to work as a caseworker and program facilitator for the Homecoming initiative, an experimental treatment facility for vets returning from Afghanistan. She forms a special bond with one of her patients, Walter Cruz (Oscar Isaac), one which increasingly puts her at odds with her demanding off-site boss, Colin Belfast (David Schwimmer). In the narrative present, a government investigator named Thomas Carrasco tries to untangle what went on at Homecoming, about which Heidi apparently remembers almost nothing.

All of these elements are presented to the audience as an archive of audio “found footage” toggling between these two timelines. Esmail attempts to reproduce this effect in the TV version, in which Heidi’s fumbling process of coming to understand her role in the Initiative in the narrative present is depicted through a narrower frame width, as if she were operating with blinders. And, in a sense, she is—we ultimately discover that she is subject to the same loss of traumatic memories as the soldiers she treated.

Anna is currently preparing a doctorate on intersections between literary and therapeutic cultures of the 20th and 21st centuries. Anna’s research describes the “therapeutic encounter” between provider and patient that provides the emotional core for both versions of *Homecoming* and many other narratives about veteran mental health. As she taught several of this type of narrative, Roanne hoped Anna could help her understand them better.

As Alison Kafer has demonstrated, the telos of technology in the popular imagination is the eradication of disability, squeezed out between prosthetic and eugenic innovation. But these same popular narratives also imagine dystopian futures in which technology itself is disabling, especially in the realm of mental health. This seems to reflect, in part, major structural changes in the treatment of mental health, the neurological model of illness and the concomitant rise of pharmacological and other “targeted” interventions that increasingly displace human interactions between patient and therapist—even the therapeutic encounter itself.

Homecoming thus registers a deeper set of anxieties about technology as such, about the line between *being* and merely *seeming* whose violation technological innovation constantly risks. We can think of this in terms of narratives about virtuality, in other words, as the slippage between being versus merely seeming *real*—see everything from Hofmann’s “The Sandman” and its influence on Freud’s theory of the uncanny to Wachowski’s *The Matrix* and its pop cultural

afterlives. Or we can turn to artificial intelligence, casting it as the slippage between being versus merely seeming *sentient*—see so many recent films from *The Imitation Game* to *Ex Machina* to *Her*. Notice, in passing, how many of these narratives focus on men’s sexualized vulnerability to technologically mediated feminine power—we’ll come back to this.

In narratives which feature the therapeutic encounter, the slippage occurs between being and merely seeming healthy, which seems to hinge on whether the therapeutic encounter itself is a virtual or real aspect of healing. The TV version of *Homecoming* throws this question into high relief when Heidi admits that the therapy sessions she conducted were mostly gratuitous—not the scene of rehabilitation per se but simply a safety measure to test the scope and ensure the effectiveness of pharmacological intervention. The ability of technological innovation to mimic the experience of good mental order, without going through the agreed-upon process of “healing,” surfaces the buried question at the very center of this blog, indeed, within the medical humanities as a field: what should “healing” ethically and sustainably *mean* in a psychotherapeutic context? And what kind of abuses can be perpetuated when we mistake the seeming for the real?

These anxieties are also salient, and perhaps more clearly expressed, in the climax of Pat Barker’s excellent 1991 novel about psychotherapy for officers in WWI, *Regeneration*, which Roanne taught as part of the same class. In this scene, the Freud-trained talking cure therapist Dr. W. H. R. Rivers, who practices at Craiglockhart War Hospital in Edinburgh, witnesses a horrifying alternative therapy practiced by a competitor at the National Hospital in London, Dr. Lewis Yealland. The fact that both characters are based on historical therapeutic practitioners only reinforces the scene’s power. Believing that “shell shock” is a form of cowardly malingering, Yealland—like Colin in *Homecoming*—has no interest in the underlying etiology of his patients’ trauma. Instead, Rivers watches as, over the course of a single, hours-long session, Yealland uses live electrodes to torture a patient with psychogenic mutism into “normal” patterns of speech. Barker crystallizes the brutality of this scene in Yealland’s repeated refrain to his patient: “You must speak, but I shall not listen.” These words seem to echo Colin’s exhortation to Heidi in *Homecoming*: “Stop helping. Do what I’m telling you to do. Confirm the emotional erasure. Establish a reconsolidated mental state. *Record that data.*”

The declaration “I shall not listen” directly contravenes Rivers’ investment in talk therapy, and in the value of the therapeutic encounter he espouses, which resonates with Heidi’s “whole approach, that personal connection,” scathingly mocked by Colin. In its focalization through Rivers’ perspective, *Regeneration* likewise dramatizes Rivers’ confrontation with the instrumentality of his own participation in shell-shock treatment, whose ultimate purpose within the larger bureaucracy

is precisely the same as Yealland's, though his methods be gentler and more patient-focused. Ultimately, both "heal" soldiers only so that they can be sent back to France to die.

Rivers' and Yealland's ideas of healing are also both opposed and troublingly related in terms of their relationship to gender. In Barker's telling, Rivers understands his practice as creating a safe space for male soldiers to access aspects of their psychic life—tenderness, compassion, emotional fluency—that Edwardian culture has suppressed as effeminate. Yealland's practice also threatens his patients' sense of masculinity, but through a violation of bodily and psychic integrity that Barker explicitly compares to rape. The electrode, as the vehicle of violently emasculating power in this scene, offers a template for the *gendered* threat of technological innovation in the therapeutic encounter.

Homecoming rehearses many of the same themes in the scene above, weaving them into a narrative that much more forcefully foregrounds anxieties about technology and the concept of healing. Technology intervenes at three important moments in the narrative: at the level of its form as a radio drama posing as a found archive; at the level of the therapeutic encounter itself and the versions of healing that compete within it; and at the level of the bureaucratic system in which the archive and the encounter are both ostensibly embedded.

The Archive

The podcast version of *Homecoming* draws our attention at the formal level by presenting itself as a found archive: a series of voice recordings—phone calls, records of therapy sessions, and audio notes-to-self—presented without the connective tissue of a narrating voice. As time goes on, we get the sense that the archive we've stumbled upon is the same one being constructed by agent Carrasco, thus suggesting that we might inhabit his place in the narrative. The televised version has no choice but to tweak this aspect of the podcast and thus introduces Carrasco as a character who is much more in the "action" than is his audio counterpart. Indeed, while archival sleuthing is still a main theme in the Amazon series, the whole visual component of the show breaks with the reality effect of the podcast—whereas in the original, for the most part, we are encouraged to forget about Carrasco, and to buy into the "objectivity" of sound recording as a technology.

In one sense, this intervention of technology is a very, very old literary technique. It quite plainly echoes the literary occasions of the earliest novels, which often masqueraded as a personal diary, a

found manuscript, or a series of epistolary exchanges. The distinction lies in the way that audio recordings convey a kind of technologically-mediated neutrality. What is captured, the conceit would have us think, is a reality “out there,” not one filtered through the experience of a single holder of a pen.

As systems, the Homecoming project and the Department of Defense in which it is embedded are deeply hierarchical: Heidi has control over Walter, Colin has control over Heidi, and the pharmaceutical company testing drugs at Homecoming has control over Colin. In the prototypical therapeutic encounter, the Freudian talking cure, the purpose is to bring unconscious traumatic memories and their associated affects into the conscious therapeutic scenario in order to mitigate their affective eruptions into everyday “functional” life. The Homecoming project, we come to learn, operates instead by deleting traumatic memories altogether: “We’re approaching [the treatment of PTSD] like a disease,” Heidi says “like a cancer, a condition to be eradicated, not just managed. Using medication to actively delete the harmful response to the traumatic memory.” As she learns more about the actual operation of the Homecoming initiative and its wonder drug, Heidi becomes more and more uncomfortable with its metric of success: producing soldiers that can be efficiently redeployed rather than reintegrated into civilian life.

Voice, especially Walter’s voice, comes to stand in metonymically for all of these concerns. That is, Heidi’s attachment to the traditional therapeutic encounter centers on the concern that Homecoming’s treatment protocol sidelines, even erases, the actual experiences of soldiers—in a podcast, quite literally, their voices. The sound recording here acts as a potential counterweight to this other threatening (pharmacological) technology, refusing to privilege any of these voices as *the* narrative perspective, and preserving an account of both Walter and Heidi’s experiences that the pharmacological intervention being pioneered at Homecoming will ultimately erase.

The Encounter

The therapeutic encounter thus sits at the center of both *Homecoming*’s plot and its ethical claims. Throughout the show, it is Bergman’s empathetic connection to Cruz, her refusal to “stop helping,” that prompts her to push back against Colin’s demands. Ultimately, Heidi takes the much more drastic action of subverting the therapeutic narrative arc mandated by Homecoming when she realizes that Cruz’s “improvement” hinges on the top-down, secretive, and relatively rapid deletion of memories to abet redeployment, instead of a therapeutically responsible and process-bound

collective effort, by therapist and patient, to address those memories so as to imagine a meaningful future.

The sound-mediation of these scenes adds complicating dimensions to this encounter. In particular, *Homecoming* encourages its audience to carry into their listening experience a consciousness of the filmography of each of its stars. We might think, perhaps, of Oscar Isaac as a very different kind of victim of technology run amok from his prior turn as the ill-fated tech mogul in *Ex Machina*. But most impactful here is Cathrine Keener's history of playing characters who, like Heidi Bergman, use seemingly empathetic one-on-one encounters as the vehicle into total psychic control. This is a delicious wrinkle that the otherwise excellent performance of Julia Roberts in the Amazon series just cannot reproduce.

Roanne first became aware of Keener in *Being John Malkovich*, where her character Maxine Lund's naturally manipulative personality finds its ultimate outlet in a triangular relationship with a hapless John Malcovich being mind-puppeted by John Cusac. Roanne's nephew is more familiar with Keener as Evelyn Deavor, the initially sympathetic female CEO who encourages the protagonist's professional development in Pixar's *Incredibles II*, only to reveal herself as the arch villain Screenslaver, who uses computer screens and projection goggles to take over the minds of the metropolis.

But most listeners will carry this association with Keener from her terrifying role as Missy Armitage in Jordan Peele's 2017 hit *Get Out*. In one of the film's most iconic scenes, Missy convinces her daughter's boyfriend, Chris, to undergo hypnosis in order to help him quit smoking. Both in content and form, the scene eerily mimics those between Bergman and Cruz: the airing of a traumatic memory, ostensibly for the purpose of healing, to an older white woman by a younger racialized man. Yet while Heidi's chemical brainwashing of Cruz is mostly unwitting, technological mind control is the central goal of Missy's apparent offer to "help." It is precisely Chris's vulnerability within the therapeutic encounter which allows Missy to push him into "the sunken place," a space of psychic abjection in which he remains aware but totally helpless, the first step in making his body available for permanent takeover by a white host.

The fact that we likely carry these associations into Keener's performance of Bergman means that we are inchoately cued from the start to nefarious possibilities in her therapeutic encounter with Isaac's Cruz. Our awareness of Keener/Bergman's gender is also at play in the specific tenor of these

anxieties. As we noted in the discussion of *Regeneration*, the insertion of technology into the therapeutic encounter almost always carries a component of gendered vulnerability. In its most benign, Rivers' observation about the conflict between the performance of masculinity and the emotional fluency of the therapeutic encounter hold as true for American soldiers in 2019 as they did for their British counterparts a century ago.

But as women have entered and increasingly dominated the ranks of various therapeutic professions, technology acts as the vehicle through which the female is imagined to “unnaturally” overpower the male in the guise of healing. We need only think of the power contests between Nurse Ratched and Randle McMurphy in Ken Kesey's classic 1962 anti-institutional novel, *One Flew Over the Cuckoo's Nest*. As Mark McGurl puts it in *The Program Era: Postwar Fiction and the Rise of Creative Writing* (2009), “McMurphy's role is to inspire his fellow inmates to reclaim their manhood from the devious congeries of feminizing social institutions he calls the ‘Combine,’ of which the mental hospital is only, we take it, the example nearest to hand” (202). Nurse Ratched's mobilization of shame polices the “therapeutic community” of the ward—and is “terrorizing” enough (McGurl 205)—but in the contest of wills that is Ratched v. McMurphy, Ratched ultimately wins through the technological trump cards of forced medication, electroshock, and lobotomy.

Following these models, Colin originally seems to hold control over Heidi, going so far as to refer her through the gendered pejorative “hysterical” when she raises questions about the system. Yet the end of the show superimposes yet more bureaucratic structures on Colin—he is just a cog in an overarching system that is actually controlled by women.

The System

At the highest level stuff, Cruz and Bergman's encounter, along with the sound archive that preserves it, are both part of a larger web of bureaucratic systems—the Department of Defence, the FDA and a private drug company. The structure of bureaucracy itself operates as a technology of power, even as it is made operable through more standard technological innovations of the pharmacological and media types.

In addition to the elements of “objectivity” mentioned above, the conceit of a sound archive suggests the listener's own complicity within these technologies of power. After all, how did we get access to these files? Yes, ok, we added them in Spotify. But within the frame of the narrative, they

come to us through the same system through which they come to Carrasco: courtesy of a maximum security clearance, from a compromised position within a clearly corrupted government system.

Our own growing sense of contamination mirrors Bergman's emotional coming-to-terms as she, like Rivers, must confront her own complicity—even centrality—with these technologies of power. Unlike Cruz, who has lost key pieces of his memory to *Homecoming's* secret sauce, and unlike Colin, who simply doesn't care, Heidi is uniquely positioned to see the *difference* between *seeming* better and *being* well. Soldier-patients may expressly articulate that they feel better than they have in a long time, but the caseworker, and the audience, know that this comes at the cost of remembering not only the contours of the traumatic experiences that occasioned the therapeutic encounter in the first place, but also the natural human responses to wartime tragedy. For Walter, these are fond memories of a now-deceased comrade with whom practical jokes diffused the tension, and the boredom, of his military service overseas.

When not only Walter's traumas, but also his memories of camaraderie are obliterated, Heidi comes to see them—and their centrality to Walter's mourning process—as part and parcel of what makes us human, not just embodied fighting machines. As Heidi, and we, come to realize, there is a crucial difference between a continual, even lifelong renegotiation of “mental wellness”—which, as we've seen, was built into Freud's theorization of the talking cure as a therapeutic *process*—and the immediate “wiping” of traumatic memories harrowingly enacted by Yealland's and the Homecoming Initiative's technologically-facilitated interventions. These pernicious paradigms silence patients by harnessing differential power dynamics to quickly effect *seeming better* rather than building an empathetic talk-based relationship that iterates over time towards *being well*. This fact, central to the drama of both *Homecoming* and *Regeneration*, is registered by none other than the doctor figure him or herself (Rivers, Heidi), who becomes a crucial site of contestation of the ethics and futurity of the psychotherapeutic profession. These works, then, subject their own therapists to the kind of rigorous analysis their own intradiegetically-depicted therapeutic paradigms *lack*. As we progressively experience these works which, on the surface, set out to dramatize patients' therapeutic rehabilitation, the doctor figures are in turn *themselves* therapized, offering us affectively-charged insights into what healing means or should mean in a psychotherapeutic context—what it looks like, sounds like, even *feels* like. We can't help but become witnesses to therapeutic encounters between doctor and patient in which the therapeutic process works bidirectionally, ethical stakes radiating outwards, extradiegetically, implicating us.