

**THE DEWITT WALLACE
INSTITUTE FOR THE
HISTORY OF PSYCHIATRY**

ANNUAL REPORT TO THE FRIENDS

JULY 1, 2015 - JUNE 30, 2016

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NY State Dept. of Mental Hygiene, 1950.
Chic Young, *Blondie* Promotional Calendar,
NY State Dept. of Mental Hygiene, 1950.

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PSYCHOANALYSIS



∞ DIRECTOR'S REPORT ∞

Thank you for your support of the DeWitt Wallace Institute for the History of Psychiatry and the Oskar Diethelm Library. As you shall see, IHP has never been broader in its reach or more active. Programs that have taken some time and effort to establish have now bloomed. However, to maintain these many unique activities, we must count on your support. We are deeply grateful for all gifts, small and large.

Amid our many activities and our growing community, we have also suffered three great losses, the deaths of Gerald Grob, Barbara Fass Leavy, and John Kerr. Each of these extraordinary people were crucial in creating IHP as an intellectual community. Gerry was always a crucial support and, with Norman Dain, Jacques Quen, and others, he embodied the History Section - as it was then called - and its commitment to understanding the role of mental institutions and mental health policy in America. It is fair to say that no one has surpassed Gerry's extraordinary scholarship, which remains critical to our understanding of the mentally ill in America, even as some now call for the return of mental asylums. Barbara joined the group not long after Gerry, and embodied the expansion of the group to include literary studies and the use of psychological models to deepen our understanding of myths and narrative. In the 1980s, John Kerr found his way to the Section when it was one of the only scholarly forums in which devotees and sceptics could present work on psychoanalysis and Freud. With his knowledge and legendary generosity, he added immensely to those efforts. I will deeply miss all three of these colleagues. However, their loss should only redouble our own commitment to the IHP and the next generation of scholars whom we must nurture. For the struggle to learn from the past never ends. Progress in human affairs is not so much linear as erratic, fragile, and in need of constant support and active engagement. I hope we can count on you to help us in that continued, crucial effort.

George J. Makari, M.D.



I would like to start this year's report by thanking Megan Wolff, Ph.D., the very capable administrator of the Institute for the History of Psychiatry, for covering the library during my maternity leave. This ensured that researchers still had access to the outstanding resources available here at the Oskar Diethelm Library without having to wait for my return. Transitioning back into the library's daily hum has gone smoothly and I plan to continue with many projects that were put on hold while I was out.

As in past years, the library provided access to a broad community of academic and independent researchers working in the history of psychiatry and related fields. Internal Weill Cornell Medical College faculty, staff, students, and Institute members, as well as outside researchers, were served through access to collections, reference requests, book circulation, and tours. Members of the Institute for the History of Psychiatry visited the library to obtain reading material for the Institute's working groups, to review new books, or to ask for assistance with research projects. This past year we added 97 new publications by purchase and approximately 150 additional works through book donations. We were also fortunate to receive a few notable donations to our archival collection, which are described in more detail below.

DONATIONS AND ACQUISITIONS

In response to recent interest by library users in the portrayal of psychiatry in comic books, Bert Hansen, Professor of the History of Science and Medicine and American History at Baruch College, donated three *Blondie* comic books and two *Blondie* calendars promoting mental health. Hansen has written on comic book portrayals of medicine in the past, and has noted that few academic libraries possess collections of comic media.¹ The books and calendars he presented to us were produced by the New York State Department for Mental Hygiene in the 1950s and 60s, and feature the familiar characters of cartoonist Chic Young's *Blondie* comic strip, which debuted in 1930 and is still published today. The comic books portray the Bumstead family, Dagwood, Blondie, Alexander, and Cookie, facing every day challenges and learning how to handle their emotions while also taking into account the feelings of others. The humorous episodes are titled, "Chain Reaction," "Face the Music," "Hurray for Love," and "To Each his Own." The family members learn about the importance of anger management, expressing appreciation, claiming responsibility, and making time for both individual and social activities. The calendars feature the phrase "Mental Health is for every day! At home, at work, at school, at play."

Professor Hansen also donated seven lithograph prints from *Harper's Weekly*, *Puck*, and the *Illustrated London News* about insanity and the trial of President Garfield's assassin, Charles Guiteau. These lithographs have been added to the collection of related prints he donated in previous years. The library now holds an impressive collection of visual material related to the Guiteau trial, and we remain grateful to Professor Hansen for his generous donations.

Esther Siegel and her brother Rabbi Daniel Siegel donated a letter written and signed by Sigmund Freud to the library. The letter, dated August 31, 1938, is addressed to the donors' grandfather, Isaac Nachman Steinberg, who helped to found the Freeland League for Jewish Territorial Colonization while living in London in the late 1930s. The League had selected the Kimberley region of Western Australia as a safe haven for European Jews fleeing the Holocaust. The letter appears to be a response from Freud to an inquiry from Dr. Steinberg, the exact nature of which is unclear. Dr. Steinberg may have solicited support from Freud regarding the League, as Freud himself had fled to London with his immediate family following the Nazi invasion of Austria in March of 1938. At the time the letter was written, Freud was aging and ailing. He died from cancer of the jaw a year later. The Siegels donated this noteworthy letter to the Oskar Diethelm Library in honor of our Associate Director, Nathan Kravis, M.D.

As in past years, the Oskar Diethelm Library was fortunate to receive a number of book donations from members and individuals interested in supporting and expanding our collection. Yvonne Voellinger, LCSW, and her husband Costa Constantine donated over 150 books related to the practice and history of psychiatry to the library in May of 2016. The gift includes numerous titles not already held by the library, which are welcome additions to the collection.

Other important donations were made by Peter Wilson, M.D., Wendy Moffat, Ph.D., and Andres Rios. We are very grateful to our donors and members for their continued support.

FROM THE COLLECTION

In a previous annual report (2003-2004) we highlighted the amazing find of a trove of 136 glass lantern slides from the collection of psychiatrist Smith Ely Jelliffe. Jelliffe took these slides during summer trips to European centers of neurological and psychiatric research from 1906-1922 and projected the slide images during a 1922 lecture to the New York Neurological Society called "A Neuropsychiatric Pilgrimage."² The slides include images of luminaries such as Emil Kraepelin, Pierre Marie, and Sandor Ferenczi, as well as images of laboratories and hospitals like Salpêtrière and Maudsley. These slides have been cataloged and scanned in recent years and are available for research. Recently, we uncovered another large box of lantern slides that belong with the Smith Ely Jelliffe collection. These newly discovered slides include additional portraits of important individuals in psychiatry, various depictions of the brain, pathology specimens, and many images of

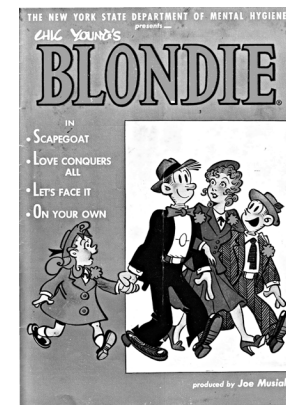
children and families, possibly Jelliffe's own. The glass slides are very dusty but the images remain intact and unharmed. A project to clean, preserve, catalog, and digitally scan these slides will begin soon.

VOLUNTEERS

Anna Opryszko, a former library assistant at the Samuel J. Wood Library, volunteered at the Oskar Diethelm Library for a few months this year. Anna cataloged the group of lithographs related to the Guiteau trial and the *Blondie* mental hygiene comic books mentioned above. She also compiled background information on a number of photographs and prints on display in the library reading room. This was in addition to assisting with the more mundane tasks of refile books, sorting through boxes, and checking journal titles against the catalog records.

I encourage all our members and friends to visit the library, borrow books, request articles, and use our rich material resources to further your research.

Marisa Shaari, MLIS



(endnotes)

1 Bert Hansen, (2004). "Medical History for the Masses: How American Comic Books Celebrated Heroes of Medicine in the 1940s." *Bulletin of the History of Medicine*, 78(1) 148-191.

2 Smith Ely Jelliffe, (1922). "A Neuropsychiatric Pilgrimage." *The Journal of Nervous and Mental Disease*, 56(3), 239-247.

THE DEWITT WALLACE INSTITUTE FOR THE HISTORY OF PSYCHIATRY

A HISTORY



The DeWitt Wallace Institute for the History of Psychiatry is an interdisciplinary research unit in the Department of Psychiatry of the Joan and Sanford I. Weill Medical College of Cornell University and New York-Presbyterian Hospital. Its purpose is to perform, encourage, and advise scholarship in a broad range of historical topics that are relevant to the present day theory and practice of psychiatry. The Institute is the site of the Oskar Diethelm Library, a rich collection of books, manuscripts, images, and esoterica that is one of the finest and most versatile collections in the history of psychiatry in the world. The basic activities of the Institute include teaching and research with medical students and psychiatry residents, as well as sponsorship of the Richardson History of Psychiatry Research Seminar, which convenes on the first and third Wednesday of each month and is the longest running colloquium of its type. In addition, the Institute hosts monthly Working Groups that bring together researchers in specific domains, an academic monograph series, and a speaker series on Issues in Mental Health Policy. With a collegial atmosphere that draws a mix of psychiatrists, psychologists, psychoanalysts, historians, students, literary critics, and others, the Institute is home to working groups on psychoanalysis, history, and the arts, and is a frequent destination for visiting researchers.

The Institute's foundation was laid in 1936 with the arrival of Dr. Oskar Diethelm, a young protégé of psychiatrist Adolf Meyer, who shared his mentor's passionate interest in books and history. When he arrived at Payne Whitney, Diethelm noted that there were fewer than 100 books available at the clinic. As the newly-appointed Chair of the Department of Psychiatry, he presented the Board of Trustees with the argument that one could not practice psychiatry well without an appreciation for the history and the development of its theories and techniques. Persuaded, the Board allocated funds for the creation of an historical library within the psychiatric clinic. From early in his tenure, Diethelm made annual summer trips to Europe, where he surveyed the holdings of the chief university medical schools and libraries, and haunted used book stalls to replicate their collections. In France, Germany, Switzerland, Italy, and Spain, he purchased texts to send back to Payne Whitney, which soon boasted a distinct collection of rare books and manuscripts. With holdings that included nearly all of the psychiatric classics and a growing collection of early doctoral dissertations, the Clinic's new library quickly became a formidable resource in the history of psychiatry, one of the only such repositories in the United States.

Oskar Diethelm brought more than an interest in books to the culture of the Payne Whitney Clinic. He also introduced a change in the way that scholars thought about medicine and history, one that had been sweeping across Europe for decades. As the feverish pace of scientific discovery had begun to slow, medicine was becoming more self-reflective. Since 1900, new libraries, societies, and international congresses emerged across the Continent, and the creation of new journals and even professorships marked the maturation of the field. Development was somewhat slower in the United States, but when the first American Institute for the History of Medicine was founded at Johns Hopkins in 1929, Oskar Diethelm was present to witness it.



From 1925 to 1936, Diethelm studied under Adolf Meyer at the Phipps Clinic at Johns Hopkins. The two men shared much in common. Both were natives of Switzerland, and both possessed the hallmarks of European humanism: a sophisticated knowledge of intellectual history, a wide-ranging interest in politics, history, and culture, and a patrician reverence for books. In 1932, Henry Sigerist, another denizen of Switzerland and one of the brightest lights of medical history in Europe, assumed the directorship of the new medical history Institute at Hopkins. The historian's intellectual approach and methods fit neatly with those of Diethelm and Meyer, and his personal charm and acumen attracted numerous students. Sigerist

believed fervently that medical history could serve as a bridge between science and the humanities, and that it could throw light on present practices. "History," he noted, "will make the modern physician aware that his medicine is not the product of recent decades but rather the result of a long and troubled development, and that our grains of truth emerged from a sea of errors, a sea we are still wading in." It was an attitude which set the tone for the discipline's development in the United States, and one that Diethelm would carry with him to Payne Whitney.

As Sigerist set about building up a new historical library at Hopkins, he turned for advice to his colleagues. Adolf Meyer possessed a personal library of psychiatric literature so extensive that he and his student were promptly called upon to help, and Oskar Diethelm found himself pressed into service purchasing and arranging the library's psychiatric section. He realized as he did so that no collection existed at any university or medical center that did justice to the history of psychiatry. It was a deficiency that he would work to remedy for the rest of his life.

Guided by Oskar Diethelm, by 1953 the historical collection at Payne Whitney had blossomed into an attractive, wood-lined library with rare books in glass-enclosed cases and a regular clientele. Interest in the history of medicine was growing nationwide, and in 1958, the National Institute for Mental Health announced a series of grants to support research in the field. Eric T. Carlson, a student of Oskar Diethelm's, successfully applied for one of these grants, obtaining the seed money that would formally launch the Section on the History of Psychiatry and the Behavioral Sciences at Payne Whitney. The grant aimed to promote "the study of the development of psychiatric thought in America," and provided enough funds for a researcher and for a part-time Section director. Diethelm appointed Carlson to the new Directorship, a position he would hold until his death 34 years later.

The History Section opened with a flurry of activity. After consulting with prominent Columbia historian Richard Hofstadter, Carlson took steps to create an atmosphere of collegiality and collaboration. With money obtained from an NIMH grant for the study of the development of psychiatric thought in America, Carlson recruited Norman Dain, one of Hofstadter's promising graduate students, as a research assistant. Section members were expected to attend ongoing bi-weekly research seminars, to be involved in personal research projects, and to contribute to teaching activities such as the instruction of medical students, residents, and fellowship trainees. Based on a nucleus composed of Carlson, Dain, and young psychiatrist Jacques Quen, the cluster of half a dozen scholars and researchers who gathered every other week soon grew to a body of regular seminar attendees. Their research projects developed into academic journal articles and a number of seminal books in the field. For Dr. Carlson, one of the primary goals of the section and its work was to connect isolated scholars. The seminar offered a venue for communication and collaboration. At the 1959 American Psychiatric Association meeting, attendees discussed founding a newsletter on psychiatric history. Soon thereafter, Carlson took on the project himself, launching the *History of the Behavioral Sciences Newsletter* in 1960. The newsletter was so successful that in 1965 it became the *Journal of the History of the Behavioral Sciences*, a peer-reviewed organ that thrives to this day.

When Dr. Diethelm retired in 1962, Section members voted to rename the rare books library in his honor. The collection had grown enormously. In addition to Diethelm's assemblage of British and American works from the 17th, 18th, and 19th centuries, it now included items dating from the 15th century in Latin, French, German and Italian, and se-





lected works in Arabic, Dutch, Hungarian, Portuguese, Russian, Spanish, and Swedish. It had begun to reach its founder's goal as a preeminent collection on the history of psychiatry, and it was about to undergo an important transition in the nature of its acquisitions. From the mid-1960s the Diethelm Historical Library began to attract significant accessions from outside sources. Grants, donations, and funds from private supporters became the primary engine for the collection's growth.

To widen the library's circle of supporters, and to better advertise its holdings and opportunities, Dr. Carlson launched the "Friends of the Oskar Diethelm Historical

Library" in 1964. The appeal prompted donors to establish a significant fund for the acquisition of manuscript and archival material two years later -- the first private gift of special funding. Carlson regarded the contribution as a milestone in the library's development, and in recognition he presented his own collection of manuscripts to the library. In the years that followed, acquisitions of unpublished materials gained momentum, and the library began receiving archival collections from bodies such as the American Foundation for Mental Hygiene, and to receive personal letters and papers by individuals such as Donald Winnicott, Herbert Spencer, Thomas Salmon, and S. Weir Mitchell. Once largely a reference library, it was becoming a significant repository of archival material. In 1966, the merger of the Westchester Division (formerly the Bloomingdale Asylum) and the Payne Whitney Clinic brought the historical books of the Division to the shelves of the Diethelm Library. Because the Bloomingdale library had been in operation since 1823, the accession made the Oskar Diethelm Historical Library the oldest collection of psychiatric literature in the country. By some estimates, it was also the largest.

The decades that followed were enormously productive ones for historical work at Payne Whitney. Active participant Dr. Jacques Quen, who for years had mentored fellows, residents, and medical students with an interest in the history of psychiatry, became Associate Director in 1971. The following year, a grant from the Josiah Macy Jr. Foundation made possible a pair of dedicated lecture series, one on "The Historical Development of the Mind-Body Problem" and the other a two-year program on the work of Adolf Meyer. At the completion of the second series, the Director and Associate Director edited and published the papers that had been presented, resulting in the volume *American Psychoanalysis, Origins and*

Development: the Adolf Meyer Seminars. In the meantime Norman Dain, who had cut his teeth studying early American Psychiatry with Ted Carlson, was becoming one of the most eminent historians of American psychiatry in the country, and in 1975 the Section honored him with a faculty appointment, making Dain the first historian in a Department of Psychiatry. He was joined in the distinction in 1978, when Sander L. Gilman, then a prominent academic at Cornell's Ithaca campus, also received an appointment. Having arrived in 1977 for a sabbatical year with the Section, Dr. Gilman completed a book on the history of psychiatric illustration, and began research on the concept of degeneration and sexuality, which would later be a hallmark of his scholarship. For many years, Dr. Gilman served as a valuable bridge between the Ithaca community and the Medical School's Department of Psychiatry, utilizing his own interests to draw scholars together from both campuses.

In 1979, a move to larger and more attractive quarters on the ninth floor of the Payne Whitney Clinic further facilitated research activities. The new space included offices for staff, research carrels for fellows, a seminar room, and three times the shelving space for reference books. A separate archives room provided workspace for librarians, and an excellent view of the East River evoked the "restful surroundings" envisioned by Payne Whitney's original architects.

Further conferences, grants, and acquisitions continued to enhance the activities of the Section. A 1984 symposium held at Bear Mountain, NY, yielded a volume entitled *Split Minds/Split Brains: Historical and Current Perspectives*, once again edited by Jacques Quen. In 1985, a gift from noted psychoanalyst and historian Mark Kanzer enabled the participation of a series of research fellows, who took up residence at the library for one to three years while in pursuit of their doctorates. Dubbed the Carlson Predoctoral Fellowship, the funds supported the early work of Leonard Groopman, Daniel Burston, John Efron, and Ellen Goldstein Henick. The mix of younger and more senior scholars did much to enliven the biweekly research seminars, which remained well-attended and gradually widened to include speakers from outside New York City. No budget existed to compensate travel costs or lecture time, but the seminar's standing offered its own returns. When



Oskar Diethelm turned 90 in 1987, section members marked the occasion by establishing an endowment in his name to support research activities. A year later they recognized their own 30th anniversary as a research group.

"THEN HE FLIES OFF. I GET TO MY FEET AND FOLLOW HIM. THE BLUE-BIRD LEADS ME THROUGH SWEET-SMELLING FIELDS. AT LAST, WE REACH A WALLED GARDEN. THE BLUEBIRD FLIES OVER THE WALL..."



A series of challenges followed, however, which ultimately resulted in a number of new beginnings. The sudden death of Eric Carlson in January, 1992, brought with it a period of grief and structural reorganization. Long-time participant Dr. Jacques Quen took charge as Acting Director and formalized a steering committee that Dr. Carlson had once created for the discussion of policy issues. The "policy group" had much to consider. A major modernization project at New York Hospital anticipated the tearing down of Payne Whitney in 1994. A new space would have to be planned for the Library and its associated programs, a new director appointed, and a new permanence sought.

The death of Oskar Diethelm in 1993 provided further opportunity for reflection, as did a site visit that year from qualified evaluators tasked with examining the major questions about the Section's future.

In their report, evaluators Gert Brieger, Gerald Grob, and Stanley Jackson found that the mission of the Library and the research Section dwarfed the uncertainties of the present moment. Psychiatry, they noted, had much to gain from an understanding of its history, and they strongly recommended safeguarding the Section's future.

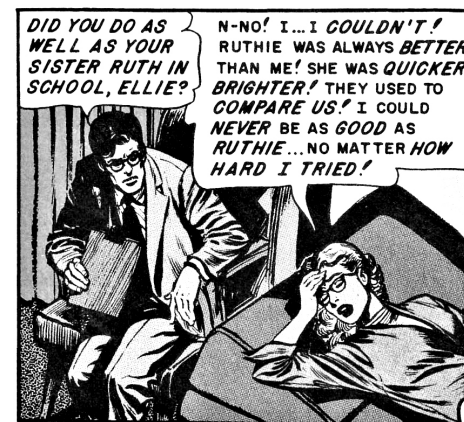
In the coming year, the Section and its new Acting Director, Dr. George Makari, would carry out the bulk of the Committee's suggestions. A full-time librarian-archivist was hired for the first time, and oversaw the transfer of the collection from East 68th street to temporary quarters at the New York Academy of Medicine, where it took up a mile of borrowed shelf space. When the collection was finally settled at the Academy, its steward worked to integrate and reorganize the papers, books, journals, and manuscripts. A grant obtained during this period allowed for the books to be computer cataloged and made available online, a significant step toward modernization for the coming century.

While the collection sojourned uptown, the Section on the History of Psychiatry continued its research seminars at East 68th street, convening for the duration in the Wood Library of Cornell Medical College. "As the History of Psychiatry Section became less a concrete place and more of an idea, our research and educational mission became more defined," remarked Dr. Makari. Benefactors Frank and Nancy Richardson agreed. In 1994, they created an endowment to support the now-renamed Richardson Seminars on the History of Psychiatry. A year later, funds raised in memory of Ted Carlson supported the inauguration of the Eric T. Carlson Memorial Grand Rounds. First delivered by the eminent Roy Porter

in 1995, the Carlson Lecture has showcased the work of scholars such as Charles Rosenberg, Nancy Tomes, and Ian Hacking, and continues to bring distinguished scholars to both the Payne Whitney and Westchester Division campuses for Grand Rounds and a research seminar. Also launched in 1995, the Cornell Studies in the History of Psychiatry has produced thirteen volumes to date, edited by Sander L. Gilman and George J. Makari. In 1996, Dr. Makari was appointed Director of the Section, just in time to help with the planning for the new library space. When the collection moved into its new accommodations in the Baker Tower in 1999, it relocated into a centralized, state of the art facility, staffed with an archivist and a professional administrator, fully modernized for the first time.

The new century commenced with one final alteration of identity: a name change. To represent the full array of academic, scholarly, educational, and library activities, the Section was rechristened the Institute for the History of Psychiatry, and the collection was renamed the Oskar Diethelm Library. The creation of a pair of Working Groups to study psychoanalytic history and representation in the arts expanded the range of events, and in 2003 to provide additional leadership in the face of so much activity, Nathan M. Kravis was appointed Associate Director of the Institute. The tradition of supporting research fellows was rejuvenated in 2008 with the establishment of the Benjamin Rush Scholars Program, which is open to psychiatry residents with an interest in the history of the field. The following year, in grateful recognition of longstanding support of The DeWitt Wallace Foundation, the Institute became The DeWitt Wallace Institute for the History of Psychiatry.

Today, the Institute continues to expand to meet the changing needs of historical scholarship. In line with the efforts of other academic libraries, new work is underway to digitize aspects of the collection. At the same time, the Library's acquisition priorities have shifted to favor the procurement of valuable rare books which, given their older and more delicate state, are less suited for digitization and are of greater value to visiting researchers. A generous gift in 2012 from former Department Chair Dr. Robert Michels, for instance, enabled the purchase of several rare volumes, including Thomas Willis' *Cerebri anatome: cui accessit nervorum descriptio et usus* (1664), a key historical work in the developing science of the brain and nervous system, and the complete works (1823-1825) of George Cabanis, a French phy-



sician, physiologist and materialist who knew Benjamin Franklin and Thomas Jefferson, and was active during the French Revolution. In the meantime, the wealth of archival material such as personal papers, institutional records, and historical ephemera in psychiatry continues to grow. The Diethelm Library presently holds the archives of over sixteen organizations in American psychiatry, including the American Psychoanalytic Association, a massive new addition.

It could be argued that in the 21st century, the Institute for the History of Psychiatry has become the facility that Dr. Diethelm hoped to create after building the Hopkins library with Henry Sigerist. It serves as an invaluable and irreplaceable resource for a world-wide network of researchers, and represents a unique opportunity for members of the Cornell community, whether they are medical students, residents, or faculty. The Institute for the History of Psychiatry remains a remarkable center for scholarly collaboration, research and the preservation of significant works, unrivaled by any other facility in the academic world.

Megan J. Wolff, Ph.D., MPH



INSIDE THE COLLECTION

*ARTISTRY OF THE MENTALLY ILL, BY HANS PRINZHORN
(BERLIN/NEW YORK: SPRINGER VERLAG, 1922/1972) XVII+274 PP.*

Recent years have witnessed an explosion of interest in the art of the mentally ill, manifested in exhibitions of “Outsider Art” and in the field of “Art Brut” established by the French master and collector Jean Dubuffet. Some European physicians of the late 19th and early 20th centuries (particularly Italian psychiatrist Cesare Lombroso) assembled and described works of patients in the hospitals in which they practiced, but the first scholarly effort to address the subject was the work of the young German psychiatrist Hans Prinzhorn, who in 1922 published his book, *Bildernei de Geisteskranken* (*Artistry of the Mentally Ill*).

Prinzhorn had systematically collected some 5000 works – primarily drawings, but occasional paintings and sculptures – from psychiatric hospitals all over Western Europe. Three copies of his book – two in its initial form and one printed with more extensive illustration the following year – can be found in the collection of the Oskar Diethelm Library. (An English translation by one Eric von Brockdorf appeared some 50 years later (1972); like the originals, it too is out of print.)

A dedicated follower of Eugen Bleuler, Prinzhorn uniformly regarded the patients he cited as “schizophrenic” (with occasional “bipolar”), emphasized the role of “autism” in their mental lives, and carefully avoided psychoanalytic interpretations, Freudian or Jungian. He focused his attention on what he termed a “concept of configuration” as central to the aims of his patients/artists, whose work he described individually and in extensive detail. He was struck by the “horror vacui” (fear of empty spaces) that characterized much of the work, and projected a uniformity of motive in his sculptures and the “primitive” objects that were then appearing on the European market and in the works of Picasso and Matisse. Altogether, he was modest, if at times extensive, in his efforts at explanation, and emphasized the need for further study.

Prinzhorn’s pioneer collection, carefully prepared and protected, can still be seen in the library of the Department of Psychiatry of the University of Heidelberg, to which he left it upon his death from typhus in 1933 at the age of 47. Much has been written about this subject in more recent years (for instance John MacGregor’s *The Discovery of the Art of the Insane*, Princeton University Press, 1988), but *Bildernei de Geisteskranken* -- or *Artistry of the Mentally Ill* -- remains the classic contribution to the literature of a field of growing appeal to psychiatrists, psychologists, artists, aestheticians, and art lovers the world over.

Aaron Esman, M.D.

PSYCHOANALYSIS: A COMIC DRAMA

May was national Mental Health Awareness Month. In recognition, the Samuel J. Wood Library featured a special exhibit of graphic novels addressing mental health issues. The display included a slideshow assembled by library intern Stella Segal showcasing portrayals of psychoanalysis in comics, including the 1955 book *Psychoanalysis* by EC comics. The article that follows is an elaboration of that work.



In 1955, EC Comics issued a comic series entitled *Psychoanalysis*, meant to portray in graphic form how psychoanalysis worked in practice. Each issue followed three patients -- Freddy Carter, Ellen Lyman and Mark Stone -- as they sought counsel with a psychiatrist.

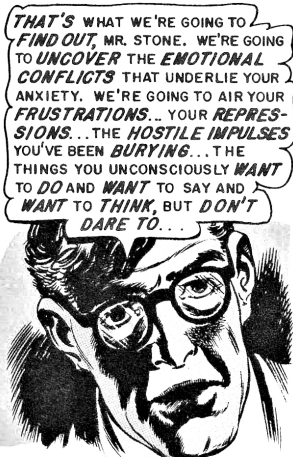
The series represented a major departure from business as usual for the publication. Prior to 1955, EC Comics had specialized in books on crime, science fiction and horror, meant to appeal to an audience of adolescent male readers. What could have prompted EC Comics to create a comic series on mental health?

In the cold war atmosphere that followed World War II, popular culture in the United States became the target of numerous moral panics. Educators, politicians, and social reformers sought out the causes of a perceived rise of degenerate behavior and juvenile delinquency. The comic book industry came under particularly high scrutiny. Social crusaders alleged that reading comic books had a negative impact on children's behavior, contributing not only to delinquency but also - paradoxically - to illiteracy.

In 1954, psychiatrist Dr. Fredric Wertham published *Seduction of the Innocent*, a book in which he attacked the comic book industry for its corruption of youth. It was an allegation he had been making since 1948, and which had reinvigorated a long-standing public debate about the suitability of comic books for children. Infused with the new idea that comic books actively caused juvenile crime, the controversy around comics roared back to life. Wertham's new book received enthusiastic public attention and a nomination for the Book of the Month Club. Critics at the time noted that the book was polemical rather than scientific, and contemporary scholars have demonstrated that many of his findings were based on false or misleading data.¹ Nevertheless, the anecdotal, lively nature of the book combined with Wertham's credentials as a scientist lent his arguments significant traction.

In response to popular agitation, the U.S. Senate convened a Subcommittee Meeting on Juvenile Delinquency, devoting two days to a "special focus on comic books" and invited Wertham to appear as an expert witness. To the lawmakers gathered in the chamber, the psychiatrist declared that "without any reasonable doubt ... comic books are an important contributing factor in many cases of juvenile delinquency." Noting the frequent acts of violence and lawlessness in the books, Wertham asserted that children repeatedly exposed to imagery would eventually become "unconsciously delighted," and would endeavor to commit violent and criminal acts themselves. The temptations were worst, he claimed, in the horror and crime genres, which depicted an "endless stream of brutality." "Mr. Chairman," he warned, "as long as the crime comic books industry exists in its present forms there are no secure homes."²

To illustrate his concerns, Wertham presented several pages of comic book imagery as exhibits before the subcommittee. Nearly all originated from the pages of EC publications whose publisher and co-editor, William "Bill" Gaines, was next to take the stand.



Gaines defended the industry with a prepared speech in which he countered Wertham's claims that comic books were capable of having such profoundly negative effects on readers. "[Do] we think our children are so evil, so simple minded," he asked, "that it takes a story of murder to set them to murder, a story of robbery to set them to robbery?" Though Wertham had allowed that numerous factors influenced children's behavior and development, he consistently downplayed all but the comics, a point that Gaines tried to challenge. "The truth is that delinquency is the product of real environment, in which the child lives and not of the fiction he reads," Gaines reminded the subcommittee. He concluded his remarks with the warning, "Once you start to censor you must censor everything. You must censor comic books, radio, television, and newspapers. Then you must censor what people may say. Then you will have turned this country into Spain or Russia."³

Gaines' speech did not impress the audience assembled nearly as much as the psychiatrist's had. Subsequent examiners returned again and again to the violent images presented in EC publications, their potential impact on children, and EC's financial interests in selling as many comics as possible. Though not on trial himself, the questions directed at Gaines carried strong insinuations of guilt, and lingered on the perceived determination of EC to sell comic books regardless of the "bounds of good taste."

The damage to EC in the aftermath of the hearings was tremendous. The image of the company had become so tarnished that many newsdealers returned crates of EC comics to the publisher unopened. To save the house from financial ruin, Gaines experimented with new kinds of comics, launching a "New Directions" line the following year which included the title *Psychoanalysis*.

Organized into a series of "case studies," *Psychoanalysis* depicted a nameless psychiatrist conducting sessions with three of his patients. In the space of about 30 pages, he uses his tremendous insight into the human condition to heroically cure them of their ailments. Parenthetically, the handsome analyst illustrated by EC bore more than a faint resemblance to a young Frederic Wertham.

The new books didn't sell well. Newsstands were hesitant to display them, and the existing audience for comic books – adolescent males – was apparently not impressed by their decorous content. After four issues, the series was discontinued.

When questioned on the subject, Gaines denied that *Psychoanalysis* was an effort to appease his critics. "I was putting out comics that I thought would not be criticized," he asserted in a 1991 interview for *Gauntlet* magazine. "But I didn't do them

to mollify anybody." He told reporter Steve Ringgenberger, "This was a whole new [endeavor]... We put out a whole new line of comics... and *Psychoanalysis* was because I was undergoing [analysis] at that time."⁴

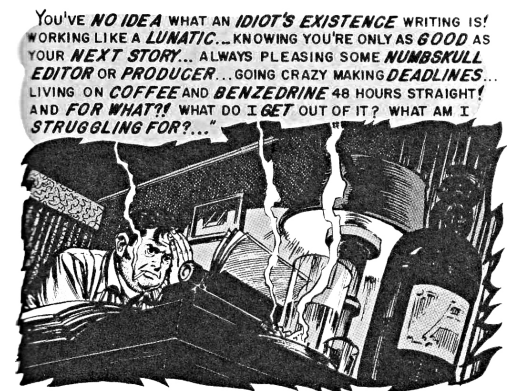
In light of Gaines' personal reputation for satire and irreverence, it is difficult to know whether to take this statement at face value. Though EC stopped producing comics in 1956, Bill Gaines went on to near-legendary status as the publisher of *Mad*, a magazine whose name became virtually synonymous with lampoonery. As other comics had done amidst the controversy of the early 1950s, *Mad* thoroughly satirized Wertham and his claims on at least one occasion.⁵ Whether the publication of *Psychoanalysis* was an act of flattery, an intellectual exploration, a coded satire, or something else entirely remains difficult to discern, a question that is ironically open to interpretation and loaded with ambiguity.

ART IMITATES LIFE

Regardless of his motivations, there can be little doubt that the comic served as an outlet for Gaines for sorting through his own experiences. Mark Stone, a patient featured in the comic, is an obvious alter ego for Gaines, and expresses most of the same preoccupations and shortcomings that beset the comics publisher. Like Gaines, Stone is a successful yet cynical commercial writer, who manages stress by overeating. Both carry the memory of a strict and abusive father who nonetheless established the secure foundation on which their sons could thrive. In an effort to distance himself from his Jewish ancestry and advance his career, Gaines' father changed the family name from Ginzburg; in the comic, Mark Stone's father altered the surname Stein for similar reasons. Ambiguous though its stated purpose may seem, there can be little doubt that the *Psychoanalysis* comic provided its creator with an opportunity for "working-through."

If Gaines experienced catharsis in creating *Psychoanalysis*, it was a feeling familiar to numerous contemporary authors and artists, who have used their work to express experiences of illness and encounters with medicine. In the 1960s and 70s, a subgenre of autobiographical comics began to emerge in which the protagonists were not imaginary heroes but the flawed and compelling inhabitants of real life.

Readers and critics have noted that the comic format allows images and text to be in tension with another, opening the way to ambiguities and complexities that can be difficult to convey in other mediums. EC capitalized on this in its suspense and horror titles,



and creators of autobiographical work have been alert to it as well.

Stories told in comic form reach new levels of vividness, using visual metaphors to replace or enliven tired descriptions. This has been particularly useful in illness narratives, where the complicated and contradictory experience of being a patient can be portrayed with freshness and immediacy. As Ian Williams, a physician and creator of graphic novels has explained, there is more ‘showing’ than ‘telling’ in the format.⁶ It is one thing to say that one feels like a lump of clay when depressed, another to draw a lump of clay seated at an office cubicle, depressed.

Graphic narrative is especially well adapted to memoirs involving mental illness. As Williams points out, “The multilayered perceptual representations of graphic narrative are well suited to the portrayal of mental health problems, and comics memoirs about such topics continue to occur with increasing frequency.”⁷ From an early 1970s depiction of obsessive compulsive disorder (*Binky Brown meets the Holy Virgin Mary*), portrayals of mental illness have expanded tremendously in recent years, the success of existing graphic novels encouraging other houses to produce the genre. In 2006, Allison Bechdel’s memoir *Fun Home: A Family Tragicomic* (which depicted among other things the author’s own experience of OCD) lingered on the *New York Times* Bestseller list for weeks, and received nominations for several significant book awards. It was later adapted into a Tony Award winning musical. Bechdel followed *Fun Home* with *Are You My Mother?*, an exploration of her relationship with her mother and a reflection on the works of Donald Winnicott.⁸ Bechdel received a MacArthur Award in 2014.

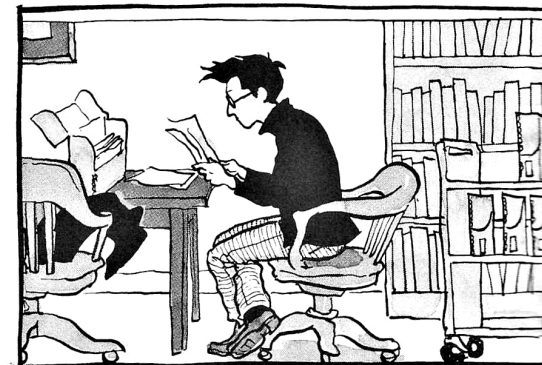
A bloom of books has followed, bringing visual form to experiences of anorexia, depression, anxiety, incest, and other traumas familiar to psychiatric practitioners. Titles such as David Small’s *Stitches: a Memoir* (Norton, 2010), Sarah Leavitt’s *Tangles: A Story About Alzheimer’s, My Mother, and Me* (Freehand, 2010), and Terian Kosciak’s *When Anxiety Attacks* (Singing Dragon, 2015) have found their way into standard library collections (including ours). *Stitches* was a finalist for the 2010 National Book Award.

In recent years, scholarly interest in graphic art and narrative medicine has coalesced into an international conference on Comics and Medicine, first convened in London in 2010. With annual meetings in cities such as Toronto, Chicago, and Baltimore, the conference has given rise to a book series, *Graphic Medicine* (Penn State University Press), and participants have found an increasing niche in peer-reviewed organs such as the *Journal of Medical Humanities*. Once reviled as “low art” so venal as to merit attention from the U.S. Senate, the comic form has ascended to respectability in book stores, the academy, and even in the house of medicine.

Stella Sigal, MLS
Megan Wolff, Ph.D., MPH

(endnotes)

1. Anita L. Mishler, (1955). “Book Review: Seduction of the Innocent,” *The Public Opinion Quarterly*. 19(1) 115-117; Tilley, Carol L. (2012). “Seducing the Innocent: Fredric Wertham and the Falsifications That Helped Condemn Comics,” *Information & Culture: A Journal of History*. 47(4) 383-413.
2. *Juvenile Delinquency (comic Books): Hearings Before the Subcommittee to Investigate Juvenile Delinquency of the Committee on the Judiciary, United States Senate, Eighty-Third Congress, Second Session, Pursuant to S. 190 Investigation of Juvenile Delinquency in the United States. April 21, 22, and June 4, 1954.* Washington, DC: United States Government Printing Office, 1954.
3. *Juvenile Delinquency Hearings*, April 21, 22, and June 4, 1954
4. Steve Ringgenberg, (1992). “An Interview with William M. Gaines,” *Gauntlet* 3:86-94.
5. In *Seduction of the Innocent* Wertham makes note of a comics-hating child psychologist portrayed in one strip under the name Dr. Frederick Muttontop. He also notes a caricature of himself tied and gagged on the cover of a crime comic, which he surmises was “no doubt wishful thinking on the part of the comic-book publishers.” Frederic Wertham, *Seduction of the Innocent*. Mattituck, NY: Amereon Ltd, [1954]1999, 15-16.
6. Ian C M Williams, (2012). “Graphic Medicine: Comics as Medical Narrative,” *Medical Humanities*, 38(1) 21-7.
7. Ian C M Williams, “Graphic Medicine: the Portrayal of Illness in Underground and Autobiographical Comics,” in Bates, Bleakley, & Goodman, eds. *Medicine, Health, and the Arts: Approaches to the Medical Humanities*. New York: Routledge, 2014.
8. Some of the research for the book was conducted at the Oskar Diethelm Library.



Alison Bechdel at work in the Oskar Diethelm Library

ERIC T. CARLSON
MEMORIAL GRAND ROUNDS

Professor Andrew Scull is perhaps our foremost historian of madness. Of course madness is an unhappy term, one with the stench of social disdain and prejudice. And that is precisely why we need historians of madness, who help us mine our own history as doctors to the mentally ill, and help us understand how stigma and social forces continue to affect our patients, our profession, and our broader world today. For that reason, we were delighted to have Professor Scull as this year's Eric T Carlson lecturer.

The Carlson lecture memorializes my predecessor, Ted Carlson, who founded the Institute for the History of Psychiatry in 1958 and was its director for 35 years. He, too, recognized the need not just for intellectual histories of our field, but for broader social accounts that place our efforts in the mix of politics, economics, law, and culture.

Andrew Scull has been an important contributor to that historical project. Andrew attended Balliol College, Oxford University and then completed his Ph.D. in sociology at Princeton in 1973. It was a particularly radical time to be a sociologist, especially one focused on mental illness, since there were voices (that Andrew resisted) that claimed all mental illness was socially constructed. Scull then returned to England to do a post-doc at University College London in Medical History. He held faculty positions at the University of Pennsylvania and at Princeton before settling in at the University of California, San Diego, in 1978, where he is now Distinguished Professor.

Professor Scull has won many honors, including a Guggenheim fellowship in 1981. He has given many named lectures, and served diligently at his university. He serves on the editorial boards of four journals including *History of Psychiatry*. He has consulted with the BBC and PBS on documentaries on mental illness. He is a frequent commentator and reviewer in the press, most especially the *Times Literary Supplement*.

Professor Scull's early specialty was the social history of mental health in England. He has edited, co-authored, and authored numerous books and essay collections. Titles of note include:

Museums of Madness: the Social Organization of Insanity in Nineteenth Century England (1979)

Madhouses, Maddoctors and Madmen, the Social History of Psychiatry in the Victorian Era (1981)

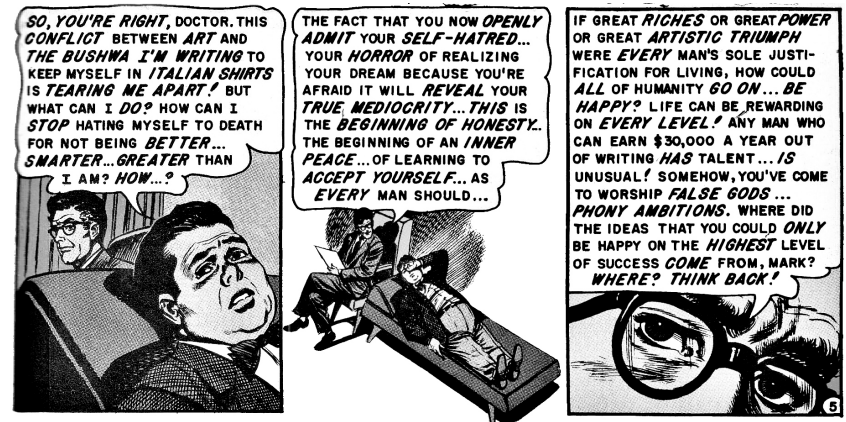
The Asylum as Utopia: W.A.F. Browne and the Mid-19th Century Consolidation of British Psychiatry (1990)

The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900 (1993)

Madhouse: A Tragic Tale of Megalomania and Modern Medicine (2005)

Most recently, in 2015, Professor Scull published his massive and impressive synthetic history, *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, and from the Madhouse to Modern Medicine*. The book is the kind of far-ranging, rigorous, and illuminating study that only a senior scholar of the field can write, and moreover he has written it well. *Madness in Civilization* has received glowing reviews in both the academic and non-academic press. It garnered an Honorable Mention from the 2016 PROSE Award in Psychology, was listed as one of *Kirkus Reviews'* Best Nonfiction Books of 2015 in History, and one of the *New York Post's* Favorite Books of 2015. It is little wonder that he received the Roy Porter Medal for lifetime contributions to the history of medicine in 2015. We are honored to confer upon him the Eric T. Carlson award for lifetime contributions to the history of psychiatry.

George J. Makari, M.D.



RICHARDSON SEMINAR

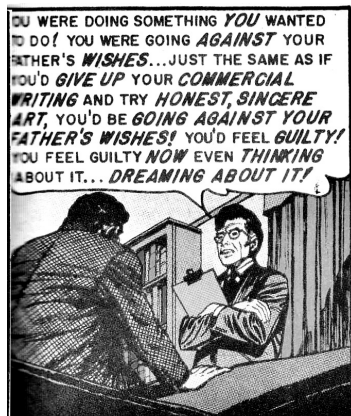
ON THE HISTORY OF PSYCHIATRY

SEMINAR PROGRAM DIRECTOR'S REPORT

We can count our intellectual blessings in the Richardson Seminar, as we note the rich contributions that our presenters shared with us over the past academic year. Our speakers included established scholars at advanced stages of their careers, as well as younger scholars at work on very promising research projects. It is worth noting that the Richardson Research Seminar offers a unique forum in its openness to new work that crosses disciplinary boundaries. Seminar members are generous listeners who can be counted on to offer substantive responses from a range of perspectives.

Our 2015-2016 roster of speakers exemplifies the interdisciplinary reach of the seminar. Consider the exchange of ideas in which our members shared as we heard, in one meeting, from a classicist who explored the applicability of diagnostic categories to ancient texts, and at another meeting, from a psychiatrist who explored the iconography of mental illness in medieval art. In fact the visual arts formed part of two more presentations. In one, our Esman lecturer offered a richly insightful study of motifs in Philip Guston's art that lend themselves to a psychoanalytic reading. Another speaker, one of our own members, presented a fascinating study of the representation of children in American comics in the early years of the twentieth century. We heard from a distinguished writer who argued for an appreciation of the place of writing in any approach to the science of mind, as well as from a novelist who re-created for us her own process of research in the writing of a novel based on a nineteenth-century psychiatric case.

Freud studies can be counted on to spark lively discussion at the seminar table and 2015-2016 was no exception, with one talk on Freud's modernism, another on the concept of *Geistigkeit* in the development of Freud's thought, and yet another

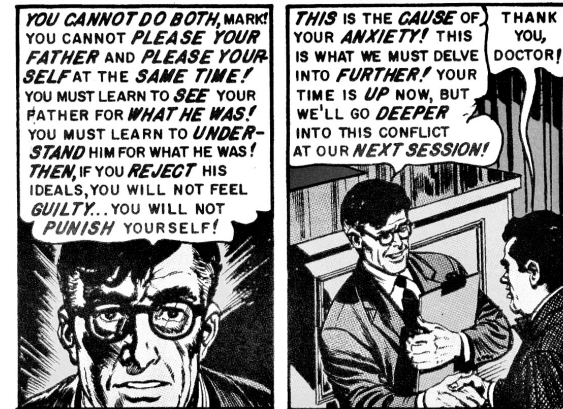


on Freud's Moses. Working in more broadly theoretical terms, we heard from a speaker who addressed the effort of critical theory to use psychoanalysis in developing a theory of unhappiness in culture, while another of our guests presented work on the concept of autonomy in feminist theory and in psychoanalysis.

Historical inquiry is a defining feature of the seminar. The diversity of historical approaches is evident in talks that ranged from the evolution of the diagnostic category of Antisocial Personality Disorder to an analysis of

the construction of norms and normative thinking in France and the U.S. from the seventeenth to the nineteenth centuries. From the perspective of the history of the human sciences, one of our speakers shared with us research on the interplay of spiritualism and materialism in nineteenth-century French thought. We were given an introduction to the work of a Canadian psychiatrist who attempted to synthesize the thinking of Freud and Jung on religion. Also in the realm of biography, we heard a compelling talk on factors shaping the development of Wilfred Bion's thought. In all, 2015-2016 engaged historical perspectives and interdisciplinary insights across a range of fields intersecting with the history of psychiatry.

Anne G. Hoffman, Ph.D.



SEMINAR PRESENTATIONS

2015 - 2016

- SEPTEMBER 9** **Siri Hustvedt, Ph.D.**, Weill Cornell Medical College
“Writing and the Psychiatric Patient”
- SEPTEMBER 16** **Stephen Kern, Ph.D.**, Ohio State University
“Freud’s Psycho-Synthesis and Modernist Unification”
- OCTOBER 7** **Martyn Pickersgill, Ph.D.**, University of Edinburgh
“Articulating Law, Science, and Clinical Practice:
Co-Producing Antisocial Personality Disorder”
- OCTOBER 21** **Michael Scott Fontaine, Ph.D.**, Cornell University
“The World’s First Paranoid Schizophrenic?
A Psychiatric Look at Aeschylus’ Orestes”
- NOVEMBER 4** **Joel Whitebook, Ph.D.**, Columbia University
“Geistigkeit Reconsidered: An Examination of Freud’s
Fundamental Value Commitment”
- NOVEMBER 18** **Harry Cooper, Ph.D.**, the National Gallery, Washington, D.C.
Esman Lecture
“(Psycho-) Analyzing Philip Guston’s Work”
- DECEMBER 2** **Fernando Espi Forcén, M.D.**, Rush University Medical Center
“Iconography of Mental Illness in the Middle Ages through
the History of Art”
- DECEMBER 16** *No Seminar -- Holiday Party*

- JANUARY 6** **Larry McGrath, Ph.D.**, Wesleyan University
“Making Spirit Matter in Modern France”
- January 20** **Maud Casey**, University of Maryland
“Imagining the Past: The Secret History of Albert Dadas”
- FEBRUARY 3** **Robert Hinshelwood, Ph.D.**, University of Essex, UK
“Pre-psychoanalytic Bion: Lost and found”
- FEBRUARY 17** **Ari Ofengenden, Ph.D.**, Brandeis University
“Madness, Monotheism and Revolution: New Thoughts
on Freud’s ‘The Man Moses’”
- MARCH 2** **Ben Kafka, Ph.D., L.P.**, New York University
“The Grand Unified Theory of Unhappiness”
- MARCH 16** **Katherine Glanz**, Ph.D. candidate, Johns Hopkins
“Receptive Empowerment: Psychoanalysis and Political
Autonomy”
- APRIL 6** **Nirav Soni, Ph.D.**
“Imagining Children in American Comics, 1905-1914”
- APRIL 20** **Sabine Arnaud, Ph.D.**, Max Planck Institute for the Hx. of Science
“Constructing Aspirations for the Abnormal:
Pedology’s Challenge at the turn of the Twentieth Century”
- MAY 4** **Daniel Burston, Ph.D.**, Duquesne University
“Through Dooms of Love: A Psychiatric Novel”
- JUNE 1** **Andrew Scull, Ph.D.**, University of California, San Diego
Eric T. Carlson Memorial Lecture: Grand Rounds
“Madness and Meaning”
- Richardson Seminar*
“A Psychiatric Revolution”

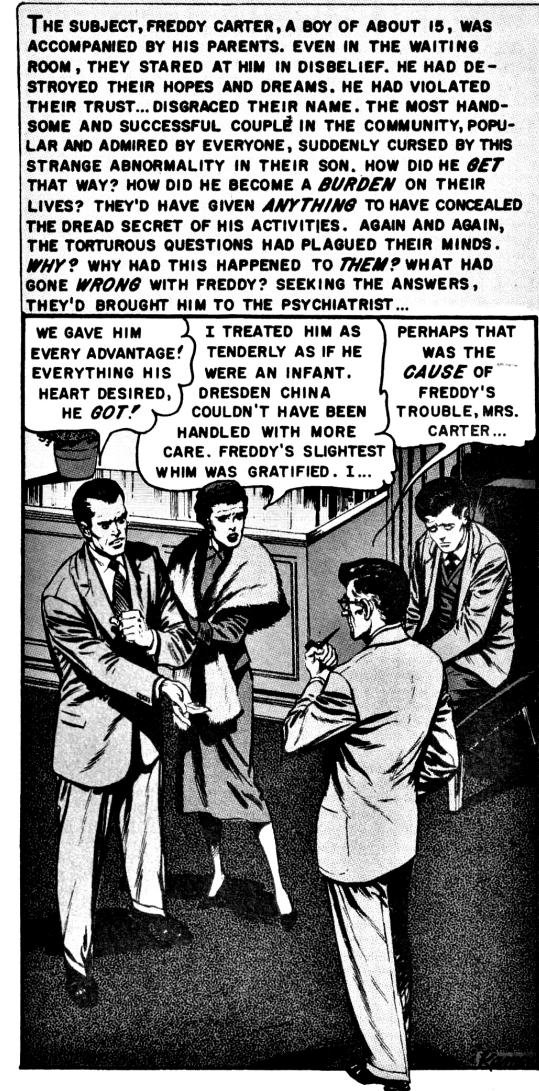
FALL: PSYCHOANALYSIS AND FORENSIC PSYCHIATRY

SEPTEMBER 30 Raymond Raad, M.D., MPH
“Neuroscience and Psychoanalytic Testimony:
Two Sides of the Same Coin?”

SPRING: THE OPIOID EPIDEMIC IN NEW YORK CITY

MARCH 30 Lewis Nelson, M.D., FACEP, NYU Langone Medical Center
“The New Opium War: Insights into the Epidemics of
Nonmedical Use of Prescription Opioids”

MAY 18 Hillary Kunins, M.D., MPH, DOHMH
“Opioid Epidemic in NYC: Policy Approaches, Successes,
and Challenges”



☞ HOW WILL NEW YORK CITY ☞ ADDRESS THE OPIOID CRISIS?

The opioid epidemic has been called the worst drug crisis in American history. In 2014, more than 29,000 Americans died of opiate-related drug overdoses. According to CDC figures, 18,893 of those involved prescription pain relievers such as Oxycontin and Hydrocodone, and another 10,574 were attributable to heroin, the street drug to which people often resort when they can no longer afford or obtain prescription pain medications. It is a wave of addiction inextricably linked with physicians' prescribing habits, and it is present in every corner in the United States.

It can be particularly visible to practitioners of emergency medicine, who have been witness to both a striking increase in drug-seeking behavior and a rising rate of drug poisonings involving opiates. According to a recent study in the *New England Journal of Medicine*, emergency room visits involving the misuse or abuse of prescription opioids increased 153% between 2004 and 2011.¹ "People really don't understand how dangerous these medications are," notes Dr. Lewis Nelson, Professor and Vice-Chair of the Department of Emergency Medicine at NYU Langone. "The number of deaths from the heroin and cocaine scourges of the 1970s and 80s added together and doubled still won't equal the number of deaths that we see from prescription drugs today."

Dr. Nelson, who addressed the Issues in Mental Health Policy Seminar on March 30, 2015, is a Past-President of the American College of Medical Toxicology and the former Chair of the FDA Drug Safety and Risk Management Advisory Committee. More recently, he organized the NYC Task Force on Opioid Misuse and participated on the American College of Emergency Physicians Opioid Guideline Writing Panel. Pointing out that the opioid epidemic and the chronic pain epidemic are inextricably linked, he set out to explain how the current crisis came to exist, and what the medical community's responsibilities may be for causing – and fixing – the problem.

The opioid epidemic has long been with us. In the mid-1800s, China fought two consecutive wars in attempts to suppress the British trade of opium, which was wreaking social and economic havoc among its people. Both wars were unsuccessful. "I consider now that we may be fighting the 3rd opium war," noted Dr. Nelson.

Though historically associated with China (and wrongly assumed to be of Chinese origin – opium in fact originated in south Asia), opioid addiction has been disrupting lives in the western world in parallel with its toll in the east. In the mid-1800s, popular "cure-alls" and drugs such as Laudanum fostered an enormous rate of addiction in the United States and Europe, as they were in truth little more than alcoholic mixtures of opium. So, too, did Bayer's new synthetic drug, "heroin," which the company introduced in 1895 as a stronger, non-addictive alternative

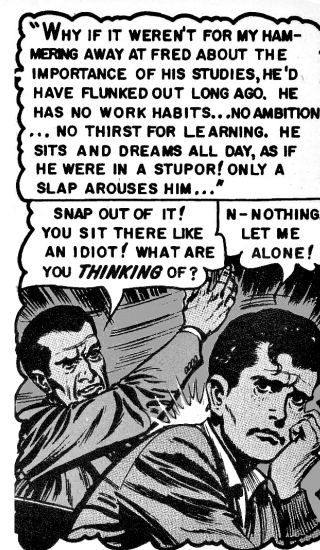
to morphine. The specter of addiction in the United States led to several attempts to regulate opioid drugs, culminating in 1914 with the passage of the Harrison Narcotics Act. The law aimed to control and tax the production, importation, and distribution of opium and coca products. Even so, the heroin trade continued on the black market, and pockets of opioid dependence persisted in the United States. The previous historical peak of known addictions occurred during the war in Vietnam, when an estimated 750,000 Americans suffered from heroin addiction. In contrast, the current number of Americans with opiate use disorders is well over 2 million.²

Much of the surge comes from the second of the two epidemics, the uptick in chronic pain conditions recognized in the United States. According to a 2011 report by the Institute of Medicine, approximately 100 million Americans suffer from chronic pain.³ If accurate, this means that half of all American adults are afflicted by pain serious enough to warrant the use of opioid pharmacotherapy. It is a would-be population greater than the number of patients affected by heart disease, cancer, and diabetes combined. Nelson and others have greeted this finding skeptically, observing that the IOM panel was made up largely of doctors specializing in pain. "It's not hard to imagine why this report presented data the way it did," noted Dr. Nelson. "If this report was produced by a group of addiction doctors it would read very differently." A mixed panel, he pointed out, would likely have produced a more rational result.

Among the greatest difficulties in establishing prevalence estimates and guidelines for pain treatment is the imperfect nature of "chronic pain" as a descriptor. Among the numerous forms of chronic pain, physicians tend to draw the sharpest distinctions between cancer and non-cancer conditions, a demarcation that is not particularly efficient in sorting measures of suffering. Some cancers do not cause

pain, while numerous non-cancer conditions cause tremendous discomfort. Physicians are urged to measure pain as a "fifth vital sign," but distinguished against objective measures such as blood pressure and pulse, the subjectivity of pain makes it "a funny sort of vital sign." Given this, it is difficult to determine whether allegations that American physicians under-medicate pain are credible. Are patient expectations aligned with reality?

An analysis of prescribing data suggests that they are not. Doctors issue more than 250 million prescriptions for opioid analgesics annually in the United States, more than enough for every adult to receive a bottle of pills.⁴ In 2010, the 254 million prescriptions filled for opioid medications provided enough medication to "medicate every American adult

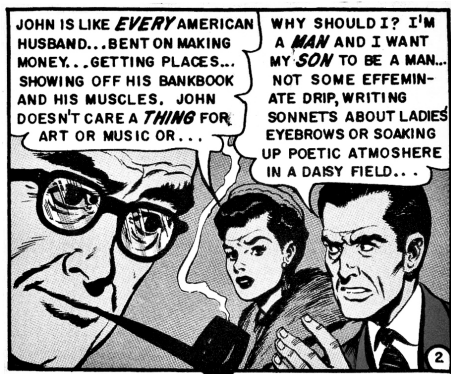


around the clock for a month,” as noted by a report from the CDC. “It’s hard to imagine that we woefully undertreat pain when the #1 prescribed medications are opioid analgesics,” remarked Nelson. Topping the list is hydrocodone, which together with oxycodone far exceeds any other class of prescriptions. Though it accounts for only 4% of the world’s population, the United States is responsible for 80% of the global consumption of oxycodone and 99% of its hydrocodone. It is an incredibly significant component of the global market for pharmaceutical pain relievers, a fact that is itself quite telling and points back to the origins of the opioid epidemic.

When Purdue Pharma introduced Oxycontin to the market in 1996, opioid analgesics were rarely indicated for the treatment of chronic pain. A small retrospective study published in the journal *Pain* in 1986 had suggested that low-dose opioid treatment allowed patients to better manage their pain.⁵ The study reflected the experience of scarcely two dozen patients, but it opened the possibility that opiates could be useful in long-term therapy. The prospect inadvertently opened a “spigot.” Purdue seized on the opportunity to expand the market for opioid analgesics. Touting Oxycontin as a safe and effective form of relief for both short term and chronic conditions, the company marketed the drug directly to physicians known to have a strong pattern of prescribing opiate analgesics. Sales in the first year netted \$45 million, expanding to \$1.1 billion by 2000. In 2010 Purdue reported revenues of \$3.1 billion.

Much of this success rested on the drug-maker’s claims that Oxycontin was non-addictive, an assertion so fraudulent that in 2007 Purdue pleaded guilty in federal criminal court to misbranding the drug “with intent to defraud and mislead the public,” and accepted a fine of \$634 million. Despite the specter of justice served, the company’s very admission of its own chicanery raises troubling questions. How had Purdue managed to convince both physicians and the FDA that opioids were safe and effective? And how, after a federal suit confirmed the artifice, have sales continued to expand?

Both stem at least in part from Purdue’s incredibly aggressive campaign to popularize the use of prescription opiates. Purdue doubled its sales force of market-



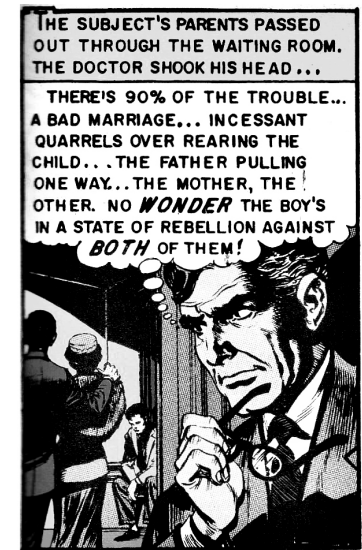
ing representatives when it launched Oxycontin, and provided substantial incentives to its drug detailers in the form of cash bonuses. Doctors who accepted their visits received the usual fare of meals and branded merchandise, but they were also dealt a disquieting measure of guilt and professional doubt. Purdue representatives asserted that physicians who spurned oxycontin were displaying “opiophobia” -- an unreasonable fear of pain relief that did

real harm to their patients. It was a message based in part on old medical school wisdom that patients could not become addicted if their pain were genuine (though of course such patients would have been facing end of life diseases or acute ailments requiring short-term relief of pain). Its resonance with half-remembered truths allowed the claim to hit home for some prescribers, and also provided footing for Purdue’s otherwise ungrounded claim that chronic use of opioid therapies presented less than a 1% risk of addiction.

This assertion had no basis in medical data. It derived instead from a four-sentence letter to the editor in the January 10, 1980 *New England Journal of Medicine*, in which the authors commented that a chart review of hospitalized patients reflected a low rate of addiction despite “widespread use of narcotic drugs in hospitals.”⁶ Using the number of charts looked at by the authors, Purdue extrapolated a risk of less than 1% and promoted it as fact. “It’s kind of hard to imagine that we based the entire field of pain medicine and prescription of these drugs on a ‘study’ such as this,” remarked Dr. Nelson. Nevertheless, on the basis of this “study,” opioid pharmaceuticals became established as the go-to treatment for a spectrum of pain from arthritis to fibromyalgia, and remained so even after Purdue’s guilty plea in 2007.

Opioids also became responsible for the rising mortality curve from drug overdose. In 2007, over 14,000 people died from drug poisoning involving opiates. The following year, opiate-related fatalities surpassed even motor vehicle deaths as the leading cause of accidental mortality in the United States, a status they have maintained ever since. Under these circumstances, surmised Dr. Nelson, the term “pain killers” seem to suggest that medications kill people. “I would submit that it is true. These medications are,” he said, pausing to punctuate each word, “actually. killing. people.” CDC data are in accord with this assessment, demonstrating unequivocally that opioid sales, deaths, and treatment admissions for addiction therapy rise in perfect parallel. Even so, prescribing patterns have changed little since 2007, except to continue their steady climb.

The non-fatal side effects of opiate pharmacotherapy are becoming normative. An Astrazeneca ad that aired during the 2016 Superbowl advertised relief for OIC (opioid-induced constipation), promoting not only the company’s new drug but a sense of acceptability around opioid dependence itself. The sixty-second spot cost the drug maker \$6 million, a small sum in what is projected to become a \$652 million market by 2019.⁷





Much of this market share is likely to emerge from patients in the blue collar professions such as firefighting and sanitation work, among whom the epidemic is at its most intense. In New York City, Staten Island has felt the worst effects of the opioid crisis. In 2012, the borough recorded an average of one fatal opioid overdose every five days. Half involved prescription medications.⁸ “People start using opioids for pain, then continue to use [them] because it makes them feel good, or for other reasons,” explained Dr. Nelson. Tolerance becomes dependence, and then often addiction. In contrast with Purdue’s purported 1%, the percentage of people who develop addiction in the chronic pain population is in the double digits, possibly in the 30s and 40s.

Medical practitioners increasingly suspect that the mechanism of addiction here is not tolerance but hyperalgesia. Patients receiving opioid analgesics become more sensitive to stimuli. The result is a paradox: Opioids over time increase the amount of pain you have. “The drug effect isn’t wearing off,” noted Nelson. “The pain is worsening.” It is an insight that may offer a new approach to the problem for patients with chronic pain.

Many people who develop dependence on opioids do so not from prescriptions of their own but from medications that have been diverted from their original purpose. Nelson remarked that more than half of those who obtain opioid medications without a prescription do so from a friend or relative. Opioid analgesics have also become readily available on the black market. In 2011, federal law enforcement agencies reported that Oxycontin sold for between \$50 and \$80 on the street (as opposed to \$6 when sold legally), Vicodin for \$5 to \$25 (vs. \$1.50 retail), and Oxycodone for \$12 to \$40 (vs. \$6 retail).⁹ The largest market for nonmedical uses of prescription drugs, according to the NIH, is young people aged 18 to 25, a group for whom rates of addiction are largely impervious to family income, educational attainment, or other features often considered predictive or protective for drug misuse.

This is also a demographic that is more likely to turn to the street drug heroin when opioid pharmacotherapies become too expensive or difficult to obtain. Price alone can be a significant factor in the transition. A 50mg “dime bag” of heroin costs slightly less than a pack of cigarettes in most regions of the United States, significantly undercutting the market for diverted analgesics. One study of North Carolina residents unambiguously demonstrates the transition: the ratio of heroin deaths to opioid analgesic deaths recorded in January, 2007, was 1:16. That is, for every heroin death recorded in the state, sixteen people fatally overdosed on prescription drugs. By the end of 2013 the number of opioid deaths had continued to

rise, but the ratio of fatalities had shrunk to 1:3. Now, for every three fatal overdoses due to prescription drugs, the coroner noted a heroin death as well, a shift indicating that many people who had started out on prescription opioids had switched to street heroin. Many of these people were young, the age of death among heroin fatalities skewing downward toward younger adults.¹⁰

The transition to heroin has brought dangers of its own. Nelson noted that use has increased almost four fold over the past ten years, with associated increases in the transmission of hepatitis C and HIV. Overdoses doubled between 2011 and 2014. The most worrying aspect of the epidemic, however, has been the adulteration of heroin with synthetic agents designed to increase the intensity of its high. “As bad as heroin is, we’ve moved on,” observed Nelson. Fentanyl is now present in most street heroin, unbeknownst – and easily fatal -- to many of its purchasers.

Developed in 1960 for use in general anesthesia, fentanyl is a synthetic opioid that is up to 50 times more powerful than heroin and up to 100 times more potent than morphine. One of its primary uses since the 1990s has been palliative pain management, often in hospices and nursing homes where it is administered by transdermal patch or oral lozenge. As a recreational drug, powdered fentanyl is easily mixed with heroin, often surreptitiously. The adulterant is inexpensive and has no structural similarity to morphine, making it undetectable to drug sniffing dogs. Its potent high is likely to draw customers back to the same dealer, and it can be substituted or surpassed through the use of synthetic analogues that are even more powerful, such as methylfentanyl, acetofentanyl, or fluorofentanyl. It is, in some ways, the perfect storm.

Difficult as it is to detect, the expanding presence of fentanyl and its analogues in the street market has become increasingly evident. Seizures of the drug have increased exponentially in the past two years. So, too, have deaths. Preliminary data from the CDC have reflected stunning increases in fentanyl-related overdoses from 2013 to 2014. Fatalities in Ohio, for instance, rose from 92 in 2013 to 514 the following year.¹¹ In Maryland, the 58 fatal overdoses recorded involving fentanyl soared to 184 in 2014.

There are no easy solutions to this epidemic, though for Dr. Nelson the clearest immediate response is to reduce the rate of new addictions by reducing the quantity of opioid analgesics available to the public at large. “Addiction therapy has a success rate measured in the single digits,” he observed. “We almost have a lost generation right now of people who are addicted.” Knowing this, he emphasizes how critical it is to keep opi-





oid naïve patients opioid naïve. “Misuse and abuse has tremendous public health consequences. *We* are the problem. The house of medicine is what is causing this.”

For Nelson, the enormity of the problem, together with the culpability of the medical profession, are grounds for a substantial retreat. “Prescribe as if writing for your family or a friend,” he urges. “Doctors are much more free-handed with their patients than with their families or themselves.” He advocates a return to earlier stepped approaches for

pain management, beginning with drugs with the fewest potential side effects and moving up gradually, while also emphasizing alternative treatments such as rest, ice, exercise, physical therapy, and acupuncture. When opioids are utilized, they should be prescribed parsimoniously, and he is skeptical about the development of “safer” formulations. “It’s a myth that tamper-resistant formulations are tamper-resistant,” he asserted. “The easiest way to ‘tamper’ is to swallow the med.” Noting that the abuse-ability of drugs is directly related to their likeability, he suggests a return to medications that do not induce euphoria, such as morphine. “I’ve worked in a busy ED for 23 years. I’ve never once had someone come in and tell me that their dog ate their MS Contin prescription,” he observed, “which is a weekly or monthly occurrence in regards to Oxycontin.”

Nelson recognizes that his approach has a down side. “We do worry about inadequate pain relief,” he stated. “People with ‘legitimate’ pain will have trouble.” But without a more cautious approach to opioid pharmacotherapy, the epidemic will continue to grow.

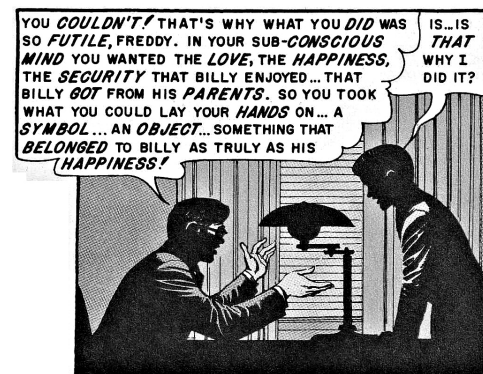
In March, 2016, the CDC published a new set of prescribing guidelines well-aligned with Nelson’s own sense of caution. Recognizing the severity of the epidemic and the paucity of research supporting the use of opioids for chronic pain in the first place, the CDC now urges caution. It does not question the use of opioid therapy in relation to active cancer, palliative care, and end-of-life pain management, but advocates that patients outside of these groups be treated first with non-addictive drugs such as NSAIDs. Treatment should be escalated slowly. If and when opiate pharmacotherapy is introduced, it should be initiated at the lowest possible dosage and increased only as needed. At base, the message of the guideline is simple: in most of the population, opioid analgesics should not be the treatment of first resort.

Even so, the guidelines have been met with a degree of controversy. Though they are voluntary and are intended largely for doctors involved in primary care (the same group targeted by pharmaceutical reps, now responsible for almost half of all opioid analgesics dispensed¹²), the guidelines have been met with protest by

chronic pain advocacy groups and some practitioners. “This is another ‘fail first instead of thinking about what is best for that patient’ approach to taking care of somebody,” remarked one physician blogger on the release of the guidelines. “It is easy to minimize chronic pain if you are not the one having it,” commented a reader.¹³ Critics point out that non-opioid therapies such as acupuncture or physical therapy can be difficult to access in some areas. Even where they are available, third party payers often refuse to reimburse such “alternative” treatments, forcing a path to pharmacotherapy.

Nevertheless, the guidelines take a significant step in the direction of physician accountability for what Nelson and others agree is in many respects a physician-generated problem. “The prescription overdose epidemic is doctor-driven,” noted CDC director Dr. Tom Frieden upon release of the guidelines. “It can be reversed in part by doctors’ actions.”¹⁴

Megan J. Wolff, Ph.D., MPH



(endnotes)

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2. Nora D. Volkow, M.D., "Testimony to Senate Caucus on International Narcotics Control May 14, 2014," <https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse>. Accessed October 28, 2016.; Vivek H. Murthy, M.D., M.B.A., "Turn the Tide: Letter from the Surgeon General," Aug 28, 2016. <http://turnthetiderx.org/#>

3. The initial report set the number of persons burdened by chronic pain at 116 million, but a subsequent reanalysis of data reduced this figure to 100 million. The text of the report was therefore revised to reflect the corrected estimate. Institute of Medicine (U.S.), (2011). *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Washington, D.C: National Academies Press.

4. Murthy, 2016.

5. RK Portenoy, KM Foley, (1986). "Chronic use of opioid analgesics in non-malignant pain: report of 38 cases," *Pain*, 25(2) 171-86.

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7. Dan Mangan, "No Joke, Opioid constipation drugs are serious business," CNBC, 2/11/2016. <http://www.cnbc.com/2016/02/11/no-joke-opioid-constipation-drugs-are-serious-business.html>. Accessed October 29, 2016.

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11. Centers for Disease Control and Prevention. (October 26, 2015). "CDC Health Advisory: Increases in Fentanyl Drug Confiscations and Fentanyl-related Overdose Fatalities." *HAN Health Advisory*. <http://emergency.cdc.gov/han/han00384.asp>. Accessed October 31, 2016.

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13. Charles E. Argoff, (May 13, 2016). "New CDC Opioid Guideline: The Good, the Bad, the Ugly," *Medscape Neurology: Commentary*. <http://www.medscape.com/viewarticle/863183>. Accessed November 1, 2016.

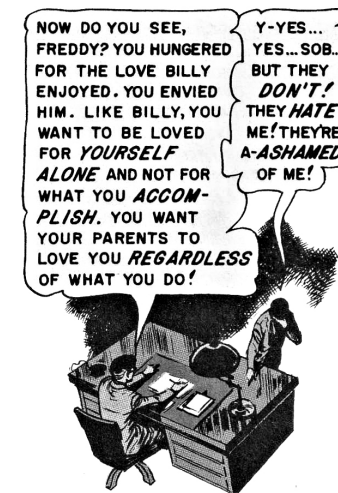
14. Robert Lowes & Charles P. Vega, (April 14, 2016). "CDC Issues Guidance for Prescribing Opioids for Chronic Pain," *Medscape Education Clinical Briefs*; <http://www.medscape.org/viewarticle/861175>. Accessed November 1, 2016.

WORKING GROUPS

WORKING GROUP ON PSYCHOANALYSIS AND THE ARTS

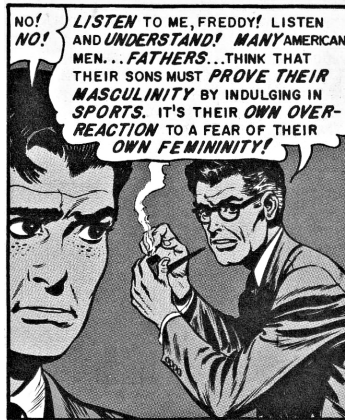
The Working Group on Psychoanalysis and the Arts continued its tradition of lively discussions of members' current work. Dr. Ellie Gelman presented work in progress on themes of maternal loss, longing, and re-imagining in the work of Victorian novelist Elizabeth Gaskell. Dr. Hilary Beattie presented a paper entitled "Between autobiographical fiction and fictional autobiography: Patrick Modiano and the art of memory," to introduce a discussion of Modiano's 1978 novella *Remise de Peine (Suspended Sentences)*. Dr. Beattie's article in the current *Psychoanalytic Quarterly* on Fairbairn draws upon her previous presentation to the Working Group. The Rev. Curt Hart led a discussion of William Styron's *The Confessions of Nat Turner*, exploring race and history in the narrative, and the explosive controversy that surrounded the book at the time of its publication in 1967. And in our final meeting of the year, Dr. Susan Scheftel presented current work exploring the psychodynamics of pedophilia; she led a discussion of a little-known early book by Vladimir Nabokov, *The Enchanter*, similar in its themes to the iconic *Lolita*, written decades later.

Katherine Dalsimer, Ph.D.



The Working Group on the History of Psychoanalysis had a rich series of discussions that moved back and forth between psychoanalysis, historiography, and philosophy of mind. Presentations on therapeutic action and border disputes in psychoanalytic theory as considered by, for example, Rachel Blass, were interspersed with Thomas Nagel's work on the mind, discussions of the advent of Western science as seen by Steven Shapin and most recently David Wooten, as well as the philosophy of history as articulated by Hayden White, Thomas Kuhn and others.

George J. Makari, M.D.



The 2015-2016 seminar in narrative psychiatry was founded on the principle that dialogue is fundamental to all linguistic expression and primary to storytelling, an idea best articulated by M.M. Bakhtin: "The word in language is half someone else's." The participants began the year by writing a dialogue between a doctor and a patient. This dialogue was then rewritten as a narrative from the doctor's point of view and after that from the patient's point of view. This tripartite exercise in perspective produced striking results. For example, one doctor described a stubborn delusion in a patient to comic results. When he wrote as his patient, the same story became poignant, frightening, and desperate. The psychiatrists then composed stories about their own intense emotional experiences in the clinical setting and beyond it that illuminated the suffering of mental illness, narratives of rage, sorrow, paranoia, and obsession (all, of course, fell squarely in the "normal" range).

Because we were a small group, I was able to provide the writers with close editorial comments on their prose. I corrected grammar, punctuation, and diction errors, but also queried their sentence rhythms and music. This joint labor resulted in cleaner and more elegant compositions.

Among the texts we read and discussed were "Schizophrenia, Consciousness, and the Self" by Louis Sass and Josef Parnas, Antonin Artaud's 1932 letter to his doctor George Soulié de Morant, excerpts from Clifford Whittingham Beers's *A Mind that Found Itself* and *Memoirs of My Nervous Illness* by Daniel Paul Schreber, Rosemary Dinnage's introduction to the Schreber volume, and several pages from Linda Hart's journal written during the year she was hospitalized with acute psychotic disorder, *Phone at Nine to Say You're Alive*.

Siri Hustvedt, Ph.D.

∞ IN MEMORIAM ∞
GERALD N. GROB (1931-2015)

On December 16, 2015, Gerald N. Grob, a towering figure among historians of psychiatry, died at age 84. This is a loss not only to the field but to the Institute, with which he had a very long association.

As Grob told the story, after graduating from City College of New York, he came out of doctoral work at Northwestern University with a dissertation in American labor history. After two years in the army, he received an appointment to teach history at Clark University in 1957, and published his dissertation as a book in 1961. While Grob was searching for a new topic for a book, a colleague at Clark suggested that he get a graduate student to look at a long-established state hospital right there in Worcester. When Grob found a hugely important institution with more than a century of archives containing a richness that most social historians can only dream about, he set about himself to write the book. His prize-winning history, *The State and the Mentally Ill: A History of Worcester State Hospital in Massachusetts, 1830-1920*, was published in 1966.

Working at Worcester State Hospital, Grob saw the importance of the history of mental illness and mental institutions in not just Massachusetts but all of the states: the large number of people and families affected, the huge part of state budgets devoted to mental illness, and the changes in policy that made mental illness a huge national problem neglected by almost all historians. He also learned something else. The clinicians at the hospital saw that he had contact with patients and that he saw staff members, and especially psychiatrists, trying to work with patients. Unlike many later historians for whom mental illness was only theoretical, Grob witnessed clinicians dealing with real patients and vice versa. This experience gave his writing great power and, implicitly, authority. He therefore was able to construct a huge monument, a three-volume history of American mental health policy, published in 1973, 1983, and 1991, with a final summary volume, *The Mad Among Us*, in 1994. It is not clear when, if ever, another scholar will be able to match this history of mental health policy.

In 1969, Grob became professor of history (later Henry E. Sigerist Professor of the History of Medicine) at Rutgers University, where he remained until he retired in 2000. During his time at Rutgers and even after retirement he published prolifically on the history of mental health, as well as on disease and health generally. He was the recipient of numerous honors.

Even before Grob left Clark in 1969 he became acquainted with Jacques Quen, and then from his new position in New Brunswick, Grob embarked on a decades-long relationship with the Section/Institute. Grob was particularly proud of the recognition of that relationship in 1985, when he was named Senior Research Associate in Psychiatry at New York Hospital-Cornell Medical Center. Because of the

distance from Rutgers, he could not attend every session of the seminar, but he was present many times over the years. I myself remember hearing his forthright but good-natured comments on a presentation to the Section to which I once ventured. From 1973 to 2012, Grob presented nine times (about once every four years), a record of support that in fact covers much of the history of the Institute. It is a legacy to treasure.

John Burnham, Ph.D.



∞ IN MEMORIAM ∞

JOHN MICHAEL KERR (1950-2016)

John Kerr, a member of this Institute since 1995, died in July at the untimely age of 66. He was the son of the eminent New York *Times* theater critic, Walter Kerr, and the playwright and humorist, Jean Kerr.

John held a Bachelor of Science degree in Political Science from Harvard, and had worked toward a doctorate in Psychology at NYU under the supervision of Robert Holt, who often said that John was the brightest graduate student he had ever worked with. Having completed his course work for the Ph.D., John became so possessed by his dissertation topic that he disregarded the dissertation deadline and dedicated his time to writing a gripping book, *A Most Dangerous Method: The Story of Jung, Freud and Sabina Spielrein* (Knopf 1993). The book revealed details of the relationships among the three and suggested provocative implications about the mythic figures and fate of the analytic movement. It was subsequently made into a major motion picture starring Keira Knightley and Michael Fassbender.

John served in several clinical settings, including the Bronx Psychiatric Center (Albert Einstein College of Medicine), the Learning Disabilities Unit of N.Y. State College of Optometry, the Kirby Forensic Psychiatric Center on Ward's Island, and the New Hope Guild Clinic in Brooklyn.

John was for many years a Research Associate in our Institute at Cornell and a long-standing member of the Rapaport-Klein Study Group. He was a well-loved Erikson Scholar at the Austen Riggs Institute. He lectured at Harvard University Medical School, and was an honorary member of the William Alanson White Institute. Beside his book, John published in numerous journals including the *Archives of General Psychiatry*, the *Psychoanalytic Review*, and *The London Review of Books*. He was a contributor to Person, Cooper, and Gabbard's *Textbook of Psychoanalysis* (2005) and many other edited volumes, prefaces and reviews.

A man of selfless generosity, John leaves in mourning an unusually wide community of grateful people in all walks of life, ranging from the denizens of his Brooklyn neighborhood in need of advice, to a surprising list of psychoanalytic authors, including some of the most prominent. And, of course, members of our History Institute, who have delighted over the years in listening to him confide discoveries in his twinkling, conspiratorial, Irish fashion – no doubt inherited from his famous theater family. To the members of our Institute, he was a fount of information about the early history of the Freudian movement, helping to make us the privileged previewers of the young and controversial “Independent Freud Scholars” who were engaged in revealing facts about the early analytic movement that were unknown to - or unacknowledged by - the profession. I think it was Peter Swales who introduced him to us. Another member, Paul Stepansky, found

him among us, saw his unique gifts, and drew him to The Analytic Press, where he eventually became Senior Editor.

John was revered as an editor for his virtually therapeutic devotion: he would crawl into the author's head and draw out the nascent thought almost as an alter ego. Many authors say they found working with him the most gratifying and enlightening aspect of the whole project. John moved to Maine 18 years ago, where he continued to serve as a sought-after private editor. He died while working on a play about Harry Stack Sullivan, for which he had done elaborate research.

Larry Friedman, M.D.



∞ IN MEMORIAM ∞

BARBARA FASS LEAVY (1936-2016)

Barbara Fass Leavy, a Life Member of the Friends, died in the early hours of August 14th, 2016. She was a longtime member of IHP while it was still the History of Psychiatry Section. Brilliant, tireless, a prodigious writer, she brought a unique perspective and fascinating variety of interests to us for almost forty years, regularly contributing to holdings of the Oskar Diethelm Library, writing for the Annual Reports, and presenting seminars. In March, 1978 she was granted an official appointment as Honorary Adjunct Professor of English Literature in Psychiatry at Weill Cornell Medical College, a unique position then for a non-MD. Husband Peter Leavy, who survives her, attended her talks when he could, and joined us regularly at annual Christmas parties. Both were highly congenial. Everyone enjoyed their company immensely.

A precocious child, she had learned to read and write as her father read to her each evening. He later encouraged her to believe in her ability to have a self-sustaining future in teaching, while warning that she might have to support her own family. A first teenage marriage to a bright academic mentor failed after a time and she moved back to Queens with her young son and daughter. Her parents, who were only modestly well off, helped pay for childcare so that Barbara could resume her studies. She won multiple fellowships and graduated from Queens College with high honors and a Ph.D. She soon took up a faculty position at her own alma mater.

Early in her teaching career as Professor of English Literature, Barbara moved on from Victorian fiction and became a recognized expert on folklore, fairy tales, mermaids and mermen, the history of plagues and blights in western world literature, and the influence of ancient Greek tragedies on modern writers.

Barbara had read crime fiction from early on, and in her later years she would make a strong case for elevating the genre's exceptional writers to a higher plane, utilizing her ever-expanding knowledge of Greek tragedies, psychology, sociology, psychiatry, and psychoanalysis to demonstrate the erudition, complexity and depth of vision possessed by various writers. In time she built an excellent crime fiction program at Queens College, CUNY.

Barbara's bibliography is long, including at least six books and countless articles published in diverse periodicals and collections. Her most recent book was *The Fiction of Ruth Rendell: Ancient Tragedy and The Modern Family* (Poisoned Pen Press, 2012), a project in which she amalgamated many areas of previous learning, giving a good deal of attention to writings of Sigmund Freud, Carl Jung, and other psychoanalysts, as well as to the major Greek tragedy authors.

Barbara and Peter shared a love of cabaret and frequented their carefully chosen venues regularly, while Peter subsidized and edited cabaret publications to which Barbara increasingly contributed. She applied the same means of analysis to cabaret singers that she had to fiction writers, focusing on contemporary performers who reflected a rich knowledge of American and European cabaret history through narration as well as performance.

Although few people knew it, Barbara was fiercely fighting cancer for at least a few years before she died, but she managed to carry on writing, mentoring, publishing, attending cabaret performances and participating strongly in her complex family life. She is survived by Peter, a son and daughter, two step-daughters, multiple grandchildren and at least one great grandchild. Her son Steven Widom recently redesigned her website very skillfully and artfully, at www.barbaraleavy.com so that she could speak to us from beyond the grave, since it allows the reader to follow her professional life and ideas at length with many topics and paths to follow. All our sympathy goes out to Peter and the rest of the family at this time.

Doris B. Nagel, M.D.



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All have appointments at Weill Cornell. If a member's primary academic position is elsewhere, it is given in parentheses.

FACULTY NEWS

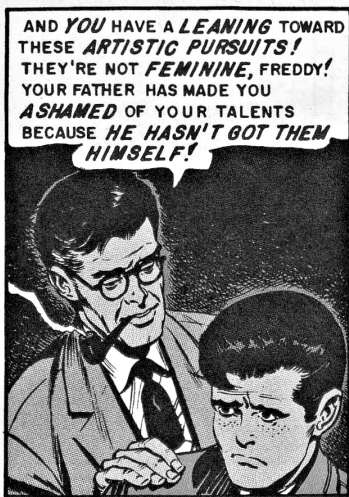
Cyd Cipolla, Ph.D., serves as a Class Adviser and Associate Faculty member at the Gallatin School of Individualized Study at New York University, where she advises students interested in the history of psychology, gender and feminist theory, and critical studies of science and technology. She was named the 2015-2016 Gallatin Adviser of Distinction, an award given to a faculty adviser in recognition of excellence in advising and mentoring. She taught a seminar titled "Sex Crimes, Sex Panics" and a tutorial titled "The Philosophy of the Clinic" in spring 2016. She also presented on a panel on Critical Science Literacy at the National Women's Studies Association's annual meeting in November 2015, and presented a paper called "Precarity, Evidence, and the Demand for Protection" at the Gender, Bodies, Technologies conference at Virginia Tech in April 2016. She is currently co-editing the volume *Queer Feminist Science Studies: A Reader* under contract with the University of Washington Press.

Daria Colombo, M.D., is co-director of The New York Psychoanalytic Institute's Psychoanalytic Fellowship, teaches there, and was recently elected to a position on its Education Committee. She co-directs the Payne Whitney Clinic Continuous Case Seminar, is on the board of the *IJP*, and serves as an editorial reader for *The Psychoanalytic Quarterly*. Her review of Giuseppe Civitaresse's two latest works was published in June in *JAPA*.

Katherine Dalsimer, Ph.D., is Clinical Professor of Psychology in the Department of Psychiatry, WCMC. She is an active member of the Institute for the History of Psychiatry, and the coordinator of the Institute's Working Group on Psychoanalysis and the Humanities.

Aaron Esman, M.D., continues to be active in the History of Psychoanalysis section, attending lectures and contributing to the Annual Report. He also continues to publish book reviews in the *Psychoanalytic Quarterly*.

Joseph J. Fins, M.D., F.A.C.P., continues his scholarship in medical ethics with a special focus on neuroethics and disorders of consciousness. His book, *Rights Come to Mind: Brain Injury, Ethics and the Struggle for Consciousness* was published by Cambridge University Press in 2015. In 2015, he received an additional appointment at Weill Cornell Medical College as Professor of Medical Ethics in Neurology and was named the Solomon Center Distinguished Scholar in Medicine, Bioethics and the Law at Yale Law School. Dr. Fins was named to the editorial board of *The Pharos* and to the international editorial board of *Advances in Neuroethics*, published by Springer. In addition he was named section editor of *En Persona* of *EIDON*, a Spanish bioethics journal. Dr. Fins delivered a number of



named lectures including The David Kopf Lecture on Neuroethics at the Society for Neuroscience, and The Edmund Pellegrino Lecture at the University of Missouri School of Medicine. He was awarded The Dr. Mary Ann Quaranta Distinguished Palliative Care Ethicist Award by the Collaborative for Palliative Care, and The Patricia Price Browne Prize in Biomedical Ethics by the University of Oklahoma School of Medicine, the leading prize in American bioethics. During the academic year, Dr. Fins and the Division of Medical Ethics finalized plans to start an ethics fellowship at NYPH-Weill Cornell Medicine in conjunction with partners at The Houston Methodist Hospital and Bay-

lor Medical College, which started in July 2016.

Lawrence Friedman, M.D., is on the Faculty of the Institute for Psychoanalytic Education affiliated with the NYU Medical School, where he is a member of the Curriculum Revision Committee and advisor on its Curriculum Committee. He serves on the Board of Directors and the Editorial Board of the *Psychoanalytic Quarterly*, and the Editorial Board of *Psychoanalytic Inquiry*. He is an Editorial Consultant to *Psicoterapia e Scienze Umane*. He presented a paper, entitled “Three Principles in Search of a Practice,” at the Psychoanalytic Association of New York in April, 2016.

Richard Friedman, M.D., began a six month sabbatical in Seattle this spring to write a book about the neuroscience of everyday life. He continues to serve as a contributing Op-Ed writer for the New York Times, where he writes on mental health and behavioral neuroscience.

Robert Goldstein, M.D., continues on the voluntary faculty at Weill Cornell Medical College. He is working on a book project currently titled, *Against Narrative: how biographical explanations of psychopathy obscure the inborn basis of behavior*.

Curtis W. Hart, M.Div., is active in his sixth year as Editor in Chief of the *Journal of Religion and Health*. At Weill Cornell Medical College he has continued in his faculty role in the second year course in “Medical Ethics” and in the third and fourth year course in “Palliative Care.” He has also continued to serve as a small group co-leader in the introductory part of the Department of Psychiatry’s “Mind and Brain” course, and as a member of the College’s Institutional Review Board Committee on Human Rights and Research. In the public sphere he is a member

of the Board for Professional Medical Conduct of the State of New York, a participant in the Religion and Foreign Policy Initiative of the Council on Foreign Relations, and Chair of the Jewish-Episcopal Dialogue of the Ecumenical and Interfaith Commission of the Diocese of New York.

Anne Golomb Hoffman, Ph.D., gave the 8th Inaugural Lecture in the Department of English at Fordham University. Her subject was “Words and Pictures, Bodies and Books.” She taught a new graduate seminar, “Memory, Trauma, Narrative: Literary and Psychoanalytic Perspectives.” She continues to mentor talented undergraduates at Fordham’s Lincoln Center campus, as advisor to the honors class of 2018 and co-director of the Matteo Ricci seminars.

Siri Hustvedt, Ph.D., finished an essay collection in three parts that will be published by Simon & Schuster in December 2016 under the title *A Woman Looking at Men Looking at Women: Essays on Art, Sex, and the Mind*. She is at work on a novel and continues to teach a narrative medicine seminar at Weill Cornell. On October 20, she received an honorary doctorate from Université Stendal of the University of Grenoble in France and gave a lecture, after which she attended “Living, Thinking, Looking: An International Conference on the Work of Siri Hustvedt at Birkbeck University in London.” On December 4, she was awarded the Crystal Star Award 2015 from the American Scandinavian Society. On June 16, she received an honorary doctorate from the faculty of Philosophy and Philology at Johannes Gutenberg Universität in Mainz, Germany, for her interdisciplinary scholarship. She gave two lectures. She then attended a launch of a book on her work in Munich: *Zones of Focused Ambiguity in the Works of Siri Hustvedt: Interdisciplinary Essays*, ed. Hubert Zapf, Christine Marks, and Johanna Hartmann (Berlin:de Gruyter Mouton, 2016).

Nathan Kravis, M.D., is the Associate Director of the Institute for the History of Psychiatry. He is working on a book on the origins of the use of the couch in psychoanalysis to be published by the MIT Press in 2017. The book will be heavily illustrated, combining visual evidence with semantic arguments about the social history of recumbent posture. He presented the lecture upon which the book is based, “Embedded and Couched: The Meaning and Function of Recumbent Speech,” at the Seattle Psychoanalytic Institute and Society in September 2015, and at the Western New England Psychoanalytic Institute and Society in February 2016.

George Makari, M.D., the Director of the DeWitt Wallace Institute for the History of Psychiatry, released his latest book, *Soul Machine: The Invention of the Modern Mind*, with W.W. Norton in November, 2015. The book has been widely reviewed in the popular press and he has delivered lectures on it at the Psychoanalytic Institute of New England, the New School, the William Alanson White Institute,

University College, London, the Wellcome Library, the London Freud Museum, and the London Institute of Historical Research. His new work was featured at the World Science Festival in New York, on the Leonard Lopate radio show, and at the American Psychoanalytic Association meeting in Chicago, among other venues. He directs the Psychodynamic Psychotherapy Clinic and continues to teach residents and to mentor the Benjamin Rush Fellows. Dr. Makari remains on several editorial boards, including the *Journal of the History of Behavioral Sciences*, *American Imago*, and *Academic Psychiatry*.

Robert Michels, M.D., delivered Professors' Rounds throughout the year, and taught the PGY-II "Diagnosis in Psychiatry" course and the PGY-IV Continuous Case Seminar. At the 49th Congress of the International Psychoanalytic Association, Dr. Michels presented a lecture titled "Psychoanalysis, Psychiatry and Medicine," and was a discussant on a panel titled "Empirically Supported Psychodynamic Psychotherapies." He also participated in a panel titled "Genius in Mind, Brain and Molecules: Robert Michels, Larry Swanson, Thomas Jessell in conversation with Eric Kandel" at the 92nd Street Y in New York. He presented "Psychiatry, Psychoanalysis and Academic Medicine" at the annual meeting of the American College of Psychoanalysts, and gave a Grand Rounds at the Maine Medical Center Department of Psychiatry titled "The Evolving Relationship between Psychiatry and Psychoanalysis."

Doris B. Nagel, M.D., regularly attends the history seminars and serves on the Annual Report Committee at the Institute for the History of Psychiatry. In spare hours she works on revisions to her book-length manuscript about the life and case history of a wealthy patient who was evaluated and/or treated by many of the most influential psychiatrists between 1900 and 1947.

Orna Ophir, Ph.D., was trained as a clinical psychologist and holds a Ph.D. in history from the Cohn Institute for the History and Philosophy of Science and Ideas at Tel Aviv University, Israel. She is currently an Adjunct Associate Professor at the Humanities Center at Johns Hopkins University, teaching a range of undergraduate courses and graduate seminars on topics in the history of psychiatry, medical humanities and psychoanalysis. Lectures include "Madness from the Bible to DSM V," "Reading Freud," "Women in Psychoanalysis," "Madness Interpreted – Schreber: A Case in Medical Humanities," and more. In the Spring of 2016 she graduated from the adult psychoanalytic training of the Institute for Psychoanalytic Training and Research in New York City and became a fellow of the IPA (FIPA). She was also appointed by the President of the IPA to serve on the IPA committee on the History of Psychoanalysis. In this capacity she is organizing a panel dedicated to the work and legacy of the late historian of psychoanalysis, John Forrester, which will take place at the IPA congress in Buenos Aires 2017. She is still working on her second book project *Klein in America – The Reception of Klein Thought and Legacy*

in America 1924-2009 and seeing patients in her private practice in New York City.

Louis Sass, Ph.D., continues as Distinguished Professor in the Department of Clinical Psychology, GSAPP at Rutgers University. In October, 2015, he delivered the plenary address at the meeting of the International Society for Philosophy and Psychiatry in Frutillar, Chile. Two months later he travelled to Italy to deliver invited lectures to the International Society for the Psychological and Social Approaches to Psychosis and the Isadora Duncan Institute in Bergamo, Italy. While there, he conducted seminars on phenomenological psychopathology at the University of Bergamo. In the spring of 2016 he delivered a talk as part of the Lecture Series in Philosophy of Psychiatry in the Department of Philosophy at the University of Vienna, Austria.

Ted Shapiro, M.D., serves as Director of the Sackler Infancy Program at Weill Cornell Medical College. He is a regular participant at the biweekly History Seminars, and has been mentoring Rush Fellow Kristopher Kast and medical student Matt Schelke. He is currently working on a *Manual of Psychodynamic Psychotherapy for Children and Adolescents* along with co-authors Sabina Preter and Barbara Milrod.

Paul Stepansky, Ph.D., celebrated the publication of his latest book, *In the Hands of Doctors: Touch and Trust in Medical Care*. It was endorsed by the Institute's own Rosemary Stevens as "an engaging, richly documented, brilliant critique of the bond between doctor and patient, ranging from classical times through the present."

Rosemary Stevens, Ph.D., MPH, completed work on her 400-page book, now in press: *A Time of Scandal: Warren G. Harding, Charles Forbes, and the Making of the Veterans Bureau*, Johns Hopkins University Press, to be published in December 2016. The book re-examines the previously mis-told story of Forbes, the first director of the Veterans Bureau, who was convicted of conspiracy to commit fraud and went to prison. (This was one of several "Harding Scandals," with Teapot Dome having been the most famous.) The field of psychiatry is central to the study in various ways: notably, in the importance of providing relevant mental health services to military veterans, as shown in the development of



neuropsychiatric veterans hospitals after World War I; the key role played by a sociopathic bootlegger-businessman in fostering the Veterans Bureau scandal of the 1920s; and the power (and fueling) of public opinion as a vehicle of scandal in the American political system. Prof. Stevens also participated as a board member of the Horowitz Foundation for Social Policy and as a plenary speaker at a national conference on primary care organized by the American Board of Family Medicine Foundation.

Peter Wilson, M.D., continues his research on the differences in “moral treatment” as practiced at the York Retreat, the Salpêtrière, and the Bloomingdale Asylum, institutions whose approaches were at times quite distinct. Dr. Wilson teaches WCMC students in both “Essential Principles of Medicines” and “Brain and Behavior PBL,” with much enjoyment.



ALUMNI NEWS

Daniel Burston, Ph.D., fellow (1985-1986), delivered a talk to the Richardson History seminar at the Institute for the History of Psychiatry in May. He also celebrated the publication of a new book, *A Forgotten Freudian: The Passion of Karl Stern*, (London: Karnac, 2016).

Eric J. Engstrom, Ph.D., fellow (2000-2001), is currently a research associate in the Department of History at the Humboldt University in Berlin, Germany. Together with Kenneth Kendler he published an article on “Kahlbaum, Hecker, and Kraepelin and the Transition from Psychiatric Symptom Complexes to Empirical Disease Forms” in the *American Journal of Psychiatry*. In the journal *History of Psychiatry* he published an extended article entitled “Psychiatric Governance, voelkisch Corporatism, and the German Research Institute for Psychiatry in Munich (1912-1926).” He also contributed a chapter on “Tempering Madness: Emil Kraepelin’s Research on Affective Disorders” for the latest *OSIRIS* volume on “History of Science and the Emotions.” Otherwise he is continuing to research and write a book on the history of forensic culture and politics in Berlin before the First World War. During the past academic year he presented papers at conferences in Berlin, Paris, Christchurch NZ, and Tartu in Estonia.

BENJAMIN RUSH SCHOLARS

Kyle Brintz, M.D., is a PGY-III resident in Psychiatry at Weill Cornell Medicine, and has been a Benjamin Rush Fellow since entering the residency in 2014. He completed a tutorial on the general history of psychiatry with Dr. George Makari during his PGY-II year and will be spending this year doing a more focused research project on the origins of the computational model of the mind and history of artificial intelligence, also under Dr. Makari's mentorship. Besides the history of psychiatry, additional interests include child and adolescent psychiatry and psychoanalysis.

Kristopher Kast, M.D., is a PGY-II resident in Psychiatry at Weill Cornell Medicine. He was accepted to the Benjamin Rush Fellowship this summer and has since started a year-long tutorial in the general history and historiography of psychiatry with Dr. Theodore Shapiro. He has done prior work in the history of madness and medical writing (specifically the genre of case histories) in 18th-century England while a medical student at Johns Hopkins. Interests remain broad and include psychoanalysis, psychopharmacology, and systems of care.



BENJAMIN RUSH ALUMNI

Oliver Harper, M.D., was a Benjamin Rush Fellow from 2011 until 2014. He trained in child and adolescent psychiatry at NYU/Bellevue from 2014 – 2016, during which he received a national award for excellence in family care and completed a psychoanalytic fellowship at New York Psychoanalytic Institute. He is currently a fellow in forensic psychiatry at Columbia/Cornell. He has pursued research relating to juvenile justice and management of sex offenders, and has published articles in the areas of depression and cognitive impairment and medical student education.

Raymond Raad, M.D., MPH, was a Benjamin Rush Fellow from 2009 until the end of his residency in 2013. He then went on to complete a research fellowship in Law, Ethics, and Psychiatry at the New York State Psychiatric Institute, and then a clinical fellowship in Psychiatry and the Law at Columbia and Cornell. He is currently in private practice, and is a psychoanalytic candidate at the Columbia University Center for Psychoanalytic Training and Research. In September of 2015, he delivered a lecture on forensic psychiatry as part of the Issues in Mental Health Policy lecture series at the Institute for the History of Psychiatry. He has remained interested in the history of involuntary hospitalization, the topic of his research project, as well as the history and ethics of psychiatric testimony in criminal trials in the United States.

Alexandra Sacks, M.D., graduated from the Rush Program in 2012, after which she completed a clinical fellowship in Women's Mental Health at the New York-Presbyterian Hospital, Columbia. She also completed a fellowship at the Columbia University Center for Psychoanalytic Training and Research, where she is now a candidate in Adult Psychoanalysis. She is currently in fulltime private practice in Manhattan. She continues to write about issues related to women and mental health, the topic she explored in her Benjamin Rush Scholarship paper, "The History of Psychotropic Treatment in Pregnancy." She is currently working on a book on women's mental health with co-author Catherine Birndorf, M.D., to be published by Simon and Schuster.

RESEARCH FACULTY PUBLICATIONS

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