



**Weill Cornell
Medicine**

DeWitt Wallace Institute of Psychiatry: History, Policy, and the Arts

2019-2020 ANNUAL REPORT



The DeWitt Wallace Institute of Psychiatry: History, Policy, and the Arts

Our Mission

- To support, carry out, and advise scholarship in a broad range of issues relevant to the present day theory and practice of psychiatry.
- To use in-depth studies of the past to enhance understanding of the many complex matters that surround contemporary thinking and practice regarding mental health and illness.
- To foster an open atmosphere drawing a range of interdisciplinary perspectives to important questions in the field.
- To bridge studies of the past with the science of the future, and connect the domains of science and the humanities.

Our Programs

- The world's longest-running research seminar devoted to the history of the field.
- Working groups on historical, artistic, and narrative practices surrounding the overlapping fields of psychiatry, psychology, and psychoanalysis.
- Forums and associated white papers addressing contemporary issues in mental health policy.

The Oskar Diethelm Library

- Over 35,000 volumes in Latin, English, German, French, Italian, and more, dating from the 15th century to the present moment.
- Periodical holdings including long back runs of rare psychiatric journals.
- Manuscript collections and unpublished papers from numerous organizations and critically important individuals.
- Hospital and asylum reports of the 19th and early 20th centuries.
- Early and rare first-person accounts of psychiatric illness, alcoholism, and drug abuse.

Annual Report | July 1, 2019 - June 30, 2020

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Director's Report



Before and after. Though historians often cast a cold eye on dramatic discontinuities, it is hard to measure the last academic year any other way. Our country, our world, have been utterly transformed by the COVID-19 pandemic, and so, too, this Institute. Gone for now are the seminars at the long table, the searching queries from newcomers in the back chairs, or the awaited insights from our circle of regulars. Gone too, are the collations over coffee and cookies. Gone are the easy encounters in the hall or by the elevator that led to casual flows of information, all of which helped us, as if a living thing, self-regulate, adjust, and grow.

However, in this time of infection and fear, we have found ourselves anew, strange and uneasy for sure, but with a purpose that was perhaps already in the making. Overnight in mid-March, we faced a total shut-down of Institute activities. We did not declare defeat, but doubled down, increasing our seminars, responding to the urging of others to not let our community collapse. Thanks to the technical prowess of Dr. Megan Wolff, we re-emerged as a kind of virtual institute without missing a beat – virtual, as one of our speakers reminded us, in the word's truest sense, that is filled with new possibility.

Before March, we had already been in the process of transformation. In consultation with a steering committee composed of Dr. Samantha Boardman, Danielle Ganek, Hamilton South, and Bara Tisch, and supported by a Director's Circle that also included Raffaella Cribiore, David Winter, and David and Sybil Yurman, we took stock of our mission and announced a formal change. In January, we announced the formal change of our name to the DeWitt Wallace Institute of Psychiatry: History, Policy, and the Arts. That renaming was in recognition of what were already concrete realities. Our seminars, workshops, scholarship and efforts at public education already had long stretched past history alone to cross over into applications of such knowledge in contemporary debates on mental health policy, and the overlap with the arts. A fall dinner and discussion between *New York Times* columnist Richard Friedman and myself on diagnosing public figures, graciously hosted by Danielle Ganek and co-hosted by Dr. Samantha Boardman, exemplified this broadened commitment.

In mid-March, we took that mission on-line and found that the response was incredible. Zoom seminars that had been attended by our erstwhile group now gathered together hundreds of our international friends. As we curated talks, some geared especially for the crisis, I would hear of how encouraging it was for us to keep on going. Alone in our homes, we became acquainted with far-flung scholars and re-acquainted with former visitors, fellows, and lecturers. Many had, at some point, come through the DeWitt Wallace Institute, only to return to Japan, Argentina, Great Britain, not to mention California, Ohio, and Pennsylvania, where no such institute existed. It dawned upon me that we were witnessing something that I had long been fascinated by: the way new communication technologies and shared experiences could quickly forge a wide-spread intellectual community.

After a month or so, it was clear that we needed to make inclusion of this broader community not a one-time experiment, but part of who we should become. In recognition of this expanded mission, we will take advantage of digital technologies to increase our web presence. As you see, we have changed this Annual Report into a primarily digital document, and will relaunch an up-dated website, which will make videos of our seminars accessible. Meanwhile, Research Librarian Nicole Topich has been dedicated to working toward and searching out funding so as to make the amazing Oskar Diethelm Library available on-line. Our Working Groups keep growing and can now thankfully include members whose jobs have taken them out of New York City. While I personally cannot wait to return to in-person meetings and hands on work at the library, we have been shoved into the digital world, and the good news is that it is wonderful. Out of this tragic pandemic, we hope to work with a more global community as we seek novel ways to increase awareness and understanding regarding mental health and illness. To fully do so, we rely on your support. My sincere thanks go to those who have supported us during this difficult time. The Institute has changed before, and it has always been deeply rewarding to find new friends emerge and old ones remain loyal and steadfast. Please consider joining our community in this exciting and daunting time of change.

A handwritten signature in black ink, appearing to read 'G. Makari'.

George J. Makari, M.D.

Librarian's Report



This has been a year of transition for the Oskar Diethelm Library. After two years as the Archivist and Special Collections Librarian at SUNY Upstate Medical University in Syracuse, I came to New York City to begin work as the Special Collections Librarian at the Oskar Diethelm Library. My background includes a B.A. in History from Swarthmore College and a Master of Library and Information Science from the University of Pittsburgh in addition to twelve years of experience at various cultural institutions, such as Harvard University, the Library of Congress, the National Archives, and the University of Pennsylvania. My publications and presentations have primarily focused on my work at Harvard

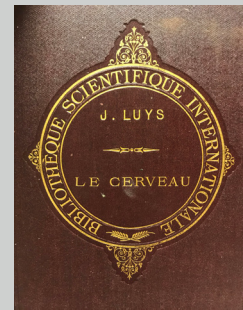
with anti-slavery and Native American archives, but I was able to work with psychiatry collections in Syracuse, including the Arthur Ecker, M.D., Papers, which contained materials from Egas Moniz, and received many reference questions about the school's most notorious psychiatry professor, Thomas Szasz.

New Finding Aids

Since joining the Oskar Diethelm Library in September 2019, I have had the opportunity to work on several initiatives and projects, including the creation of a **finding aid for the Alfred Freedman papers**. Dr. Freedman was president of the American Psychiatric Association when the board of trustees changed the listing of "homosexuality" to "sexual orientation disturbance" in the Diagnostic and Statistical Manual of Mental Disorders II (DSM-II).

New Acquisitions

The Library purchased two rare books for its collections this year: *Le cerveau et ses fonctions* by Jules Bernard Luys from 1893, and *The nervous system and its diseases. A practical treatise on neurology for the use of physicians and students* by Charles K. Mills from 1898. The Mills book was the foremost American neurology book of the 19th century and the only text of the period to have a section on the chemistry of the nervous system. Luys made important contributions to the field of neuropsychiatry and neuroanatomy, and the copy purchased by the library is signed by the author.



Collections Assessment

At the beginning of 2020, I completed a collections assessment and inventory for the hundreds of unlabeled boxes within the stacks. Every box is now labeled, and the library now knows what collections it has and how large each one is. This information will be invaluable in determining preservation priorities and in soliciting external grants and funds.

To this end, we applied for and successfully received a grant from the **Documentary Heritage and Preservation Services for New York (DHPSNY)** to conduct a thorough-going Preservation Survey of our entire library and Institute in February. The day-long survey by the DHPSNY staff resulted in a 78-page evaluation of our activities, goals, and holdings, including collection needs and recommendations for improving access.



Grants



In addition, the library submitted three other grants to improve the preservation of and access to the collections. The first was a National Endowment for the Humanities (NEH) Preservation Assistance Grant for Smaller Institutions, which would provide \$10,000 in funding towards better housing for the collections. The second was a Council on Library and Information Resources Digitizing Hidden Special Collections and Archives grant to digitize the 3,500 hospital and asylum annual reports collected by Eric T. Carlson. Lastly, the library submitted an NEH Humanities Collections and Reference Resources grant to describe and digitize several of its most important collections, including records from Clifford Beers, Donald Winnicott, Thomas Salmon, Charles Guiteau, Marion E. Kenworthy, and the Henry Phipps Psychiatric Clinic. Online access to the collections will be key to increasing our research community, both in-person and virtually, so we are particularly hopeful about these grants.

SMARTFest



In February, the library again participated in SMARTFest, an event run by Weill Cornell ITS and the Samuel J. Wood Library to promote emerging tech and helpful services for WCM faculty, staff, and students.

The ODL table exhibited numerous highlights from our collection, including an original autograph from King George III with a report on his mental illness; a colorful Rorschach inkblot from the Payne Whitney Clinic; A Moral and Physical Thermometer published by Benjamin Rush that described the dangers of alcoholism; an 1854 Magneto-Electric Machine that was a predecessor to the formal development of ECT; our 1665 copy of Reginald Scot's *The Discovery of Witchcraft*; and an 1803 print of A Phantasmagoria Scene Conjuring up an Armed Skeleton. Almost 100 attendees spoke with me during the event to learn about the Institute and items on display.



Although our exhibit was only up for one day, these items can be viewed year-round by visiting the library.



Interns

In the spring, the ODL hosted Aparna Subramanian, who is a graduate student and Fulbright Scholar in the Moving Image Archiving and Preservation program at New York University. She was in the library for 14 hours every week and was able to create an item-level inventory and assessment of the hundreds of items in the audio-visual collection, most of which were previously uncatalogued. This information will be used to promote these materials created by a variety of individuals and organizations and to undertake preservation and conservation efforts. This will be particularly important for rare and unstable items like the bright green SoundScriber discs from the 1940s, which are too fragile to play in their current condition and have rare recordings, such as the lectures on Soviet psychiatry delivered by Joseph Wortis at the Jefferson School.



A second intern, Jaina Shaw, also conducted valuable work at the library this spring. Shaw is enrolled at the Palmer School at Long Island University, where she is studying for an Advanced Certification in Archives and Records Management. Thanks to her help, the Library will soon mount a new exhibit on mental illness, stigma, and Erving Goffman. The exhibit will feature items from the collection, such as advertisements on asylum tourism in 19th century New York and the library's 1492 copy of *Malleus Maleficarum*, which describes how to identify witches and people with witches' marks similar to stigmata.

Looking Ahead

In addition to applying for grant funding during the quarantine caused by Covid-19, I have been updating our finding aids and developing better descriptions for some of the library's most diverse and fascinating archives in order to make them more accessible online. They have now been uploaded to the [Empire Archival Discovery Cooperative](#), which will make them more visible to researchers. Although we are unable to open the physical doors to the Oskar Diethelm Library right now, the Institute is in the process of throwing open its virtual doors wider than they have ever been before.

Nicole Topich
Nicole Topich, M.L.I.S.

Inside the Collection: The Papers of Alfred M. Freedman, M.D.

by Megan J. Wolff Ph.D., M.P.H. & Nicole Topich, M.L.I.S.

The Oskar Diethelm Library is pleased to announce the release of a **finding aid for the Alfred M. Freedman, M.D., Papers**. The inventory for the papers can be found in the library's new finding aid system through the Empire Archival Discovery Cooperative, which is a repository for descriptions of collections in New York State.

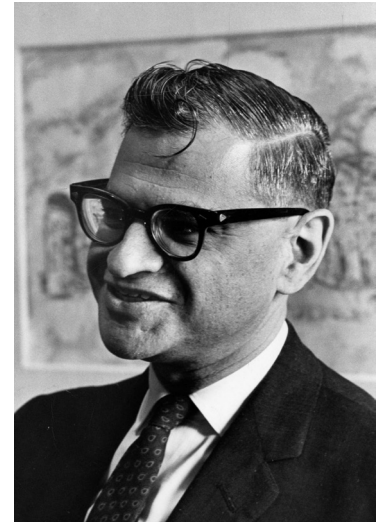
Dr. Freedman was an American social psychiatrist, best known for his role in facilitating the removal of "homosexuality" as a category of disease from the Diagnostic and Statistical Manual of Mental Disorders II (DSM-II). Remembered mainly for this and for his development of the influential *Comprehensive Textbook of Psychiatry* (which became the cornerstone text in the field for over 50 years), Freedman also conducted groundbreaking research in addiction treatment and child psychiatry, pioneering new pharmacological approaches in both fields. His work in these domains helped establish a basis for the use of antihistamines in psychotic children (adding momentum to the search for agents gentler than paraldehyde and sodium amobarbital), and for naloxone and beta blockers to combat addiction.

Perhaps the strongest through-line in his psychiatric career, however, was the presence of an internal moral compass, which persistently drew him toward what he felt were the biggest problems faced by psychiatry: drug addiction, deinstitutionalization, and the social problems of the poor and marginalized.

Alfred Mordecai Freedman (1917 – 2011) was born in Albany, New York, to immigrant parents from Eastern Europe. Business reversals during the Great Depression squeezed the family hard, but Freedman was able to win scholarships to Cornell University, completing his studies with money earned through the National Youth Administration, a depression-era program that funded youth employment. Despite near-perfect grades, restrictions placed on Jewish applicants caused him to be turned down by every medical school to which he applied when he graduated Cornell in 1937. He eventually secured admission to the medical school at the University of Minnesota, where he excelled at biochemistry and took an avid interest in histology, pathology, and neurophysiology. Excited since childhood by the books *Arrowsmith*, by Sinclair Lewis and *Microbe Hunters*, by Paul De Kruif, Freedman resolved to devote his career to research, initially working on traumatic or neurogenic shock. Due to articles published with Herman Kabat, Freedman was elected to the research society Sigma Xi, an unusual honor for a medical student.

But Freedman possessed an abiding interest in politics and the lived experience of injustice, which drew him out of the lab again and again. While at Cornell, pulled by the Spanish Civil War, he joined campus activities for the Loyalists to hold out against Franco. In medical school, he was distracted by the rise of Nazi power and the immediate threat to Czechoslovakia, and responded by engaging in protest activities, including the organization of a rally on the steps of the University. His activities earned him campus attention as an expert on politics and international events.

In 1941, when the United States became involved in World War II, Freedman cut short his Internship at Harlem Hospital to serve as a medical officer in the U.S. Army Corps. His earlier work in traumatic shock was of particular value in the war, and after a stint as a doctor escorting troop trains, he was offered training as a laboratory officer at Johns Hopkins, an invitation he accepted with enthusiasm. While there, he conducted groundbreaking research into infectious mononucleosis. By the end of the war he had decided to go into pathology. With his new wife, labor economist Marcia Kohl, he travelled to Maryland to take up work with Dr. Harold Himwich, a previous mentor and collaborator in neurophysiology, now director of research at Edgewood Arsenal.



Alfred M. Freedman, M.D.

Himwich's studies on anticholinesterases, the German nerve gases, were providing interesting insights into the role of acetylcholine in the brain, leading Freedman to muse on the biochemistry underlying the development of intelligence. It seemed possible that changes in neurotransmitter levels might in some way be related to the acquisition of intelligence. After a time, Freedman suggested to Himwich that he would prefer to work with humans rather than the cats and rabbits with which they were engaged. Furthermore, he had developed an interest in the biochemistry of mental illness that was drawing him to psychiatry. On Himwich's advice, Freedman explored a psychiatric residency at Bellevue, "The best place for psychiatry in the country."¹

When he began at Bellevue in 1948, the young doctor met Dr. Lauretta Bender, the head of the child psychiatry service and one of the outstanding child psychiatrists in the country. Bender's interest in neurological soft signs in schizophrenic children drew Freedman's attention to the numerous children on the Bellevue ward who were damaging themselves. Their headbanging and self-harm troubled him. Remembering Paul Ehrlich, who synthesized the first effective medicine for syphilis in 1909, Freedman set out to find a magic bullet, a pharmacological treatment that might calm the children without heavily sedating them, as sodium amobarbital did. "So, I started experimenting with various drugs and that's where my psychopharmacology really began." In subsequent years he experimented with the use of Phenergan, Miltown, and Benadryl.

In 1954, Freedman moved on from Bellevue to private practice, and in 1955 became the psychiatrist to the Department of Pediatrics of SUNY Downstate Medical Center in Brooklyn,

where he served on the Children's Service at Kings County Hospital. Although he received a certificate in psychoanalysis in 1955 from the William Alanson White Institute, the psychoanalytic treatment of patients interested him little. Instead, he embarked on an NIH-supported project on the development of premature infants in Brooklyn. "Bedford Stuyvesant was a very impoverished neighborhood where the children were growing up in an environment deprived of any intellectual stimulation," Freedman recalled. "The only newspapers these children saw were the newspapers they slept on." The study findings, in a paper Freedman authored along with Helen Wortis, helped lead to a program for stimulation and enrichment that served as a precursor to Head Start. That paper would continue to be cited through the end of his career.

At the end of the decade a greater opportunity knocked. New York Medical College required a new Chairman of the Department of Psychiatry. Freedman would be able to build his own department and set its research agenda. He began work in September, 1960, and remained in the position for nearly thirty years, through 1989.

Freedman embarked on his work with a passion for research, and as usual, he found himself drawn into the immediate and pressing needs of his patients and their community. The college and its clinical base, the municipal Metropolitan Hospital, were located in East Harlem, one of the most impoverished areas of New York. The neighborhood incidence of drug abuse, particularly heroin addiction and severe alcoholism, was among the highest in the city. Moreover, few hospitals or medical schools were addressing the problem, which had a reputation as "dirty work." Freedman decided to take it on.

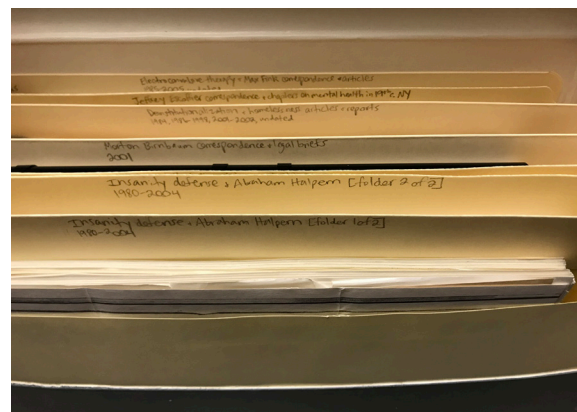
With grant money from the city, the Department of Psychiatry for the first time set up an inpatient detoxification unit at Metropolitan Hospital for adults and adolescents. Using this as a base of operations, Freedman's team expanded the outpatient clinic as well. Within a year, visits multiplied from approximately five thousand to nearly seventy thousand. Previously, patients had been rejected from the clinic if the receiving nurse felt their English was too poor to benefit from psychiatric treatment, an act which excluded the vast majority of the patients in the largely Puerto Rican neighborhood. Pragmatism led to visits being conducted in Spanish, and the service ballooned. On the in-patient service, Freedman soon realized that a detoxification unit alone did little but serve as a revolving door. To address addiction effectively, it would be necessary as well to focus on community mental health, and to address the social and environmental conditions that aggravated mental illness. Behavior, Freedman averred, was based on the dynamic interplay between environment, experience, and biology.

Freedman's commitment to an integrative approach was unusual in psychiatry at the time. Freudian analysis had been ascendant during Freedman's training in the late 1940s and 1950s, and few academic psychiatrists in the dawning sixties placed emphasis on the biopsychosocial model. Outside of psychiatry, however, physicians and policymakers in search of more efficient models of care were beginning to promulgate it. Dismayed by the failures of private practice and hospital-based care, proponents of

the biopsychosocial model sought to bring internists and specialists together into salaried groups, who would practice outside of hospitals and pay attention to the multidimensional needs of their patients. Between 1958 and 1963, support for the concept blossomed into a full-fledged community health center movement. Determined to expand treatment in East Harlem, Freedman and his team became active participants.

It was a heady time. Inside the Department of Psychiatry, Freedman and his team set up a division of social and community psychiatry. Like similar divisions, this group worked with community groups and agencies on outreach programs in the neighborhood, including community-oriented programs for substance abuse, detoxification, and cognitive rehabilitation of deprived children. Because treatment of any kind was difficult in those who lacked stable housing, they set up services to aid the development of new housing for people with mental illness. In 1963, the Psychiatry Department at Metropolitan Hospital received the first construction and staffing grant in New York State under the 1963 Comprehensive Community Mental Health Center Act. "Now we were in business," recalled Freedman years later. With its augmented resources, Metropolitan Hospital's psychiatric service became a known center for "action-research," a site of planning, action, and fact-finding for evolving treatments in psychiatry.

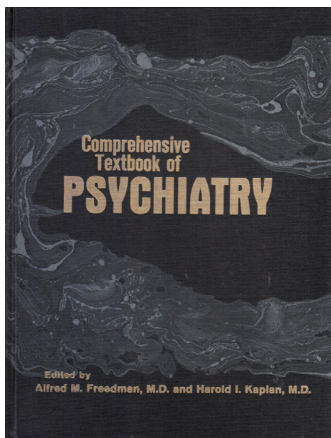
The narcotic treatment program Freedman established at Metropolitan Hospital was among the earliest of its kind and, Freedman asserted, was the first conducted by a medical school and based in a general hospital. It was free of the prison-like atmosphere common to institutional treatment centers. Enrollees at Metropolitan were sick patients, not people serving a sentence. "The disease must be viewed as the end product of a concatenation of factors--psychologic, social, economic, ethnic, legal, physiologic, metabolic, and possibly others as yet unrecognized," noted Freedman. All treatment modalities were to be explored to treat it, including psychopharmaceutical drugs, which few addiction researchers had yet utilized. Freedman suspected the existence of a biological aspect to what he saw on the street and in the clinic. "Do addicts have a metabolic dysfunction?" he pondered in the *American Journal of Nursing* in 1963. "A chemical pathway for handling drugs that differs from that of other persons?"²



Alfred M. Freedman Papers, Oskar Diethelm Library

In 1965, he joined with psychiatrist Max Fink to investigate the effects of cyclazocine as an opiate antagonist. Though effective, it caused dramatic hallucinations, so they embarked on a trial of naloxone, a drug that relieved opiate stupor so quickly and effectively that it was eventually adopted as the standard treatment in emergency rooms.³ Subsequent work with naltrexone and beta blockers yielded promising results in an unfortunately changing political climate, so when funding dried up for addiction research, they set the work aside. Decades later, their initial observations would help form the literature basis for a subsequent generation of addiction researchers.

During this period, Freedman also set to work developing a comprehensive textbook of psychiatry. He sought to create one that would be multi-authored and integrative, unusual attributes in a psychiatric textbook. After several rejections, Williams and Wilkins agreed to take up the project, and together with Dr. Harold Kaplan, Freedman shepherded the book to completion. It met with unprecedented success. When published in 1967, the *Comprehensive Textbook of Psychiatry* proved so popular that Hoffman LaRoche distributed it to every psychiatric resident in the country. It soon became the nation's dominant psychiatric textbook, but Freedman was especially gratified by its reception overseas. "Apparently, many of the European psychiatrists thought a textbook by an American would be purely psychoanalytical and were surprised to see a textbook with chapters on biological aspects of psychiatry," he recalled. "It was a book that reflected my philosophy; it was eclectic with sections ranging from various psychoanalytic theories and community psychiatry to drug abuse. So the Europeans were impressed." The book cemented Freedman's academic career.



Though addiction research and community psychiatry were not prestigious endeavors during Freedman's lifetime, the creation of a premier academic textbook brought unshakable recognition. "When I meet people they frequently say, 'Oh, you're the Freedman of the *Comprehensive Textbook*,' he remarked to an interviewer in 2000, almost thirty years – and nine editions – later. In professional circles, the book had become his identity.

Opportunities followed. An invitation arrived – and was declined – to take up a professorship at Harvard Medical School. Freedman preferred to stay at New York Medical College and focus on the work at hand, which included a new building, numerous flourishing programs, and the recruitment of colleagues. In 1970, Freedman became President of the American Psychopathological Association, and in 1971 he was elected President of the American College of Neuropsychopharmacology (ACNP). Not all endeavors were successful. Freedman's efforts to make substance abuse a legitimate subject of psychopharmacology fell flat, despite publication with Dr. Seymour Fisher of a new volume on drug abuse. When the College offered Freedman a sabbatical for 1972, he seized it to conduct a study on alcoholism

and drug abuse in Europe with the World Health Organization.

The trip was not to be. In the fall of 1971, a group known as the Committee of Concerned Psychiatrists approached Freedman to run for President of the American Psychiatric Association, which for many years had been governed by a single slate of conservative leaders who responded little to social concerns. Freedman refused the candidacy. He had plans to travel, and he felt his name was not well enough known around the country. "But every time I turned it down somebody else would call asking me again and again to accept it." Only when his colleagues promised that Freedman would never win did he agree to run. In May of 1972 he became the APA president-elect on a margin of three votes out of more than 9,000 cast.

As president of the APA, Freedman worked toward democratizing the organization, though he is most remembered for the Association's groundbreaking leap on behalf of gay and lesbian rights. In December of 1973, the APA Board of Trustees passed a resolution to delete homosexuality from the *Diagnostic and Statistical Manual of the Association (DSM II)* and to declare that homosexuality was not a disease. Drafted by Robert Spitzer of Columbia University, the resolution stated that "by itself, homosexuality does not meet the criteria for being a psychiatric disorder." It continued: "We will no longer insist on a label of sickness for individuals who insist that they are well and demonstrate no generalized impairment in social effectiveness." The resolution was hailed by rights groups. Forty years later Sue Hyde, the organizer of the annual conference of the National Gay and Lesbian Task Force, noted "It is the single most important event in the history of what would become the lesbian, gay, bisexual and transgender movement."⁴ In 1999, editors at the *Washington Post* identified passage of the resolution as one of the most newsworthy stories of the twentieth century.

Freedman also pushed the APA to take up ethical issues on a global scale. In 1973, he led a group of American colleagues to the Soviet Union for the regional meeting of the World Psychiatric Association, held in Armenia. Since the mid-1960s, Freedman had been troubled by reports of Soviet psychiatrists who colluded in the torture of political prisoners under the guise of treatment. As a condition of attending the meeting he insisted on visiting the Serbski Institute, which was rumored to be the primary site of abuse, and where he intended to interview political detainees himself. Although his hosts capitulated to the visit, they allowed only case presentations, not interviews, and the patients they presented were individuals whose schizophrenia precluded political engagement. Nevertheless, the visit had its impact. Afterward, the board of the APA passed a resolution that unequivocally enjoined psychiatrists from participating in the interrogation of detainees.⁵ For Freedman, the resolution was one step among many. Through Freedman's career and into retirement, he continued to speak out against the interrogation of prisoners, particularly in Guantanamo and Abu Ghraib.

After his APA presidency ended in 1974, Freedman became Chairman of the organization's Committee on International Affairs, continuing to promote the exchange of views across

borders. Both abroad and at home, there was no question that Freedman had become a significant figure. He travelled frequently as a lecturer, organizer, and scholar, with visiting Professorships at the University of Hong Kong Medical School as well as in Australia and New Zealand. In the 1980s he edited numerous publications, including the *International Journal of Pharmacopsychiatry* (soon to become *Neuropsychobiology*), *Political Psychiatry*, the monograph series *Modern Problems of Pharmacopsychiatry*, and *Integrative Psychiatry*, a journal he launched in 1982. More than any other, this last journal promoted the biopsychosocial model, his central ideology.

In 1986, Freedman helped to publish a volume that was critical of *DSM-III*, which he felt was splitting disorders into too many diagnostic categories rather than integrating the diagnoses. In his practice and writing, he continued to promote combined treatment with psychotherapy and drugs.

In 1989, cancer arrived as an unwelcome visitor, which never completely departed, prompting his retirement from New York Medical College that same year. Though slowed, he continued to be involved in professional organizations and activism related to psychiatry until his death twenty-two years later. "I don't have the hands-on relationship at present with any of the projects as I had [before]," he remarked in 2000. "So my interest has turned to areas of concern." One was the issue of capital punishment. Together with forensic psychiatrist Abraham Halpern, Freedman engaged in a years-long lobbying campaign against psychiatric involvement in American executions. He also served on the Ethics Committee and the Ethics Appeals Board of the APA. In 2008, the American Psychiatric Association honored Freedman with its Human Rights Award.

Other associations had also recognized his work. In 1989, the World Psychiatric Association granted him its first Wyeth-Ayerst Award for his contributions to international psychiatry. Other accolades included the Samuel W. Hamilton Award from the American Psychopathological Association, the Jenne N. Knudson Award from the International Society of Political Psychology, and the Lapinlahti Medal and Lectureship from University of Helsinki.

When Alfred Freedman died in 2011, at the age of 94, his colleague Max Fink summarized his life. Freedman had been "an enthusiastic psychiatric educator and community leader willing to challenge public perceptions and prejudices."⁶ The *New York Times*, his favorite publication, praised him as a "social reformer." His son, Yale historian Paul Freedman, offered a nuanced view.

He did not see himself, I think, as an advocate for the oppressed as a general category but rather for common sense and justice: that being gay is in fact not a disorder; that if you're going to release mental patients from state institutions they should actually receive effective community-based care; that psychiatric problems don't necessarily require years of analysis but will respond to drugs (on the one hand), and later that drugs are not sufficient without counseling and conversation; that international understanding involves personal and cultural change, and that states (in particular the former Soviet Union) can't use international

understanding as an excuse for the world to ignore psychiatric mistreatment of their own people.⁷

To honor his legacy and advance future scholarship, Professor Freedman donated his father's papers to the Oskar Diethelm Library at the DeWitt Wallace Institute of Psychiatry. The collection has 10 series: Abuse of Psychiatry, Death Penalty, Ethics, Treatment of the Mentally Ill, Subject Files, Organizations, Writings, Correspondence, Photographs, and Memorabilia. The abuse series contains files on the abuse of psychiatry in the Soviet Union, China, and other countries. The death penalty series has materials documenting Dr. Freedman's work and activities concerning the abolition of capital punishment and the involvement of psychiatrists in executions. The ethics series has extensive records covering a range of topics relating to psychiatry and ethics, including Freedman's work with the APA. Folders on his activities concerning the treatment of the mentally ill are followed by Subject Files documenting Dr. Freedman's research and professional undertakings, including the creation and Directorship of the Metropolitan Community Mental Health Center and the use of electroconvulsive therapy (ECT). In addition, the collection contains Dr. Freedman's original writings, printed materials, correspondence, photographs, memorabilia, and records pertaining to his leadership of many professional organizations, including the American Psychiatric Association.



Endnotes:

- 1 Alfred M. Freedman, interviewed by Thomas A. Ban, New York, NY, November 3, 2000, transcript, Courtesy of the Oskar Diethelm Library, DeWitt Wallace Institute of Psychiatry: History, Policy, & the Arts, Weill Cornell Medical College. Unless otherwise cited, quotations in this paper are taken from Ban.
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- 5 Alfred M. Freedman interviewed by Michael Blumenfield, M.D., June 12, 2007. New York Medical College, Valhalla, NY. ["Shrink Pod Interview with Alfred M. Freedman, M.D."](#)
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Seminar Coordinator's Report



It is almost impossible to summarize the 2019-2020 academic year at the Richardson Seminar without beginning with its end and, hence, by acknowledging how unusual, and indeed, unprecedented this year turned out to be. The last time we met in person (on March 4, 2020), we were already cautious about greeting each other with a hug or a handshake. Professor Mary Jacobus had travelled to us from Cornell University to deliver this year's Esman Lecture. And as we met for lunch at the Griffis Faculty club, Rosa Esman, Anne Hofmann, Kathy Dalsimer, and the undersigned offered our elbows in salutation. Jacobus' talk, entitled

"Border Crossing: Josef Koudelka and the Principle of the Wall," became uncannily relevant, as immediately after her talk we found ourselves all confined behind walls, crossing a border into what we painfully realized was an unknown terrain.

New York City was quickly declared the epicenter of the global Covid-19 pandemic, and Weill Cornell Medical Center, where our seminar meets, became the eye of the storm. Out of an abundance of caution, we moved the seminar **online**. It was hard to imagine and process not being together in the room, especially as the members of our core seminar group find great joy in the presence of long-time friends and colleagues, and feel intellectually stimulated by the passionate and energetic—at times, hard to control, but always lively—discussions around our seminar table. Yet, in the spirit of the French historian of medicine, George Canguilhem, in his essay "Is there a Pedagogy of Healing?" we also had to recognize that even when all was hopeless, we had to be determined to do something about it. And so we did. Thanks to the inimitable Dr. Megan Wolff, the administrator and policy researcher of the DeWitt Wallace Institute for Psychiatry, we were able to move the Richardson Seminar online. From the first moment, our seminar members reflected both steadfastness and adaptability. Not only was the group able to stay connected as an intellectual community, but it displayed a talent for drawing an ever-growing number of new attendees to the weekly meetings. With an average of some 100 participants, our Richardson "zoominars" assumed a new life. Esteemed colleagues from all over the world joined us, and students from near and far became part of the group.

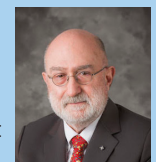
Our first remote speaker during the early days of the pandemic was Liz Mellyn, Ph.D., from the University of New Hampshire. In an excellent talk entitled "Madness in the Early Modern City: The Public Health Nexus," Mellyn pointed out that the mental hospital built in Florence in 1643 had been founded as a result of the terrible social disruptions suffered by the city from the Bubonic Plague. "Sometimes history feels a little too close," Dr. Mellyn observed.



Next, we invited Damir Huremović, M.D., from North Shore University Hospital, whose lecture on the "Psychiatry of Pandemics: Understanding the Historical and Psychological Perspective of a Current Pandemic Outbreak," was historically informative and also instructive for our present moment. His talk attracted some 168 participants, among them psychiatrists working on the frontlines, scholars trying to contextualize and analyze the current crisis, and observers interested in the subject matter.



With the pandemic still on our minds, we welcomed an esteemed colleague and close friend of the Institute, Sander Gilman, Ph.D., to join in conversation with George Makari about the similarities and differences cast by portrayals of Covid-19 and those of HIV/AIDS, SARS, and H1N1. Professor Gilman is Professor Emeritus at Emory University and a prolific scholar. As the author of well over ninety books (among them *Disease and Representation: Images of Illness from Madness to AIDS*, published by Cornell University Press in 1988 and republished in 2019), he noted that Clio is the shared muse of cultural and historical studies. Given the subject matter at hand, he added wryly, he could not avoid also being a Cassandra.

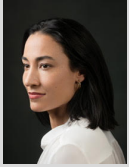


But not all lessons drawn from the past are gloomy, and not all are unheeded. Jeremy Greene, Ph.D., M.D., the Director of the Institute of Medicine at Johns Hopkins School of Medicine, has been researching the origins and emergence of telehealth for his new book, tentatively titled, *The Electronic Patient*. In a presentation entitled, "The Automated Clinic: Multiphasic Medicine and the Dream of Digital Health, 1960-1980," Greene demonstrated how new technologies

have altered expectations and transformed the nature of medical practice and medical knowledge. His fascinating presentation sparked a discussion about our current reliance on technology and the possible implications of the ever-growing practice of tele-psychiatry.

We were also joined by a student of Greene's, when Samuel Scharff, an M.D. / Ph.D. candidate from Johns Hopkins University School of Medicine, spoke to us about his research project devoted to "Democratizing the Diagnosis: Legal Paths into and out of Involuntary Psychiatric Hospitalization in 1930s Georgia, USA."





The extended reach of the “zoominar” prompted us to expand the semester itself, magnifying the Institute’s public engagement by adding lectures from authors outside of academia. We heard from Casey Schwartz about her recent memoir, *Attention: a Love Story* (Penguin Random House, 2020), and from Susannah Cahalan, who discussed her new book, *The Great Pretender: The Undercover Mission That Changed Our Understanding of Madness* (Canongates Books, 2020). These enriching encounters convinced us that such talks and conversations should become a regular part of our future Richardson programs.



and Heredity, 1789-1939.”

Although the B.C. (Before Corona) era seems a distant past now, it is important to be reminded of the numerous stimulating and thought-provoking in-person talks the Richardson Seminar hosted, and the engaging discussions they stirred. As ever, we dedicated our fall semester to chapters in the history of psychiatry. Theodore M. Porter, a historian of science from UCLA, addressed the seminar on the topic of “Data, Madness

Rachel Cooper, a philosopher of science, came from Lancaster University in the United Kingdom to present her astute analysis of the DSM, and the difficult experience of the profession in overcoming the strictures of the manual.



Jenell Johnson, from the College of Letters and Sciences at the University of Wisconsin, Madison, gave a talk combining her own family history with research in her specialty fields, the rhetoric of health and medicine, disability studies, and bioethics. Under the title “Not Our Fathers’ Lobotomy: Memories of Lobotomy in the New Era of Psychosurgery,” Johnson discussed the impact that popular portrayals of psychosurgery can have on public understanding and personal medical decisions.

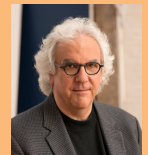
Visiting us from Le Mans University in France, the historian Hervé Guillemain presented his work, *Schizophrenics in the Twentieth Century: The Side Effects of History* (Alma, 2018). Guillemain argued in favor of writing the history of psychiatry “from below,” as Roy Porter once suggested. Why and how, Guillemain asked, can a new mental illness arise, evolve and die? He used research conducted among patient files in France to suggest that such documents might reveal the voices of schizophrenia’s earliest patients, and thereby help us answer these questions.



Brendan Kelly, an historian and psychiatrist based at Trinity College, Dublin, brought similar questions to our seminar in the Fall. Kelly’s book, *Hearing Voices: The History of Psychiatry in Ireland* (Irish Academic Press, 2016), is the first comprehensive history of psychiatry in Ireland. His talk was gripping, delivered with enthusiasm and great erudition.



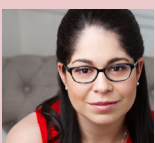
Returning to the history of psychiatry in the United States, journalist Stephen Fried lectured about the colonial physician Benjamin Rush, whom he framed as the founding father of American Mental Health Care. Fried’s highly-praised biography, *Rush: Revolution, Madness, and Benjamin Rush, the Visionary Doctor Who Became a Founding Father* (Crown, 2018), won the aptly-named Benjamin Rush Award upon its release. Fried spoke about Rush’s medicalization of addiction and madness, and his introduction of the moral treatment of the insane in the Philadelphia asylum.



seem prophetic by spring. At her session in December, Okwandu presented a well-researched record of the racist assumptions underlying an investigation into the conduct and motivations of black protesters in the turbulent 1960s.

Toward the end of the Fall semester, we received a superb lecture from Udodiri R. Okwandu, a promising doctoral student from Harvard University. Her talk, “Violence and the (Black) Brain: Law and Order Politics and the Biomedicalization of Urban Rioting and Violence, 1960-1975,” would

Our Fall semester concluded with a talk by Anne Harrington, a longtime friend of the Seminar, and author of the highly-praised new history of psychiatry, *Mind Fixers, Psychiatry’s Troubled Search for the Biology of Mental Illness* (Norton, 2019). Professor Harrington, who teaches at the department of the History of Science at Harvard University, spoke on “Biological Psychiatry and its Discontents: How We Got Here,” and provided a clear depiction of the field’s recent past. Implicit in the talk was a plea to psychiatry to overcome its biological reductionist tendency, and to commit instead to a dialogue with the social sciences and the humanities. It was a message well-suited to the sensibilities of the Richardson Seminar at the department of Psychiatry here at Weill-Cornell.



In Spring of 2020, we opened the new year with a talk by Deborah Doroshow, M.D., Ph.D., who is a practicing medical oncologist at Mount Sinai and who teaches medical history at Yale. Doroshow’s talk, “Residential Treatment and the Invention of the Emotionally Disturbed Child in America,” served as the 2020 Stevens-Barchas Lecture. Drawing on her book, *Emotionally Disturbed: A History of Caring for America’s Troubled Children* (University of Chicago Press, 2019), Doroshow compellingly argued that “emotional disturbance” became a diagnosis and a policy problem, just as it became a statement about the troubled state of postwar society. Such history of the present, she showed, also casts a fresh light on the many problems of our current child mental health system.



In February, Professor Ben Kafka, our colleague in history from NYU, lectured on "The Effort to Drive the Other Person Crazy." A psychoanalyst in training, Kafka's talk drew on a well-known paper by the same title published in 1959 by the pioneering analyst Harold Searles. It was part of a new project Kafka is developing on the phenomenon of gas lighting.



Mid-month, Dr. Andrew Hogan, a historian and sociologist of science from Creighton University, spoke to us about "Science and Advocacy: Debating the Role of Psychology in Mental Retardation after 1980." Hogan, who is the author of *Life Histories of Genetic Disease: Patterns and Prevention in Postwar Medical Genetics* (Johns Hopkins, 2016), explored "the two cultures" and the controversies between the medical and the social model of disability. It was a highly informative talk and one of our last in the conference room at Weill Cornell Medicine. Within a few weeks, the world around us and the format of our seminar would change profoundly.

This report concludes the three years of my tenure as the director of this seminar. Coming from the Cohn Institute for the History of Science and Ideas at the Tel Aviv University, where I defended my Ph.D., and working for many years as a clinician in psychiatric institutes in Israel, I could not have found a better home for my intellectual pursuits. The interdisciplinary exchange that the seminar offers between psychiatrists, psychologists, psychoanalysts, and scholars, whose research covers the fields of medicine, the social sciences, philosophy, history of science, history of art, modern history, intellectual history, theology, and literature, is, in my eyes, unique and, in my experience, enriching to all. Although the benefits of the "zoominars" are undeniable, I am hopeful that in the not-too-distant future our seminar will take a blended or hybrid form in which we are able to actively resume meeting our members in-person on campus, while having colleagues and students from all over the world join in online and thereby become part of this ever extending community and its ongoing conversations.

I would like to thank Dr. George Makari and Dr. Nate Kravis for the opportunity and honor to direct this unique seminar and wish my successor, Dr. Megan Wolff, all the very best in her new role. I am deeply convinced that under her directorship the coming few years will see many more exciting talks and stimulating timely discussions at the crossroads of Psychiatry, History, Policy, and Public Health.



Orna Ophir, Ph.D.

Richardson Seminar Schedule

Fall Semester

- September 4 **Theodore M. Porter, Ph.D.**, University of California, Los Angeles
"Data Madness and Heredity, 1789-1939"
- September 18 **Rachel Cooper, Ph.D.**, Lancaster University (UK)
"The DSM, path-dependence, and 'lock-in' classification"
- October 2 **Jenell Johnson, Ph.D.**, University of Wisconsin, Madison
"Not Our Fathers' Lobotomy: Memories of Lobotomy in the New Era of Psychosurgery"
- October 30 **Herve Guillemain, Ph.D.**, Le Mans University
"Schizophrenics in the Twentieth Century: A Different Way to Write a Social History of Mental Illness"
- November 6 **Brendan Kelly, Ph.D.**, Trinity College Dublin
"Hearing Voices: the History of Psychiatry in Ireland"
- November 20 **Stephen Fried**
"Benjamin Rush: Founding Father of American Mental Health (and so much else)"
- December 4 **Udodiri R. Okwandu**, doctoral student, Harvard University
"Violence and the (Black) Brain: Law and Order Politics and the Biomedicalization of Urban Rioting and Violence, 1960-1975"
- December 18 **Anne Harrington, Ph.D.**, Harvard University
"Biological Psychiatry and its Discontents: How We Got Here"

Richardson Seminar Schedule

Spring Semester

- January 15 **Deborah Doroshow, M.D., Ph.D.**, Mount Sinai Health System
Stevens-Barchas Lecture
"Residential Treatment and the Invention of the Emotionally Disturbed Child in America"
- February 5 **Ben Kafka, Ph.D.**, New York University/IPTAR
"The Effort to Drive the Other Person Crazy"
- February 19 **Andrew Hogan, Ph.D.**, Creighton University
"Science and Advocacy: Debating the Role of Psychology in Mental Retardation after 1980"
- March 4 **Mary Jacobus, Ph.D.**, Cornell University
Esman Lecture
"Border Crossing: Josef Koudelka and the Principle of the Wall"
- March 18 **Liz Mellyn, Ph.D.**, University of New Hampshire
"Madness in the Early Modern City: The Public Health Nexus"
- April 8 **Damir Huremović, M.D.**, North Shore University Hospital
"Psychiatry of Pandemics: Understanding the historical and psychological perspective of a current pandemic outbreak"
- April 22 **Casey Schwartz** in conversation with **George J. Makari, M.D.**
"Attention, a love story"
- May 6 **Samuel Scharff, M.D. /Ph.D. Candidate**, Johns Hopkins School of Medicine
"Democratizing the Diagnosis: Legal Paths into and out of Involuntary Psychiatric Hospitalization in 1930s Georgia, USA"
- May 20 **Susannah Cahalan**
"The Great Pretender: The Undercover Mission That Changed Our Understanding of Madness"
- May 27 **Sander Gilman, Ph.D.**, Emory University in conversation with **George J. Makari, M.D.**
"Writing Pandemics: A Conversation about HIV/AIDS, SARS, H1N1, and Covid-19"
- June 10 **Jeremy Greene, M.D., Ph.D.**, Johns Hopkins School of Medicine
"The Automated Clinic: Multiphasic Medicine and the Dream of Digital Health, 1960-1980"

Issues in Mental Health Policy Seminar Schedule

Fall & Spring Semesters

- Liz Glazer, J.D.**, Director, Mayor's Office of Criminal Justice October 16
"New York's Response to Mental Health Crisis: the View from the Mayor's Office of Criminal Justice"
- David M. Hernández, Ph.D.**, Mount Holyoke College January 29
"Smothering Asylum: Kids, Cages, and Political Currency in Migrant Processing"
- Craig L. Katz, M.D., & Sarah MacLean**, Mount Sinai Health System April 29
"Psychiatry, Immigrant Detention, and Beyond"

Seminar Coordinator's Report



When the Institute of Psychiatry launched its policy initiative seven years ago, the purpose was two-fold. First, we wanted to create a forum for academics, clinicians, students, and others to explore together the impact of contemporary events on mental health, and to consider the implications for treatment and for policy change. Second, we hoped to establish a series of white papers, or "Fact Sheets," that could provide reliable information at a glance for policymakers, journalists, and others who participate in public debate.

I am happy to report that after several years of activity, the initiative has come into its own as a vital component of the Institute of Psychiatry. We have become adroit at pivoting from topic to topic as social circumstances and breaking events demand, and at calling on the unparalleled medical and academic expertise available at our home institution, Weill Cornell Medicine. Perhaps most importantly, the program has enabled us to draw upon the incredible depth of resources within the Oskar Diethelm Library, a treasure chest for those who have ever wondered why certain problems emerge when they do, what the historical antecedents are, and why certain solutions may succeed or fail. In short, the proximity of the ODL allows us to truly use history to inform policy, a standing goal of many scholars concerned with social debate.

Our first guest this year was Liz Glazer, J.D., Director of the Mayor's Office of Criminal Justice. The ongoing cycle of reports about the homeless mentally ill, police-involved shootings, city-wide task forces, and mayoral promises called for clarity and discussion from the highest level (and still does). Glazer, who serves as a senior advisor to the Mayor and who develops strategies to enhance public safety, could not have been a more informed speaker, and her lecture included some profound surprises. Days before the official announcement, Glazer presented the seminar with the details of New York's City's upcoming bail reform, a social justice initiative designed to dramatically reduce incarceration in the city's jails, and to divert the mentally ill from Rikers Island to agencies better suited to healing than a jail cell. A long list of shelter resources, mental health first responder teams, and augmented crisis support lines had been gathered to offset the impact of deinstitutionalization, a risk of immediate concern to our seminar attendees. The success or failure of these components awaited to be seen as the initiative rolled out in 2020.



The national attention and anguish focused on the current Administration's treatment of families and children who attempt to cross the border into the United States prompted us to devote the Spring semester to the mental health impact of family detention. A substantial body of scientific literature indicates that immigrant detention poses a severe risk to the mental health of minors, whether or not they are detained with their parents. Even so, as of 2018 the Immigration and Customs Enforcement agency operated three facilities for family detention, with a combined capacity of 3,326. In January, we invited immigration scholar David Hernandez, Ph.D., to shed light on how the United States developed such a system in the first place. What were the origins and the justifications for, as Hernandez termed it, "the long trajectory of immigrant detention in the United States"?

Our second lecture on the subject called on the expertise of Dr. Craig Katz, a Clinical Professor of Psychiatry at Mount Sinai, who has been working with families detained in the South Texas Family Residential Center in Dilley, TX. The center is the largest in the United States, with the capacity to hold 2,400 people. Katz, who is Faculty Director for Advocacy of Mount Sinai's Human Rights Clinic, joined a team of clinical researchers along with third year medical student Sarah MacLean. Over 8 weeks, the group interviewed 425 mothers about the mental health of their children. "Overall, we found high rates of emotional distress in these children," noted MacLean. They showed symptoms such as perpetual tearfulness, loneliness, disordered conduct such as fighting and temper tantrums, and a preference for the company of adults over peers. The results echoed the understanding of much of the medical and psychiatric community, but their publication served as the first large, empirical study examining the mental health of children in immigrant detention. Due to Covid-19, Katz and MacLean's presentation took place online, and served as an inadvertent pilot for a goal we had long hoped to pursue: broadening the reach of our seminars to those unable to attend in person. The results were remarkable. Over 80 people joined us from a range of organizations, including academic and medical institutions (NYU, Columbia, Mount Sinai, Princeton, the World Health Organization, and the New Sanctuary Coalition). A recording was made available on our website and has since been viewed dozens of times.



As we continue to expand our subject matter and reach, the potential topics for future seminars seem endless. So many aspects of our present lives have pressing psychiatric components. Shall we talk about climate change and the emerging phenomenon known as "climate grief"? Do we process the impact of racism and white supremacy, and the hope and healing engendered by the worldwide movement to dismantle them? Or shall we revisit topics covered in the past that have new and urgent chapters? One thing is clear: given the presence of Covid-19, almost no discussion will take place that doesn't address the stress and anxiety of current circumstances. It is the newest Issue in Mental Health Policy, and there is much to talk about.

Megan J. Wolff
Megan J. Wolff, Ph.D., MPH

Fact Sheet:

The Impact of Pandemic Disease on Mental Health

Human beings are no strangers to pandemic disease. The relative youth of psychiatry as a discipline, however, means that scant clinical or scientific literature exists on the psychological impact of major epidemics.¹

Most existing data is drawn from small-scale studies of experience with HIV, Zika, SARS, and H1N1, and from the two psychiatric subdisciplines, Consultation Liaison Psychiatry (CLP), and Disaster Psychiatry.² Though nascent, a new field of “pandemic psychiatry” is emerging from these sources, and has been invaluable in addressing the effects of Covid-19.

Emotional Impact

Epidemics stir anxiety, fear, grief, sadness, and unease.

Common reactions include sleep problems, appetite disturbance, general anxiety, and confusion.

Children may briefly regress to earlier developmental stages.³

These reactions are not necessarily disordered. Many represent common pathways toward sorting out layers of personal meaning.⁴

Suicide is a rare phenomenon after disasters; people ask existential questions about the meaning of life and its purpose, but they do not necessarily express suicidality.⁵

Most survivors and caretakers return to their pre-outbreak mental health baseline at the 1-year mark, provided their overall functioning has returned to baseline.⁶

Experience with Covid-19 thus far has mirrored existing patterns of response.

By the end of April, 2020, markers of emotional distress such as alcohol sales were surging in the United States, approximately two months into the virus' spread. Mental health hotlines were reporting record increase in use.⁷

A federal emergency hotline for people in emotional distress registered a more than 1,000% increase in April compared with the same period a year before.⁸

The CEO of one online therapy company reporting a 65% jump in usage, and noted that the increasing demand for service closely followed the geographic spread of the virus across the nation.

Risk Groups

On a population level, the effects of increased stress may be transient.⁹ Nevertheless, some subgroups are clearly more likely to suffer psychiatric harm due to the impact of a pandemic.

Individuals with pre-existing psychiatric conditions¹⁰

The stress presented by the epidemic may exacerbate the symptoms of those at risk for developing anxiety, and increase the risk of relapse in those with serious mental illnesses.¹¹

For patients with substance abuse problems, particularly those on maintenance therapies, interrupted delivery of medications can create a significant problem.¹²

Infected patients and their families¹³

Among patients who survived the Hong Kong SARS outbreak of 2003, one in four were found to suffer from post-traumatic stress disorder (PTSD) and about one in six from depressive disorders three years later.¹⁴

In the aftermath of the 2014-2016 Ebola outbreak in Sierra Leone, one study found that 6% of the survivors, family members, and caretakers met the clinical cut-off for anxiety–depression a year later, while 16% met levels of probable PTSD.¹⁵

Healthcare providers

These risks are especially acute for nurses and physicians working directly with ill or quarantined persons.¹⁶

Historically, PTSD has been shown to be more prevalent in health care providers (about 15%) than in the general population (3% to 4%).¹⁷

A study of 1,257 doctors and nurses in China in the first months of the coronavirus outbreak found that half reported depression, 45% anxiety and 34% insomnia.¹⁸

As the virus spreads, indicators of anxiety, depression, and traumatic stress of caregivers have spread with it. Due to the emerging nature of the crisis, controlled studies have yet to be conducted, but anecdotal reports of significant immediate distress are abundant.¹⁹

Moral Injury

Clinicians may also suffer from the effects of moral injury, a type of trauma characterized by guilt, existential crisis, and loss of trust that may develop after being compelled to do things out of keeping with strongly held values.²⁰

Situations likely to cause moral injury to healthcare providers include:

- The need to ration lifesaving equipment such as ventilators.
- The barring of loved ones from the bedside of patients who are dying.
- The knowledge that available treatment is ineffective.

Resilience

Despite the harrowing nature of traumatic events, a growing body of evidence suggests that most adults exposed to such events are resilient.²¹

Factors contributing to resilience include:

- A cohesive community.
- Altruistic behavior of the community leaders.
- Minimal displacement.
- A strong social support network, including an intact system of family support.
- The availability of resources.
- Religious faith and spirituality²²

In healthcare settings, features that have been protective against traumatic stress include feeling supported by supervisors and having information.

Because only a small percentage of people exposed to a traumatic event go on to develop psychiatric disorders, researchers are examining biological and demographic predictors of potential vulnerability.

Features of interest include preexisting psychiatric history²³ and the severity or “dose” of exposure to the traumatic event.²⁴

Treatment

Research is ongoing, but trauma is immediate, so psychiatrists are exploring ways of mitigating immediate suffering to prevent psychiatric morbidity.²⁵ The “toolkit” provided by disaster psychiatry includes:

Debriefings

These are group discussions that occur within 48–72 hours after an event. They are often requested by personnel on the ground, particularly first responders. Debriefings are utilized on the presumption that immediate processing gives individuals the ability to cognitively restructure events so that what is remembered can be framed in a less traumatic way.²⁶

Individual Psychotherapy

Psychodynamic psychotherapies can be useful to help influence people’s reaction to crisis. Though generally used in long-term settings, it can also be utilized for short-term care.²⁷

Cognitive Behavioral Therapy (CBT)

In CBT, individuals work directly with a practitioner to change harmful patterns of thinking and behavior.²⁸

CBT is the most validated psychotherapy for PTSD; among the approaches used to treat patients after a trauma, it remains the only approach that has been subjected to rigorous study.²⁹

Covid-19 Resources

The long-term psychiatric impact of the Covid-19 pandemic is unknown, but clinicians, lay advocates, and some policymakers have been working to meet the needs of first responders, and to brace for an anticipated wave of behavioral health needs.

The federal **Center for Disease Control** continually updates its website (cdc.gov) with comprehensive information about the virus and appropriate containment measures. This includes advice on stress and coping.

Numerous **states and municipalities** have rolled out help-lines, fact sheets, and mental health portals to help individuals navigate the crisis.

New York City’s Department of Health has augmented its mental health hotline (1-888-NYC-WELL) with a digital portal. The line has experienced a 50% increase in call volume since the beginning of the pandemic.³⁰

Professional groups have also been active in launching resource portals and supportive virtual counseling.³¹

Endnotes:

The Impact of Epidemic Disease on Mental Health

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2. Consultation Liaison Psychiatry addresses the interaction between disease and mental health (ex. cancer or HIV). It can help patients mitigate suffering and increase their personal adherence to care. Donenberg, G. R. (2005). Youths and HIV/AIDS: psychiatry's role in a changing epidemic. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(8), 728-747. Disaster Psychiatry, an outgrowth of military psychiatry, focuses on the trauma unleashed by catastrophic events and is well-suited to community distress. Ursano, R. J., Fullerton, C. S., Weisaeth, L., & Raphael, B. (Eds.). (2007). *Textbook of Disaster Psychiatry*. Cambridge University Press.
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4. Norwood, A. E., Ursano, R. J., & Fullerton, C. S. (2000). Disaster psychiatry: principles and practice. *Psychiatric Quarterly*, 71(3), 207-226.
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7. Wan, W. (2020). "The Coronavirus pandemic is pushing America into a mental health crisis," *Washington Post*, April 4.
8. Cunningham, P. W. (2020). "The Health 202: Texts to federal government mental health hotline up roughly 1000%," *Washington Post*, May 4.
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10. Huremović, 66.
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Fact Sheet:

Covid-19 and the Opioid Overdose Epidemic

The emergence of Covid-19 has profoundly disrupted public and private life, including access to addiction treatment and services. Federal data will not be available until January of 2021, but preliminary reporting suggests a national spike in overdoses since the pandemic began, which is accelerating as it persists.

Addiction experts agree that the increase in overdoses stems from the significant stressors and new barriers to care imposed by the presence of Covid-19. "There is a serious risk that system-level gains in expanding access to medication for opioid use disorder, conducting clinical research, and exacting legal reparations against opioids manufacturers will all reverse," researchers warned in April in the Annals of Internal Medicine.¹ In late June, a spokeswoman for the Cook County medical examiner's office observed, "If it weren't for Covid, these opioid deaths are all we'd be talking about right now."²

A Relapse Trigger

The social restrictions, economic burdens, and emotional stressors presented by the coronavirus are almost tailor-made to undermine recovery from substance use, enough so that some experts have referred to it as "a national relapse trigger."³

Factors likely to promote relapse include:

- Profound stress and anxiety.
- Disruptions in access to addiction treatment medicines.
- The inability to attend recovery meetings in person.
- Loss of jobs, which are themselves linked to maintaining health habits.⁴
- An overabundance of unstructured time.
- Coping strategies that include a return to familiar routines and long-standing habits.
- Isolation imposed by social distancing.⁵

Preliminary Data

Trends in treatment and access since the start of the pandemic suggest that fewer patients are accessing services.

Data from ambulance teams, hospitals, and police show that suspected overdoses nationally jumped 18% in March, 29% in April, and 42% in May.⁶

An unpublished review of data from 4 large hospitals in New York City showed that addiction consultations and treatment referrals had decreased by half during March and April, 2020, as compared to the same months in 2019.⁷

Inpatient treatment centers and community group homes have experienced a decline in patients, as individuals depart due to concerns about contracting the virus.

In May, some inpatient treatment providers reported that they had about 50% fewer patients than they had pre-pandemic.⁸

The number of civil commitments to addiction treatment through the courts was down by more than 50%.⁹

On June 20, 2020, American Addiction Centers, Inc. (a multistate drug rehabilitation and treatment chain), filed for Chapter 11 bankruptcy protection after mandatory stay-at-home orders drove down inpatient admissions and outpatient visits.¹⁰

Nationwide, walk-in clinics and syringe exchange programs offering harm reduction have been limited or closed.¹¹

Some clinics offering services online have reported an uptick in requests from states where access to sterile injection supplies has dried up.¹²

Fatalities

Reporting suggests that opioid overdose deaths are rising nationwide.

At least 30 states have reported increases in opioid-related mortality.¹³
Local officials, too, report spikes in overdose calls and deaths.¹⁴

In Franklin County, OH, the county coroner reported a 50% increase in fatal overdoses from January to mid-April.¹⁵

Niagara County, NY, reported a 35% increase in fatal overdoses from Jan 1 – April 6 over the prior year.¹⁶
In Jacksonville, FL, the fire and rescue chief reported a 20% increase in overdose calls from February through March.¹⁷

In Arkansas, State Drug Director Kirk Lane reported a rise in the number of Narcan administrations in March and April, and observed that the number of life-saving encounters by law enforcement had “more than tripled.”¹⁸

Given the high level of disruption to lives and services, it is difficult to determine whether overdoses are the result of lost services, abundant relapse triggers, or a combination of many factors.

Dr. Nora Volkow, director of the National Institute on Drug Abuse, noted that coroners and medical examiners are overwhelmed with cases of Covid-19, and may not have the resources to follow up on overdose deaths.

“We do not know [whether more people are overdosing in connection with Covid-19],” Volkow remarked. “In many cases, we will likely never know.”¹⁹

Endnotes:

Covid-19 and the Opioid Overdose Epidemic

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2. Natalia Derevyanny, spokeswoman for the medical examiner’s office in Cook County, IL. In Wan, W. & Long, H. (2020). Cries for help: Drug overdoses are soaring during the coronavirus pandemic, *Washington Post*, July 1.

3. Hoffman, J. (2020). With Meetings Banned, Millions Struggle to Stay Sober on their Own. *New York Times*, March 26. “When we provide treatment, we talk about relapse triggers,” noted Dr. Tim K. Brennan, director of the Addiction Institute at Mount Sinai West in New York City in an interview with CNN. “I’m hard-pressed to think of a bigger relapse trigger than what we’re going through now as a country.” Alfonso, F. III. (2020). The Pandemic is Triggering Opioid Relapses Across Appalachia. *CNN*, May 14.

4. Dr. Lawrence Weinstein, chief medical officer at American Addiction Centers (AAC) in Alfonso, F. III.

5. “Some of the social distancing or physical distance measures that have been put in place make it much more difficult for people to maintain their recovery,” notes Dr. Michael Genovese, Chief Medical Officer of Acadia Behavioral Healthcare Network, “because for anybody, being isolated from others can lead to feelings of depression, feelings of anxiety, feelings of isolation.” In Alfonso, F. III.

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10. Montgomery, J. (2020). Covid-19 Fallout Puts Addiction Center into Ch.11. *Law360*, June 22.

11. Kaur, H. (2020). The opioid epidemic was already a national crisis. Covid-19 could be making things worse. *CNN*, May 7.

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The National Response

Health officials have mounted an early and robust response in hopes of mitigating the impact of the coronavirus pandemic on the opioid crisis.

On January 31, 2020, the Assistant Secretary for Mental Health and Substance Use requested a loosening of regulatory requirements surrounding access to medication treatment for opioid use disorders after the Secretary of Health and Human Services declared a public health emergency around the coronavirus.¹

These affected two key areas of treatment:

The use of telehealth to initiate and monitor medication assisted therapies (MAT).¹

The ability of treatment programs to dispense extended quantities of methadone and buprenorphine, so that patients would not have to visit clinics daily. The loosened regulations also allowed for “doorstop” deliveries of take-home medication for patients in isolation or quarantine.²

On March 16, 2020, the DEA granted these exceptions for the duration of the public health emergency.³

Other agencies also loosened their requirements to ensure access to care during the epidemic.

Federally, the Office of Civil Rights recommended suspension of penalties for noncompliance with HIPAA telehealth requirements.⁴

The Centers for Medicare and Medicaid Services (CMS) authorized states to reimburse a broad range of telehealth services at the same rate as in-person visits, including behavioral health.⁵

The decision to implement these changes is left to the discretion of state governors, and the guidelines have thus far been adopted unevenly. Nevertheless, preliminary reports from states embracing the measures suggest rapid implementation.⁶

In Maryland, Governor Larry Hogan issued an executive order authorizing the new telehealth reimbursement on March 20, even before the release of the DEA guidelines.⁷

In Massachusetts, more than 15,000 patients became authorized to take methadone at home for up to 28 days at a time.⁸

After two months, fewer than 20 reports had been made of lost or stolen doses, and there had been no reports of death due to methadone overdose.

In New York City, the Health + Hospitals Corporation established a virtual buprenorphine clinic accessible by phone (212- 562-2665). Opioid treatment centers became authorized to dispense 28-day supplies of methadone.⁹

Addiction specialists remain deeply concerned about the fate of patients struggling with substance use disorders in the midst of the pandemic. A clearer picture of how the pandemic has affected overdoses will emerge as state and federal numbers are gathered and released in the coming months.

Endnotes:

1. Research shows that use of telehealth to treat OUD is as effective as in-person visits on patient outcomes, while expansion of telehealth has been shown to significantly increase access to OUD treatment. Wanhong Zheng et al. (2017). Treatment Outcome Comparison Between Telepsychiatry and Face-to-face Buprenorphine Medication-assisted Treatment for Opioid Use Disorder: A 2-Year Retrospective Data Analysis. *Journal of Addiction Medicine* 11: 138-144; ASPE Issue Brief (2018). Using Telehealth to Support Opioid Use Disorder Treatment. November.

2. Pew Charitable Trusts. (2020). Ensuring Access to Evidence-Based Opioid Use Disorder Treatment During COVID-19 Public Health Emergency. April 15.

3. William McDermott to Elinore McCance-Katz, US Department of Justice, Drug Enforcement Division, March 16, 2020.

4. Office for Civil Rights. (2020). FAQs on Telehealth and HIPAA during the

Covid-10 nationwide public health emergency. <https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>

5. Pew Charitable Trusts. (2020). Ensuring Access to Evidence-Based Opioid Use Disorder Treatment During COVID-19 Public Health Emergency. April 15.

6. Avery, J. & Avery, J. (2020). “Covid-19 and the ‘Other’ Public Health Crisis in NYC,” *Psychology Today*, June 6.

7. Order of the Governor of the State of Maryland, Number 20-03-30-01 Authorizing Reimbursement of Audio-Only Health Care Services. March 20, 2020.

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Working Group on Psychoanalysis & the Humanities



The Working Group on Psychoanalysis and the Humanities began what we expected would be another year of lively discussion of members' ongoing work-in-progress.

Prof. Betsy Gitter led our first meeting, a discussion of unusual readings for our group—two trial transcripts from the early 20th century, of men accused of sexual misconduct. The transcripts were drawn from her current teaching of an honors seminar at John Jay College of Criminal Justice.

At our second meeting, the Rev. Curt Hart led a discussion of John Hershey's *Hiroshima*. Written originally as a single piece for the entire issue of the New Yorker in August, 1946, it was, in Curt's words, "the first and certainly among the most lasting essays on the impact of the dropping of the first atomic bomb on that Japanese city." Dr. Joseph Fins came to hear Curt's presentation and then joined our Working Group; in February he presented a paper on temporality in relation to death and dying, entitled "Time to Death: Chronos, Kairos and the 'Longest Distance between Two Poles'."

The previous month, we were pleased to welcome again a colleague of Prof. Anne Hoffman from the English Department at Fordham, Prof. Frank Boyle. He presented current research on Jane Barker, a late 17th-early 18th century poet.

We had equally interesting presentations scheduled for March and April, but the world changed. And when it was impossible for the group to meet in person, we decided to postpone those to the fall. Now that we have become accustomed, in our strange and altered world, to living our group lives on Zoom, we look forward to resuming our meetings virtually.

Katherine Dalsimer, Ph.D.

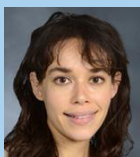
Working Group on the Mind Sciences



Due to the COVID pandemic, we had a truncated year in this, the first and oldest of our Working Groups. In September, Dr. Len Groopman presented his analysis of economist Albert O. Hirschmann's 1977 work, *The Passions and Interests: Political Arguments for Capitalism Before its Triumph*. This innovative study of 17th and 18th century economics and its impact on political ideology and ethics stimulated much discussion. The next meeting was scheduled to showcase a forthcoming collection of essays by one of the group's erstwhile members, that essential psychoanalytic thinker, Lawrence Friedman. Sadly, we were left to imagine the riches encompassed in that volume due to the virus's emergence.

George J. Makari, M.D.

Benjamin Rush Scholars Program



Miriam Goldblum, M.D., is a PGY-III resident in Psychiatry at Weill Cornell Medicine, and is currently studying the history of psychiatry under the tutelage of Dr. Len Groopman and Dr. Nirav Soni. Her research focuses on the phenomenology of group suicide. Dr. Goldblum attended the David Geffen School of Medicine at UCLA.

Working Group on Psychiatry, Psychology, & Society



In September, our group convened to discuss two fascinating projects. Emotions may seem ephemeral, and yet their role in history cannot be denied. Thomas Dodman shared an incisive essay on the contemporary project known as the “history of the emotions.” After having written a brilliant account of nostalgia, Thomas was well placed to consider the opportunities and risks of this new pursuit. He did so in a way that I think will help guide historians of the future.

Alexandra Bacopoulos-Viau shared a draft of a paper on the French resistance to American psychiatry and its DSM diagnostic system. Alexandra studied the way science mixed with the political rhetoric of defiance and national identity, and the emergence of the competing *Classification française des troubles mentaux*.

When the group next convened, we were treated to a chapter of Rachel Aviv’s book in progress. It covered the famed Osheroff case, in which it seemed, psychoanalysis and psychopharmacology met at a crossroads and the former was left for dead. Thanks to much investigative work, Rachael discovered a more ambiguous story, one that revealed deeper complexities and drew forth much discussion from the group.

Finally, I shared a rough draft of a chapter from my forthcoming book, *Of Fear and Strangers: A History of Xenophobia*. The chapter covered the rise of Jean-Paul Sartre and the notion of the Other in French thought. I benefited greatly from the erudite commentary around the table. After that, Covid reared its ugly head, and we made a tactical retreat, so as to resume our work together digitally in the fall.

George J. Makari, M.D.

Seminar in Narrative Psychiatry



Before its abrupt end due to the pandemic in March, the narrative psychiatry seminar 2019/2020 focused on the question of interpretation. What does it mean to interpret a text? How is it related to the interpretation of a patient’s words and body?

We began with “My Life had stood—a Loaded Gun,” a dense, enigmatic poem by Emily Dickinson, which has been subject to countless and contradictory scholarly interpretations. It was followed by its polar opposite, an excerpt from a Sherlock Holmes story by Conan Doyle, “The Speckled Band,” a text founded on the premise that close observation of the clues (or symptoms) results in complete knowledge (a fixed diagnosis.)

We also examined texts by Virginia Woolf, Franz Kafka, Joe Brainard, and Angelina Weld Grimké to explore the vital role of memory in all interpretation, both personal and cultural.

Siri Hustvedt, Ph.D.

In Memoriam

Edward M. Brown, 1942 - 2019

Edward Michael Brown, 77, of Westport MA and New York City passed away unexpectedly in the early morning hours of January 2, 2020 of severe damage to his heart. Ed was a warm, funny, deeply knowledgeable scholar whose work on neurology, Spiritism, alcoholism, and other topics were of the highest scholarly value. He was a deeply compassionate doctor, a loving husband, father and friend.

Ed was born in 1942 in Chicago, and attended the University of Chicago, Loyola Medical School. He did his residency at Yale University where he met his wife of 47 years, Judith Wolin.

The couple settled in Clinton, CT, while Ed continued to work in New Haven. Not long after, they moved to Providence, RI, where he worked for a time at Butler hospital, then transitioned to private practice.

Although he had received psychoanalytic training, Ed found himself uncomfortable viewing his patients through a psychoanalytic lens. "I was more than a little overwhelmed by the contrast between the power of their immediate distress over the circumstances of their lives and the meager resources I felt that I had to help them," he reflected. Thus began a decades-long commitment to treating severely mentally ill patients at mental health centers. He also taught biomedical ethics and participated in the training of family practice doctors in the Brown University Medical School. After their two daughters were out of the house, he continued to work part time with these important foci, even while commuting from their new home in New York. He retired at the age of 70 and focused full time on his lifelong passion for research into the history of psychiatry. Much of his research resulted in publications in journals of the history of medicine and psychiatry. In retirement he gathered his published and unpublished works onto a website, and curated a thoughtful and poignant blog on psychiatry and history. His works can be found at <https://sites.google.com/site/psychiatryfootnotes/Introduction>.

He is survived by his wife, daughters Jessica and Susanna, brother Rick, and countless others whose lives he touched.

Allow me to add a personal note. When I was a first year medical student at Brown University, I asked Ed to do a tutorial on Foucault, and he generously agreed. As we got to know each other, he alerted me to the fact that Cornell University Medical College had a "Section for the History of Psychiatry" in its department and I might want to look into that. It was life-changing advice. I transferred to Cornell the next year and have been here ever since. Thank you, Ed. We will miss you.

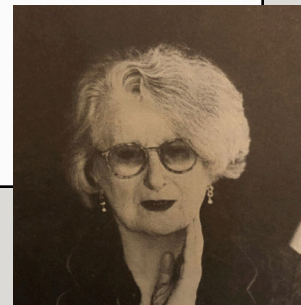


In Memoriam

Anna M. Antonovsky, 1924 - 2020

Born Anna Mühlbauer in 1924, she and her family lived in Vienna until the Anschluss forced their flight. On December 20, 1938, with her 16 year old brother Isaac, Anna sailed from Holland to New York. She became an American citizen in 1946, later married Aaron G. Antonovsky, then moved to New Haven where she received her Ph.D. in Psychology from Yale in 1955. She trained as a psychoanalyst at the William Alanson White Institute and became a training and supervising analyst. During her years on that faculty, she taught an influential class on the history of psychoanalysis, and often acted as the Freudian representative at that interpersonally-focused institute.

For over thirty years, she was an active participant in Cornell's "History Section," and was one of the founding members of our Working Group on the History of Psychoanalysis. Her own historical research focused on the Jewish roots of Freud's thinking. She very much valued the Institute's open intellectual debate, and brought her unique perspective to our collaborations and discussions until physical disability prevented her attendance. Her lively intellect, kindness, and droll Old World humor will be much missed.



Staff | Affiliated Research Faculty

George J. Makari, M.D. Director
 Nathan Kravis, M.D. Associate Director
 Nicole Topich, M.L.I.S. Special Collections Librarian
 Megan J. Wolff, Ph.D., M.P.H. Administrator & Policy Researcher

Anna M. Antonovsky, Ph.D.
 Alexandra Bacopoulos-Viau, Ph.D. (New York University)
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 Samantha Boardman, M.D.
 Edward Brown, M.D.
 Cyd Cipolla, Ph.D. (New York University)
 Daria Colombo, M.D.
 Katherine Dalsimer, Ph.D.
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 Joseph J. Fins, M.D., F.A.C.P.
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 Richard Friedman, M.D.
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 Leonard Groopman, M.D., Ph.D.
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 Dagmar Herzog, Ph.D. (CUNY Grad Center)
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 Camille Robcis, Ph.D. (Columbia University)
 Louis Sass, Ph.D. (Rutgers University)
 Theodore Shapiro, M.D.
 Nirav Soni, Ph.D.
 Paul E. Stepansky, Ph.D.
 Rosemary Stevens, Ph.D., MPH
 Peter Wilson, M.D.

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

Research Faculty News



Alexandra Bacopoulos-Viau, Ph.D., is a Visiting Fellow at Weill Cornell Psychiatry. Over the past year she worked on her first monograph, entitled *Scripting the Mind: Technologies of Writing and Selfhood in France, 1857–1930*. The book traces the rise of various models of the mind that emerged in France prior to and concurrently with the Freudian revolution. Specifically, it highlights the role played by automatic writing in the making of modern subjectivity. Bacopoulos-Viau also contributed to a forthcoming volume on the medical case (*Le Cas médical entre norme et exception*, ed. Paolo Tortonese, Classiques Garnier, August 2020) and co-organized a number of meetings and events, including a conference at the Centre Koyré pour l'histoire des sciences (Paris) and the annual "Psy-ences" colloquium in Montréal. In Spring 2020, she taught a Psychoanalysis and History seminar at NYU.



Cyd Cipolla, Ph.D., is an associate faculty member at the Gallatin School of Individualized Study at New York University and the Associate Director of the program in Science, Technology, Arts, and Creativity. She teaches at the intersection of the history of behavioral sciences, science and technology studies, and intersectional feminist theory. She also works to promote inclusivity within STEM and Maker communities, and is particularly interested in how we form new connections with, and through, technology in this era of social distancing.



Daria Colombo, M.D., was awarded the Ernst and Gertrude Ticho Prize in 2020. She is on the faculty of the New York Psychoanalytic Institute, and supervises residents from Payne Whitney and Mount Sinai, as well as psychology externs at New York State Psychiatric Institute. She is Book Review Editor of the *Psychoanalytic Quarterly*.

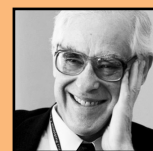


Katherine Dalsimer, Ph.D., is Clinical Professor of Psychology in the Department of Psychiatry at WCMC. She is the coordinator of the Institute's Working Group on Psychoanalysis and the Humanities. At the Columbia University Center for Psychoanalytic Training and Research, she is the director of the Affiliate Scholars Program. She has contributed a chapter entitled "Encountering Invisible Presence: Virginia Woolf and Julia Duckworth Stephen" to the forthcoming *Cambridge Companion to Literature and Psychoanalysis*, ed. Vera Camden, to be published by Cambridge University Press in the fall of 2020.



Joseph J. Fins, M.D., M.A.C.P., F.R.C.P., is Professor of Medical Ethics and Chief of the Division of Medical Ethics at WCM and continues his collaboration with Dr. Nicholas D. Schiff, as they co-direct the Consortium for the Advanced Study of Brain Injury. In 2019, Dr. Fins received an RO-1 grant from the NIH BRAIN Initiative, entitled, "Cognitive Restoration: Neuroethics and Disability Rights" to further pursue this research. He was also honored to receive an invitation from Pope Francis to speak at the Pontifical Academy of Sciences, at a conference entitled "Revolution of Personalized Medicine" in Vatican City. His lecture, "Personalized Medicine and Disorders of Consciousness: An Alternate Convergence of Knowledge towards a New Clinical Nosology," will be forthcoming in a volume to be published by Oxford University Press. This past year, Dr. Fins served as the James Madison Scholar at James Madison University and gave named lectures at the University of Massachusetts Medical School, the University of Toronto, Ohio State University, and the ICM-Hôpital Pitié Salpêtrière, Paris. He was honored to receive the Nicholas E. Davies Memorial Scholar Award for Scholarly Activities in the Humanities and History of Medicine from The American College of Physicians, and was named as the Jeremiah Metzger Lecturer by the American Clinical and Climatological Association. He also was named as a member of the National Academies of Sciences, Engineering and Medicine Standing Committee to Advise the Department of State on Unexplained Health Effects on U.S. Government Employees and their Families at Overseas Embassies. In the Spring of 2020, Dr. Fins led the Division of Medical Ethics in its response to the COVID-19 surge that struck New York City.

Lawrence Friedman, M.D., is on the faculty of the Psychoanalytic Association of New York (formerly, 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 taught a class there this year on the ideas of Heinz Kohut. He is on the Advisory Board of the Loewald Center, on the Editorial Board of *Psychoanalytic Inquiry*, and an Editorial Consultant to *Psicoterapia e Scienze Umane*. He is collecting his previously published papers on philosophy and on theories of the mind, and working on "Loewald Among the Ego Psychologists."



Richard A. Friedman, M.D., continues as contributing op-ed writer for the *New York Times*, writing on behavior, neuroscience, and mental health. He is also working on a book about swimming, the brain, and the meaning of life.



William Frosch, M.D., serves on the Department's Appointments and Promotions Committee, which he created decades ago in conjunction with Bob Michels, and which he chaired for many years. He remains a member of the Rockefeller Institutional Review Board (after two decades, he is its longest-running member). Both of these have been meeting by Zoom. A paper entitled "Who Was Hozzick?" about an early 1800s New York physician was prepared to present to Charaka in May, but had to be set aside due to Covid-19. Presumably, when the world returns to normal, he will present it.



Curtis Hart, M.Div., continues in his various activities in the Medical Center and the community. He was a small group co-facilitator in the "Health, Illness, and Disease" Brain and Behavior Unit for second year medical students in the Department of Psychiatry, and in the Advanced Medical Ethics course for third year students in the Division of Medical Ethics in the Department of Medicine. In addition, he made presentations to the IoP Working Group on Psychoanalysis and the Humanities ("John Hersey's 'Hiroshima': A Mishkid Encounters the Dawn of the Atomic Age") and the Columbia Sandor Rado Advanced Psychoanalytic Study Group, Religion, and Spirituality ("Erik Erikson: A Life on the Boundary"). He also addressed a gathering at St. Bartholomew's Church, NYC, with a talk entitled "Whose Choice Is It? Reflections on a Vocation in the Teaching of Medical Ethics." He continues in his role as a member of the Institutional Review Board of Weill Cornell Medicine and on the Board and as Editor in Chief of the *Journal of Religion and Health*.



Dagmar Herzog, Ph.D., is Distinguished Professor of History and Daniel Rose Faculty Scholar at the Graduate Center, City University of New York, where she teaches courses in European history, with a special focus on Nazism and the Holocaust, and also in the history of psychoanalysis. In 2020, she edited and annotated for Routledge a translation into English of Fritz Morgenthaler's countercultural classic guidebook from the 1970s, *On the Dialectics of Psychoanalytic Practice*, and coedited with Stefanos Geroulanos a volume of essays by the intellectual historian Anson Rabinbach, *Staging the Third Reich*. She continues to serve as coeditor for the UK-based journal *Psychoanalysis and History*; the most recent special issue is entitled "Queering Freud Differently" - it revisits not only the work of Morgenthaler but also of the legendary Los Angelean psychiatrist and psychoanalyst Robert Stoller. Her major current project is a book tentatively entitled *In the Disability Murders Archive: Confronting Nazism's First Genocide*.



Anne Golomb Hoffman, Ph.D.'s, interdisciplinary teaching included a fall 2019 graduate seminar at Fordham, "Memory, Trauma, Narrative: Literary and Psychoanalytic Perspectives." In spring '20 she taught a course at the Bedford Hills Correctional Facility to a group made up of Fordham students and incarcerated women studying for their undergraduate degrees. The Bedford students, isolated mid-semester by the pandemic, completed their coursework via handwritten correspondence. Hoffman's ongoing research includes the study of narrative in light of the psychoanalytic concept of *Nachträglichkeit*, and the resonances of infantile sexuality in literary experience, examined in Freud's writing and in the late fiction of Henry James.



Siri Hustvedt, Ph.D., continued to teach her seminar in narrative psychiatry at Weill Cornell Medical College until it was cut short by the pandemic after March 6, 2020. Prior to that, it had been a busy year. On September 27th, she received a Doctorate Honoris Causa from the University of Paris, Nanterre, and the following day she was interviewed on stage at the Göteborg Book Fair in



Sweden. In October she appeared in the IFLU series on literature in Utrecht, The Netherlands; the Bozar Center for Fine Arts in Brussels; and was awarded the Princess of Asturias Prize for Literature in Oviedo, Spain. She was the sixth American and the sixth woman to win since the award was launched in 1981. The jury citation noted her work in fiction and the essay, as an intellectual concerned with the fundamental issues of contemporary ethics. Translated into more than thirty languages, her work contributes to the interdisciplinary dialogue between the humanities and the sciences." In November she delivered a lecture, "Filling in the Blanks: Narrative as a Dynamic Representation of Psychiatric Illness," at the DGPPN (German Society for Psychiatry and Psychotherapy, Psychosomatics and Neurology) Congress in Berlin. In December she delivered a lecture, "Open Borders," on the riddle of taxonomies in various disciplines and their relation to politics at the Guadalajara book fair in Mexico.



Nathan Kravis, M.D., is the Associate Director of the Institute and Clinical Professor of Psychiatry at WCM. His Grady Award-winning book, *On the Couch: A Repressed History of the Analytic Couch* (MIT Press, 2017), has been translated into German, Turkish, and Russian. In February he lectured at the meetings of the American Psychoanalytic Association on "Self-disclosure, Privacy, and Interiority in the Digital Age."



George J. Makari, M.D., is the Director of the DeWitt Wallace Institute of Psychiatry: History, Policy, & the Arts, and Professor of Psychiatry at Weill Cornell Medical College. In September, he delivered the plenary lecture at the centenary celebration of the Societe Suisse de Psychanalyse in Zurich. It was entitled, "Shifting Boundaries: On the Construction of the Freudian and Psychoanalytic Communities." In November, he spoke to the Psychotherapy Division at Mount Sinai on "Soul Machine: the Invention of the Modern Mind." At Weill Cornell, Dr. Makari delivers lectures on the history of psychiatry to medical residents, and serves as co-instructor to the course on "Models of the Mind." In addition to teaching, research, and writing, he directs the Payne Whitney Outpatient Psychotherapy Clinic and maintains an active psychiatric practice. He is currently completing a book entitled *Of Fear and Strangers: A History of Xenophobia*, to be published in 2021 by W.W. Norton.



Robert Michels, M.D., is the Walsh McDermott University Professor of Medicine, and University Professor of Psychiatry at Cornell, where he continues his teaching activities. He delivered Professors' Rounds throughout the year, taught the PGY-II "Diagnosis in Psychiatry" course, the PGY-IV Continuous Case Seminar, guided discussions in the residents' Journal Club, and participated in the Department's Clinical Scholars Institute. This past year, Dr. Michels served as a panelist at the "Clinical Contributions and Legacy of Leston Havens" conference held at Harvard University, presented a talk entitled "New Developments in Psychoanalytic Treatment" at the Chicago Psychoanalytic Institute, and participated in a roundtable discussion on "The Future of Psychiatry" at The Helix Center in New York. In addition, Dr. Michels gave the Edith Sabshin Memorial Visiting Lecture at Northwestern University - Feinberg School of Medicine, where he spoke on "The Developmental Course of Psychoanalytic Treatment." In recent months, Dr. Michels was named Chairman of the Board of Directors of the *Psychoanalytic Quarterly*.



Orna Ophir, Ph.D., is a psychoanalyst in private practice in New York City, where she sees individuals and couples. She is a part-time faculty member at the Gallatin School of Individualized Studies at NYU, teaching an interdisciplinary seminar on the Western History of Madness. This year she also supervised a senior thesis on Trauma and Testimony that was awarded honors, and she was the advisor for an MA thesis on performance studies and psychoanalysis. Dr. Ophir is serving on the International Psychoanalytic Association's Committee on the History of Psychoanalysis. She was also a member of the organizing committee of the 2020 international conference celebrating the 100th anniversary of the foundation of the Berlin Institute and the establishment of the Eitingon Training Model. During the widely attended conference, which took place in February, she delivered a talk, "100 Years of Psychoanalytic Training in America: A Micro-history," based on materials from many archives -- among them the Oskar Diethelm Library. The paper will be published in the proceedings of the conference and the author is grateful to Nicole Topich for her expert assistance and valuable guidance in identifying the relevant resources. In June, Ophir concluded her third and final year as director of the Richardson Seminar at the IHP. In the months and year ahead, she hopes to find more time to complete her two book manuscripts, entitled *Schizophrenia: The Ends of a Diagnosis* (under contract with Polity Press) and *Klein in America: The Migration of Melanie Klein's Thought and Legacy to the US* (under contract with Routledge Publishers).

Camille Robcis, Ph.D., is Associate Professor of History and French at Columbia University. This year, she finished revising her second book, *Disalienation: Politics, Philosophy, and Radical Psychiatry in Postwar France*, which is scheduled to appear with the University of Chicago Press in April 2021. Her book explores the intersections of psychiatry, philosophy, and politics in the works of several figures for whom institutional psychotherapy was important, including François Tosquelles, Jean Oury, Félix Guattari, Frantz Fanon, Georges Canguilhem, Michel Foucault, Paul Éluard, and Jean Dubuffet. A shorter version of the book's second chapter, "Frantz Fanon, Institutional Psychotherapy, and the Decolonization of Psychiatry," was published in *The Journal of the History of Ideas* in April 2020, and in an edited collection put together by Lou Turner and Helen Neville: *Frantz Fanon's Psychotherapeutic Approaches to Clinical Work: Practicing Internationally with Marginalized Communities*. Last spring Robcis also received a fellowship from the John Simon Guggenheim Foundation to work on her next project, tentatively titled: "The Gender Question: Populism, National Reproduction, and the Crisis of Representation."



Louis Sass, M.D., was the recipient of the Sarton Medal for 2020, which was conferred by the Faculty of Psychology and Educational Sciences of Ghent University, Belgium. He also received the Theoretical & Philosophical Psychology Award for Distinguished Contribution to Theoretical and Philosophical Psychology from Division 24 of the American Psychological Association. This is the Division's highest award, in recognition of lifetime scholarly achievement.



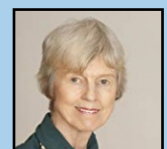
Nirav Soni, Ph.D., is an advanced candidate in adult psychoanalysis at the Columbia University Center for Psychoanalytic Training and Research. He supervises residents at Payne Whitney and co-directs the Rush Fellowship in the History of Psychiatry at IoP. He also participates in the Working Group on Psychoanalysis and the Humanities and the Working Group on the Mind Science. This year he presented at the Psychopharmacology and Psychoanalysis discussion group at the Winter Meeting of the American Psychoanalytic Association. He is a consultant psychologist to the SUNY College of Optometry and is in private practice, where he sees adults, children, and couples.



Paul Stepansky, Ph.D.'s most recent book, *Easing Pain on the Western Front: American Nurses of the Great War and the Birth of Modern Nursing Practice*, was released by McFarland & Co. in January. His discussion of the book with the editor of the *Journal of the American Association of Nurse Practitioners* is available online as a JAANP Podcast Special. Stepansky, who was the featured author in the *Princeton Alumni Weekly* of April 20, continues to write essays for his blog, "Medicine, Health, and History" (<http://adoseofhistory.com>).



Rosemary Stevens, Ph.D., M.P.H., returned to working in 2019 on the history of medicine in Great Britain from 1946-1960, formative years of the British National Health Service. Her first book, *Medical Practice in Modern England* (Yale University Press, 1966), researched and written in her twenties, addressed national medical and political themes. Her current work looks back at her experiences at the time. The second project is an autobiographical study of growing up as a female in a middle-class family in England from before World War II through the 1950s, when there were clashing social messages of what girls should be striving for, and limited (sexual, marital, and work) opportunities with which to experiment. (Prof. Stevens immigrated to the United States in 1961.) This project is underway. In addition, as a longtime member of the National Academy of Medicine (formerly the Institute of Medicine), Dr. Stevens is serving as an editor for its forthcoming 50-year history.



Megan J. Wolff, Ph.D., M.P.H., serves as a policy researcher and administrator at the Institute of Psychiatry, coordinating the seminar series on Issues in Mental Health Policy, conducting research, and writing white papers on policy issues. She serves as a member of the Advisory Board for the Rogers Health Policy Colloquium and is a member of the Cornell Center for Health Equity. This year she received a promotion to Senior Staff Associate in Psychiatry. In the Fall of 2020 she will take up the role of Richardson Seminar coordinator at the Institute.



Alumni News

Eric J. Engstrom, Ph.D., (Fellow, 2000-2001), continued research on a monograph about forensic politics and culture in Imperial Berlin. Furthermore, completing more than two decades of research, he saw the ninth and final volume of Emil Kraepelin's papers and correspondence published. He is currently also writing two articles, one on involuntional melancholia with Kenneth Kendler and another on the legacy of Wilhelm Griesinger's asylum reform program. Finally, he also returned to the classroom, teaching a course on the history of madness at the Humboldt University in Berlin.



Research Faculty Publications

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* Partial Bibliography

Get Involved.

There are so many ways to become a participant or a member! To learn more about any of them contact Dr. Megan J. Wolff, at mew2008@med.cornell.edu.

Attend a lecture.

The Richardson History of Psychiatry Research Seminar convenes twice a month, presenting finished research and works-in-progress by an interdisciplinary group of scholars. It has the distinction of being the oldest forum in the United States dedicated to the study of the history of psychiatry and the behavioral sciences. Due to the presence of Covid-19, all presentations will occur online until further notice. Please visit our [website](#) for the current program schedule.

Take part in the discussion.

We welcome your input! To offer your thoughts, ask a question, or contribute feedback, please reach out to us [here](#).

Utilize the collection.

Visits to the archive are temporarily halted due to Covid-19, but our [Special Collections Librarian](#) is available to assist with scholarly research related to our holdings and answer questions about the collection.

Become a supporter.

The Institute of Psychiatry has never been broader in its reach or more active. Help us maintain our invaluable library collection and the many unique activities that go along with it by making a [gift](#).

Make a bequest.

Planned gifts are a thoughtful way to achieve your philanthropic goals while maximizing your resources and establishing your legacy at the DeWitt Wallace Institute of Psychiatry. For information on how you can include us in your plans, please contact Development Coordinator Brianne Smalley at bcs2002@med.cornell.edu

Join the Director's Circle.

Members of the Director's Circle have the opportunity to join us throughout the year for a series of special events. These have included discussions on Virginia Woolf, the future of psychoanalysis, and performances such as:

Schumann's World: The Music and The Mind

Richard Kogan, M.D., Clinical Professor of Psychiatry, WCM

On the Couch: A Repressed History of the Analytic Couch from Plato to Freud

Nathan Kravis, M.D., Clinical Professor of Psychiatry, WCM



If you are interested in joining the Director's Circle, please contact Dr. George Makari, Director of the DeWitt Wallace Institute of Psychiatry, at gjmakari@med.cornell.edu.

Make a Gift.

The Institute is grateful for the contributions listed here, which enable it to continue to promote research and understanding of psychiatry and the mind sciences.

Gifts were received July 1, 2019 - June 30, 2020.

We would like to express our warm appreciation to the DeWitt Wallace Fund at the New York Community Trust, Dr. Samantha Boardman, Hamilton South, Bara Tisch, David Winter, and Professor Raffaella Cribiore. Thank you to William Frosch, M.D., Theodore Shapiro, M.D., Marlin Mattson, M.D., June Blum Ph.D., John A. Talbott, M.D., and Bert Hansen Ph.D. for their donations of books and other items of interest to the library. We extend our gratitude to Aparna Subramanian and Jaina Shaw for their volunteer service this year. We would also like to thank Prof. Paul Freedman for insights on his father's papers, and to Dr. Janel Cariño for editorial assistance on this report.

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