
Clio's Psyche

Understanding the "Why" of Culture, Current Events, History, and Society

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The Psychology of Confronting Death and Dying

Ralph Colp: Darwin Scholar and Psychiatrist

Paul H. Elovitz
The Psychohistory Forum

Ralph Colp Jr. died in the early morning of October 11th, a day before his eighty-fourth birthday, after a long struggle with prostate cancer. He was Senior Attending Psychiatrist at St. Luke's-Roosevelt Hospital Center for many years and a psychiatrist at Columbus University and in private practice, member of the Editorial Board of Clio's Psyche, a host of many of the Psychohistory Forum's Work-In-Progress meetings, and a man of great erudition. Most of all he was a distinguished

(Continued on page 160)

Grief in the Family: A Mother's View

Marilyn Charles
Austen Riggs Center

"How many children do you have?" This seemingly simple question is an impossible one for me. I cannot answer it easily; rather I become caught between denying one of my children or potentially traumatizing the unwitting soul who asks the question. I find myself thrust out of the momentum of daily life, once again up against what seems to be a harsh dividing line between those who are able to assume that life "just goes on" and those who cannot.

(Continued on page 107)

The Civil War's Challenge to Perceptions of Death

Nancy Unger
Santa Clara University

Every casualty in the Civil War was an American casualty. As a result, the estimated 620,000 soldiers who died during the Civil War is approximately equal to the combined total of American military deaths in the Revolution, the War of 1812, the Mexican War, the Spanish-American War, World War I, World War II, and the Korean War. Although the Confederacy suffered from the death toll disproportionately, both sides together constituted a "republic of suffering" whose shared anguish was so profound that it

(Continued on page 155)

Our Own Worst Enemy and the 2008 Financial Crisis

David R. Beisel
SUNY Rockland

The Great Financial Crisis of 2008 must be seen in the largest possible context. Considered in the light of the war between radical Islamic fundamentalists and the West, it's clear that those who wish the West harm couldn't be happier. We've helped them by administering some deep, self-inflicted wounds arising from the many psycholog-

(Continued on page 168)

Turn to the next page for
IN THIS ISSUE

IN THIS ISSUE

Psychology of Confronting Death and Dying

Impact of Death on the Family

Grief in the Family: Mother and Daughter.....105

Marilyn Charles and Devon Charles King

Grief and Loss in the Bush Family.....115

Paul H. Elovitz

The Pedagogy of Mourning & Death Education..118

Jeff Berman

My Grandmother's Death.....120

Margery C. Quackenbush

Unacknowledged Deaths.....122

Ruth Neubauer

Choices in Dying

Choosing When to Die.....124

Herb Barry

Micky's "Good" Death.....125

Peter Petschauer

Is A Good Death an Oxymoron?.....127

David I. Smith

Hope.....128

Andrea Fox and Emily Jaffe

Fantasies of Death

Technoculture and Virtual Death.....130

Juhani Ihanus

All That Death.....132

Tom Ferraro

Death, Psyche, and Evil.....134

Jerry Piven

Death Anxiety and Threats

Experiencing My Father's Life and Illness.....137

Matthew Reed

Reflections of the Death of a Colleague.....138

Irene Javors

Terrorism and Shared Death Anxiety.....141

Anna Geifman

Facing and Dreaming of Cancer

From *My Breast Cancer Journal*.....143

Judith Harris

Dreams of Cancer Patients.....144

Wendy Pannier

Death, History, and Resurrection

Jesus Death and Resurrection.....146

Rancour-Lafferriere

Aging Correspondents: Adams and Jefferson on
God, Friendship, and Death.....148

Marty Quitt

Psychological Dynamics in Aging Survivors of the
Holocaust.....150

Eva Fogelman

"Post-modern" Death and Bereavement.....153

Sarah MacMillen

The Civil War's Challenge.....105

Nancy Unger

Guilt, Fear of the Dead, and Burial

Anger and Guilt in Facing Death.....157

Norman Simms

The Importance of Mourning and Burial.....158

Sander Breiner

Memorials

Ralph Colp.....105

Paul H. Elovitz

My Friendship with Ralph Colp.....162

James Moore

Free Associations of Post-Election America

Thinking and Laughing About Biden & Palin....164

Paul H. Elovitz

Our Own Worst Enemy/the 2008 Fiscal Crisis...105

David R. Beisel

Book Reviews.....170

*Tom Gibbs, Elise Miller, Glen Jeansonne
and David Luhrssen*

Letters to the Editor.....176

Carolyn and George Brown

Bulletin Board.....177

Call for Papers: Love and Hate.....178

Call for Papers: Psychology of Fiscal Crisis.....177

Editor's Report on the Change of Format Proposal

In October a new version of the September Special 2008 Election Issue, with added materials by Charles Strozier and Florian Galler, was sent to our members, although not to our subscribers. The response to the proposed change of format from our traditional eight and one half by eleven sized newsletter format to an approximate six by nine traditional journal format has been overwhelmingly positive. A number of colleagues pledged additional support, one Editorial Board Member sent a check for \$500 and another pledged in an e-mail to provide whatever it takes. We look forward to implementing this change in the coming year.

Grief in the Family

(continued from page 106)

In some ways, we are all born into grief; we are never quite the children our parents had imagined. From our first breath, we begin to leave behind all the possibilities not taken, as we build the path that will be uniquely ours. I was my own mother's "problem" child; the child she was not quite ready for and never quite understood. Ironically, I was also the child who sought her out relentlessly, ultimately living out some of *her* dreams as I found *my* way. It was only after her death that I began to more comfortably discover her within: her laughter, her fierce determination, her profound appreciation of beauty and of the small moments that make life meaningful.

Perhaps her ambivalence left me particularly vulnerable and resonant to themes of loss, but

my early life was also shadowed by the Holocaust, and by the various threads of persecution and displacement marked by this event. I felt this shadow long before I knew the word. Like the cup depleted of its wine each Passover, we titrate our pleasure in deference to those who came before, hoping to leave a better legacy through our own efforts to find our way.

My mother was a teenager during the Holocaust. Her mother's last remaining sisters refused to come to this country from their tiny town in northern Hungary, afraid of how they might affect the lives of their young niece and nephew, and likely also afraid of the unknown life lying across the ocean. Their deaths diminished my grandmother's cup. For her, pleasure was always tempered by sorrow and by a guilty recognition that she had been spared when others had not.

My mother was relentlessly fastidious. It wasn't until decades later that I recognized this obsession as an antidote, warding off the imminent attack marked by the words "dirty Jew." I grew up in the shadows, intently avoiding being cast by any label that might highlight some parts of me while obscuring others. A restless wandering brought me to the Navajo Nation, where I learned something of what it means to be rooted in land, history, and mystery, helping me find my way out of my adolescent wanderings into perhaps the greatest mystery of them all: parenthood.

It was through motherhood that I discovered my mother anew; first vicariously enjoying her pleasure in her grandchildren and then, over time, realizing how profoundly I was patterned in her image, as I noted my reactions to my own daughter and imagined how my mother must have felt in similar moments with me.

Devon was born when I was twenty-six, the first grandchild, a miracle linking me back into the family whose embrace had both constrained and eluded me. Her brother Justin came two years later. Not long afterwards, we moved to a new home, nestled in the foothills just above downtown Santa Fe. Life was simple. Life was good. My children were constant companions, preferring to snuggle together at night rather than sleeping in their own rooms; Justin a softer shadow to Devon's more exuberant self.

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Shortly after Justin's third birthday came a grey day in February, the storm clouds gathering in the distance. Devon and Justin had gone to play with friends who lived a few doors up the unpaved road. Justin came home for a bit to sit on my lap and snuggle. I suggested he stay, but soon he was off to re-join his sister. He went out into the grey day with a small box of raisins tucked into a large pocket in the front of his sweatshirt where treasures could hide and hands stay warm.

Some time later, Devon returned with several of the neighborhood children. "Where's Justin?" I asked. "He wouldn't wait," was the response. "He came on ahead." Wasn't he here?

A dark knot of panic pierced me. Where could he be? I called a few neighbors, but they had not seen him. I looked up and down the street, but there was no sign of him. Storm clouds were gathering, and the day had grown dark and ominous. I searched frantically up and down the hilly gravel road, images of kidnappers assaulting me. My husband returned home from work and began to search with me, finally noticing Justin's boot, lying by the side of the road. He scrambled up the hillside and the world stopped. "Don't come up here," he warned, with such authority that I obeyed, as though some invisible wall had fallen. It would never be lifted, and I would regret not having crossed to the other side.

Chaos ensued. Somehow, the police were called and the streets became thick with neighbors and uniformed individuals clustering in quiet groups, huddling. A neighbor took Devon inside her house. She watched her parents standing together, and wanted to be with us, but no one quite realized at the time that she needed to be there. Jane thought she was "protecting" her. From what, I'm not certain, but we do have these illusions about protecting children, which usually means not giving them information that makes us uncomfortable to deliver. The lack of information increases the child's fear, rather than soothing it. Knowing gives boundaries to our fears, it contains them.

It was our neighbor's dog that had killed our son. People came hunting for it. It kept going back to our front door, then running off as the animal control officers came near. They finally shot it. Its owner was distressed, even outraged. I think she did not want to believe her dog could have

been responsible for such a thing. But it was. She had had warnings of danger but had denied them, as well.

The moments after one's world shatters are like a dream. Shock is a potent anesthetic that de-realizes everything. We move through our lives, barely touching the edges of it. The activities of daily living need to be performed, reassuring in some ways, providing a frame and a structure for a life whose meaning has lost its center. Encounters with others can be soothing or abrasive, or merely odd: we are all so insufficient in the face of catastrophe. Easier to be with those that capitulate to it and sit with us in our pain, rather than those who try to sew it up, set it aside, make it "ok."

When you lose a small child, you lose a piece of yourself. Justin had just turned three, small enough to need to be lifted and buckled into a car seat, carried into a store. The lack of weight on my hip, the rituals no longer needing to be performed, were carried like an absence in me. I would go into a store and want to explain to the salesperson this vacuum; that I was not in her world any longer. The world as I had known it had ended, and I had been plunged into this odd silence with an interim space between me and the rest of the universe, in which life, somehow, just went on as though nothing had happened.

We all went on. We skirted the emptiness as best we could. Our house was no longer a center of activity: the children congregated elsewhere. Devon seemed to spend as much time as she could at someone else's house—anyone else's house—where life went on and the grief was not so heavy. Close friends drifted away; their own grief engulfed them. Others, who had not known Justin so well, were able to come closer.

Thus began a series of many years in which my daughter came to avoid the terrible, treacherous whirlpool her parents' grief would become to her. In the process, she came to avoid sadness of any kind. Her resilience served her well, and she developed into a fine young woman, but was cut off in important ways from the world of feelings. She had paid a terrible price for our inability to help her through the morass that grief had become. I worried about the toll taken on her ability to engage in relationships, and hoped that she would find her way through. She certainly did not want my help

in the process.

Five years after Justin was killed, another child was born: another beautiful boy with blue eyes and blonde curly hair. In some ways similar to his brother, Jonathan was very different in temperament; very much his own unique person. As the years went by, however, it was difficult to tell whose photo we were looking at without gauging the small boy's age by that of his sister. Confusing for Jonathan, as well: which pictures were of him, and which of his brother? And where was this other little boy?

As Jonathan began to ask questions about this other child, we said as little as possible about what had happened to his brother. His father was reluctant to scare him by telling him the truth about his brother's death but this evasion seemed increasingly problematic. I wondered what it must be like for Jonathan to believe that his parents could lose a child and not seem to be clear quite how this had even happened. As my husband and I struggled over this decision, we were forced once again to recognize the shadows our shared traumas had left. Many couples come apart in the face of such tragedy, whereas, for us, having a shared history of losing Justin has been the bitter counterpart to the shared history of having him. We've learned to hold on to the bitter *and* the sweet; to tolerate our inevitable differences as respectfully as we possibly can; to remember that most things don't matter so that we don't lose sight of what does.

We told Jonathan about what had happened to his brother as gently as we could. Thus eventuated many months of gazing at the skies and wondering about God and his brother, trying to piece together meaning in a universe in which children could be lost and parents unable to protect them: a hard burden for a small child.

In his own way, Jonathan intensely grieved the loss of the brother he would never know. Sadness became equivalent to his brother; sorrow his link to the absent presence that shadowed *his* young life, profoundly shaping his sense of self and world. He lived his life longingly seeking the protection of the brother who would have made right all the wrongs he experienced at the hands of others. Jonathan was a gentle child, bruised easily, and, like his mother, ever searching for meaning.

Unlike his sister, Jonathan participated fully in family rituals regarding his brother. It was Jonathan who would come with us to visit Justin's grave whenever we went back to Santa Fe. It was Jonathan who would help to plant and water flowers at the graveside and share in the tears, hungry for memories to fill the gap left where his brother should have been. It was Jonathan who would light a candle on a cupcake on his brother's birthday and let the wind blow out the flame. Jonathan could share the grief his sister hoped to leave behind.

For Devon, grief was much more treacherous, like a path across a precipice. It wasn't until her late teens that she began to talk, first with friends, and then with family, about her own sense of loss. In college, she began to be interested in the effects her brother's death had had on her, and to wonder how other children might have been affected in kind. She devised a research study, exploring the effects of sibling loss on young adults, the results of which we later published together (Marilyn and Devon Charles, "Sibling Loss and Attachment Style: An Exploratory Study. *Psychoanalytic Psychology*, [2006], 23:72-90).

At about the same time, she became ill with a condition that at first appeared to be life altering. Grappling with the misdiagnosis and eventual re-diagnosis, and healing from that illness, offered Devon an opportunity to meet grief *with* her parents and to join with us rather than closing herself off. By that time, we had worked through our own losses sufficiently to be able to be more responsive to *her* signals and to accommodate to *her* needs for closeness and for distance.

Devon was able to utilize her experiences and her resources in her own way, in her own time, much as her parents needed to do as well. In my own grieving process, I have increasingly realized the hazards of my own (and others') expectations about what it means to be "dealing with it" and "getting over it," as I have encountered various milestones over time. I have discovered that "dealing with it" is uniquely personal and cannot be judged from the outside, only internally by the integrity of our path and the quality of our lives and relationships.

I have discovered that one does not "get over" an important death. One learns to live with it

and, with attention and perseverance, the quality of "living with it" transforms over time. When a loved one dies, the vitality of the person is replaced by a shadow. The shadow need not obscure life; rather, it may come to enrich the quality of our lives quite profoundly. But we would not choose to forget someone so important to us, rather we need a way to remember that allows us to move forward in our lives, in our relationships, and in our development. In sharing our experiences in these articles, Devon and I are hoping to facilitate others in this path of mourning that can be quite treacherous but also ultimately enriching. We hope to invite others to brave the pain entailed in sharing their experiences with one another, rather than becoming closed off by the shared grief that too easily divides us.

The Chinese symbol for crisis also means opportunity. When Justin was killed, I was determined to find a way to make his short life have had meaning. What had seemed like fragments of color in a kaleidoscope finally came into focus for me. I started on the path that led me to finally integrating the art and scholarship that had seemed irreconcilable, finishing college and becoming a psychologist and then a psychoanalyst.

Along the way, Devon was finding her own path, becoming her own kind of psychologist; keeping her distance as she developed her own professional identity, but notably pursuing her own interests in the effects of trauma on human development and how one might intervene to assuage grief and build resiliency. Always my most resilient child, she has taught me a great deal about moving beyond the minor keys to which I tend to resonate. In turn, over time she has learned to accept the inevitable losses of life and to be with her family in both our grief and joy rather than fearing she would founder in the emotional intensity of her parents' despair.

Our family has had many opportunities to learn resilience in the face of despair. When Devon was twenty-three and her brother Jonathan fifteen, he fell (or was pushed) and sustained a traumatic brain injury. I was in France, on vacation, when I received a telephone call from my daughter; the quality of her voice told me that catastrophe had struck once again. "Tell me," I said, as the terrible suspense mounted. "Jonathan fell,"

said Devon. "He's in the hospital, unconscious." Thus began another nightmare that was to enfold us in its grip, as we gathered together to try to will Jonathan back from some terrible twilight that had overtaken him. For many days, we did not know whether he would ever regain consciousness; as consciousness was regained, we did not know to what extent he would recover his physical or his mental functions.

Through these initial hours, days and weeks, Devon was with us at her brother's side. This time, she was not a helpless five-year-old fighting for psychic survival in a world turned utterly upside down. This time, she was not a young child standing helplessly alone in the face of impossible tragedy. This time, she was a competent young adult who could come to be at her brother's side, to care for him and advocate for him while he could not do that for himself. This time, she could fend off the darkness, staying at Jonathan's side until he was stable enough that she felt able to return to her own life.

Jonathan's fall came at the heels of the loss of my mother after an intense and arduous bout with cancer. My mother had been the seemingly perfect grandmother. Much as her own mother had done, she seemed to atone for and attenuate the disappointments between parent and child by becoming the consummate grandparent.

Already reeling from loss, when Jonathan fell we were perhaps even more open to move into the place of acceptance and determination, and to find there an impossible faith: a faith that does not make demands, but rather accepts the inevitability of loss and the possibility of finding one's way through. Our ability to be profoundly present in the moment seems to be the most fundamental and potentially mutative aspect of faith, helping us to confront the unknown.

There can be a fine line between faith and folly, and at times we must wrestle between using up our resources in search of an aim that might ultimately be illusory versus foreclosing on some dim yet deeply desired possibility. At such moments, echo in my mind the words of my venerated MD uncle, saying: "Sometimes, you just need to leave it to the experts," knowing that he had, in that moment, been absolutely wrong: that if we had followed the experts' advice when Devon was ill,

the results would have been disastrous. We are all faced, at times, with this fine line between craziness and possibility, needing to be able to differentiate between what might be inherently impossible and what is being limited by contextual factors that are not immutable, even though they seem to be.

When Jonathan sustained his brain injury, our hyper-vigilance was a desperate way of searching for signs of psychic life where none had been apparent. Our faith sustained us through the long days and nights, becoming a scaffolding within which his recovery grew. The intensity of our attunement enabled us to facilitate, ease, and evoke growth; much as the psychoanalytic therapist's attention to the singularity of the patient's dilemma provides the type of profound recognition that can become a call into being. Despair is an ever-present danger that leads us to foreclose possibilities; faith is an ever-present madness that leads us to discover possibilities and to build on them (Charles, 2003).

Jonathan's fall taught me the difference between grief that one suffers largely alone and unencumbered in the wake of a death, versus the grief that is ongoing in relation to what a loved one has lost. In the latter case, successful grieving entails increasing recognition of the magnitude of the loss. This recognition is an important marker but can also be an utterly intolerable reminder. Grieving the loss of the child one expected to have or the future one expected for him presents ongoing personal and relational challenges. At these times, one's attunement to one's child can pose additional burdens as the child resonates to your pain rather than having his own softened. We need a place to deposit our fears and have them held without having them precipitously or prematurely turned back on one another.

One of the truly wonderful things about being a psychoanalyst is that one is always learning both on and off the job and, if we can keep our bearings, each complements the other. Having lived through the loss of a child helps me to be profoundly empathic to others' losses in ways that seem to help them to sit with and be more respectful of their own losses. Being able to tolerate and sit with the grief, anger, and despair facilitates the type of working through that is ultimately healing, enriching, and enlivening.

So, too, having faced my son's psychic death and struggled through the long hours, days, months, and years of not knowing how fully he might recover—and then gradually recognizing that one never fully “recovers”—helps me to have a more profound and nuanced appreciation of the dilemmas faced by those so injured and by their families. Real healing, as Freud marked in his writings, requires that we face as much as possible the magnitude of the loss, thereby providing a ground we can stand on as we rebuild our lives.

We live in what has been described as a “manic” society, in which we deny the inevitability of loss. Watching my son work so hard now at building for himself a satisfying and meaningful life reminds me of how easily we, in this culture, get caught up by details that do not matter at all, and fail to recognize the elements that actually do make life meaningful. Our “self-help psychology” invites us to take responsibility for and believe in our capacities to make things better, but can also offer the illusion that, if we were doing it right, we should be able to actually *make* everything “better,” rather than acknowledging the absolute edges of loss that mark human existence and sweeten our joy.

Optimally, we learn through our experiences and our ability to embrace what life offers, even when we would not choose to enter such terrain. In learning to make the most of what life brings us—from our mistakes and from our difficulties, and to enjoy whatever moments we are offered for relief, satisfaction, or pleasure—the human circle becomes both more varied in its hues and subtleties, and connected in its commonalities.

My own struggles have taught me about the importance of using such experience to better and more respectfully understand others' struggles; to use our own experience to listen more deeply, restraining our desire to say why or how we understand but rather being willing to sit in those difficult spaces that are not unfamiliar to us. Such receptiveness, I have found, reassures my patients without preempting their own journeys.

Grief is a powerful experience that can shake us to our very foundations. It is also a long-term process. If we are willing to embrace it and work through it, we grow through the encounter and become transformed through our efforts.

However, to the extent that we are unable to meet this challenge, we become diminished quite literally: unresolved grief taps our resources, leaving us ill-equipped to meet life's challenges.

Unresolved mourning becomes a barrier to living. As we try to tolerate and titrate our grief, we overburden our emotional resources and limit our fluidity and flexibility. We "keep going," but part of us remains behind, caught by the unresolved grief. These limitations are then passed along the generations, until we can understand the patterns sufficiently that we can begin to free ourselves from some of the constrictions encountered by previous generations.

Through our own struggles, Devon and I have learned something about the difficulties posed by closeness and by distance, over the years discovering enough about one another's uniqueness to have been able to build a relationship that is enriched by our common histories. We have learned that in speaking to and through whatever divides us we become both more differentiated and more closely bound. This, ultimately, is the gift of psychoanalysis: to remind us that we are all more simply human than otherwise and then, thus connected, to remind us to savor the subtleties and nuances of tone, gesture, and coloration that make the world so glorious and various.

At this moment in time, much has been resolved between my daughter and me. We still bump up against the invisible trip wires of "too close" or "too far" but now we speak to one another as we bump along life's road together. It has always been most apparent to me the ways in which we are different: she looks "just like her father" and has his greater equanimity. And yet, we are both women, giving deep and powerful undercurrents to our connections. I would imagine that those ties are part of what kept Devon away for so long. She needed to be sturdy enough within herself to feel that she could "take on" the family legacy of intensity and sorrow running through her mother's veins without succumbing to it and becoming lost within. I have learned from her a great deal about resilience and, together, we have been learning to be freer to share life's joys and sorrows.

Now, as Devon approaches and embraces motherhood, I see her caught up in a process as old as life itself, willing to face life's hopes and sor-

rows as they will transform over time for this new evolving life she carries within. Like me, she will revisit old joys and sorrows and come to new understandings as she finds herself in the place of the mother in relation to her own child. Unlike me, she will have been invited to face both past and future with open eyes, thus hopefully encouraging her children to do the same.

Our cultural tradition tells us to "keep faith with those who lie in the dust." For us, this faith has long, entangled threads that both diminish and replenish our cups. As we learn to better keep our bearings—and to tolerate the inevitable disequilibrium that life also brings—our offerings are more useful to those who come to us seeking their own understanding and forbearance in the face of life's challenges.

Marilyn Charles, PhD, ABPP, is a psychologist and psychoanalyst, currently on staff at the Austen Riggs Center and in private practice in Stockbridge and Richmond, MA. A poet and artist herself, Marilyn has worked extensively with artists, writers, and musicians, and has a special interest in the creative process. She maintains affiliations with the Michigan Psychoanalytic Council, Michigan State University, and the National Training Program. As Co-Chair of the Association for the Psychoanalysis of Culture and Society and of the APA Division of Psychoanalysis Early Career Committee, she tries to encourage the application and integration of psychoanalytic theory and practice. She has published and presented her work nationally and internationally, and is the author of Patterns: Building Blocks of Experience (2002), Constructing Realities: Transformations Through Myth and Metaphor (2004) and Learning from Experience: a Guidebook for Clinicians (2004). Dr. Charles may be contacted at mcharles@msu.edu. □

Grief in the Family: A Daughter's View

Devon Charles King
National Inst. of Mental Health Contractor

One of the first questions asked when people find out you are pregnant is, "Do you have a

preference?" I very much hope that it is a girl; not only because I have fantasies of cute pink dresses and combing long hair, but also because I associate the idea of having a boy with tragedy and heartache.

My pregnancy causes me to return, once again, to the tragedies my family and I have endured. When my mother asked me to write with her about our experiences of grief as mother and daughter, I met this challenge with very ambivalent feelings, similar to the feelings I had when we had set about to write a book on this same topic, a task I have yet to be able to approach. An article, however, seemed a bit less daunting and perhaps even potentially cathartic.

I have spent much of my life doing the avoidance-approach dance regarding the reality of some of my early childhood experiences. I am the oldest of three children. My youngest brother Jonathan is twenty-two (eight years my junior) and my other little brother, Justin, would be twenty-eight were he still alive; he was killed by a dog when he was three and I was five. Jonathan suffered a traumatic brain injury when he was fifteen, after he fell (or was pushed) down a flight of stairs at a friend's house. The sequelae of each of these traumatic events has haunted me for most of my life and ultimately shaped who I am, as has been true for my parents as well. It is hard to imagine what my life would have been like without these experiences, but given my training and background I can now at least discern how they have likely influenced parts of my being.

After Justin died, I coped. I distanced myself from all sadness and emotion. This included, or perhaps required, physically spending most of my time away from my parents, as well as distancing myself from all things emotional. My mom's emotionality made me incredibly uncomfortable; a common scenario was my making fun of my tearful mother while we were all watching a sad movie.

About fifteen years after my brother died, I reconnected with an old friend I had not seen since childhood. She recounted to me how horrifying it was for her, at age five, to hear the story of my brother's death relayed by me with no affect. Perhaps because of my use of avoidance as a primary coping mechanism, it is hard to even remember my

parents' reactions to this trauma, which now makes it interesting and useful to read my mother's reflections about my parents' and my own reactions to this tragedy.

For much of my adolescence, I continued to maintain emotional distance in all my relationships. Although romantic relationships were important, any given individual could be replaced. I became very invested in being "the good kid," focusing heavily on academic achievements. More personally aware of mortality than my friends, I shied away from most adolescent risk-taking, working hard not to cause my parents any more grief than they had already endured. Despite my concern, I realize now that my continued emotional distance actually exacerbated their pain.

During my junior year of college, I became ill. In the face of uncertainty about the diagnosis and the potential outcome of my illness, I denied its severity. I remember being preoccupied with my parents' worries about me, irritated with them for making such a big deal out of things, but also feeling guilty that I was causing them more grief. Reflecting back on that time, I realize how my concern for my parents in effect allowed me to avoid facing my *own* feelings about my illness. My friends were alarmed and actually quite angry with me for not being more forthright with them as I was so busy not acknowledging the seriousness of my illness that I could not even accurately relay information to them. Ironically, however, it was this illness, and my parents' fortitude in getting me the requisite care, that would allow me not only to eventually return to health but also to begin to emotionally reconnect with my family, allowing us to begin to move closer together.

Around that time, I was offered another opportunity to more directly come to grips with the loss I had experienced fourteen years earlier. My very good friend was upset because her grandfather had just died. Her emotional connection to this death afforded me an opening that enabled me to finally be in touch with my own feelings regarding my brother's death. I remember crying hysterically as I considered what it must have been like for Justin to face the dog that killed him.

Perhaps in part because academics had always afforded me some distance from painful emotions, there were times when academic pursuits

provided me with a vehicle to more fully consider the price I was paying for my avoidance, without feeling too overwhelmed in the process. For example, I was given an assignment in an advanced psychology course to write a paper describing a neurotic aspect of myself. My deepening connection to my emotional world afforded me new insight through which to consider my *lack* of connectedness, and enabled me to begin to talk with my mother about the experience of losing my brother. I found this dialogue useful in helping me fill in the “blanks,” allowing me to better understand some of the complex and profound ways in which I was affected by this early and traumatic loss.

Faced with the need to develop a thesis topic in my junior year of college, I used this opportunity to explore whether or not sibling loss affects attachment style. My research and the development of my thesis entailed a search for answers to some questions I had regarding my own history. Most particularly, I wondered whether my difficulties with attachment were related to my early experiences of loss, and whether others who had been faced with the loss of a sibling had encountered similar difficulties. One finding from this study that particularly resonated with my own experience was the importance of support seeking and its relationship to secure (and also preoccupied) attachment styles. When parents are emotionally overwhelmed because of the intensity of their own grief, it is important for the child to have other people who do not represent the traumatic experience to whom they can turn for comfort and support. Paradoxically, however, utilizing such resources can further exacerbate the chasm between the surviving child and her parents. As a child, my numbness towards emotion and attempts to move away from the emotional distress of my parents were adaptive, allowing me to survive an overwhelming experience, but not without impact on my psyche and my future. My work on my thesis helped me to better understand the cause and ramifications of making this type of shift, and to see how what once was adaptive can, at another time, be inhibiting, inviting me to see the inhibition as a defense that threatened my ability to develop the type of intimacy in close relationships that I both desired and feared.

Midway through graduate school, when my

brother Jonathan was injured, I found myself relieved that I had the opportunity to sit by his bed and “will” him back to health. Somehow, that opportunity felt like a gift. The ability to be able to *do* something (even if it was to simply sit by his bed and observe him) allowed me to feel some semblance of control that I had lost when Justin died and I had not been there to protect him. The sequelae of Jonathan’s injury have forced the family to come to terms with loss in a different, more fragmented way. This ongoing process of recovery and readjustment has also helped me to consider my clinical work in new ways, including finding a new empathy for parents and children who may not have the life that either party had dreamed of. My appreciation of the profound and diverse effects of this type of loss aids me in helping other families be respectful of and make meaning from their own struggles.

For example, my work with one young man diagnosed with bipolar disorder was usefully informed by my own family experiences. This work took place during my graduate training, and was particularly helpful in allowing me to better understand transference and countertransference. As I attempted to understand this young man, I became increasingly aware of my own “blind spots” and assumptions. I worked hard to find a balance between resonating with what I was being told, and making assumptions of similarities that were not necessarily so. Certain difficulties posed by living with my brother as a close family member helped me to recognize my patient’s dilemma in having been labeled the “incompetent” and therefore “necessarily” micro-managed family member. Desperately needing to be taken seriously as an individual in his own right, he also needed to be held accountable for his actions so that he might learn from his mistakes. Working through these issues together allowed me to better understand the other end of that continuum; that is, my assumptions associated with being the “competent” child, and shortcomings associated with that role.

Having more room for reflection due to the greater distance inherent in the therapist-patient, as opposed to familial, relationship afforded some insight into my brother’s difficulties and thus a bit more empathy and understanding about each family member’s role and associated

dynamics. My experiences of being more and less comfortable knowing emotion have proven useful in my work with my patients who are similarly ambivalent, helping me to empathize with their difficulties and with their frustration at how long it sometimes takes to move from “insight” to relief. My own marriage is a constant reminder of this life-long journey. It has taken me a long time to emotionally commit to my husband, something that I have only become aware of in hindsight. Although I have felt deeply committed, I can see how this commitment and the risks inherent in such a relationship cause me great anxiety (now perhaps exacerbated by my pregnancy), often experienced by my husband as having a wife with separation anxiety.

As I approach motherhood, I am also acutely aware of my anxieties about the vulnerability and mortality of the child I am bringing into this world. I find myself consciously attempting to figure out how I might manage my anxiety so as to encourage my child to freely explore the world without being saddled by an excessively protective mother. I am aware that one cannot protect one's children from all life's dangers, and that the price of trying can be decreased autonomy, self-reliance, and frustration tolerance in the child. I hope that my somewhat hard-won insights will help afford us both a bit of distance through which to better navigate the complex and often messy entanglements between mother and child.

Attributing my propensity towards anxiety to inhibitions and restraint often seen in an individual raised by an overly anxious mother, and being personally faced with trauma and mortality at such a young age, I do wonder to what extent this anxiety is related to an unconscious sense of my parents' inability to protect me from harm, much as they were unable to protect my brothers from harm. As I consider how I would like to parent my own child, it is difficult to consider the ways in which I hope to be like my parents versus what I might want to do it differently. At some level, to do so makes me feel as though I am not appreciative of all they have done and the magnitude of the problems they have experienced. To find a balance between allegiance and “objective” ideas about what did and did not work, while also appreciating that “the best laid plans...” makes the task of being

a “good enough mother”—whatever that means—seem quite daunting. It is in those moments that I am most able to appreciate my husband's very different, but complimentary, ideas about childrearing, knowing that our differences will require continued conversations as we try to help our child to develop resiliency in the face of life's inevitable difficulties. Despite my fears and anxiety, I try to find solace in the thought that as we continue to learn about and try to understand one another, using *both* of our experiences will help us to strike the necessary balance to keep our child in mind as we face life's uncertainties together.

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Grief and the Loss of a Loved One in the Bush Family

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How families talk about emotions, loss of a loved one, and problems arising in all human relationships is important. Here the discussion is on the issue of dying and bereavement in the family of Barbara and George Bush, focused on the loss of a daughter of one future president, who was the sister of the current president.

There is nothing worse than seeing your

child become ill, suffer, and die. When in February, 1953, the Bushes heard the terrible news of Robin's almost certainly fatal, advanced leukemia, they refused to believe this was the case. Half a continent away they searched in vain for a medical miracle at the Sloan-Kettering Medical Center. The cost to Barbara, George, "Little George" at six years old, and John Ellis (Jeb) at several weeks, was enormous. Barbara stayed with Robin in New York. George, who started his new oil business the very same month as the diagnosis, was in New York on the weekends and home in Midland, Texas during the week. Their eldest son was in the hands of neighbors and other caretakers for extended periods. At times when Robin and Barbara were back in Midland, Little George was sternly warned not to roughhouse with his sister, lest that might worsen her condition. Though the little boy was not told his sister was dying, the unusual behavior of the adults had to have alerted him to it being a serious situation. Unbeknownst to him, she died on October 11, 1953. George specifically remembers the situation when his parents came to tell him the sad news. He was carrying a phonograph with another boy when he saw their green Oldsmobile. He writes: "To this day, I am certain I saw her, her small head rising barely above the backseat." He reports, "The instant I saw the car, I put it [the record player] down, and took off running..." The shock of Robin not being there and of her death was considerable: he "was sad and stunned." The incident remains "the starkest memory of my childhood" (G.W. Bush, *A Charge to Keep* [1999], p. 14).

There are various indications that the family talked only intermittently about what was happening, their fears, and the subsequent grief they felt. George Herbert Walker Bush (born, July 12, 1924 and called "Poppy" within the family) was raised not to talk much about his feelings and accomplishments. Several examples of this tendency are his titling his campaign autobiography, *Looking Forward*, even though an autobiography is about looking backwards, and his mother calling him when he was running for President, telling him that he was speaking too much about himself. A tendency to formality discouraged speaking about feelings: Poppy sometimes followed his father in using the old-fashioned "Dear Lads," in writing to his sons, and even ended his own letters to his fa-

ther and father-in-law, "Ever devotedly" or "Devoted" (G.H.W. Bush, *All the Best, George Bush* [1999]). Speaking deeply about feeling was not something he was comfortable with. This was indicated by his inclination to say to reporters who inquired much about his childhood or personality, "Don't put me on the couch!" His son Jeb said that "it's not natural for us...I think I can speak on behalf of all the family, to get into, to be, to turn on this reflective mode and somehow spill our guts" (Minutaglio, *First Son* [1999], p. 23). During his years in Washington, Poppy would acknowledge, "I am not too good at the emotional side" of life and "I am just not an emotional kind of guy" (The Editors of the New Republic, *Bushisms*, p. 14).

Barbara Pierce Bush (born June 8, 1925) was much more outspoken than her husband, even acerbic in her comments, but not comfortable about probing the emotions and the psyche. This was reflected in her telling a family member, who like George had lost a sibling, not to "over exaggerate" when she spoke about the feelings involved in such a tragic loss.

Barbara Bush had been living a mother's worse nightmare, torn between her daughter in New York City and her sons and husband in Texas. Traveling to New York would normally have been a nice reprieve, because she had been raising three young children far from her family support system in an area where some people were "Eastern prejudiced" (Minutaglio, *First Son*, p. 28). The hair of this twenty-eight-year old woman started turning white during this crisis as her body expressed some of the strain, as she struggled to control her emotions. A certain hardness in Barbara Bush's face may be a residue of this terrible period of her life.

Despite her own overwhelming emotional needs, she forced herself to be a good caretaker to her dying daughter and a devoted mother, wife, and daughter.

When Robin died, Barbara was emotionally numb. The day after their daughter's death the bereaved Bushes played golf at Barbara's father's request. He thought this would help them take their minds off Robin's death. She had trouble facing people at the wake. Only a small group was invited to the memorial service (B. Bush, *Memoir* [1994], p. 48). According to Minutaglio, Robin's

body was donated to science, while Barbara reports her mother and a friend laying the child's body to rest after George and Barbara had left for Texas. Because of his isolation from the events in New York, "Georgie" was denied an opportunity to mourn his sister. Back in Texas, the father mourned his daughter and did what he could to console his wife. Barbara, who had allowed herself no tears before the death, "fell apart," and time after time during the next six months, "George would put me back together again." She reports, "We awakened night after night in great physical pain—it hurt that much" (B. Bush, *Memoir*, p. 49). Many times her husband held her in his arms as she wept herself to sleep. George threw himself into his thriving business in the dynamic and cut-throat West Texas oil industry. It was a business requiring lots of travel that would leave him with a bleeding ulcer in his early thirties (Bush with Gold, *Looking Forward* [1987], pp. 11-12).

Most of the time, this left grieving Barbara alone with her two sons. Her friends didn't want to bring up a subject as painful as the death of a child. They even made inappropriate comments such as, "at least it wasn't your first born and a boy at that." Her grief partly took the form of anger, as illustrated by her recollection that "I just needed someone to blame." Mentioning Robin was painful, but not mentioning her daughter left Barbara with the terrible feeling "as if she had never been" (B. Bush, *Memoir*, pp. 49-50).

Seven-year-old Georgie had terrifying nightmares—the details of which are unknown—related to the death of Robin. He did not understand why his parents had never told him his little sister was dying. There are several indications that he identified strongly with her, even in death. When he was with his father and some friends at a baseball game, he shocked the adults by wishing he were Robin. To his father's query of "why?", he answered, because "I bet she can see the game better up there than we can here." On another occasion, after he learned that the earth rotated, he asked his father if his dead sister was standing on her head—an idea that bemused him. It is noteworthy that in both of these examples cited by Barbara, it is to his father that the boy speaks about the lost love one; the subject of Robin may simply have been too painful for the mother or upsetting to

the son. Whether or not they spoke about their great loss, there is no question about the degree of their closeness.

A turning point in the mourning process was when the mother overheard her little boy tell his friends, "I can't come over to play because I have to play with my mother...She's lonely" (Minutaglio, *First Son*, p. 46). This spurred Barbara to action. For the Junior Service League she started a woman's exchange store and worked at it "night and day." It served the purpose of drawing her out of the mourning that might have turned to melancholy. When she had her next child, the fourth of six, she gave up the shop. The family moved to a nicer house, as well. Barbara joined lots of organizations, smoked, enjoyed a cocktail, became known for her sharp tongue, and was the typical Little League mom cheering her sons' athletic efforts.

George W. may have followed in his father's footsteps to Andover, Yale, the oil business, politics, the presidency, and war with Saddam Hussein, but his personality is most like that of his mother, with whom he spent an enormous amount of time. Anna Williams, a maid who moved in with them whenever the family was back in Connecticut or New York, described mother and son as "exactly alike, even their humor was alike." They would also, "squabble a lot. You know how kids and parents that are just alike will get?" (Minutaglio, *First Son*, p. 48). Mother and son were quite close, as part of the legacy of the most intense part of the mourning of Robin's death occurring at a time the family breadwinner was absorbed in building his business.

The death of Robin was a major emotional crisis for the family. The Bushes suffered, but held their family together amidst the pain. George found an outlet for his energies in his business. Barbara became more attached to her oldest son, threw herself into volunteer work, turned her attention to a new house, and had more children until she had a girl to replace the one the family had lost. Therapy does not appear to have been an option in West Texas in 1953. The enormous grief, suppressed and repressed within the family, took its toll on young George, who continued in the role of family clown, just getting by in school, right through college where he drank and partied a lot.

He seemed fated for a life of failure when at age forty he gave up alcohol and turned his life around. One might argue that his bellicosity and a sense of entitlement in his public life is in part a reflection of his unresolved mourning. His drive to go to war against Saddam Hussein was directly related to his conviction that the Iraqi dictator had tried to kill his father in 1993, a loss that would have been even more devastating than the death of his little sister. George W Bush is a man who lives in denial regarding many of his feelings, choosing action over contemplation, which predisposed him to wage two ill-considered and ill-planned wars in his administration.

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The Pedagogy of Mourning and Death Education

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Catherine, a former student, recently e-mailed me about how the eulogy I wrote for my beloved wife gave her the courage to write her father's eulogy. Catherine was a member of an Expository Writing course I taught at SUNY-Albany in the spring of 2004, the semester when my wife Barbara lay gravely ill from pancreatic cancer. In early March, when the doctors told us she was close to death, I informed my students about her condition. The news stunned everyone, for I had not shared this information with them earlier in the semester. Nor could they have known from my demeanor—I am usually playful and high-spirited in the classroom—that Barbara was ill. Barbara did not want to read the eulogy—she said it would make her too sad—but she allowed me to read it to the class. Before beginning, I announced that it would take me about twenty minutes to read the eulogy, and that class would end when I finished. Anyone who wished to leave early, I added, could do so. Finally, in a quiet, measured voice, I began the reading. I struggled to maintain my composure, and when I finished, everyone filed slowly

out of the room, shaken by the words of my eulogy for my dying wife.

Barbara died on April 5, and I immediately began writing a book about our life together after her diagnosis on August 12, 2002, one day after our thirty-fourth wedding anniversary. I wanted the book to have a pedagogical focus—a writing teacher sharing the most wrenching experience of his life with his undergraduates, many of whom were sharing painful experiences with him. How did my students feel about hearing me read the eulogy? The week after the reading, I asked them to describe, in a brief, anonymous in-class assignment, how they felt about hearing a teacher eulogize his wife in class. Their responses, which I then photocopied and shared with them, became a chapter in the book. Before the semester ended, I promised my students that I would send each of them a copy of the completed manuscript. I told them that if they shared with me their impressions of reading the entire work, I would include their letters in the appendix of the book.

Dying to Teach: A Memoir of Love, Loss, and Learning was published by SUNY Press in 2007. The appendix contains letters from sixteen of the twenty-four students who were in the class. In her letter, Catherine spoke about reading the book on the way to work each morning: “On the Long Island Railroad, miles away from Albany and you, Barbara came alive to this twenty-two-year-old postgraduate. Upon arriving at Penn Station I would stuff the draft back into my bag and wonder if you knew how your words, your life, were floating around in my mind. Looking back, I guess I felt such relief because you had managed to keep a part of your beloved wife alive to others.”

After completing *Dying to Teach*, I created and taught a new undergraduate course, *Love and Loss in Literature and Life*, in the spring of 2006. Within a few days, registration for the course closed at its maximum, sixty students. We read several eulogies, elegies, poems, and stories focusing on the literature of bereavement, including Anna Quindlen's *One True Thing* (1996), which was eerily relevant to my family's experience. Shortly before she lapsed into a coma, Barbara asked me, in a barely audible voice, whether I could give her “all the medication”—meaning a fatal dose of morphine. This remains the most un-

nerving thing I have confronted in my life, and it is the same question that the dying mother asks her daughter in the Quindlen novel. Despite the novel's central flaw—in real life, no caregiver would be arrested and charged with giving a lethal dose of morphine to a terminally ill person close to death, as Quindlen's fictional daughter is—*One True Thing* describes powerfully not only the caregiver's feelings of guilt, grief, and confusion but also the vexing end-of-life issues that bedevil many families.

What made Love and Loss in Literature and Life distinctive was not the literature we read or even the fact that I often talked about Barbara's death. Rather, the course was unusual in the seven personal writing essays on death. In one assignment, I paired each person with a classmate and each wrote the other's obituary; in another, students wrote a eulogy about a person living or deceased; in another, students wrote about how their attitudes toward religion affected their views of death. I graded these essays not on content or degree of self-disclosure but on the quality of their writing because it would be inappropriate for me to grade them on their feelings, beliefs, or values. After teaching the course, I then wrote a book about it—*Death in the Classroom: Writing about Love and Loss* (forthcoming 2009).

I taught Love and Loss again in the spring of 2007, but this time it was as a writing course with twenty-five students. The only book I asked my students to read was *Dying to Teach*. This course was even more intense than the first one, mainly because students wrote essays every week, which they read aloud. Now students could write several essays about the significant losses in their lives. Many wrote for the first time about the death of a parent, grandparent, sibling, cousin, or best friend. Three students wrote about having an abortion, an experience that filled these pro-choice individuals with ongoing grief and guilt. The students also kept weekly diaries of their feelings and thoughts about the course. Like Catherine, the overwhelming majority of students in both Love and Loss courses concluded that their writings were painful yet therapeutic. Many said in their anonymous evaluations at the end of the semester that it was the most powerful course they have taken. I am now writing a new book, *Write to Life*

and *Death Education*, about this course, one that focuses entirely on my students' writings.

As my students will readily attest, I love to teach. During my wife's twenty-month struggle with cancer, the only time my life seemed "normal" was when I was in the classroom. I took care of my wife in our home, but I never missed a day of teaching. My colleagues offered generously to take over my classes, but they didn't realize that teaching was the lifeline that kept me sane. Teaching gave me the strength that I needed as a caregiver.

Why do I write books about death? For many reasons. First, writing is a way to bear witness, to observe and record solemn and sacred experiences that must be told. By writing books about Barbara, I honor her memory and enable students like Catherine to learn about her beautiful life. Second, writing about death helps me to deal with my grief and understand the feelings of sadness, loss, and existential guilt that are part of the process of bereavement. Writing about Barbara became my major task of mourning, a way to work through dark feelings. Writing is a counter-phobic activity, helping one to master fears and losses. Paradoxically, I was so absorbed while writing *Dying to Teach* that I often forgot about my grief, a phenomenon the psychologist Mihaly Csikszentmihalyi would call a "flow" experience. Third, writing about death keeps me securely attached to Barbara, making her a part of my everyday life. Contrary to the influential view of mourning that Freud theorizes in "Mourning and Melancholia"—"Reality-testing has shown that the object [loved one] no longer exists, and it proceeds to demand that all libido shall be withdrawn from its attachments to that object"—I believe, along with a growing number of contemporary psychoanalysts, that the mourner needs to maintain a relational bond with the deceased. Finally, I write books about death and teach courses on love and loss so that students like Catherine can write about their own losses—past, present, and future.

As far as I know, I'm the only English professor in the country to teach courses on death education. Geoffrey Gorer has observed that just as sex was the great taboo in the nineteenth century, so is death the great taboo in the twentieth—and now the twenty-first century. We are a death-

denying culture, and college students have few opportunities to speak or write about their experiences with loss. Death is often encountered in English courses—Hamlet's death, celebrity death, death from the terrorist attacks during 9/11—but students rarely have the opportunity to write about their own experiences with death. I create a safe, empathic classroom where they have the freedom to write about their experiences without the fear of being criticized by their classmates or teacher. Their essays are often emotionally charged because they write about the most important people in their lives. Sometimes they cry when they read an essay aloud, and sometimes their classmates and teacher cry, but there are many more smiles than tears in my classrooms. Students know that only their grammar and style will be discussed in class, not their emotions. They also have the freedom not to write about anything that is too personal or painful.

Catherine mentioned in her letter that I inspire my students. They also inspire me. The courage and truth of their personal essays are striking. Many students have suffered earlier and more frequent traumatic losses than I have. Some have lost a parent at an early age, and a few have lost both parents. Many have suffered a loss that I cannot imagine, the breakup of their family through divorce. In some ways, losing parents through divorce is more shattering than losing them through death. Students write about this and other types of loss, and they almost always feel better as a result of writing. As Catherine implies in her letter, teachers can have a therapeutic impact on their students without pretending they are therapists. Students learn the art of "critique" in their other courses; they learn the art of empathy in mine. They learn to listen carefully and respectfully to each other, knowledge that helps them to understand the other. My students see me as both a teacher and a "real person." They know that I struggle with many of the same life issues as they do. They hear the sadness in my voice when I talk about Barbara, but they also hear my love for her along with my undying gratitude for having known her. Equally important, they can see that I have survived a devastating loss, which gives them the hope that they too will be able to survive the loss of their loved ones.

All of us confront love and loss, and all of us struggle with age-old questions about death. I

believe that teachers would be more willing to allow personal discussions about death in the classroom if they realized that death education is mainly about life education. What better place to talk and write about death and life than the college classroom, where education can become transformative? Educators have long known about the power of teaching. "Education is not a preparation for life, education is life," John Dewey realized. Students remember best those courses in which they learned, in Catherine's words, life lessons. These life lessons help all of us, teachers and students alike, when we confront, as we all must inevitably do, sooner or later, the loss of the most important people in our lives.

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My Grandmother's Death

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As a psychoanalyst I have learned that the unconscious reveals itself at unexpected times and should not be ignored. Consequently, when I spoke about the death of my grandmother at the Psychohistory Forum session on "The Art, Creativity, and Psychology of Aging," I wondered why this loss during my college years came to mind. There may have been a special intensity in my recollection since I was asked to write about it. Then I realized I am about to become a grandmother and that has brought back the memories of my own grandmother and how I cared for her just before her death.

The request made me realize that my teenage years were full of loss. First, my dog Tippy died when I was thirteen years old, then my horse Duke had to be "put down" three years later. Next, my mother was diagnosed with colon cancer and died four months later when I was eighteen. Finally, two years later, it was my grandmother. Until now I had never realized that when I went away to college I was trying to escape all this loss. My

father had also remarried and had another child so I felt that I had lost him as well.

Before my mother Katherine died, she had helped me confirm my plans for college. My grandmother Katie wanted me to stay home and take care of my father and my brothers. But my father insisted that I go to college. Thank goodness he did, since without it my life would have been very different.

It was in my junior year when I was just twenty years old that he summoned me home from the college in New York City. "Your grandmother is ill and we need you to take care of her. Come home right away."

I left Pratt Institute and returned to Reading, Pennsylvania, where my grandmother lived alone in a semi-attached house. I always loved her home where we had had Saturday night dinner for as long as I could remember. It had lots of dark wood, lace curtains, and stained glass. The house had hardly changed since my grandparents' marriage over fifty years earlier.

The plan, I found out, was for me to stay with my grandmother until she was better or died—although no one mentioned the fact that she might die. At the time it was considered bad luck to mention death.

My mother had died two years earlier and my father remarried a year or so after her death. He and my stepmother now had a small child to care for, besides my stepmother's parents who lived nearby. I was the oldest child and my parents' only daughter so I was the designated caregiver for my grandmother.

In her eighty-third year, my grandmother Katie Althouse had been humorous about growing older. She said things like "The gas company is not sending up gas properly" when something she cooked did not turn out well or that the ingredients were not what they used to be when she accidentally left an ingredient out of a recipe. The newspapers, according to her, were now printing the news smaller, too.

When I arrived, my grandmother seemed thinner. She was weak and appeared disoriented. I had never seen her like this. She had always been a good cook and prepared food for us whenever we

visited her. Now she showed no interest in cooking. I asked her what she wanted to eat and I prepared it for her. She had been proud of her cooking, and now ceded all responsibility to me. Since she had a strong personality, she had a way of getting people to do what she wanted without their even minding most of the time.

She had a woman who shopped and cleaned for her, so her home was always tidy: she was by nature a neat person. During the day I sat in her room and at night I slept in a bedroom down the hall. After all these years as best as I can recollect she must have had a bell with which she summoned me or maybe I just peered into her room from time to time to see if she needed anything.

I had always been fond of "Grandma," a self-sufficient person—one of eleven children who had been farmed out as a child to work for another family. As a young woman, she worked as a servant to a well-to-do family. Then she met my grandfather, married, had one child, my mother, and began her education. She studied cooking and dressmaking. She made her living as a dressmaker while my grandfather worked for the railroad and in construction. Neither one of them had an opportunity to attend college.

Then, one day in church (St. Mark's Evangelical), as my grandmother told it, the light of God shone on her and she became a faith healer. She would say a prayer for people and write a prayer on a cloth that they would wear. She bought cheesecloth for this purpose. She listened to their complaints much like a therapist. My brothers thought she had truly heard the word of God. Whether or not she heard the word of God, she was able to make a good income from her faith healing. She did not ask for money, but accepted an offering. In this way she bought their home, supported herself and my grandfather and put my mother through college.

As I spent time with her she told me that all was prepared for her funeral. Her clothing was arranged neatly in a drawer—the clothing she was to be buried in. She had a will that divided her assets equally between my two brothers and me, her only grandchildren. The house was to be sold and the money from the sale to be divided between the three of us. She even asked me what I would do with my share. I said, "Buy a red sports car," but

of course I never did. She did not flinch or tell me what to do with my inheritance. She showed me her engagement ring, which she gave to me. I do not know what happened to her diamond earrings that she always wore. I think she must have worn them to her grave.

She stayed in bed except when I walked her to the bathroom. She was unsteady on her feet and needed my hand to maintain her balance. Once I took her to have her long hair washed. But that was the only time we went out. At night as I lay in my bed down the hall, I could hear her labored breathing.

I was with her about two weeks. She began to refuse to eat. I hope it did not have to do with my cooking. She would not eat and eventually I heard the death rattle as I sat with her.

I called my father and he called the undertaker. The undertakers came and tried to shoo me out of the room as they wrapped her in a sheet, pulled her along the floor and carried her out as I felt the finality of death.

I think she willed herself to die. The coroner said it was "hardening of the arteries." Maybe so, but I think after her daughter and her husband had died, she saw herself as not needed—a fifth wheel. That is when she decided not to eat because it would hasten her death. She had always been good at losing weight. She would say, "I just eat less."

Today, I wonder if she was depressed. She never complained about any of the losses she had suffered. She died when she chose to and with dignity in her own bed in her own home. I know; I was with her. No feeding tubes, no hospital staff, just she and I. She made the decision and I respected her decision as she respected my decision to buy a sports car with my inheritance.

At her funeral everyone said wonderful things about her. Family and acquaintances knew that she had helped the less fortunate, she lived a life beyond reproach, and she treated my stepmother kindly after her own daughter had died.

I was reminded of all this again when my husband and I went to a memorial service for a friend who had recently died. We sang songs and said prayers and after the service shared stories

about the woman who had died. It was a good time, remembering the dead while celebrating life. James Joyce told it well in "The Dead."

After my grandmother's funeral, my father was the executor of her will. He bought her house and, together with my stepmother, rented it out. The money from the sale was divided equally between my two brothers and me. I kept a lamp of hers and my brothers kept some of my grandfather's tools. Her work as a healer may even have influenced my own choice of vocations. In various ways her memory is kept alive. Clearly, she lives within me in my strength of character and ability to work hard and save money.

Margery C. Quackenbush, PhD, is the Executive Director of the National Association for the Advancement of Psychoanalysis. She has taught courses on neuroscience and given workshops on humor, depression, and the death of the analyst. She received a certificate in psychoanalysis from the Center for Modern Psychoanalytic Studies, and her PhD from International University for Graduate Studies. Dr. Quackenbush resides in New York City with her husband and they are about to become grandparents. She may be reached at mq@naap.org. □

Unacknowledged Deaths

Ruth Neubauer Psychotherapist in Private Practice

Today is the 16th of April.

Today, six years ago, my youngest daughter lost the baby she had been carrying for five months. They called it a "miscarriage." It would have been their firstborn.

Laura and her husband now have girls aged three-and-one-half years and fourteen months. It's easy not to remember the unacknowledged loss; it's easy to forget this unacknowledged death. Entering the date into my calendar at the time, I wanted to remember so I might not collude in our cultural denial of such occurrences.

The pregnancy announcement had already been made. The three-month uncertainty period had passed, making room for the excitement for

this very first baby. When the baby was “lost,” everyone in the extended family and friendship network had to be informed.

Responses were kind and typical: “Oh, I had several miscarriages...it happens all the time...not to worry...it’s very common...I’m sorry to hear that but...”

Of concern to me as a professional psychoanalytic psychotherapist is the number of those losses and deaths, which occur but have no social supports or process opportunities to properly mourn the loss. We know the importance of grieving and mourning as an essential psychological task to move from the paranoid-schizoid position to the depressive position—from all-or-nothing, black-or-white thinking to the ability to tolerate ambivalence, ambiguity, and uncertainty. We know that losses occur throughout our lifetime and that denial of those losses may portend acting-out the un-processed grief in some other, less productive, way. Then we might ask why it is that our culture does not acknowledge, nor have any ritual, for the loss of babies through miscarriage, abortion, or stillbirths? What is the consequence of this for the mother? For the father? What is the consequence for the living siblings? How does this unacknowledged death affect the nuclear family itself? Does it become a source of shame? A family secret? How does it affect our culture as a whole?

How often in the process of psychotherapy it is revealed that our patient had a sibling who died, mother who was depressed, father who felt helpless, and life went on as though nothing happened. Except, something did happen; something very deep, emotional, meaningful, and disruptive happened. It may be part of an explanation of anxiety or depression in our patient though it never became part of the family narrative.

When we suffer abortions, miscarriages, or stillbirths, the cultural/medical message is to keep on going, go home and make dinner—as usual, then wait a couple months or so, and try again,.

My friend Anne tells the following story of what she refers to as her “disenfranchised” grief from thirty-one years ago. Happily married and with their first child almost two, she got pregnant, carried to term, and went to the hospital to give birth. The baby died in childbirth, strangled by the

umbilical cord that had sustained him for nine months. Anne asked to be “put out” as soon as she was told what happened. “They took the baby away and that was that.” Anne reminds me that this was a long time ago and things have gotten better. “Back then there were no ‘infant death support groups’ and here I am telling you this story thirty-one years later, still crying.”

Things are better now than they used to be. Louise, now in her thirties, had a stillborn little girl. Another first child lost. Though devastated and seriously depressed, she and her husband were able to hold, wrap, name, bury, and have a mass for the baby. They both say this was very helpful for them, as rituals usually are. Now they have gone on to have three healthy children.

What we don’t know is what happens over time. Whether years later, a suppressed memory surfaces, or an absence of information is filled for someone in the family resulting from a lacunae in the family or a secret or shame or lack of language, and someone in the family begins to grieve without explanation, searching for language to express the sadness of an unacknowledged death.

For the mother, these losses are also body memories. Alice, a mother of three, in a reasonably happy marriage, got pregnant in 1976. Abortion had recently become legal. As their youngest child was nine years old both Mom and Dad easily agreed that another child would be too much. The dilation and curettage procedure (D&C) was planned for 1:00 pm on a Tuesday afternoon in a clean, safe, legal outpatient doctor’s office. There was no reason to think of it as a loss as it was so clear that this was a decision of choice. There was also no reason to think that clamping the cervix would become a body memory which forty years later, when Alice needed a cervical biopsy, would send her “through the roof” with anxiety, remembered pain, and uncontrollable crying. It was only then, those many years later, that she put these two events together. She explained to her doctor that she had a “body memory,” which made her anxiety unmanageable, and asked that this otherwise doctor’s-office-procedure be done under anesthetic in the hospital so she could be unconscious; the doctor complied.

There now are resources for these kinds of losses and deaths, but we still need to recognize,

acknowledge, and support the importance of such occurrences, helping couples and families through this unacknowledged trauma.

Ruth Neubauer, MSW, a clinician in private practice in Washington, DC, working with adults and couples, recently moved to Denver to be closer to her grandchildren. She has served on the faculty of the Washington School of Psychiatry and has reached out to the public through the American University Institute for Learning in Retirement and at the Politics and Prose Bookstore. Ruth Neubauer is also a musician, published poet, and photographer who may be reached at Ruth-Neubr@aol.com. □

Choices in Dying

Choosing When to Die

Herbert Barry
University of Pittsburgh

The end of life is obviously a major event for each individual. With the exception of deliberate suicide, people usually believe that they have no control over when they die. Information on dates of death with special significance suggests some people choose a special day or group of days for the end of life. Most of these choices are probably not accessible to their conscious awareness.

Some famous people have died on a date that has special significance for them. A single occurrence can easily be attributable to random chance because of the large number of people and multiple significant dates for each. Three early presidents of the United States died on July 4, in the round number of either 50 or 55 years after the American Declaration of Independence, on July 4, 1776. They were John Adams and Thomas Jefferson, who died in 1826, and James Monroe, who died in 1831.

Winston Churchill, while 90 years old and after 12 days in a coma, following a severe stroke, died on January 24, the 70th anniversary of his father's death. Franklin D. Roosevelt had a superstitious aversion to major trips or other initiatives on Friday the 13th. His sudden death, on April 12, was the day before Friday the 13th, 1945.

Some people might choose a final group of days or even a final year. Bobby Fischer, former chess champion of the world, died of kidney failure in 2008 at the age of 64 years, corresponding to the number of squares on a chessboard. This could easily have been due to random chance. However, two of the earliest chess champions of the world also died at the age of 64 years: Howard Staunton in 1874 and William Steinitz in 1900.

More convincing evidence for choices of final days of life is available on 3,484 husbands and wives. I recorded their dates of birth, marriage, and death from 25 genealogical books. My records were limited to couples for whom there was no report of divorce or other marriage.

In agreement with previously published reports on other samples of individuals, more husbands and wives died within a week after instead of within a week before their birthday. The difference in number of deaths is small but was statistically significant when combining both husbands and wives.

A larger difference in number of deaths is that more wives died a week before instead of a week after February 14. The majority were widows and older than the age of 70 years. Many were chronically ill. A desire of some wives, probably inaccessible to their conscious awareness, might have been avoidance of the approaching Valentine's Day. This desire was apparently not shared by their husbands. Most of the husbands probably felt less significance of Valentine's Day. The husbands more often died suddenly and unexpectedly, while their wife was alive.

Another large difference in number of deaths is that more husbands died in the same month as their marriage instead of in the preceding or following month. A desire of some husbands, probably inaccessible to their conscious awareness, might have been for their final days of life to be in the same month as their marriage. This difference

in number of deaths is not attributable to a higher frequency of both marriages and deaths in the same month. Marriages were most frequent after the harvest, in October and December. Deaths of husbands were most frequent in late winter, February and March.

Permanent physiological failure, which can occur on any date, is the most obvious and immediate cause of deaths. A special significance of certain dates can influence when this ultimate bodily collapse occurs.

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Micky's "Good" Death

Peter Petschauer
Appalachian State University

The night before my stepmother Micky (Anders) Petschauer died, she appeared as if in a haze, and very weak. The cancer at the left side of her throat was beginning to close off her ability to eat and drink. She was partially propped up and visibly uncomfortable. In spite of these difficulties, her mind was somehow alert, even if slowed by the exhaustion from the month-long struggle with being in bed and the disease.

We prodded her to drink at least a little bit of water and accept a few spoonfuls of yogurt. She replied to my "One cannot live without food and water," with a faint "Who wants to live?" All the same, she agreed to the yogurt, and I prepared to feed her from a plastic container, the kind that most of us have held in our hands. The difference was that this container had Mozart's face on one side, this being the Mozart year and the senior facility most likely having bought it for a reasonable price in nearby Austria. She looked on as I partially filled the spoon. To try to bring a bit of hu-

mor into this unique situation, I reminded her that the ashes of the famous Austrian composer were not in the container. A faint smile flashed across her face, like those of the good old days, and she asked me to turn the container toward her. She made it clear that she wanted to read the ingredients. As I turned the container, she opened her eyes wide and knowingly, as if to say, "I get you, buddy; you are trying to trick me."

She could not read the ingredients without her glasses, but she had made her point. That March evening, my wife Joni and I did not know that this was the last time either of us would see our Micky alive, let alone feed her. This was our last direct communication, and so this moment lingers on as one of the best memories of her and our relationship with her. The next morning the woman we knew so well lay stretched out in her bed, having died about a half hour before the staff called us into the room. In her death, she seemed alive, almost as if asleep. We heard later that our impression was correct. She had fallen asleep after one of the nurses had woken her for a morning swallow of water.

It had been a difficult few months for Micky, but usually she retained her sense of humor and rarely complained about pain. As she put it, "I cannot stand pain, I want to die before it starts." Luckily for her, her wish came true.

Thankfully, good memories can fill our minds and wipe away the bad. For about two years, until the mid-October before she died in March, Micky was angry with me over something Joni and I still do not understand. Maybe she projected the anger about her illness onto me, or she thought that we would not be there for her in the last months and days of her life. But, just as quickly as the anger had started, it dissipated, and our relationship returned to "normal."

For years, "normal" meant sitting in the evening over a glass of wine around her living/dining room table and reminiscing about the past and contemplating concerns of the present. In the last months of her life, normal meant bringing her a red rose and "putting on her face" every day we visited her in the fantastic community home for seniors provided by her community. Even on her last day, Micky was visibly grateful that Joni made her up and that she had a new rose. It also meant

sitting with her in her room, and off and on trying to talk about the outside world. During her short stay in a nearby hospital two weeks before she died, normal meant driving through the Bavarian winter and then looking out with her over a pristine snowy landscape; yes, with horses.

Micky was a beautiful woman, in the style of Doris Day, for those who recall this once-famous idol. She started out as an actress just before WWII, continued with this favorite activity during it, and struggled on with it shortly after this massive catastrophe. My stepmother loved to reflect about her time in Königsberg (now Kalinin-grad) where she acted with a small troupe at first for the townspeople and later for the German soldiers and officers who were stationed in it and nearby. She was barely in her early twenties, and this was one the most exhilarating stages of her life. She had a near-photographic memory that enabled her to read her roles one time and "speak them" without fail during the first run on stage. Her favorite role, by the way, was Faust's Gretchen. Her uncanny ability to recall text left lots of time for fun; "older" men surrounded her with adulation, wined and dined her, and when the Soviet front neared and their artillery already shook the ground, they whisked her out of town.

With many of Nürnberg's playhouses collapsing after the war, acting disappeared for Micky as a genuine professional option; although she tried to stay with it, she usually held down secretarial jobs. Oddly and fortuitously, my father arranged for one of her last stints. He schemed for months to have an actress play the female roles that he usually took on for the small acting group in the American, later Bavarian, prisoner of war camp then outside of Nürnberg. So, in the fall of 1947 the German prisoners of war persuaded the camp administration to advertise for an actress. When Micky appeared, my father, who had a year earlier been presented with divorce papers by my mother, fell head over heels in love. At first, she did not want to have anything to do with "the old man," but he persisted.

Late in 1948, she had her first break; she became an announcer with Bavarian Radio. The second break came in the mid-1950s when she was called to the station's headquarters in Munich and for the next twenty years announced, live, its Sun-

day concerts. Once more, Micky was in her element; she met everyone from Pavarotti to Carreras and from Caterina Valente to Placido Domingo.

Her reminiscences of that time were total fun and brought us into a very different world. The following was one of her favorite stories. For one Sunday, she made herself a black dress (yes, she made her own outfits in the fifties) that exposed her entire back and stopped just above the famous carpenter's crack. The orchestra, mostly men, went wild. The audience had of course no clue about the reason for the enthusiasm. They only understood when Micky turned to them as she exited with the announcement of the last song; many, many years later, we could still hear the applause.

In the meantime, my father had been released in 1948, and she helped him back onto his feet. Although he was twelve years older than she, they married in 1954. During his long struggle with diabetes she helped as well, and after his death in 1977, she did not remarry. In one rather open moment, Micky said about this decision: "What would I do with an old man? Nurse him to the grave? No way; at least I knew your father for a long time." She did not want to tempt her luck with catching a younger man at what she perceived to be the ripe age of fifty-eight.

Micky fell in her apartment two years before her death; she broke her clavicle and, because of her brittle bones, the doctors were not able to return her arm to full mobility. She rebelled and complained, but with time she accepted this limitation. She also adjusted well to the facility in which her best friend placed her after an attempt to manage alone in her apartment. For the most part, she recalled the good times of her youth and middle years and reflected with considerable satisfaction that she had the wisdom already then to enjoy them. In her estimation, most people she knew were not as fortunate as she.

Micky was a modern German, even a modern European woman. But oddly, she did not think much of feminists. To her mind she succeeded as a woman before they came along, and "in my own way...We are smarter than they, *die Männer* [the men]." She was modern in that she held a very responsible job, kept up with the latest news by reading most parts of Munich's extensive South German newspaper every day, read the latest nov-

els and biographies, debated with my father and anyone else about any and all issues, and hiked every mountain in the region. At her death, their library contained over 1,000 books and at least 100 playbooks.

During her stay in the hospital, we brought her the newspaper one afternoon, and she promptly had us sit her up in her bed so she could read it. After a few moments, she shook her head, smiling. The paper was upside down. When we turned it, "the print has become too small...Never mind," she added, "tell me what's in it."

A team of very competent doctors in this hospital discovered the very aggressive cancer. With the clear winter sunshine coming through the window, her doctor, a very pleasant man who speaks English fluently, wanted to know from us: "Do you think we should operate? We can do it, no problem; but I don't know if an intrusion will do much for her quality of life or her life expectancy." She and we were stunned by the news, but her "No" came fairly quickly. Without much emotion, she followed up that she wanted to die and not be in misery.

Aside from her eagerness not to be in pain and to avoid any extension of her not-particularly-pleasant life, we have felt since then that she was making it easier for us to accept the inevitable. We also think that her final days and moments were as well done as the life she had led before then: absolutely charming, tough and yet accommodating, intelligent and yet never haughty, goal-oriented and yet flexible, full of humor and yet understanding of herself and those around her.

Micky died on March 17, 2006, and her ashes are interred in the new graveyard of the Bavarian state which provided such good services in her final years.

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second half of that decade. Prof. Petschauer is an active scholar whose most recent book is about his father's disillusioning experience as an officer in the SS. He may be reached petschauerpw@appstate.edu. □

Is a Good Death an Oxymoron?

David I. Smith
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The Editor of Clio's Psyche proposes a most profound and provocative question for our consideration: "What constitutes a good death?" At first blush it seems to be a cruel oxymoron even to locate "good" and "death" in the same neighborhood. After all, is not death the absolute human evil, the total negation of all human good? How can we even bring ourselves to mention in the same breath, goodness and our vaporizing into a black hole of nothingness? Citizens of the Middle Ages who survived the Black Death surely had it right when they sang farewell to the millions of corpses who clogged their streets and fields with the words of their liturgies, "*Dies irae, dies illa,*" "O day of wrath, O dreadful day."

The text of death so interweaves with the fabric of our living that it challenges us to read death like any other text, be it the Bible or Shakespeare. We are compelled to look to the literary masterpieces of our civilization, not so much to find right answers to life and death, but rather to uncover the correct questions. As Dietrich Bonhoeffer once cautioned us about the Bible, it is not so much that we question the text as it is that the text interrogates us about our living and dying. We must seriously listen to death before we can answer the question: what constitutes a good death? If Heidegger is correct that we must wait in silence and that authentic speech can spring only from silence, then the response to our question about a good death can emerge only from our living. True or apocryphal, I know not, but I feel the following story illustrates this point.

One Sunday a minister was preaching to his congregation about the meaning of a good death and he told the story of the man who was on

his deathbed and his whole life passed before his eyes in an instant, and he wasn't even in it. Is this an instance of T.S. Eliot's "hollow" man who passes his days in a "wasteland"? In the very first sentence of Ernst Becker's *Life Against Death*, he writes, "The prospect of death, Dr. Johnson said, wonderfully concentrates the mind." Why must our minds be concentrated, if we are to avoid being found "missing in action" when our life passes before us at our final hour on this earth?

Yes, indeed, brushes with death can wonderfully focus our minds on the essential lessons of living, but glancing in this mirror we rapidly turn away and quickly forget what we have seen. The fragile lessons we learn when faced with death are soon forgotten, scurrying into the shadow regions of our souls as we plod along our mundane ways, once again oblivious of the Grim Reaper. The compulsion to forget the lessons taught by our brushes with death may well be what Freud was pointing to with his theory of the Death Instinct. Linked to the compulsion to repeat, this self-destructive instinct blindly compels us to forget the lessons we must learn if we are to live our life to the full. Heidegger insisted that we can live abundantly and authentically only when we remember that we are on a journey toward our own death, or as he would say, we are "Be-ing-toward-death."

Our refusal to remember—this existential repression—springs from a peculiar fear of living and hatred for life. In an exchange of letters, *Why War?*, between Einstein and Freud, they concur that whoever hates life loves death. Death reminds us constantly that we must own our own life, take responsibility for it and resolutely refuse to hand our life over to any other. Heidegger sees our human situation as a perpetual flight from the summons to own our own life. Only "Thought-fullness" can save us from losing ourselves in the things of this world, in the impersonal mass—the herd, the crowd—and public opinion. Repression of death thus takes the form of "Thought-lessness." If I give away my very own self by absorption into the "they," what they think and what they do, then I live a Thought-less life by repressing both my fully living and my fully dying. Whoever said that if I am not for myself, who am I, and if I am only for myself, what am I, had it just right. Only if I have owned my own death by having

fully lived my own life can I speak in any sense of a good death. Otherwise, it is as the Bard said, mere sound and fury signifying nothing.

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Hope

Andrea Fox and Emily Jaffe
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Our approach to the issue of hope at the end of our lives is to view it through the plight of one determined woman. Jane Coyle's decisions and language illustrates how personal experiences and self-image can work in concert with the medical community. This is a skill that medical providers and patients must nurture in the face of medical technology.

Jane Coyle grew up in a large family and married early. She lived in Pittsburgh and raised six children. When her husband died, Mrs. Coyle remained in her community, becoming even more active in her church, local charities and cultural institutions. When she had a stroke at age seventy-one, her life changed dramatically. She became partially paralyzed and was only able to walk with the assistance of a walker. It left her with vocal cord paralysis, which caused her to have difficulty swallowing. Although she was unable to do much of her volunteer work, she devoted her energy to her rehabilitation and recovery. Initially she responded well to speech therapy and ate safely for

several years. However, as she aged, her swallowing weakened, as did many other muscles in her body. Slowly she developed more frequent pneumonias. She began to spend more time in the hospital, with her doctors, and discussing her health with her children. There were frequent conversations with Mrs. Coyle about how she would survive if she could not swallow and what the future might bring. When her doctor or family talked with her about her future care, she would only say, "Where there is life there is hope. Everything possible should be done to stay alive." As it turned out, this answer was open to multiple interpretations and almost caused Mrs. Coyle personal indignity, pain, and potential medical complications.

What Is Hope?

Mrs. Coyle was hoping to live. She was a fiercely independent person with tremendous pride. She had a very personal definition of what it meant to stay alive, but with this came a threshold where it no longer would be bearable or beneficial to accept limitless medical interventions. Many patients with chronic aspiration have physical hopes regarding their health and swallowing abilities. Mrs. Coyle may have believed her muscles could strengthen enough so that she could eat and keep food out of her lungs. Other physical desires may have included staying out of the hospital, never developing further pneumonias, avoiding pain and living at home.

In the medical community we discuss the physical hopes, but ignore the emotional hopes that drive these discussions. The hope that our bodies will remain at our emotional and intellectual age is often what drives aggressive medical interventions.

Mrs. Coyle had seventeen grandchildren and wanted to see how their lives would develop. Maybe she wanted to reconcile relationships, or regain independence. Mrs. Coyle likely hoped for everything discussed. However, when she envisioned herself with her grandchildren, she did not envision herself infirm. She hoped for a chance to eat what she wanted, laugh, love, dance, and actively participate in life. Although not possible, she wanted to remain vibrant and strong, watching the generations of her family mature and find happiness.

The Lottery

The best investments are low risk and high

payoff. When buying a lottery ticket there is little risk. For one dollar we dream about the gifts we will buy for others, bills paid off, good we will do. In reality, we know the odds of winning are miniscule. If we do not win the lottery we lose a dollar and enjoy ourselves. The downside of the investment is defined upfront and easily quantified.

What if we were gambling for life rather than money? What would we sacrifice in order to stay young and reverse the physical changes of time? Would we take the long arduous road including pain, indignity, dependence, institutionalization, bills, lost family time, lost wages for our families, and hospitalization? In this new scenario we would know that no one has ever won this lottery. Most contestants have died in hospitals or nursing homes, rather than at home surrounded by family.

What about gambling for time only, but, like Mrs. Coyle, we could not get well? We could gain more time, but would still have our stroke, pneumonias, dependence, the need for nursing care, and the fate of more illness in the future. How much would we spend to get the wish of time with disability and illness? This is the payoff when we hope against death.

Hoping against death is not like the lottery. Less than five percent of chronically ill older hospitalized adults survive and even fewer are discharged. None of those discharged from the hospital are as functional as when they were admitted. These people bet on curative therapy to live a long time, but pay the price of receiving invasive therapy and eventually die.

A Dignified and Serene Ending

Mrs. Coyle's children were distressed by the thought of their mother not eating enough. They questioned how she would be able to get well. After several hospitalizations, and because Mrs. Coyle had said to "do everything" to stay alive, her family felt that a feeding tube might be helpful. Although there is no evidence that feeding tubes prevent pneumonia or improve quality of life, the Coyle children could not help but try anything in the hope of keeping their mother alive. Mrs. Coyle said "Absolutely not!" when presented with this plan. She explained that what she meant by doing everything possible to stay alive, was everything she could do to stay alive, not what hos-

pitals and doctors could do. She felt she was already doing what she could do to help herself and she requested to go home. She agreed to hospice care, and after several weeks of speaking closely and personally with each of her children and grandchildren, died quietly and comfortably surrounded by her children in her home. When her children reflect on Jane's death they say that she died on her own terms. They all agree that she lived the last part of her life true to the independence and integrity that defined her whole life. They felt all her wishes had come true.

Higher Payoffs with Lower Investments

With realistic goals and hope intact, we can live a long and satisfying life accepting our illness while receiving supportive care. We can transition to supportive end-of-life care at the appropriate time and still wish for longevity. How do we do this? What can we really hope for? If we cannot live forever, if our true "wish" is impossible, how do we approach the hope that we have left?

Accepting that none of us can control illness and death is one of the first steps toward physical and emotional wellness. This includes our doctors and loved ones, and ourselves. Each of us has an emotional and spiritual foundation that comforts us and helps us to cope with adversity. When facing life-limiting illness, it is essential that we identify that part of ourselves and nurture it, as well as focus our faith, hope, and prayers that preserve that force.

Additionally, real risks that each of us fear accepting can be controlled and managed. We need to be clear about what these are. Given Mrs. Coyle's condition, what were those risks that she clearly wanted to avoid? Perhaps they were suffocation, pain, loneliness, incontinence, hunger, or any other number of difficult symptoms. Once Mrs. Coyle and her family had direct conversations about particular interventions, she was able to ensure that her values were understood and met during the last part of her life.

Our current language of hope is often counterproductive to meeting this goal. We routinely talk about fighting disease, battling illness, conquering cancer, losing battles, and withdrawing care. Using this framework we are all sure to die defeated one day. The reluctance to explore our fears and desires can actually cause more pain and

suffering. People often feel that foregoing disease-modifying therapies is giving up. Can we be winners by setting realistic goals and hopes such as dignity, less pain, resolving unresolved issues, or saying things that seemed too hard before?

We all have the insight to explore our fears and hopes regarding death, if we desire. Armed with this insight and the ability to express it to our loved ones and healthcare providers, we can "save our own deaths" and bring meaning to the end of our lives.

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Fantasies of Death

Technoculture and Virtual Death

Juhani Ihanus
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The personal inner experience of the passing of time is developmentally connected with the sense of the passing of our own life and with the feeling of something irreversible concerning our existence. This fatal blow to the secure perception of one's life is consciously processed already at the preschool and early school ages. To guard one's integrity against the "bad" experience of mortality at the end of one's consciousness and one's lifetime, the child can recur to the fantasies and fictions of living in another time and place where death is not imminent. Such fantasies help master

the threats of dying and regulate the feelings of impending inevitable fate.

For example, a ten-year-old boy who was dying of leukaemia imagined that on the moon time would pass slower than on Earth, and that he would thus live longer on the moon and become as old as his father. Thus, he hoped to maintain his secure relation with his father and with his therapist (the example is from Tor-Björn Hägglund, *Dying: A Psychoanalytic Study With Special Reference to Individual Creativity and Defensive Organization* [New York: International Universities Press, 1978]).

To maintain the internal flow of living, we project it into the external world that goes on living with us. The end of one's time is then projected into the images of the end of the world that needs to be rescued. The bad experience of timelessness is tied to the fears of losing one's conscious self, living body, and embodied experiences of aliveness. To escape facing the un-lived life, we try to build up the new organizations of the self and fantasies of controlling time. Often, we rush frenziedly from event to event, from show to show, desiring endless expansion without admitting any lacunae of slowing and fading.

In his "Thoughts for the Times on War and Death" (1915), Freud stated that we are onlookers to our own death, which we cannot really imagine. In the unconscious, our own death remains impossible, the death of the stranger (the other) is wished, and the death of the loved ones is ambivalently received by splitting it into love and hate.

Omnipotent technological Promethean dreams displace the mortal self and its archaic death anxiety to virtual space. In these dreams, the animate body and consciousness is mediated more as an artificial life spectacle than as a natural living organism. New kinds of artificial objects (virtual pets, digital dolls, and human-like affective computing devices) are produced. They give the appearance of aliveness, but, unlike humans, they do not disappoint or betray. They evoke emotions in the user and enable perfect narcissistic relations with machines that are neither living nor dying. The cyborg as a hybrid between the machine and the human being is both threatening (while destroying human values and qualities) and seductive (while promising to relieve us from the pains of

mortal embodiments). Contrary to the child, the cyborg has no developmental history, no parents, and no affiliations—besides those linking to military and economic power bases.

The technological extensions of human organism enact shared group-fantasies and cultural visions. Internet contacts do not mean personal touches with the other; on the contrary, they disconnect us from too much grief for the lost ones and expose us, simultaneously, to entertainment violence and satisfaction. To grieve attests that we have dared to love, and we can still love because we have grieved. Such grief is counter to the pursuit of productive efficiency and consumer happiness (see Robert D. Romanyshyn, *The Soul in Grief: Love, Death, and Transformation* [Berkeley: North Atlantic Press, 1999]). In technological culture, grief has been turned into depression to be instantly doped by pills. Grief is a waste of time, and it does not sell.

On the Internet, we can inscribe an e-obituary, build a virtual tomb and immortalize the memory of our loved ones in the eternity of the Net/Matrix. There are several virtual cemeteries (even for the pets) offering their discrete easily accessible services for commemoration and for replacing the body with body images, with the imagined subjectifications of the deceased. We can locate and visit tombstones whenever and wherever. The matrixial unconscious never sleeps and never forgets its virtual members on which it nourishes itself.

Technocultural dreams and bioneuropsychological utopias move fast toward posthuman bodies and virtual cemeteries. The subject of technoculture can perform his/her death by surfing the Net and leaving the body and the terminal identity behind, kissing goodbye on the monitors and changing the virtual body/identity program. The media repeat and simulate deaths and resurrections. The struggle about the convincing and appealing images of death has accelerated. Death is not a cultural taboo: we witness death in different poses on every channel. However, the "best possible" death in the media is the sensational and provocative death of the other, distanced and detached from the viewer. Virtual death can be dosed individually and in a mass scale.

Various experts on dying (philosophers,

medical doctors, psychotherapists, sociologists, theologians, and thanatologists) express their views of "human" dying, using their specialist jargons. The age of effective treatments has created the psychotherapeutic encounters of the dying, but also the overarching biomedical surveillance strategies and technologized hospital death for all consumers. Controlled, sterilized and sanitized death is produced by the medical institutions as the last societal anointing and cosmetic procedure. The wild and meaningful "own death" outside this regulatory circle is barely allowed. Everybody is forced to die decently and systematically, according to the parameters of the disease and the model set forth by the medico-therapeutic organization. The care for the dying is part of institutionalized and bureaucratic-empathic treatment that deprives dying of personal intensity—and of developmental perspectives: the life-long death work, the process of having been born and died—psychologically—several times during one's life, is erased.

The "prosthetic God" that Freud (in *Civilization and Its Discontents*, 1930) already anticipated is becoming serialized in artefacts. The age-old desire to extend and transcend the body and the limited self-experience through technological and communicative tools across space and time is alive. At the core of these manifestations is the illusion of immortality, which excludes the living relation to one's "own death," the psychic task of experientially approaching the personal limit. Dying is projected onto the other scene, with endless re-enactments. Memories of the dead are filed and sealed in the archives to be revisited and replayed through the code name.

Traditionally, we saw the human predicament through a shared sense of mortality. Now, we will never have to face the loss of any objects, but only to interface their re-emerging in engineered artificial life environments. We used to have ambivalent feelings, but they will be obsolete when we get intertwined with and immersed in programmed realities and relations. The global electronic network is the space of apparition where the virtual and the real, the living and the dying, co-emerge and co-evolve.

Virtual reality, image technology, and high-speed computing are no longer only tools. Actually, they constitute our imaginal environ-

ments, our resonating fields of memories and larger consciousnesses. Technologies bear the symptoms of disorders and at the same time offer windows or portals through which onlookers or participants are invited into interaction and transformation. With the systems/matrix interface in our brain, we will have access to the designed realms of memory and memorizing. We are on the threshold of the emergence of exciting and terrifying forms of connectivity of people, places, and ideas. In this new reality, what are the dialogical positions and relations of the self? What kind of narrative identities and life transitions emerge on the World Wide Web, in the flux of life our stories?

An old motto maintained that "it is necessary to navigate, but not to live." On the Net, this motto can be restated, "it is necessary to surf, but not to die."

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All That Death

Tom Ferraro
Sports Psychoanalyst

Death is an ugly affair; there is nothing pleasant about it. It seems impossible to discuss it in a way that suggests hope, uplift, or joy. Yet, as this call for papers suggests, it is an important fact of life that warrants discourse.

My father died on September 10, 2008. He was ninety-four years old and had lived a good life. His slow dance with the Grim Reaper was symbolized by an ugly cancerous growth on his forehead which he refused to have removed the last year of his life. Instead, he wore a Mets baseball cap to hide it from us. At age eighty-seven on October

27, only six weeks later, my mother died without complaint. She had had a bad car accident about fifteen months ago and really never recovered from it. Also, I lost my son two years ago in an accident. He died more quickly and softly than my dad but his death was far more wrenching. He was thirty-five years old and well into a prosperous career in the film industry. Dead and gone at thirty-five. Dead and gone.

The psychological literature on death, from Freud to Kübler-Ross (*On Death and Dying* [1969]), essentially says that loss must be met head on with a process of mourning so recovery can be eventuated. To prove his point Freud wrote his greatest thesis *The Interpretation of Dreams* the year following his father's death. What I will discuss in this piece is how artists in film, literature, and music deal with death.

Hanna Segal, in "A Psycho-Analytic Approach to Aesthetics" (see Rita Frankel, ed., *Essential Papers on Object Loss* [1994]) writes that the artists' unique gift is their willingness to experience and then to express the full horror of death by working it through with the tenderness and goodness of aesthetics. She writes that the artist has the unique ability and strength to breathe life into death by having achieved the depressive position. They bring beauty, order, and the life instinct into contact with ugliness, chaos, and the death instinct. Among the numerous examples of this is the songwriter Leonard Cohen's famous line describing death as "sinking into the masterpiece," which is both simple and exquisite, capturing death by fusing it with beauty. T.S. Elliot's opening line in *The Wasteland* reads, "April is the cruelest month, breeding lilacs out of the dead land." This perfectly expresses what Segal tried to say. The artist shows us how to pull flowers from the dead; they bring art to death's door.

My favorite line on death comes from the mouth of the beautiful replicant Roy Batty played by Rutger Hauer in *Blade Runner*, a 1982 film based upon a novel by Philip Dick. At its end, Roy Batty sits among the ruins in a future Los Angeles plagued with rain, garbage, and darkness. As he slowly dies he says to Deckard, played by Harrison Ford, "I've seen things you people wouldn't believe. Attack ships on fire off the shoulder of Orion, I've watched C-Beams glitter in the dark

near the Tannhauser Gates. All those moments will be lost in time, like tears in rain. Time to die." As he dies, a white dove flies out of his hand. Beauty is born from death, which is reminiscent of the first line in *The Wasteland*, where lilacs grow out of the dead earth.

What can we learn from death? What is the epiphany that it tries to bring to us when we lose a parent or a child, and spend our evenings rolling around the living room floor in tears? The way I managed to overcome the loss of my son was to write about it in a series of articles, which proved cathartic. I did the same after 9/11 when I found myself writing about that trauma for ten weeks running. Articulating grief is a very healthy way to mourn and to process the loss. I think to do so publicly is even more beneficial. Isn't that what funerals are—a public display of tears and words?

The thought of those I have lost gets me to look back at my own life in an effort to find some solace there as well. Like the character Roy Batty, I could say, "I've seen things you people wouldn't believe. Like coming up out of the subway into the daylight in central Paris to see the Left Bank. Or sitting on a boat as it meanders down the Grand Canal in Venice at midnight."

One day when I was sitting with my friend Spalding Gray in a Manhattan restaurant, he told me about how he always liked to play with death. A month prior, he was finishing up a film where he played a man who had attempted suicide. He was made up to look like he had just slashed his wrists. Spalding had a strong compulsion to play a trick on someone, so he excused himself from the set and went to a hotel pharmacy. He went up to a nice old lady behind the counter, raised his bloody wrists, smiled, and said, "Got any Band-aids?" Never have I heard a funnier story. The poor lady in the pharmacy nearly died of shock. Throughout this entire story, I was hysterically laughing. I had a growing fear I could easily drown by inhaling the soup as I laughed so I put the soup spoon down and survived the story. Five years later, Spalding, whose mother had also killed herself, committed suicide by throwing himself into the East River. Always playing with death, and writing about it as well, had an effect on him.

So how did I come to terms with my son's early death? I do not know. Death demands an

epiphany and an answer. As my mother got close to death, she told me she had many chats with the Grim Reaper herself. If I asked, she would tell me what they speak of. "Oh Tommy, don't you know we sometimes talk about you. He asks me why you haven't gone to Yosemite Park, or Barcelona or the South of France yet. He asks, exactly what are you waiting for?" Perhaps she will give me a gift from him. I am sure it would be a wristwatch which I ought to wear every day and think about time—and how it is always running out.

Artists and writers do not deny the cruel fact that life will end someday. They have the courage to realize the ugliness of death and dying, and to weave something around it to make it more beautiful. They have the good fortune to be able to write about it or act it out in public. The Oscar-winning film *All That Jazz* is about the death wish of Bob Fosse (written and directed by Fosse), a womanizing, workaholic choreographer. It made the work of Elisabeth Kübler-Ross famous. A young Jessica Lange played Death and wore a see-through white silk gown and veil. Fosse, played by Roy Scheider, flirted with her the entire film until in the end she won. Death always wins. *All That Jazz* is another reminder that we will all face the Grim Reaper some day, so take some time to live life, feel joy, and create something beautiful for yourself. Death instincts will win in the end, but the life instincts can win while we are alive to feel them. This is the simple and yet vital role of the all the arts, be that architecture, film, music, literature, or painting. They give us the life instincts to marvel at and to revel in.

If you are not an artist, and do not have an outlet in which to express your grief, you must rely on the opportunity to craft a eulogy at the funeral. Make it long and heartfelt; and bring your tissues up to the podium. This is always cleansing. We can fight death by creating beauty, by witnessing beauty, or by traveling to see beauty. Either way, we are all in a battle of life against death. So I say live in beauty until the end, where finally the Grim Reaper smiles on us and wins the very last match. So win every day, feel joy every day, watch beauty every day. If you do that, it is a life well-lived, and you will be ready to finally sink into the masterpiece.

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Death, Psyche, and Evil

Jerry Piven

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There is an intrinsic relationship between the fear of mortality, our invention of the sacred, and the nightmarish history of human violence. The apprehension that we cease to exist has spawned myriad visions of afterlives, paradises, reincarnation, and divine transcendence of the flesh. Death has been denied, forgotten, and transformed from fear, despair, and horror into joyous mirages and dreams of soothing repose. Disintegration of the body, the loathing of decay, putrefaction, and defeat by death have been transmuted into divine beatification and cathartic triumph. Death has been a seduction, an erotic longing for oblivion, rebirth, and merger with God, even a satiating absorption of fear into sadistic violence.

There is no paucity of research on what people believe about death. Yet, there is a dearth of psychological study that illumines the immense intricacies of our unconscious fantasies of death and the impact of unconscious dread on our propensities for war, atrocity, and extermination of evil. We may read countless explanations of what sacred doctrine or perverse terrorist misreading inspires some to imagine that apocalyptic martyrdom leads to Paradise, but barely any psychological adumbrations of why someone might feel that he must kill and die to be loved.

We still require deeper explanations for why death can be purification, rebirth, or orgasm. It is not enough to speak literally of death, purity, or evil. When Hindus purify themselves in the fetid waters of the Ganges, one of the most polluted rivers in the world, we must understand that the act is not literal cleansing. Nor is liberation from the corpse when consumed by fire. In this case, the living body in all its functions is an impure prison of the soul, and the holocaust is release

from the cycles of birth and death. We must understand too, that the contamination of a corpse in ancient Judaism is not a realistic fear of disease. One who fails to purify himself in the proper ashes "shall be cut off from Israel" and from God (Numbers 19:13). In *The Savage in Judaism*, Rabbi Howard Eilberg-Schwartz demonstrates that in the Tanach a woman's fluids, even those in birth, are also contamination and death. Yet the circumcision of the male child purifies with blood; male menstrual blood reverses the contamination of death.

Death is still treated as though it were one specific, identifiable thing people all understand, while believing different things about it. Death is far more than it seems. To genuinely understand our attitudes toward death we must exhume what has been buried, and what we may not want to know about death. It pervades our most sacred and passionate beliefs, and compels our most sinister behavior. We must therefore dissect the fantasy, imagery, poetry, delusion, and action that embody, dissolve, transform, displace, and occlude our thoughts on death. For we may envision death not only as the end of life, but as punishment, mutilation, catastrophe, aloneness, or alienation. Also, death may be dreamt even as sleep, rest, love, embrace, the womb, rapture, purification, or vengeance.

Culture, accident, and experiences form our profoundly disparate associations, feelings, and convictions about death. What leads us to stoicism and acceptance? What wracks us with fear and loathing, gestates existential misery, turns us to religion, or leads us to apocalyptic atrocities? Why does one culture envision death as undying darkness, while another sees death as a gossamer dream. A culture may conceive death as resurrection of a divine body, and yet another may divine murder in the name of God as the gateway to paradise. The terror and trauma of a plague, cataclysm, or war may be relived in images and obsessions unconsciously gripping the psyche, unconsciously reenacted and re-inflicted to exorcise and extinguish death. Individuals within a culture may distill their own unique experiences into artistic or aberrant conceptions of death. One person may be ensconced within the cultural vision; another may transcend the confines of such conception, reach an

epiphany, and depict death in innovatively creative ways. Alternatively, one may hasten death in the formation of a suicidal cult, seek to catalyze the apocalypse by dispersing and orchestrating death, or become madly obsessed with extinguishing evil. A writer may compose an epic poem that awakens others to a new shape of death, a religious reader may reinterpret sacred texts to sanctify infliction of death, or a government may institute policies that murder innocents under the auspices of piety, charity, democracy, and peace.

Death weds the sacred and our fantasies of evil. Salvation and resurrection depend upon moral demands, demarcation of good and evil, the acts and piety that divide infernal Hell from heavenly bliss. Ritual and taboo are intended to ward off evil. They establish the sacred ways of controlling, cleansing, abjuring, and warding off contagion, wickedness, danger, defilement, catastrophe, and death.

The terror of catastrophe breeds stratagems designed to isolate and defer the calamitous danger that may so easily erupt. Death is so utterly terrifying that its causes are hallucinated: a mere ray of sunlight upon the king, a misplaced petal that doesn't protect his foot from the ground, a toenail clipped at inauspicious times, the bowels relieved on impure days. A boy may die if he encounters his menstruating sister. A flood or plague may descend on a city if a woman cuts her hair on the wrong day. The causes are often imagined, sometimes approaching the symbolism and unreality of phobias and paranoia.

People then grasp at delusional means of magical control, supplication, piety, and purity. These traditional remedies, primitive science, or reasonable speculations have their foundation in terror and fantasy. Communities invent rituals that become sacred because they banish evil and death. There is an infinite repertory of apprehensive maneuvers desperately striving to avert disaster. Youths, or a goat, may be chosen to contain the defilement and evil, which is then expelled from the city. An animal may be sacrificed, while the knife is declared guilty. There are numerous, diverse rituals practiced to prevent death from raining plague, vengeance, or cataclysm.

Evil is not always a religious concept. Yet, the rationale of a moral or ostensibly secular ethi-

cal system may be permeated by fantasy and functionally sacred means of control and aversion. Evil denotes innate badness and remorseless malice. When the word "evil" is invoked, the other becomes a repository of vile intentions, not merely one adhering to a different value system, but one without humanity or compassion not as fully human and caring as oneself. The other is not a person whose beliefs are merely incorrect or ignorant, but a malign nonhuman force clamoring for death. When evil is spoken as a metaphor, the attribution of malice and hostile intent may be more diaphanous, but when invoked as innate wickedness, a theological dimension splits good and evil into rigid categories that sanctify the pure self and demonize the other who may be justly slaughtered. One kills to eradicate evil, and need feel no sadness or remorse. As a metaphor, evil is evocative. We can use the word to imagine visions of the Devil, Hell, fire and brimstone, ghosts, vampires, Claggarts, and Iagos. The metaphor can be rich, a profound evocation of our feelings and fantasies that we may consciously explore.

The linguistic machination is also psychological. Marking another as evil provides a mythic justification, the magical sound that enables people to numb their empathy toward those who deserve to die. The relegation of humanity to evil is also a psychological process, the sequestration of vile qualities from the self. The acute splitting of categorical good from evil seeks to isolate evil from the physical self. One splits malice, rage, destructiveness—all evil aspects from the conscious sense of self—and displaces them onto or into the other. One needs the other to be the visage of evil and to siphon and infuse evil elsewhere. Evil is not only drained from the self, but from one's community and God. These too must be purified, cleansed of all malicious qualities, and instilled with loving beatitude. God isn't allowed to sin, must love us; he is who we invent to declare us good, beloved, righteous, and divinely sanctioned to blight our enemies. This cannot be the rule. Not everyone perceives evil in starkly black and white terms. Not everyone is arrested in paranoid-schizoid hallucination, thrives on vengeance, or yearns for violent outlets. Here, then, is a psychology of evil, for it is terror that compels unquestionable worldviews, flight from ambiguity and unknowing, consolidation of rigid strata of good and evil, and ene-

mies that can be killed to eradicate the relentless threat.

The terror may derive from psychic representations, the internal presences of others digested from infancy onward, and intrapsychic entities that are as ghosts and demons that plague one with fear, horror, rage, and self-loathing. These ghosts torment the psyche but may easily become the conscious ego, the sense of identity and desire. One may be scarred so profoundly that one cannot but experience the world as wicked, malignant, and persecutory. One may align oneself with the rage and self-loathing, and thereby inflict it on others to please one's ghosts, purify the self, and murder evil in the other. One can simultaneously seek to murder one's evil ghosts, and one's wicked God—the evil residue of the purified god—by killing the enemy.

There are genuinely threatening, malicious people in the world, but evil is almost always a hallucination, projection, and transference, the displacement of archaic injuries, objects, conflicts, and torment unknowingly experienced in the present as a real and external menace. There is for some a compulsion to repeat the process of splitting evil from internal presences that ghost the psyche, to then find an enemy who becomes the repository of evil, and can then be killed. The repetition may never be satisfied because no violence will ever un-haunt the psyche of its odious ghosts. One may never silence the echoes of self-loathing, or satisfy the voices that demand one's own death, no matter how repeatedly one seeks to please the voices with murder of the self in the other.

One can be spontaneously terrified into violence by reacting to a threat or a fearsome idea. Many people can be manipulated instantly and regressed to paranoid terror where the enemy is raging for one's death and must be quickly destroyed. History is rife with unspeakable and uncontainable violence erupting when communities are threatened by the fantasy of an enemy. A culture may magnify a tiny, benign minority into a homicidal threat that must be murdered to raze evil, or a leader feigning peace and piety may beguile a people with mendacious words of terror, seducing and soothing us with promises to root out and vanquish evil. Our own terror stupefies reason: it scares us away from consciousness, perception, and aware-

ness. We regress and we thus become naïve and seducible by the most horrendous violence.

Death is not merely one static fact we all comprehend, but the most elusive and intricate of symbols, a physical reality that is vastly altered and suffused with fantasy and imagination, denied and evaded in countless ways, and finally, indelibly fused to our experiences of self, the body, the divine, and our most sadistic acts of slaughter. We must illuminate the mortal terrors that send us hurtling into sacred visions and doctrines of salvation, delirious and sacred denials of death, hateful apprehensions and delusions of inhuman enemies, as well as acts of malice and slaughter.

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Death Anxiety and Threats

Experiencing My Father's Life and Illness

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Independent Scholar

The trajectory of my father's life has been handicapped by professional failures for as long as I can remember. Indeed, it has been perhaps the only recurring tragedy within our household, the one that sneaks into conversation or, in some cases, requires no words and is thus articulated by a rigid quietness every night as he prepares for the awful nightshift at a local grocery store.

He was a hard-working student at my age.

He converted his years at Seton Hall University into an accounting degree—a degree he now harps on as being worthless—because of his parents' encouragement. They wanted a stable and honest career for their son, and although their intentions cannot be faulted, my father felt that the number-based environment stifled his creative tendencies and strong personality. He wanted to be a weatherman. He should have been a weatherman. But he chose accounting instead because it offered the most certain future.

My father spent several years in the accounting field before I was born, but when I was close to five years old and my sister was only two, he made the life-changing decision to shift professional gears and find something fresh and satisfying. His gamble resulted in a seven-year unemployment spell that made my graphic artist mother the sole provider for the family. Because I was so young, my mind recorded this episode in photographic fragments; I remember the stacks of classified ads he collected, the restrained but real frustration of my mother, the TV dinners he prepared when my mother worked late, his continued interest in meteorology, and his insistence that I find the career that absolutely fulfilled me. Forget money or pressure, he repeated along with my mother, be what you want and should be.

Ten years ago my father—at age forty-three—swallowed all professional pride and sought a job that would offer him consistent but modest money while he searched elsewhere for employment. He began working the night shift at a local grocery store and reluctantly fell into the routine of sleeping during the day and stocking shelves all night. A decade has passed since he started his night crew odyssey, but only two things have changed: his store and his health.

It was March 2006 when my father's appearance reflected the sickness within. He was particularly tall and lean before doctors found a tumor attached to his pancreas, but in the brief three-month period before he arrived in the emergency room, his body withered like a dying oak tree; the severity of his illness was matched only by the spectacle of his size. By the time he was admitted to the intensive care unit he had lost tremendous weight and, most strikingly, his characteristic awareness and humor. He was so ill he

could not speak for a time. Because I was living on campus that spring I became physically aware of my father's illness only when I came home the weekend he went to the hospital. His half-open eyes, warily peering out from sunken sockets, still haunt me on occasion.

The recovery process replaced his nightly routine, and after weeks in intensive care receiving counteractive hormone shots and countless tests, he was able to come home in stable health.

My reaction to his cancer and the very real possibility of his death was admittedly selfish. Regrettably, I thought in terms of "me" and "mine." It was *me* who was losing a father, a male mentor, and one of my life's anchors. His near-death experience impressed upon me the absolute finality of death that can only be made real by its proximity in the home. Two years passed and his health was maintained by more shots, a specialized diet, and pure defiance. Bravery was not the banner my family rallied under; instead, we united in the name of tribal (i.e. familial) stubbornness. It seemed the natural Reed response. In spite of these developments he went back to work—this time burdened with the knowledge that life is too short to stock shelves.

This summer his symptoms returned suddenly. His weight dipped again, his eyes receded, and his hollow cheeks became bookends for his gray beard. Unlike the first time, I was home to witness the wheels fall off.

It was the night before he was admitted to the hospital for the second time that I was overwhelmed by his condition. I was no longer thinking in terms of "me" or "mine." In two years I had matured beyond that early, self-involved response and instead reacted with something more profound. I found myself evaluating my father's life for him while he struggled with death. It felt proper categorizing his victories in his absence but the process was heartbreaking. I genuinely feared that he would never be aware of the private achievements which were overshadowed at home by professional failure. Without question, his accomplishments and fatherly inspiration outmatched, in my mind, any portfolio or professional exploit.

In life and in spite of the threat of death my father has taught me the most important lessons by

example. As I tearfully quantified his life, I began with what he has given me: confidence in my direction, encouragement as a human being, and validation as a man. He has given me every reason not to repeat his mistakes and at the same time taught me what it means to be strong regardless of circumstance. He and my mother raised two strong and self-reliant children, and both parents make me believe I will raise my own with the same success.

Because of the example of the would-have-been weatherman, I understand the necessity of choosing your own path and choosing well. With his encouragement I received my bachelor's degree in May and am setting out ambitiously to obtain my master's and PhD in Arabic history.

He is home now and healthy, although his cancer remains. His son is working hard to be his own weatherman.

Matthew M. Reed graduated from Ramapo College of New Jersey last May and is currently preparing for graduate school in 2009. His academic direction and interest in Arab terrorism was inspired by the 9/11 attacks, which deeply affected him as a fifteen-year-old and led to his confronting death at that early age. Questions raised in his mind by these horrific events prompted him to critically study Middle East history in college and beyond. Among other work, he recently served as an editorial associate for this publication and can be reached at matthewmreed@gmail.com. □

Reflections on the Death of a Colleague

Irene Javors
Yeshiva University

Over the past eighteen months, I have watched my colleague, office mate, and friend deal with a devastating illness that resulted in his death. As a witness to his heroic struggle with brain cancer, so many emotions have emerged within me about how one deals with one's own illness, more specifically a terminal illness as a psychotherapist.

I want to share my thoughts and feelings regarding this wrenching experience within the larger contexts of how we, as psychotherapists, do

or do not deal with issues of illness, disability, death, and dying both as individuals and within the profession. I hope that this paper will encourage further sharing and discussion as well as open up an ongoing dialogue concerning psychotherapy and issues of illness, death, grief and bereavement.

My interest in writing this piece has been thwarted by an overriding desire to do anything but focus on this subject. Whenever I have approached my computer and summoned up the file containing this article, I find myself checking my watch and thinking, "I don't have the time to do this right now, let me get to this later." Without missing a beat, I quickly close the file and shut down the computer.

For me, writing has always served as a way to clarify my ideas and feelings. I have also used writing as a way to integrate and synthesize difficult material. Unlike other projects, I find myself not wanting to write things down, not wanting to explore my emotional landscape.

In my experience as a psychotherapist, I have learned that my feelings of ambivalence or resistance are excellent indicators of a strong countertransference. My intention is to explore my ongoing countertransference in relationship to my colleague's illness and death.

When I first found out about my colleague's illness (heretofore to be known as "A"), I was quite unnerved. He had just returned from a wonderful trip and seemed so happy and relaxed. We had a conversation about our future plans for our shared office and all seemed so very right with the world.

In an instant everything changed. He complained of a severe headache on a Friday and by Saturday morning he took himself to the emergency room. He remained in the hospital for the next ten days. A close friend of his called me and told me that "A" was undergoing tests and that nothing was clear about what was going on.

On hearing this news, my mind began racing from one thought and feeling to another. What was going to happen to him? To the office? To me? To my business? Will I have to move? I kept thinking that I needed more information but I didn't want to bother his friend or his family with my concerns.

Eventually, "A" returned from the hospital and told me that he had cancer of the brain and that he would be undergoing surgery, chemotherapy, and radiation treatments. In complete shock, he spoke these words in a monotone, robotic voice. In response, I became an emotional cheerleader, uttering words of encouragement while feeling numb and wanting very much to run away.

"A" spent the next year and a half in and out of treatment. As time went on, he began losing his mental and physical faculties. He became forgetful, delusional, and an emotional roller coaster. He continued seeing patients but increasingly forgot his appointments with them. Finally, in late November 2007, he was hospitalized and then went into hospice. He died in January 2008.

Where did I go while all of this was happening? I alternated between feelings of compassion, sadness, terror, and rage. I took up the slack; I did the chores and upkeep of the office that "A" was "supposed to do." I'd mumble to myself, "I am a renter, why am I doing all this work?"

Then I'd feel guilty and do more.

As time went on, I realized that I would have to move. The lease was in "A's" name and I did not want to take over the suite. Another colleague, who also rented space in the suite, and I decided to begin searching for another location. Just thinking about doing this led me to feel guilty and that I was "abandoning ship."

While all of this was going on, I was dealing with my own health-related issues. I found out that I had severe arthritis in my neck as well as a bone spur at C5 in the neck. I was in moderate to severe pain a great deal of the time and I could not tolerate the pain medication. My neck problem was so bad that I was unable to drive because I couldn't turn my neck without going into spasm. I was going to physical therapy three times a week and very worried about the possibility that I would need to have immediate neck surgery. I had flashbacks of my aged grandmother crippled by arthritis. I was terrified and angry.

All around me swirled disability, illness, loss, and death. For months, I felt that wherever I turned (when I could move my neck), all that I saw was limitation and more limitation. I found that when I turned to other colleagues, many could not

deal with the "A" situation at all and that they would change the subject as quickly as possible. In regard to my "neck problem," one colleague suggested that the root cause was emotional and that if I worked out stress related issues then all would be well.

I experienced all of these responses as a variation on the theme of "Job's comforters" who told him that all his misfortune was his own doing. I realized that offering any explanation, even an absurd or negative one, is easier for some people than accepting the randomness and chaos of our lives. We want to believe that we are in control even though reality shows us otherwise.

It is almost a month since my colleague's death and nearly four months since my last physical therapy session. I still have neck pain but I am able to relieve a great deal of it though exercise. Surgery is still an option. I have relocated to a new office space and life moves on.

I have worked as a psychotherapist for thirty years. I have a specialization in the areas of loss and bereavement. I became involved in this specialty after the death of a close friend and the deaths of both my parents within five years of each other. By the age of thirty-three, I had lost far too many friends and relatives to cancer, AIDS, and Alzheimer's Disease.

Over the years, I have struggled with my own "death anxiety," by attending workshops with Elizabeth Kübler-Ross, training as a hospice volunteer, studying philosophy, practicing meditation, reading anything and everything related to grief, going on retreats, being in therapy, and working directly with those who grieve.

My experience with my colleague has taught me that I am still a novice in the face of grief and loss. His illness unnerved me. I could easily identify with his rage at what life had dealt him. Seeing him, I often felt, "this could be me." And then I would feel guilty as I breathed a sigh of relief at the thought that I was not him.

Yes, I have felt "survivor guilt" as well as anger, frustration, sadness, helplessness, and moments of existential despair. I questioned myself daily regarding how I would handle myself in the same situation. What would I do with my patients? When would I stop working? What do you do

when sickness takes over your life?

I don't think that there are "right" answers to these questions. I think that each of us must deal with them in our own way. Even so, I would like us, as psychotherapists, to more actively engage in a dialogue with each other about these issues. At some point, we will all have to face our limits and how they affect our ability to work.

It has often been said that "absence configures presence." Our reticence to discuss matters of our own illnesses, disabilities, and deaths does not effectively remove them from awareness; rather, they are hidden in plain sight just waiting to burst forth into consciousness. The longer we repress and suppress our existential fears and weaknesses, the greater their hold on us.

A great deal has been written on the subjects of loss, grief, and bereavement from the point of view of the therapist treating the patient. We, now need research and discussion on the subjects of loss and bereavement and the psychotherapist as well as loss and bereavement of the psychotherapist.

As I reflect on the illness and death of my colleague, I realize that I am not only writing about being a witness to "A's" end life journey but that I am writing about coming to terms with the transient nature of being. In the 1915 essay, *On Transience*, Sigmund Freud wrote, "...Transience value is scarcity value in time. Limitation in the possibility of an enjoyment raises the value of the enjoyment." He further pointed out, "mourning as we know, however painful it may be, comes to a spontaneous end...when it has renounced everything that has been lost, then it has consumed itself, and our libido is once more free...to replace the lost objects by fresh ones equally or still more precious."

Do we really ever get over our losses? I don't think so. I feel that over time we manage to stop protesting against what has been taken away from us, and that we begin a slow process of rebuilding and reclaiming our lives. Our mourning is our rebellion against transience. Our resiliency is our, "YES!" to life.

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therapy Association. She teaches at the Ferkauf Graduate School of Psychology, Yeshiva University. She has a specialization in the areas of loss and bereavement. She can be reached at ijavors@gmail.com. □

Terrorism and Shared Death Anxiety

**Anna Geifman
Boston University**

The Shitrit family arrived in Sderot from Morocco. Shlomo, the father, found a job on a kibbutz. He would harness a donkey and go to work in a tiny cart. His excuse for keeping a donkey was that it was too far to walk, but several horses and rams grazed on his large backyard because this peasant simply could not live without animals. Goats, chickens, and geese rambled freely on other people's properties too; in the 1950s and 1960s Sderot was no more than a large village.

Forty years went by, the town developed an industrial zone, three-story buildings and villas replaced barracks, and residents no longer felt like the country folk. Shlomo ignored his neighbors' pleas that a residential neighborhood was no place for livestock. They filed complaint letters. The police would come to remove the animals from town grounds, but each time the Shitrit children clutched at the horses, screaming, as if their very life were being taken away. The authorities capitulated and gave Shlomo a land spot on the outskirts of Sderot to open an animal farm.

It took a decade to build a beautiful ranch. Shlomo was now too old to handle the work, and David, the eldest of his nine children, took over the huge enterprise with hundreds of domestic animals. His two brothers, Avram and Nathan, helped him. They raised sheep and goats for meat, famous for its quality in Sderot and the surrounding communities. There were also countless chickens, geese, and pigeons. But the farm's main attraction was horses—about sixty that belonged to the owners, who rode since they had barely known how to walk, plus scores of others, boarded and trained on the property. The Shitrits invited Sderot residents to come for riding lessons, and dozens of parents

and kids swarmed to the ranch on evenings and days off, enjoying rides, playing with and feeding the baby animals. New émigrés arrived from the former USSR, and some children, left on their own because adults typically worked two jobs, hung out and helped at the farm. The Shitrits enjoyed everyone's respect. They did very well financially when in 2001 Hamas-manufactured kassam rockets began to fall on Sderot and the Negev kibbutzim.

One kassam exploding every couple of months, usually hitting the isolated Mem-Shalosh neighborhood and causing moderate damage, did not in the beginning qualify as a tragedy. Then, multiplying victims of shrapnel and flying glass stirred the residents from their "it-will-pass" confidence. With few fatalities, Sderot cries for help mostly fell on deaf ears, despite sympathetic press coverage of special cases, like two Ethiopian children killed outside their home on Rehov HaGai or another boy, whose legs were blown off.

At least 6,913 kassams exploded in residential Sderot; some sources say nearly 10,000, to include rockets that were never found. Since the 2005 Israel evacuation from the Gaza Strip, kassams fell almost daily, dozens on some days. The authorities introduced the "Red Alert" official public warning of every launched missile. A recorded voice would cut into the racket of the day or the stillness of the night abruptly to announce that everyone has fifteen seconds to get to a shelter. I've never heard a more repulsive female voice; it is very upsetting, especially when the message repeats itself, interrupted each time by a falling rocket.

After one kassam landed on the Shitrit farm, several visiting children had to be treated for hysteria. Another blast sent David's deaf-mute son to the hospital for shock treatment. A nine-year-old girl named Michele was riding when her horse flew into a wild cantor triggered by the "Red Alert;" this was the last time the child's father brought her to the ranch. Soon there were no more visitors: the Sderot residents have been keeping away from open areas, where most casualties have occurred; they feel safer inside. So, the Shitrits sold their horses.

Several farm animals died in the explosions, and the goats and sheep began to have miscarriages. In their fleece the Shitrits found shrap-

nel pieces. The sheep did not complain; they just stopped having babies. "It is anxiety," confirmed a local veterinarian, "Nothing to be done. You've seen our animals."

If you suddenly see a flock of pigeons flying in the same direction in Sderot, it's a safe bet that in a few seconds there will be a kassam blast; the birds hear the "Red Alert" and, knowing what this means, dash to safety.

The "Red Alert" sets off "the insane barking of the dogs throughout the town," reports Sderot Media Center director Noam Bedein. "Sometimes you would hear these barks a few seconds before the siren itself." Not many people are on the town streets these days, but, says Noam, there are "packs of dogs moving freely. Big ones, small ones, new dogs" joining the pack when yet another family among some 3,000 evacuees leaves, their house destroyed by a missile and their pets abandoned. Noam refers to veterinarian Rami Levin from kibbutz Mefalsim: dogs that arrive at his clinic suffer from skin diseases caused by depression. Some have died from heart attacks. Rami remembers a dog that would run to the clinic when he heard the siren go off, hide under the table and refuse to get out from underneath for days. How to reassure "man's best friend," who hides and cries, once he hears the "Red Alert"? Noam asks, "How do you comfort an old lady who has just witnessed her only 'Friend' jump out of the window on the fourth floor" after hearing that recorded female voice?

The Shitrits sold for meat hundreds of anxiety-stricken, self-aborting sheep and goats. There was no longer anything to do on the farm; so, David and Avram took jobs in town. But not their younger brother, who, like their late father, cannot live without animals. Once, Nathan found his lost goat among another farmer's flock. When asked why he decided it was his, he said: "What do you mean? I recognized her face!" He "knew personally" every single sheep on the farm and wept over each one that died in an explosion. The man who worked sixteen hours a day and woke up in the middle of the night to give his animals their shots now stays in bed most of the time. He tries to sleep, but he cannot. He complains of pains in different parts of the body, even though tests show nothing physically wrong with him. He says that

he cannot find a job, but he is not looking. He wants his sheep back. His young family—with a sixteen-month-old baby—is falling apart because his intelligent and empathetic wife understands but "can't suffer his depression."

"One time I was at the farm during a kassam attack," recounts Nathan's mother-in-law Oshrat, a Sderot social worker. "Fifteen seconds of waiting and then an explosion. Not very near, actually. The place was almost empty; only three or four remaining horses grouped close to the fence after they'd heard the 'Red Alert.' Maybe they felt it was better to stick it out together. They looked like people I have seen many times in rocket shelters: paralyzed with aftershock, immobile. I started to move slowly towards them, and one horse stirred: she recognized me. She began to walk towards me, looking down. When I reached to pat her on the neck, the horse raised her low-bent head and looked me straight in the face. Her eyes were filled with tears—exactly like a human's. The two of us stood there, looking each other in the eye and crying. I was sobbing now not because I was hysterical; the fear was already gone: I just felt so sorry for that poor horse! After a while she no longer seemed dazed either, but tears trickled from her eyes, and I knew that she felt sorry for me."

Anna Geifman, PhD, is the author of Thou Shalt Kill: Revolutionary Terrorism in Russia, 1894-1917 (Princeton University Press, 1993) and Entangled in Terror: The Azeff Affair and the Russian Revolution (London: Rowman & Littlefield Publishers, 2000). She is the editor of Russia under the Last Tsar: Opposition and Subversion, 1894-1917 (Blackwell, 1999). Her last major publication is a 2005 psychohistorical essay in French on Islamic terrorism in Russia. Geifman is Professor of History at Boston University, where she teaches undergraduate and graduate classes on the history of imperial Russia, the USSR, and psychohistory. Dr. Geifman may be contacted at anageifman@hotmail.com. □

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Facing and Dreaming of Cancer

From *My Breast Cancer Journal*

Judith Harris
George Washington University

Yes, we can say I'm a nine-year survivor and a strong advocate for health reform and early detection to be made available to all women.

I haven't wanted to write in this journal for the last week or so. I work on other things—academic articles, proof my other manuscripts coming out in the next few months, think about writing thank-you cards, and then feeling too unhappy to say anything remotely sincere. Writing and seeing what I've written come into print is the activity that now causes me to walk or hop through this fire that I have to cross, somehow, even with my feet scorched from the coals. But I feel that there is something vacuous about this, even selfish and unmotherly. I am not thinking what I should: that I want to live to rejoin the conviviality of people—resume teaching, parties, gatherings. I am not thinking that I want to live to see my daughter, Alani, graduate from her private school or go to her softball games and watch the other mothers in their loose cliques bat away the flies that keep landing on their foreheads. And I am not thinking about wanting to survive in order to be with my husband, who has now reached the apex of his career, and I don't want to speak to my mother, or father, or sister. I feel cast off from people, ensconced in a kind of final silence that is its own locked syllable. It takes days to understand that I am angry and jealous of everyone else's life, and that I am needy again. I resent softball, school, teaching, card games, dinner parties, all going on schedule. I feel cut off and adrift, rudderless, an absurd Godot hobo, moving and refusing to move.

My loneliness has become neediness, and my husband, Walter, withdraws. His wish to avoid my pain is transparent; he is going through the motions, like I am, waking and sleeping at the proper times, doing the evening rituals that my daughter has come to expect, but we are estranged from the practice of living. I still hide my baldness from both of them, as if I should be ashamed of it. Lately, it has been easier to look in the mirror; I've even studied the shape of my skull, a shape I see my artist-husband Walter drawing on his Plexiglas commissions. It is difficult not to think about death—looking at myself that way, so profoundly revealed in a way that a woman is never prepared for. It seems as if I am being given a glimpse of what is truly bereft, touching, barely touching the edges of my own existence. I have become much more diffuse in my grasp of myself. A life-threatening illness has made me shy of people, and I'm hoping that I will regain my sense of relation to them, like regaining the strength in my legs.

I tell myself it will take time to come back from this self-obsessed realm of bodily suffering, time to see my husband not as the enemy for not having to go through what I'm going through. When I was going through the labor of birth, I didn't resent him for sitting painlessly beside me reading the Post, before I got the epidural. I didn't resent him when he disappeared to put more quarters in the meter, during the first chemo; at least he was there. I was a coward both times, and I'm still a coward. I want someone to be with me during the long and empty hours, the way my mother, who was a working mother, stayed home when I ran a fever. She wasn't especially good company—maybe she made dry toast for me, or played a game of casino, but she was there. Her footsteps were indelible on the carpet. She never talked much and I have cursed myself for being that way with my daughter, short on words, but long on bear hugs.

So that must be my theme, this week, through the waiting. Harsh self-criticism, balancing the worth of my life against the pain of fighting, that strange paradox of feeling that death is the absolute exile and selfishly one can prepare for it by slowly withdrawing, preparing myself not to need anyone so that when death comes I will not be missed—that is what Keats wanted, to disappear and not be missed, to be a name "writ in water."

I have come full circle. It is Friday, and the trees before my computer sway just as they have every summer, so that I realize another has already passed. The trees of course are identical to what they were. We humans don't have to make that effortless effort to become what we once were, over and over again. Walter has gone out to fetch Alani. I hear a neighborhood kid shrieking somewhere out of joy, not pain. I have not wanted to write a poem since this happened, and worry that I won't ever again. I think about my mentor and editor Jeff Berman in Albany who has stayed with me as I've flickered many times like a spent candle in a blackout. I want reasons to cross the fire and let it burn my feet, although the heat doesn't feel like anything until afterwards. This morning, in my closet, I picked up a piece of chalk that must have dropped out of one of my jacket pockets. I picked it up as if it were a foreign object. I couldn't believe that three months ago I was in a classroom, teaching. I can't believe that I was writing words on the board, words that seem so distant now, and so irretrievable.

Hope is melting but there is also relief. I am ready for stark, elemental sorrow. The way one stoically opens the door to a snowstorm and instinctually bows. I am bowing.

Maybe all of this is just about that. Trying to see literal obstacles, the fears, the dread, and the pain, as more than they are, as what will eventually send off the magnetic waves into the distance where recovery lies, some place past Peoria. I don't even know any one who lives in Peoria.

Life-threatening illness poses the most demonstrative kinds of questions anyone has to bear. On bad days, when self-pity has overrun good sense, you might well tell yourself that this world is simply borrowed and that when there could have been nothing, there was something; when there could have been no feeling at all, there was love, and that, even to our endings, never leaves us.

In the last chemo session, I experience a virtual communion with a Mexican woman who speaks almost no English. She is sitting in the chair next to me and I can see that her catheter is internal, connected by what looks like a child's necklace of plastic baubles of blue and pink and green; toys you would float into a baby pool. Sitting next to each other, while the toxins drip in, we

toss words at each other, waiting for the other's stab of recognition. She comes weekly, for a stomach cancer, and is troubled by the fact that I am cold ("frio") in the room, and can't eat. She had brought her sandwich with her—which she tolerates—biting into it, but hardly chewing, and tells me, so that I could understand, "you eat." "Comer," I think, but can't think of the verbs in their proper conjugations, can't fit an act of mine into hers, verbally, but touch her with my free hand. When the doctor comes to see her, he sits knee to knee with her as they count in a Spanish duet the months she has left in treatment, the way we recite the months in Spanish conversation classes. Only three more, she says, "tres." Looking down at my lap, I notice I have already put out three fingers, and for the first time, I breathe, with some hope for the future.

Judith Harris, PhD, is the author of two books of poetry, Atonement and The Bad Secret (Louisiana State University Press) and a critical book on psychoanalysis and literature, Signifying Pain: Constructing and Healing the Self through Writing (SUNY Press). Her work has appeared in Slate, AWP Chronicle, South Atlantic Quarterly, Tikkun and The American Scholar. Prof. Harris may be contacted at jlha@gwu.edu. □

Dreams of Cancer Patients Approaching Death

Wendy Pannier
Dream Group Leader

Dreams come to us from a very wise, supportive level of the unconscious throughout life—including as we approach death. Meaningful pre-death dreams span all religions and cultures from ancient China, India, and Greece to modern times. There are many ways dreams can help us face death and dying.

Premonition dreams have helped people avoid death. These may be premonitions of accidents that the dreamer then avoids or knows how to deal with when faced with the situation. Others have had reassuring dreams of loved ones who have already passed over. Still others have had dreams of death that deepened their spiritual

awareness of death and dying.

The vast majority of dreams about death are not literal but metaphorical. They can indicate death of a relationship, death of a job or career, death of an aspect of lifestyle—or they can also indicate death of mental, emotional, or spiritual patterns. But then there are also the dreams of death as the end of life. Early in my dream work with cancer patients I had a woman in the group struggling with ovarian cancer who had the following dream:

I am in a field. I am approaching a very long barn that is partially burned out. I walk in and there are antiques and toys and books and I am very drawn to them and want some of them to be mine. But it's bad luck to take things that aren't yours. There are other people who are just playing with the things that are there. They appear to have been in this building before and are familiar with it. I go upstairs to an upper room but it is a very modern room with modern furniture. It is airy with lots of light. I may move here one day, but I'm not ready now.

In working on the dream, the woman shared that cancer has made her look at things differently and discussed some of the conflicts she had been feeling, including conflicts about lifestyle changes. She looked at the upper room as being more lofty, more spiritual and indicative of her need to simplify her life. Yet, there was something about the clutter of the antiques downstairs that still attracted her.

She lived another year. The dream encouraged her to make changes, to explore her spirituality, and to prepare for a transition to that "upper room." There was much healing that went on between the woman and previously estranged family members, who were with her when she passed.

Dreams of cancer patients who have completed treatment show an interesting number of dreams of death long after treatment. Why? My colleague Tallulah Lyons and I have worked with cancer patients for more than a dozen years. We hypothesize that the inner work that cancer survivors frequently continue after the end of grueling treatment may make it easier to explore the meaning of death. This was true of my own dream

eighteen months after going into remission:

I am walking with my friend, Faith, and she tells me I will not live long. I protest and say that all of my blood tests have been fine. Then I come upon an old-fashioned oval standing mirror. As I look into it, the glass becomes misty, veil-like. I walk through to the other side and then back again. I walk through and back a second time, thinking to myself, "This isn't hard."

While I felt wonderful in the dream, I was terrified when I awoke, worried that my cancer had recurred and would indeed kill me. It was Monte Ullman who reassured me to go with the feelings in the dream. I did have a friend by the name of Faith who was with me during my cancer and both she and my best friend suggested the same possible interpretation, which resonated with me: During treatment I was busy trying to overcome my cancer; now I was finally able to face my mortality. That dream, more than a decade ago, made me realize that none of us lives "long" in the scheme of things, and gave me a sense of peace about the dying process.

Tallulah and I have heard repeated dreams about boat trips, crossing a river or body of water, doorways and windows. These themes often symbolize impending death. Many of those we have worked with had very realistic and assuring dreams of deceased loved ones that made them feel more comfortable with facing death.

However, not all pre-death dreams are comforting. Rosalind Cartwright, chair of Behavioral Sciences at Rush University Medical Center says, "I've had patients who woke up pounding on the mattress, very agitated, struggling with the idea that they're going to lose this battle." She believes these dreams are warnings of unresolved issues. As with our work, Cartwright has found that even nightmares, when worked with, will eventually evolve and may help the dreamer find peace.

Hospice chaplain Rev. Patricia Bulkley wrote the book *Dreaming Beyond Death* with her son (who spells his name slightly differently), Professor Kelly Bulkeley, a researcher and past president of the International Association for the Study of Dreams. In it they recount one woman's dream where a candle on her hospital windowsill is

snuffed out, engulfing her in darkness—a symbol of death that scares her, until the candle spontaneously relights outside the window.

In their book they say, “The inherent human capacity for pre-death dreams and visions is a fact of the utmost importance for the contemporary healthcare system. At the very least, hospital staff and all other professionals trained in care for the dying should be aware that these experiences happen with regularity and are a potentially beneficial resource in practical care giving work.”

Dreaming is a universal phenomenon. Our dreams are gifts during life—why shouldn't they be gifts at the end of life as well? Those working with the dying can provide a great service by listening to such dreams and supporting the dreamer's interpretation. These dreams can also provide comfort for surviving friends and family. For Tallulah and myself, these dreams near death that others have shared have been a great gift for us as well.

Wendy Pannier, President (2005-06) of the International Association for the Study of Dreams and a long time member of its Board's Executive Committee, published Dream Appreciation featuring Ullman's work from 1996-2002. She has conducted dream workshops and groups in the U.S. and abroad and in recent years has developed programs to help cancer patients work with their dreams and nightmares. She also works with health care professionals. Wendy may be contacted at DreamWendy@verizon.net. □

Death, History, and Resurrection

From Death to Resurrection: The Case of Jesus

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One of the few things that New Testament scholars seem able to agree on is that a certain Jesus of Nazareth was crucified in the year 30 CE. Never mind what the man may or may not have taught. He died on a cross, and his death is arguably the most important death in the history of Western Civilization. Here I will examine what is alleged by New Testament authors and by selected modern theologians to have happened shortly after the death of Jesus.

In the epistles of Saint Paul – which is to say, starting from as early as twenty years after the death of Jesus, and well *before* the gospels as we know them were composed—we find the assertion that Jesus is not dead after all. Or rather, he died, but then he also rose from the dead. Psychoanalytically speaking, there is a denial of death following closely on the tail of an affirmation of redemptive death:

“For I handed on to you as of first importance what I in turn had received: that Christ died for our sins in accordance with the scriptures, and that he was buried, and that he was raised on the third day in accordance with the scriptures, and that he appeared to Cephas [Peter], then to the twelve.” Paul goes on to declare, “Then he appeared to more than five hundred brothers and sisters at one time, most of whom are still alive, though some have died. Then he appeared to James, then to all the apostles. Last of all, as to one untimely born, he appeared also to me “ (1 Corinthians 15:3-8; all translations of the Greek original are from the New Revised Standard Version).

The last phrase in this quotation probably refers to the famous experience Paul had in the vicinity of Damascus, and which ultimately transformed him from a persecutor of Christians into a witness of the resurrected Jesus, just as the apostles were witnesses. Paul believed that he encountered a resurrected Jesus, and was able somehow to recognize him as such, even though he had not been personally acquainted with him. He may also have been trying to gain some compensatory political authority in relation to those who had known Jesus or who were apostles. In any case, Paul does assert that Jesus was actually seen (*ōphthē*) by him, and probably more than once.

One way to interpret Paul—and the later gospel writers—is to view the resurrection of Jesus in non-literal terms. This had been done already by the early Gnostic and Docetic Christians, and is being done right down to the present day. Thus Marcus J. Borg and John Dominic Crossan read biblical stories of the resurrection of Jesus as “parabolic narratives” (*The Last Week*, 2006). To worry about whether Jesus really came back to life after he died is to miss the point according to these two eminent Bible scholars, for the point is that *Jesus lives*:

“He continues to be experienced after his death, though in a radically new way. He is no longer a figure of flesh and blood, confined to time and space, but a reality who can enter locked rooms [John 20:19, 26], journey with followers without being recognized [Luke 24:13-35], be experienced in both Galilee and Jerusalem [Mark and Matthew vs. Luke], vanish in the moment of recognition [Luke 24:31], and abide with his followers always, ‘to the end of the age’” [Matthew 28:20] (p. 204).

It would seem, then, that the resurrection of Jesus was not grounded in “factuality.” Borg and Crossan speak of “visions” which, they insist, are not necessarily the same thing as “hallucinations” or “mental disturbances” (p. 207). As for Paul, Crossan asserts: “Paul’s experience of the risen Jesus certainly occurred in a trance” (*Jesus: A Revolutionary Biography*, p. 168). No reference is made to the psychological literature on these phenomena.

All of this constitutes a very interesting concession to psychological reality, and indicates that the denial has not fully come into play: the death of Jesus has not been transformed into its literal opposite, but only its metaphorical opposite. But those who take their Bible literally will hardly be convinced that Paul had “parabolic narratives” or “visions” or “trance” in mind when he wrote:

“Now if Christ is proclaimed as raised from the dead, how can some of you say there is no resurrection from the dead? If there is no resurrection of the dead, then Christ has not been raised; and if Christ has not been raised, then our proclamation has been in vain and your faith has been in vain.” Furthermore, “we are even found to be misrepresenting God, because we testified of God that

he raised Christ – whom he did not raise if it is true that the dead are not raised. For if the dead are not raised, then Christ has not been raised.” (1 Corinthians 15:12-16).

The literalists understand Paul to mean exactly what he appears to be saying in these famous words. For them and for Paul a defensive denial of the fact of bodily death is here fully deployed. Various creeds of the early Church also asserted that Jesus rose from the dead. This denial continues to be deployed, sometimes in highly elaborate fashion, right down to the present day. Otherwise we would not still be seeing the publication of serious theological treatises on this topic, such as N. T. Wright’s 800-plus-page tome *The Resurrection of the Son of God* (2003) or Richard Swinburne’s *The Resurrection of God Incarnate* (2003). Wright comes to the “secure historical conclusion” that the tomb of Jesus was in fact empty and that various people literally met with Jesus after he died (p. 710). Taking a very different tack, Swinburne utilizes mathematical probability theory to demonstrate that, given the existence of God, “. . . the total evidence makes it very probable that Jesus was God Incarnate who rose from the dead” (p. 203). The appearances Jesus made after his crucifixion were most likely “historical” (Wright) or “veridical” (Swinburne), not merely “parabolic” (Borg and Crossan).

Unlike most theologians, maverick Gerd Lüdemann does not refrain from consulting and applying the relevant psychological literature in order to interpret the supposed resurrection of Jesus. For example, Lüdemann has taken the trouble to acquaint himself with some of the research on bereavement, and he interprets the post-crucifixion appearances of Jesus to Peter and to others who were personally attached to Jesus as manifestations of at least the initial stage of the mourning process: “. . . normal reality controls can break down when the unconscious is unable to bear the loss of a beloved person and creates artificial fulfillments for itself” (*The Resurrection of Christ*, 2004, p. 165). However, Lüdemann rightly regards the reaction of Peter (and, implicitly, of the others who had been attached to Jesus) as “an example of unsuccessful mourning.” That is because the idea of the resurrection of Jesus became established and *persisted* in the minds of believers, and in addition *a new*

religious community was founded upon the delusional belief that Jesus remained alive and would continue to live forever. By contrast, in successful mourning, visions or hallucinations are temporary, and the death of the beloved is eventually accepted as final and permanent.

Support for such a view is offered by Paul himself, who affirms that there is no need to mourn: "But we do not want you to be uninformed, brothers and sisters, about those who have died, so that you may not grieve as others do who have no hope. For since we believe that Jesus died and rose again, even so, through Jesus, God will bring with him those who have died" (1 Thessalonians 4:13-14). Mourning is also irrelevant to the appearance of a resurrected Jesus to Paul's "more than five hundred brothers and sisters at one time," for it is highly unlikely that so many people could each have been personally attached to Jesus before he died. Here atheist Lüdemann moves beyond the notions of "vision" and "trance" which even theist Crossan is willing to entertain, and, quoting Gustave Le Bon's 1895 classic *La psychologie des foules*, he states that "the mechanism of the collective hallucination" was at work. In an excited crowd, Lüdemann says, "the members . . . are often subject to contagious suggestion" (p. 80). All it takes is one individual to start the chain reaction, and the result is a group delusion.

The death of Jesus, then, was denied. The denial initially took the form of apparitions of a risen Jesus. But the apparitions following the bereavement of Jesus' immediate followers constituted only the leading edge of a massive denial of the *permanence* of death which developed among early Christians. The "Easter faith" was the one which persisted and became the "orthodox" faith. According to this faith, the crucifixion was a "redeeming" event, not a gratuitously painful and shameful death. With time, moreover, the *shame* of crucifixion was transformed into *victory* by the process of reaction formation. Indeed, the sign of the cross came to signify victory generally, not only victory over death. In the political-military arena the cross was now capable of signifying victory over every conceivable enemy—from Muslims, heretics, and pagans attacked by cross-bearing crusaders (*crucesignati*) in medieval times to Jews, Gypsies, homosexuals, and others massa-

cred under the sign of the hooked cross (*Hakenkreuz*) of Roman Catholic dictator Adolf Hitler in the twentieth century.

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Aging Correspondents: Adams and Jefferson on God, Friendship, and Death

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In the afternoon of July 4, 1826, while towns across the country were formally celebrating the fiftieth anniversary of the Declaration of Independence, both Thomas Jefferson and John Adams died. When news of this "most wonderful coincidence" spread, it became difficult to resist the belief that American nationhood was divinely inspired and blessed. While each patriarch did try to hold onto life until the national jubilee, neither believed that God had much to do with what they had set in motion at Philadelphia so long before. During their last years, they shared feelings about aging and death that revealed an essentially secular approach to life. They would have concurred fully with those who refused to invest their deaths on the Fourth with a "superstitious" meaning (Early American Newspapers, Series, I. [henceforth EAN]. *The Constitutional Whig* [Richmond, VA], Sept. 1, 1826).

While their joint passing on that day often is told, the way in which they helped each other prepare for dying is not. During their last half dozen years, they regularly acknowledged the approaching end of their lives. In contrast, Jefferson

appears to have avoided aging and death as topics with his closest friend, James Madison, who was eight years younger than he. They might have spoken of these matters when they got together, but there is no hint of such conversations in their letters (James M. Smith, ed., *The Republic of Letters: The Correspondence between Thomas Jefferson and James Madison, 1776-1826* (3 vols., New York, 1995), III, 1799-1816, 1822-1841, 1852-1882, 1890-1914, 1921-1951, 1961-1971).

Ruminations about the meaning of their lives and what death would bring were safe subjects for Jefferson and Adams, who eschewed issues that might antagonize each other. For example, John Quincy Adams's first annual message to Congress was printed and appraised in newspapers around the country for ten days before Jefferson penned a letter to the President's father. The Virginian ignored the message. Instead he focused on what his granddaughter had told Adams on her visit to Quincy. She had revealed that Jefferson would not mind living his life again. Adams had disagreed. He preferred to "go forward and meet whatever is to come." Jefferson responded that he had good reason to repeat his life, because "the pleasures surely outweigh the pains of life. Why not then taste them again, fat and lean together?" (Lester J. Cappon, ed., *The Adams-Jefferson Letters* [2 vols., Chapel Hill, 1959], II, 611-612; 19th Century U. S. Newspapers. *Daily National Intelligencer*, Dec. 7, 1825; EAN. *Boston Commercial Gazette*, Dec. 15, 1825).

While he was writing this wistful musing to Adams on December 18, Jefferson was thinking hard and passionately about his "desperate" opposition to the President's message. He believed that Adams's proposal for internal improvements upset the constitutional balance of powers between the states and the general government. He drafted a lengthy "Declaration and Protest" that he sent on December 24 to Madison for possible adoption by the Virginia legislature (Smith, ed., *Republic of Letters*, III, 1943-1946).

How could he feel so strongly about the President's program and not convey any thoughts about it to John Adams? Jefferson did not want to risk another rupture in their relationship. They had not communicated with each other for more than a decade after Jefferson had replaced Adams in the

White House. From 1812 to 1826, both treated the revived friendship with caution. Their affection for each other was genuine. On one occasion Jefferson expressed his feelings for Adams with unrestraint: "I am sure that I really know many, many, things, and none more surely that I love you with all my heart, and pray for the continuance of your life until you shall be tired of it yourself." Adams could not respond with a comparable declaration, although he tried to reciprocate the sentiment. He admitted having a "deeply melancholy" view of human affairs that "over clouded" the "ardent and sincere" friendship he felt for Jefferson with "constant fears of its termination" (Cappon, ed., *Adams-Jefferson Letters*, II, 569, 542).

Sustaining the friendship was more important to both men in their old age than it had been earlier. Another breach would have diminished greatly each one's sense of well-being, for each uniquely was able to empathize with how the other was grappling with the impending end of a legendary life. Writing about their existential concerns not only was safe, it was psychologically necessary as each balanced belief and uncertainty regarding the divine and death. As Judith Shklar has observed, both were theists but were more confident in voicing their anticlericalism than in reflecting on the ways of God. For instance, Adams's inquiry about a Scottish moral philosopher prompted Jefferson in 1820 to take up the argument between materialists and spiritualists over the nature of God. Is there a "Spirit, of which we have neither evidence nor idea," and can it put matter into motion? "These are things which you and I may perhaps know ere long. We have so lived as to fear neither horn of the dilemma . . . I look therefore to that crisis, as I am sure you also do, as one [who neither fears the final day nor hopes for it]." In an equally informed response, Adams agreed about what they could not be certain, but concluded reassuringly, "We shall meet hereafter and laugh at our present botherations. So believes your old Friend." Five years later Adams closed a letter with a similar sentiment: "We shall meet again, and so believes your friend, but if we are disappointed, we shall never know it" (Cappon, ed., *Adams-Jefferson Letters*, II, 562-563, 563-565, 610. I have interpolated his translation of Jefferson's Latin phrase. *Judith N. Shklar: Political Thought, Political Thinkers*, ed. by Stanley Hoffman [Chicago,

1998], 98.).

Jefferson could admit to his older friend how much he wanted to hold onto life. In 1821 he opened a letter lamenting setbacks to democratic constitution making in Europe, "Must We, before We take our departure from this grand and beautiful World, surrender all our pleasing hopes of the progress[es] of Society?" When William Floyd, a signer of the Declaration died later that year, Adams wrote, "We will all be asterised very soon." Asterisks were used to denote the deceased in published lists of names. Jefferson responded that before progress would be made in Europe "you and I must join our deceased brother Floyd." Worse than death, however, was the possibility of dementia. Reporting on the memory loss of non-agenerian Charles Thomson, secretary of the Continental Congress, Jefferson queried in June 1822, "Is this life?" He followed, "It is at most but the life of a cabbage, surely not worth a wish." Noting that aging brought the departure of our faculties and the passing of friends of our youth, he asked, when "a generation is risen around us whom we know not, is death an evil?" Adams answered, "Is Death an Evil? It is not an Evil. It is a blessing to the individual and to the world...Winter is as terrible to me, as to you. I am almost reduced in it, to the life of a Bear or a torpid swallow" (Cappon, ed., *Adams-Jefferson Letters*, II, 572, 575, 577-579).

Adams could not read because of failing eyesight and could not easily write because of palsy. Jefferson also had ailments that made "writing slow and laborious." Yet he maintained that writing to Adams, particularly reminiscing about their "ancient times," gave him relief from the "heavy hours" and "winter of age" while waiting "until the friendly hand of death shall rid us of all at once..." Nearly two years before he died Adams wrote, "I still breathe, which will not be long." Six months before the national jubilee, he wrote Jefferson that he contemplated death "without terror or dismay." He did not believe "there is then an end of all but I shall never know it, and why should I dread it, which I do not." His avowed equanimity in facing the end was not posturing, but a testimony to their shared cerebration. Jefferson's reasoning had reinforced Adams's thinking about God and death. Poles apart on what the Constitu-

tion permitted the central government to do, they were at one on the basic existential questions confronting man. The timing of their deaths became part of our national mythology, yet it should also signify how two aging great men were able to support each other as human beings (Cappon, 582, 599, 603, 613).

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Psychological Dynamics in Aging Survivors of the Holocaust

Eva Fogelman

Generations of the Holocaust Research Project

The psychological dynamics of aging survivors of the Holocaust are worthy of inquiry because, indeed, their old age is marred by a massive traumatic historical catastrophe. For some Holocaust survivors, their lives were disrupted not only by barbaric persecution during the German occupation of European countries, but also by oppressive Communist regimes under which some were living after liberation, or by other harsh experiences in the post-Holocaust era.

In general, the aging process, which manifests itself with increasing physical deterioration, slowing down mentally, a barrage of losses, social isolation, and loss of self-worth is exacerbated for individuals who once again are not in control of their own destiny, and who have to adapt to multiple deaths, physical illness, and their own imminent death. The aging Holocaust survivor is often not conscious of the connection between the horrific past and his or her current emotional state, particularly if he or she is surrounded by beauty,

love, and financial security.

Holocaust survivors are not a monolithic group. They came from all walks of life in terms of social class, political affiliation, religious beliefs and observance, education, urban versus rural *shtetl* communities, and extent of relationships with the outside world. Some were children during the years of persecution, while others were parents with young children. The majority who survived were teens and young adults. Few children survived concentration camps; the majority who survived were in hiding. Some survived with families intact, while others were the sole survivors of a large extended family. While the duration and severity of persecution varied, depending on where one lived in Europe during the Third Reich from 1933 until 1945, there are nonetheless commonalities in the psychological dynamics in the aging process.

In the post-World War II years, the renowned psychologist Erik Erikson aptly described the adult developmental stages Holocaust survivors go through. First, survivors thrust themselves into intimate relations and established new families. Like other adults they slowly moved into the stage of generativity and caring versus stagnation and self-absorption. It is not enough just to create the next generation; the goal becomes to guide the next generation. As survivors age, there is a greater urgency to guide the next generation, not only one's immediate family, but to reach out to others and teach them about the Holocaust.

This stage is fraught with emotional conflict for aging Holocaust survivors. For the first forty years after liberation, many survivors were subscribed to an unwritten taboo not to talk about the gruesome details of their years in concentration camps, or in ghettos, or in hiding, or escaping, or disguised as non-Jews, or even fighting the Germans. A few survivors ignored this propensity, the "silence," and spoke incessantly to their children. Here and there survivors wrote memoirs in private, which they did not publish until many years later. Survivors who had children or a spouse who was murdered found themselves keeping their previous lives a secret.

Aging survivors yearn for their children and others to "remember." But when survivors begin to consider what it is they want remembered,

they contemplate the impact of their verbal and non-verbal communication, particularly on their children. When one considers the teachings derived from a personal history replete with racism and genocide, it can lead to lessons that invoke fear of the outside world, such as not to trust anyone outside the immediate family. Survival lessons derived from an extreme situation can have a detrimental impact in normal times. For example, if an aging survivor has an adult child who did not marry, they may feel guilty that the lessons of mistrust that one insisted on teaching have created too much anxiety in the second-generation adult child to consider getting intimate with a stranger. Other survivors may be fixated on teaching about pain and suffering, and may show little tolerance for present-day problems of a child. This too can have detrimental feelings to a child who feels she has no right to express her own pain, and the survivor experiences the pain of a lack of closeness to a child.

The next developmental stage—integrity versus despair—is when the individual begins to understand that "one's life is one's own responsibility" and accepts "significant others" into his or her life. When a survivor cannot do this, despair sets in and sometimes becomes a motivator. Erikson taught us that in the final stage of life, it is a question of sinking into despair or maintaining integrity. Survivors in this stage guide the next generation while validating their own experiences by "bearing witness." Many in the survivor population know the legacy is a mixed blessing, but it does have integrity, and integrity is imparted to others.

Those survivors who feel motivation to "bear witness" have experienced a progressive channeling of their traumatic past, rather than despair, which leads to a regressive emotional state. Since the mid-1980s, a noticeable proliferation of Holocaust survivor voices have become ever present in the arts, in media, and in the public sphere in general. The opportunity for aging Holocaust survivors to "bear witness" became possible because of external factors. The Holocaust survivors' suffering was validated by leaders of present-day Germany. Even though most Nazi supporters in other German-occupied countries did not assume responsibility for their barbaric actions towards the Jews and other minorities, various forms

of media continue to illustrate the victimization. In recent years we have observed the proliferation of films, books, and especially television programs on the Holocaust, including interviews with survivors, coverage of Holocaust commemorations, Holocaust survivor gatherings, and national commemorations of the end of World War II. The new restitutions for those who worked in labor camps, compensation for lost properties and businesses, bank accounts, and insurance policies, although fraught with many complications, have been another symbolic gesture of nations' publicly acknowledging wrongdoing.

Some Holocaust survivors' despair is exacerbated because they did not have children or their children are plagued with emotional or physical problems. While barrenness and problematic children can happen to anyone, for Holocaust survivors, and particularly for women incarcerated in concentration camps, a different level of responsibility is felt by the survivor. There are survivor mothers who fear that their incarceration or persecution was responsible for their child's infirmities. A few blame their lack of conception on experiments performed on them during their years in concentration camps. There are those who chose not to have children because of fear of what they saw happen to youngsters during the years of German-occupation. The despair is compounded by survivor guilt, which is relentless in some aging Holocaust survivors.

Survivor guilt is exacerbated in aging survivors when they begin anew to mourn their murdered family members. A common remark from an aging survivor is: "I haven't thought about the Holocaust throughout all these years; how come I am thinking about it now?" When survivors are feeling their own imminent death or if a loved one or friends are dying, it jolts them into a mourning process. Some never had an opportunity to mourn a mother or father, a brother or sister, a child or spouse. Others were stuck in one of the stages of mourning for these many years.

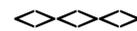
The five stages of mourning, which are not rigid, move from shock to denial, to a confrontation of what happened, to an overwhelming feeling stage, and ultimately to a search for meaning. When survivors are stuck in the feeling stage, they can be depressed and resist any form of enjoyment

or they can be full of rage. Those who are in the confrontation stage are taking trips to Europe to see where they survived. A trip to a concentration camp is part of the mourning process. It is an opportunity to say the memorial prayer (Kaddish). Aging survivors who find themselves severely depressed are most likely undergoing a mourning process unconsciously. When asked more directly about their losses during the Holocaust, this opportunity enables an unconscious process to be conscious.

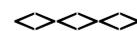
Holding onto survivor guilt is sometimes a way of holding onto and connecting with the dead. Denial of living—refusing to enjoy one's life—is a perverse way of remaining close to the dead. When survivors are asked more directly what the dead would want and how they would want to be remembered, the irrational guilt feelings have an opportunity to be transformed into more life-affirming goals of remembering. For example, the dead would want their heirs to remember what made them happy, how they lived their life, their values, rather than their pain and suffering.

Integrity for aging Holocaust survivors is to embrace a Judaism that is not based on victimology. If one of the goals of aging survivors is to replace some of what has been lost through the destruction of European Jewry, it cannot be a Jewish identity that is perpetuated through victimhood. The rich Jewish culture that was nearly destroyed needs to find expression in future generations. The aging survivors are the link to that which was destroyed and a reminder of the resilience of the human spirit.

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There are no negatives in the unconscious



“Post-modern” Death and Bereavement: Denial or Fantasy?

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American sociologist Talcott Parsons explored the nature of the American experience of death in a society that valued science, medicine, and progress. According to Parsons, death is a matter of medical failure and resignation in the geriatric; the experience of *dying* is removed. Death is not in Heidegger's sense, defined by *Existenz*, or the possibility of “my” impossibility, but it is the failure of medicine: the cessation of a heart-beat, or the end of brain-wave motion. Overwhelmingly, the cultural experience of death and the funeral is one of fantasy; it is one of euphemisms ultimately pointing to a denial of mortality. Americans replace the word “died” with “passed away,” or “is in a better place.” The removal of a corpse happens away from the bereaved—they only see the body again after it has been altered. It is common and appropriate (and even expected) for visitors to the funeral home and those attending the funeral to comment, “How good the body looks.” Embalming prevents the confrontation of the mourners with the putrescence of the corpse. Funeral practices in other cultures attempt to hasten the process of decomposition, but American processes try to impede or halt decomposition. Coffins are padded with cushions to further deny the reality of the dead body that has no sensation.

Compared to other demographics, people live longer in white upper- and middle-class culture due to advances in medicine and nutrition, and white upper- and middle-class culture's low-risk lifestyles and environments. White-flight has removed members of this dominant culture into the suburbs, away from crime, poorer health facilities, and other higher-risk living conditions.

Death is removed, largely, from the dominant white-hegemonic culture. Yet in a culture in which death is seen largely as medical failure, and which denies death to keep it removed from view, why is it that crime shows and gory movies are so popular? Furthermore, how might an unhealthy

relationship with death relate to the *Thanatos* urge of contemporary foreign policy?

MIT anthropologist Hugh Gusterson suggests that Americans' relationship with nuclear warfare and forms of violence are emboldened by a removed victim identity since September 11th that does not question or show sensitivity to the realities of suffering, but rather the victim identity justifies the infliction of suffering in others. Countless anthropologists outline this as mimetic violence, which can be illustrated across cultures. Whitehead has explored how terrorism like the September 11th attacks is also mimetic in the sense that it involves post-colonial actors' response to colonial takeovers.

What is interesting in the American case is the *distance* at which suffering is both experienced and then inflicted. As French theorist Luc Boltanski illustrates, this hyper-reality of violence is still to some extent “enjoyed” as spectacle in American society. But this denies a certain intimacy with “real” death. Death is experienced voyeuristically through media consumption, but when it comes close, it is still prevented at all costs medically, and mourners are surrounded by the halo of taboo and contamination. It is fearlessly explored and sensationalized in postmodern media, but at the same time, euphemisms for death are aplenty in funeral parlors. Death is both invisible and visible. As a nation we export terrorist actions abroad in the name of bringing Enlightenment values and humanitarian aid (Noam Chomsky calls this the “new military humanism”), and we imprison and possibly torture terrorist suspects in enemy territory. But we cannot comfort the widow and, further still, we place the power of death's presence or absence in those whom we worship on television: heroes who conquer the mystery of death, preserving life or solving crimes as in the doctors on *ER* or *House*, or the forensic scientists on *CSI* and *Law and Order*. Death is aesthetic power.

As illustrated in the response to September 11th, death's value is filtered through not its mortal reality, but in civic religion. A popular image that circulated during the time after September 11th is one of Jesus receiving the victims of the “Twin Towers into Heaven.” It appeared in folk art and at a Memorial Garden in Brooklyn.

This is a new version of civic religion,

perhaps suggested in the root of Americans' understanding of September 11th. The deaths of Americans in the Twin Towers were political and religious. It is an old medieval archetype of evil: Arab Muslims waging *jihad* against innocent American Christian victims, who are in turn received by Jesus. The ascent of martyred heroes is a theme renewed in the September 11th attacks. However, the private grief of Everyman is discounted: it is less important and it is not a solidifier, nor does it offer an opportunity for mass recognition and reinforcement of identity.

While cultural anthropologists and sociologists largely attribute the "denial of death" to modes of secularization, a National Opinion Research Council's study following the attacks of September 11th found that Americans' confidence in religious institutions actually increased after the September 11th attacks. This simple pairing of secularization and denial of death is not sufficient; a deeper analysis is needed.

With the attack on New York, the entire country responded within a secondary victim role. Gusterson again illustrated how students at college campuses now make justifications for re-bombing Hiroshima in World War II or murderous medical testing in third world countries: "we're justified in defending ourselves; or they were going to die anyway of starvation." A strategic term of death denial in Iraq War vocabulary is "collateral damage" which describes the countless anonymous deaths of innocents. Death is seen as hyper-real from a distance; it is not of our concern.

When we hear of the heroics of troops lost in Iraq, we do not see their coffins, but hear only their names, as abstract strangers. The recognition of our vulnerability is put aside for the vengeful justifications precipitated by the status of victimhood. Religious detachment from the state's exercise of power has been put aside as the president claims to have God on our side. Patriotism is equated with godliness because, of course, the victims were victims of *jihad*, or a religious war. Patriotism has become God's cause; this fuels our derealization of the actual dimensions of our vulnerability. To show feeling of sadness at loss, or call for the troops to come home in acknowledgment of vulnerability would not "support our troops" as mothers who support the Iraq War stated

in *Time Magazine* in August 2005. But when death comes home, we do not see the coffins. Victimhood still remains a commodity, however: death is an item of distant fascination. We gaze at the mysterious fetish. On the Internet, one can find downloadable "clip art" of the Twin Towers burning to the ground.

So many members of the support groups I interviewed described how in their home or community, death was a taboo topic. Bereaved mothers who lost infants to SIDS repeatedly mentioned being "infectious risks" to their friends. Widows are sequestered at weddings and other family or church events. Suffering is too close in this context; death is too close, and grief is contagious. The psychosocial consequence of this is the marginalization of the bereaved and the complication of grief.

Those attending support groups focusing specifically on loss constitute an artificial community based on select interest or experience. The relations between group members are both thick in some ways, in that they intimately explore each other's emotional lives, but thin at the same time: Each group member has little contextual knowledge of or shared experience with others. It is truly a social service compensating for a lack of other more natural/durable contexts of community. Jean Baudrillard might describe this kind of falsely intimate/non-familiar community as hyper-real *simulacrum*: Its presence is indicative of absence. The simulacrum, or this desire and attendance of the support group as an intimate yet not intimate group marks an absence of sufficient (outside) communities of empathy.

However, there is a risk to the "model community." Multiplicity of experiences breaks out of grief models. As scholar Therese Rando observes, grief is more chaotic than ever: it breaks psychological modeling. The model becomes more of a source of modern form of social control (and anxiety): modern grief models replace traditional mourning models. But social experience transcends modern psychological models, especially in the cultural frameworks of death denial. This is a characteristic of what I borrow from Derrida's concept of *différance*, and the psychological literature must be attentive to the political dimensions of this condition. The question of the grief

process then is more than just a topic for therapists and psychologists; it is also a cultural debate on production of meaning in the location of the *simulacrum* as the real or not. The hospice movement may be a corrective to this societal dysfunction, but the political consequences of death in the hyper-real are simply too horrific to ignore in wider socio-cultural debates.

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Unger on Faust

(Continued from 105)

“would override persisting differences about the meanings of race, citizenship, and nationhood to establish sacrifice and its memorialization as the ground on which North and South would eventually reunite” (xii).

Reviewers who have criticized *This Republic of Suffering: Death and the American Civil War* (New York: Knopf, 2008). ISBN 978-0-375-40404-7, xviii, 346 pages, \$27.95 (cloth), for not incorporating to a larger degree the goals and political impact of that war have simply missed the point of Drew Gilpin Faust’s brilliant book. Faust, president of Harvard University, is a prolific historian of the American South who has demonstrated a sophisticated grasp of the political and racial meanings of the Civil War in groundbreaking works that include *Mothers of Invention: Women of the Slaveholding South in the American Civil War*. But in this volume she strives to do something quite different than examine the worthiness of the war’s aims or accomplishments. Faust uses the Civil War to illustrate how “Men and women approach death in ways shaped by history, by culture, by conditions that vary over time and across space” (xi).

One of Faust’s powerful themes is the work of death: the work involved in the bringing of death, in actually dying, in identifying and dispos-

ing of bodies, and in mourning, as the bereaved work to separate themselves from their dead in order to carry on with their lives. Her first chapter, “Dying,” reveals how profoundly the war challenged the concept of the Good Death that had previously prevailed. Predicated on the belief that the moment of death offered a glimpse into the future, Good Deaths involved peaceful deathbed scenes in which the dying made peace with God and accepted their fate, a process that survivors took as evidence of salvation. Even though more Civil War soldiers died of wounds rather than succumbing immediately on the battlefield, the sheer numbers of the dying made Good Deaths difficult. Although reassuring accounts of Good Deaths were sent by doctors, nurses, and fellow soldiers to grieving relatives, the overwhelming number of deaths, frequently from gruesome wounds, made the necessarily detailed descriptions difficult, and often times, impossible, to write. Nevertheless, even as the death toll continued to mount, the nation rejected the notion of meaningless, almost unbearable slaughter, and continued to seek reassurance in narratives of Good Deaths, in which the dying affirmed assumptions about the meaning and purpose of individual lives as well as of the war.

Faust’s emphasis on the work of death is particularly vivid. She describes, for example, pre-battle preparations in which soldiers dictated wills, surgeons sharpened instruments, nurses readied bandages, and men scattered sand so that artillery emplacements would not become slick with blood. In the chapter “Killing,” taking into account the war’s technologies, tactics, and logistics, she details the intellectual and psychological work necessary to resolve emotional and religious constraints before killing fellow human beings. Although Faust’s focus is on the unique role of death in the Civil War, in which soldiers were often able to see the faces of the men they killed, she sharpens its meaning by placing those killings and that war within the context of other killings and other wars. As in other wars, vengeance and dehumanizing the enemy were added to the principles of duty and self-defense to legitimize violence. The unique role of race in the Civil War, however, is revealed in the particularly horrifying logic that African American soldiers could not be treated as Confederate prisoners of war without violating a major premise for the war and must therefore be

killed, a policy only somewhat mitigated by the threat of Union reprisals. In turn, many African-American soldiers, the product of generations of the cruelty of slavery, were particularly eager to fight and kill for "God, race, and country" as a show of their manhood and of the personal empowerment that had been for so long denied them.

After the work of killing came the work of caring for the dead. But first soldiers had to come face to face with the horror of battlefields and hospital tents littered with bodies, a task so difficult many consciously sought to separate themselves from their emotions and to become callous or indifferent to such large-scale suffering and destruction. Faust cites the long-term costs to soldiers who must numb basic human feeling, specifically noting veterans of more recent conflicts, including those in Vietnam and Iraq. In a time and culture in which burial, not cremation, was required for respectful, proper, and spiritually satisfying caring of bodies, removal and disposal of bodies was shockingly improvisational. As detailed in the chapter "Burying," sheer volume made the task particularly daunting: some six million pounds of human and animal remains lay on the field of Gettysburg alone. Civil War soldiers recorded their fears that the logistical difficulties posed by such huge numbers of bodies might one day leave their own remains to be desecrated by enemies or animals. Although enemy dead were more likely to be placed in communal pits, even comrades could often not be afforded the dignity of a single grave. However, burial details, even those resorting to mass graves, almost universally privileged officers, separating them from the rank and file before interment.

As families sought to bring home the remains of their loved ones, the emphasis on proper burial gave a huge boost to the embalming, coffin making, and shipping industries and to the professionalization of the undertaker. Burying a loved one in home soil and in a sleeplike repose, according to Faust, "offered a way of blurring the boundary between life and death" (93). Increasingly the federal government assumed responsibility for the Union war dead, leaving rebel remains to become part of the privately administered Confederate Dead, a constituency whose appellation provided important political and cultural meaning through-

out the South as part of the cult of the Lost Cause.

One of the many impediments to bringing a body home for proper burial was the lack of a system of identification. The confusion and agony caused by the number of unidentified bodies buried during the Civil War contributed to the current practice that the military account for and return, dead or alive, every soldier. Dog tags became standard issue in the U.S. Army in World War I. Civil War civilians who took pains to identify dead soldiers and to notify their families included Walt Whitman, a man who, for his copious war-related prose, especially his tireless letter-writing on behalf of the dying and the dead, plays a large role in Faust's account. (Other notables in *This Republic of Suffering* include Oliver Wendell Holmes, Sr., Ambrose Bierce, Clara Barton, and Emily Dickenson.) The anguish caused to loved ones "who found undocumented, unconfirmed, and unrecognized loss intolerable" gave way at war's end to a "program of identification and reburial that redefined the nation's obligation to its fallen, as well as the meaning of both names and bodies as enduring repositories of the human self" (135-36).

In "Realizing," one of the most heartrending chapters in a book full of heartrending chapters, Faust explores "the work of mourning" explicitly as it was later described by Freud. She notes that the bulk of the official trappings of mourning fell to women, giving rise to new fashions and to entire mourning departments in stores like New York's Lord & Taylor. Overpowering grief gave way to questions of faith detailed in the chapter "Believing and Doubting," as post-war "evangelicalism [with its emphasis on death as a transition rather than an end] made the afterlife the focus of American religious belief and practice" (172). Evangelicalism's promise that the living would one day be reunited with their lost loved ones contributed to the popularity of spiritualism, most famously practiced by Mary Todd Lincoln, in which the living sought communication with the dead.

The chapter "Accounting" describes the development and meanings of post-war cemeteries and memorials. Of particular interest is the power exercised by southern women as they perpetuated southern resistance to northern domination by their memorializing of the Confederate dead. The final

chapter, "Numbering," details the intensity and significance of the bureaucracy that developed to provide a final accounting of the Civil War dead. The epilogue, "Surviving," lists some of the mysteries that linger into the present day: who were the Civil War dead (nearly half) who remain undocumented? What was the role of God in that war; in any war? What does it mean for a nation to survive such a trial by fire? The Civil War "introduced a level of carnage that foreshadowed the wars of the century to come," and new ways of managing death were institutionalized in its aftermath. But, Faust concludes, "we still struggle to understand how to preserve our humanity and our selves in such a world" (271).

Even historians specializing in this period will learn a great deal about the Civil War from *This Republic of Suffering*. Far more important and wide-reaching, however, are Faust's contributions to a more general understanding of the pain and suffering inherent in all wars, of how people learn to kill, to die, to mourn, and to grapple with devastating loss on a personal and national scale. This is a soul-searching book, richly illustrated with disturbing photographs, and one that asks important questions about the nature of war, memory, sacrifice, mourning, life...and death.

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Guilt, Fear of the Dead, and Burial

Guilt and Frustration in Facing Death in My Family

Norman Simms
University of Waikato

At long intervals in my adult life, my relatives, including grandparents and parents, passed away and again I was not there for their dying. Rarely did I have the means to attend memorial services. For the most part, therefore, this whole experience in life has passed me by. If it were not for the efficiency and cheapness of long-distance telephones over the past quarter of a century, this alienation and loneliness that I feel would have been more so. What do you do when you are not part of the community around you and have so few friends you can count them on the fingers of one hand?

When my mother died at only age fifty-four, she had gone in to the hospital for open-heart surgery and she begged me not to come to New York from Winnipeg until she was back home. She had a stroke while under the knife and never woke up, though she did phone the night before she had her operation to tell me, with her usual wit, that she was going to the moon, just like the astronauts. When I received the phone call to fly home at once because she would not likely last the next few hours, I arrived to find the doctors speaking of an indeterminate time before she awoke or passed away. After several days, everyone urged me to go back to Canada and to work, as there was no point in staying. I flew back to my wife and children, and when I landed was told my mother had died and to go to New York at once.

For my father's death, not only was I not there when he left this life, I also missed both his funerals. The phone call came as something of a surprise; his death at seventy-two was not expected. I tore my shirt, went into the garden and threw dirt on my head, and wept, all automatically it seems, all the old customs appearing out of ancient memories. But in the next phone call, I said it was probably best to wait a week to fly back to New York because then I could stay almost a month and that it would be good to be with relatives and grieve with them rather than have to come back to Singapore after only a day or two. So I missed both the funeral he had the next day in Florida, where he had retired, and the second memorial service in Brooklyn for those old friends and cousins who were too elderly to get to Deerfield Beach—and so he could be buried next to my

mother on Long Island. When I did get to America, none of my relatives could accept my excuses for not being there, and so I too have had to live with that guilt.

Sometimes the death notices have been more grotesque. On one of the few times my wife and I could take a few days holiday by the sea-shore, we returned home to find a series of messages on the telephone answering machine. Each became more insistent that we should call up because an uncle had died, and then the voices reported that his sister had died a day later, and so by the time I could call the family in New York both of my father's siblings were gone, the funerals had taken place, and, aside from one elderly aunt, who was showing acute signs of Alzheimer's, I was the oldest surviving member of the family. More guilt.

With my wife's family and with friends, the end has come before we could prepare, and the funerals arranged and conducted without our being able to afford either the money or the time for the long twenty-seven to thirty-two hour flights. My wife did, however, fly to her mother's funeral four times: three times after she received word that the end was nigh but by the time she got to Arizona there was a recovery, and the fourth time she arrived after her parent passed away and so at least made the funeral.

What does it mean to be cut off and to be burdened with ever-increasing guilt for not being there for the ordeal of dying or of grieving with loved ones and old friends? To a great extent, it makes death a horrible event. Not because I am afraid of my own demise. In fact, I have been to the brink and back several times, with cancer and heart disease. No, the fearful thing is the thought of how others will respond, meaning my wife, my children, my granddaughter and—I don't think there will be others as I discovered when I had a year off from teaching when I had a cancer that was supposed to kill me within nine weeks. Only one colleague sheepishly appeared at the door to deliver some mail when I returned to the university: "they" looked at me in surprise and said, "But you're supposed to be dead!"

That is why the idea of a public show at the deathbed with a fine speech of advice or an ethical will with its sage counsel are so absurd and yet so fascinating. These scenes stand in the place of the

great silence, and the emotional pain and financial costs for those who have to go through the ordeal of arranging the care for the body, the funeral, and all the rest that goes with an orderly departure from civil society. You just can not ask someone to get a nice cheap black rubbish sack, put you in it, and toss it on the rubbish heap.

Norman Simms, PhD, born in Brooklyn, New York, has been in New Zealand since 1970. Besides editing the journal Mentalities, he has written lots of books and articles on psychohistory, the history of mentalities, literature, and Judaism; the latest title to come out in December 2008 is Marranos on the Moradas (Brighton, MA: Academic Studies Press). Dr. Simms may be contacted at NSIMMS@waikato.ac.nz. □

The Importance of Mourning and Burial

Sander Breiner
Michigan State University

Mourning and burial deal with the denial of the loss of self and the powerless sensation that accompanies it. They are parts of the psychohistory of mankind's response to death with an early childhood psychodynamic determinant. Mourning is a very special and reasonable process. Someone who has been loved is someone with whom we have identified. Psychologically they are in some ways a part of us. Mourning is about giving up a part of oneself while still remaining intact. When mourning is completed, then there is return to a full life. Remembrances of the deceased—anniversaries of their death, pictures, mementos, gravesites, and so forth—are a means of making the bereaved feel more intact.

Some of the world's greatest human constructions, such as the pyramids, attest to the importance of burial and the afterlife in all cultures. The collection of valuables to be interred with the properly prepared body, the slaughter of humans and animals to accompany the individual into their afterlife, and the extensive religious activities and liturgy involving so much of the living prove the "vital" importance of this activity.

There are certain common elements related to burial in the history of the world. First, and most important, is the actual burial of the individual. Three elements have been universally part of this first step: one, a burial "deep" in the ground; two, a stone or heavy object placed upon the grave; and three, a notation made of who lies beneath the surface.

Upon their death other living things, such as cattle, horses, and pets, have been eaten or discarded in some waste site. Only in the more recent history of mankind has there been burial of some pets (particularly by the wealthy). Why then would humans be buried? Why then would a stone or heavy object be placed on top of the grave? Why would they have to mark the spot with their name? If we think in terms of early childhood, the concept that death is not forever (in a sense does not exist), then what must be the problem that such extensive effort and resources must be devoted to this burial activity? If the individual is not permanently "gone," they can return. Therefore, if it was only a very positive concept, then the universal response would be to somehow mummify the recently dead and keep that individual in the house with you awaiting that time when they eventually would return and join you. Since that is not the case, what is taking place? Even in those societies where mummification was important, the body was still housed separately in a prison of stone.

Since the preceding is what has been taking place throughout history, we must assume that there is a fear of the dead returning and being angry with us. Therefore, the protection we might provide ourselves would be some of the following: One, to indicate how sorry and pained we are that they have died. Two, how we devote so much of our time after their deaths to saying kind and wonderful things about them. (The adage is to not speak ill of the dead.) Three, that we will devote time, energy, and resources in their name. Fourth, that we will put them in a container that they cannot get out of and, to be sure, to put that container deep in the ground so that it will be too hard for them to get out. Fifth, we will put weights (stone) on top of that site to make it even more difficult for them to return. Finally, number six is that we will mark the site and watch it carefully to make sure that all is serene.

The many stories in every culture of the world of the "undead" returning attest to this universality. Almost invariably in the mythology of the undead returning, they are somehow seeking "vengeance" on the living. But what is the vengeance that the "undead" need to express? What has been done to them, for which they are seeking vengeance?

Since the universality of these qualities and experiences in the history of mankind indicates their early childhood dynamics, the likely answers become more obvious. In fact, we can recognize this in our work with patients in psychoanalysis. Perhaps the most difficult thing for an analyst is to say everything in their mind, just as it comes to their mind; particularly their hostile and destructive fantasies towards their parents. Even though they are sophisticated adults, they respond as if those thoughts and feelings are the same as action and behavior. In early childhood, thoughts and feelings (impulses) are the same as behavior. As children grow and become adults they recognize that thoughts and feelings are not the same as behavior. However, part of them still feels that way. Those conflicted love and hate feelings from early childhood about one's parents remain. In fact, it is very common for individuals to feel guilty about angry thoughts and feelings, and even to try to validate their guilt and need for self-punishment. This subject applies to many other elements in society and throughout history. Here we see its application to the death of a "loved one."

Therefore, mankind has been dealing with two elements: One, the very frightening aspects of loss of self and the powerlessness that goes with it; and two, the fear of retaliation for one's angry thoughts and feelings that have caused or contributed to that other person's death. By various adult activities we "work through" our mixed feelings for those who have died ("left us"). We become closer to the positive loving feelings we have for every human being (especially those we have loved). We feel closer to our friends and family in dealing with the death of a loved one. Our mourning connects our humanity to all others. The fears of the child within have thus become creative. Thus, two major conflicts of childhood can be resolved by sublimation in the burial and mourning rituals.

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Colp Memorial

(Continued from page 105)

Darwin scholar whose greatest achievement was *To Be an Invalid: The Illness of Charles Darwin* (1977), which was revised substantially and expanded to include Darwin's "Diary of Health." The result was *Darwin's Illness*, published at the end of May of this year by Florida University Press, allowing him to see the fruits of his loving scholarship.

Ralph was born on October 12, 1924 to Miriam Mirsky, a homemaker and graduate-educated biologist, who her only son remembered as maintaining a type of intellectual "salon" in her New York apartment. His father was a distinguished surgeon of German-Jewish descent whose name he was given despite the normal Ashkenazi Jewish tradition of not naming a child for a living person. This was one of many ways the family distanced itself from their Jewish roots. Though his parents divorced when he was four, his father was an important, though emotionally distant, part of his life. This distance appears to have been produced by the shy boy's identification with his mother, the awe with which he held his namesake, and his father's critical personality. Throughout his entire life, he insisted upon being Ralph Colp, Jr., which I resisted because he was such a distinguished man in his own right.

In his childhood "Tommy" Colp enjoyed listening to his family speak passionately about left-wing politics, even at the expense of playing with other children. At an early age he identified strongly with Trotsky in opposition to Stalin whom the adults then laid their hopes for a better world upon. Throughout his life he would identify with the underdog, as Trotsky was in the 1930s. While Tommy disagreed with his mother over politics, according to his cousin Jonathan Mirsky, they did not argue.

As indicated above, his parents did not particularly like being Jewish, although most of their friends were also Jewish, as Ralph's would be. They sent their son to the same Ethical Cultural schools they had attended and to which he would send his own two daughters—in fact, four generations of the family have attended them. About eighty to ninety percent of the students in the Ethical Culture schools also grew up in Jewish homes. Columbia University, which did not have the usual quota restricting the number of Jewish students, was where he earned his bachelor's (1945) and medical (1949) degrees prior to two years of military service (1953-55), primarily in Germany as a surgeon. Surgery, a field for which he had no special talents and in which he felt more intensely under the shadow of his awe-inspiring namesake, was soon abandoned for psychiatry where he could listen to people, rather than cut them open. As the most intellectual field of medicine, it was well suited to his inclinations and talents.

Dr. Colp's scholarly accomplishments and service to mental health were considerable. He served Columbia University graduate students as a psychiatrist from 1960-1993 and patients in private practice until the total collapse of his health just over a year before his death. Though a shy and, in some respects, inhibited man, he taught a course on the history of sex and was a Senior Associate Sex Therapist in the program of sex therapy at the New York University Medical Center. He wrote well over a hundred articles and book review essays mostly on Charles Darwin, but also on the surgeon William Halsted, Sacco and Vanzetti, Trotsky, Stalin, medical history, and many other subjects. He authored the "History of Psychiatry" section for the Sadock and Sadock (formerly Kaplan and Sadock) *Comprehensive Textbook of Psychiatry* since 1986,

painstakingly updating edition after edition, giving proper recognition to the role of psychohistory in expanding our knowledge. Although for sixty years Ralph used the same typewriter, given to him by his father, he usually wrote in longhand prior to having a typist prepare it for submission. He never entered the age of computers.

Some of his smaller articles were gems, such as "Trotsky's Dream of Lenin" in these pages (1998: 50-54), touching on why Trotsky didn't succeed Lenin. "Why Stalin Couldn't Stop Laughing" (1996), also on these pages, touched on Stalin's envy and sadism as powerful motivation forces, which he also treated in *The Psychohistory Review* (1990 and 1993).

Dr. Colp was a man of the Enlightenment, searching out reason in the irrationality of individuals and groups, including of his hero probing the psychosomatic and physiological elements in Darwin's illnesses. His curiosity about people led him to search out what motivated them, where they had invested their "libido." Psychohistory, which brought together his love of history and psychology, had special meaning to him. He gave generously to the Psychohistory Forum as a host of our meetings, a Founding Member of *Clio's Psyche's* Editorial Board, a member of the Program Committee who never wanted recognition, and as a valued counselor. He was a tall, thin man who worked seven days a week and ate only one meal a day. A favorite restaurant of his was Pig Haven.

The intellectual friendship he formed in the Psychohistory Forum were quite important to him, even though his marked reserve meant that he was more of a listener than a speaker in even small groups. Ralph was most comfortable speaking on a one-on-one basis, as he acknowledged in our September 2001 interview (published in September 2002). A chapter closely related to that interview was "Living With Charles Darwin," in my edited book, *Historical and Psychological Inquiry* (1990, pp. 219-235). In it he acknowledged that his identification with Darwin was based in part on their both having to struggle with growing up in the shadow of powerful and successful fathers.

To an amazing degree Ralph Colp identified with Charles Darwin, another shy, self-effacing man with a passion for scientific knowledge based upon an observational method. In his

letters and manner he was formal enough to be referred to as "Victorian." He self-consciously copied the work habits of the great scientist, getting up daily at five a.m., or even before, to write. His office featured a portrait of Darwin, as well as one of Freud, and a large number of books by and on them. He saw patients and wrote in this office that he so loved. Ralph referred to communing there with his English hero and to putting him on his therapeutic couch. In recognition of this, the dedication to his first book states, "To Charlotte, Ruth, and Judy [Colp], who lived with me, while I lived with Darwin." In his final year, he was like the naturalist in limiting his contact with the outside world and in having loved ones read to him—necessitated by his failing eyesight. Like Darwin he was a nonbeliever in religion. His vacations were often to England, where he sought out every detail of his hero's life and thought. He made friends with librarians charged with Darwin papers and memorabilia both in England and the U.S.

He was a lifelong New Yorker of the type who, at an emotional level, had trouble understanding why people would want to live anywhere else. Ralph was a particular type of New York secular Jewish intellectual. Although his building faced a synagogue, he had a certain pride in declaring that he had never been in a synagogue nor had any Jewish training. His marriage on Thanksgiving Day in 1956 to Charlotte Rappaport, a Jewish pulmonary physician, was in a private ceremony in the rabbi's office. In our 2001 interview he described his ambivalence about a Jewish identity, which seemed constricting to him. His ideal was a socialist meritocracy rejecting nationalism and religion as impediments to the betterment of humankind.

As a teenager and young man, Colp's causes were opposition to the Nazis, opposing fascism during the Spanish Civil War, and building socialism in Russia—until he realized the extent of the betrayal of democratic/socialist ideals under Stalin. He feared anti-Semitism, which was another reason not to acknowledge his Jewish background. Even in medical school at Columbia University, where he had also done his undergraduate work and was identified as Jewish because his father was a famous surgeon, he reported that there was considerable anti-Semitism. Upon traveling after the completion of his military service as an

Army physician in Europe, he discovered when he crossed into Israel from Jordan that he was profoundly pro-Israeli and that he had a Jewish identity despite his prior efforts to deny it. In recent years he would discuss European Jewish history, Israel, and Darwin with David Kohn, who is editor of the Darwin Digital Library of Evolution of the American Museum of Natural History in New York. Ralph's younger daughter, Judith Colp Rubin, lives in Israel with her American-born husband and children. Like her father and paternal grandmother, she is devoted to the life of the mind, writing books with her husband.

Ralph Colp had extensive psychiatric training and was enormously influenced by psychoanalysis, but never formally went through a psychoanalytic training program with personal analysis, years of course work, and supervision. His ten years of psychoanalysis four and five times a week with Freud's personal physician, Max Schur, was terminated abruptly on his birthday in 1969 by the sudden death of his analyst. Though he never took the formal course work, he did have extensive psychoanalytic supervision from 1956-1965 at Massachusetts Mental Health, St. Luke's Hospital, and Hillside Hospital. Analytic principles guided his own work with patients and it was from a psychoanalytic perspective that he supervised residents at Columbia University. These same principles guided the direction of his careful scholarship. Dr. Colp generously shared his psychiatric and medical knowledge with his friends and associates.

Ralph Colp was a very private man who related through the world of ideas, the lives of the historical people he knew so well, and his patients. He did not like talking about his own feelings or problems, though he would express great concern for those of his patients and the few people to whom he felt closely connected. In terms of his own illness he was very quiet about the prostate cancer he was diagnosed with five years ago and which he thought was under control for a long period. About two years ago he spoke of having his schedule modified by the aftereffects of treatments, limiting his ability to attend or host Forum meetings. The last year was spent primarily in the Dewitt Nursing and Rehabilitation Home close to his East 79th Street home in Manhattan. He maintained a stoical attitude about his situation. In his

final weeks and days, he struggled with pneumonia and difficulty swallowing. In a typical act of generosity, he donated his body to the Columbia University Medical Center to assist the work of a new generation of physicians and scientists.

On November 16th family members, friends, and colleagues gathered at the Ethical Culture Society in New York City for a moving memorial to Ralph Colp. There were about seventy people from three continents in attendance. We wish to extend our condolences to his widow Charlotte Colp; his daughters Ruth and Judith; his sons-in-law Barry Rubin and Eric Haber; grandchildren Daniel, Gabriella, and Carla; Darwin scholar James Moore (with whom he had a father-son relationship); former patients; and all others who held him close to their hearts.

Paul H. Elovitz, PhD, the editor of this publication, worked closely with Dr. Colp since this Darwin scholar became one of the earliest members of the Psychohistory Forum in 1983. Together they had planned to write an article on Darwin's marriage. Dr. Elovitz may be contacted at pelovitz@aol.com. □

My Friendship with Ralph Colp

Jim Moore

Open University (Milton Keynes, UK)

Head in hands, I hardly know where to begin. I had wanted Ralph to go on meeting me once or twice a year for breakfast on the Upper East Side, catching up, Darwinizing over bacon and eggs and endless coffee as we did for decades. Ralph was more than a colleague and more than a friend. He was like a father, growing old with me as I belatedly grew up. We watched each other age. Once in my thirties, I thought I was undergoing a mid-life crisis and I despaired of being old. Ralph might have smiled to himself, but he urged me to read *The Seasons of a Man's Life* by Daniel Levinson. I didn't do that; now I must. I'd just been reading Stuart Miller's *Men and Friendship* and I thought of sending Ralph a copy to thank him for being in my life. I wish I'd done that too.

Our letters were legion. Ralph's first arrived in 1977, by coincidence months after my father's death at age fifty-four in Chicago following

a long fight with cancer. Ralph's first book on Darwin's illness, *To Be an Invalid*, had just come out, and he knew that I studied Darwin. My first article, about Darwin's sons, was being published. Years later Ralph told me that Darwin had been his "client" since 1959. Ralph would rise early in the morning to "commune with Darwin" reclining on the analytic couch. In 1977, Ralph was fifty-three years old.

For years I kept Ralph's first letter in my copy of his book. When I turned the pages, I would be reminded of one who believed in me, shared and approved my interest in Darwin, which my own father never did. A copy of my reply to Ralph's first letter is filed away. It must have been ingenuous because 1977 was full of loss: soon after my father died I turned thirty and then my marriage ended. I was in England, in a new job, bewildered and alone. Ralph understood my need to restart my life because, even before we met, I was able to be as open with him about myself as about Darwin. Ralph valued everything I ever told him, never criticizing, never pulling back or fostering dependence. I never forgot—but nor did he ever have to tell me—that I was communing with one who understood the complexity of attachment. Within a few years Ralph's neatly typed letters would come every few months, or as often as I wrote to him; some ran to a page or more. He commented generously about my research on the history of hysteria, about my love for my daughter born in 1984, and about my stints of counselling. (He even remembered my therapists' names.) When heartache and separation floored me again, Ralph sent his most memorable advice: "Therapy will help you understand what holds you back from commitment." He was on target as usual.

Always we would Darwinize together. Ralph would have a list of questions or a problem he couldn't solve; he needed my help and would say so frankly. Never his client, I was ever his colleague—but somehow more. Over breakfast in New York, or dinner in London, or at a student bar in England, his agenda began with me; then we moved on to Darwin who had brought us together. I felt he cared as much for us both.

Ralph's care for my daughter was touching. He had watched and listened to me become a father; he knew of my love for Jessica and of our

joys and pains. In June 2000, she and I met Ralph for breakfast. It was Jess's first trip to New York and she was thrilled with the city. He asked open questions about her life, her ambitions and opinions. She replied with wonted verve and glowed with pleasure as Ralph talked about the New York he grew up in. They both liked the same classic movies. Jess and I went down to one of Ralph's old haunts, Radio City Music Hall, where the Art Deco interiors astonished her. "Ralph has been like a dad to me. I wish you could see him again," I told Jess a few years later. "I know he is interested in you." But they met only the once, and Jess will never know a grandfather—both of hers died before she was born. I will never know whether she and my father might have got along better than he and I did. But the memory of our first and last breakfast with Ralph will never fail. Afterwards I grasped his hand warmly as always, and then Jessie threw her arms around Ralph and kissed him on the cheek. He beamed; I beamed. It was purely spontaneous. At fifteen, she was still the girl I had watched growing up, untroubled by how to treat a grown-up she admired, even a New York psychiatrist standing by a busy thoroughfare. She had warmed to Ralph because she had felt *his* warmth, because they both loved New York, because Jess realized, if only vaguely, how important Ralph was to her dad. If I could today, I would embrace him myself. Even standing at the corner of East 79th and 2nd Avenue outside of his home.

James (Jim) Moore, a native of Chicago, has degrees in science, divinity and history, with a PhD from Manchester University. His books include The Post-Darwinian Controversies (1979), The Darwin Legend (1994), and with Adrian Desmond, the best-selling biography Darwin (1991). Their book for the 2009 Darwin bicentenary is Darwin's Sacred Cause: Race, Slavery and the Quest for Human Origins. Prof. Moore teaches the history of science at the Open University and may be contacted at J.R.Moore@open.ac.uk. □

The forthcoming **Psychohistory Forum Work-In-Progress Saturday Seminar** is on **January 31** when **Irene Javors** and **Cassandra Langer** will present "**A Psychobiography of the Expatriate American Painter Romaine Brooks.**" Papers will be sent to Forum members.

Free Associations on Post-Election America

Thinking About and Laughing at Biden and Palin

Paul H. Elovitz
Presidential Psychobiographer

In some ways, the 2008 vice presidential candidates were fun to watch—at least if you didn't take them too seriously. I found it almost endearing that Joe Biden talked too much and sometimes forgot to connect his political brain to what was coming out of his mouth and Sarah Palin brought enormous enthusiastic energy to McCain election events as GOP cheerleader and Obama basher-in-chief. As I watched these candidates on the Jim Lehrer *News Hour*, C-SPAN, the evening news, and while debating as well as reading about them in various papers and online, I turned to the defense mechanism of humor. In my thirty-second year of doing presidential psychobiography, I was in desperate need of this coping mechanism.

It should be noted that I was not alone during the campaign in looking for laughter. The humorists had fun with questionable statements by Joe Biden, such as his anachronistically having FDR reassuring the country on TV during the Great Depression before television was invented, while finding their bread and butter in Sarah Palin. Her “you betcha,” “hockey mom,” moose-shooting, and smiling, extroverted manner as she gave “shout-outs” to her teacher-brother's third-grade students back in Alaska, were an irresistible target to these Washington, New York, Los Angeles, and Chicago humorists. Many laughed with them while others identified with her and deeply resented their ridicule.

Aside from the small amount of work I did on him during his aborted 1988 presidential run, I started researching Joe Biden over two years ago as one of the group of those—senators, governors,

congressmen, ex-senators, ex-governors, ex-congressmen, and even eccentrics—whose names were being bandied about by the media because they put out presidential campaign feelers, raised funds for a possible campaign, and hired presidential “handlers” (sounds like a presidential dog show). To increase media coverage they have an unofficial, semi-official, and official start to their campaigns. Presidential Fever (PF) is a disease that strikes senators from their moment of swearing-in, even if they should flub their first speech to the C-SPAN audience watching the event. (Watchers of C-SPAN know that the Senate chamber is normally occupied by the speaker, staff, and cameramen, but not our august statesmen who are much better talkers than listeners.) In this recent run for the White House, Obama was the first-term presidential aspirant.

In certain respects the Republicans are a much more conservative group as reflected by their first-termers only dreaming about the White House. (If only the Republican leadership were truly conservative when it came to issues of spending money we don't have, declaring wars—which we pay for by borrowing money from the Chinese—against people who didn't declare war on us, and maintaining the industrial foundation of our greatness!) I challenge our readers, at least those without photographic memories, to list the names of all the people who ran in these 2008 presidential sweepstakes. Despite all my research materials I cannot possibly remember all of them without delving into my archives. Those gathering the most media attention were Sen. Joe Biden, Sen. Sam Brownback, Sen. Hillary Clinton, Sen. Chris Dodd, Gov. Jim Gilmore, Mayor Rudy Giuliani (“Mr. September 11” on the campaign trail since that was almost all he spoke about), Gov. Mike Huckabee, Rep. Duncan Hunter, Ambassador Alan Keyes, Sen. Joe Lieberman, Rep. Ron Paul, Gov. Bill Richardson, Gov. Mitt Romney, Rep. Tom Tancredo, Sen. Fred Thompson, Gov. Tommy Thompson, and Gov. Tom Vilsack. If the ambition and egos of these politicians could be converted to energy then the U.S. would be on the verge of the energy independence they pontificate upon.

Joseph Robinette Biden, Jr. was born on November 20, 1942 in Scranton, Pennsylvania as the eldest of four children of an Irish Catholic fam-

ily. When he was ten years old his struggling family moved to Delaware for better economic opportunities, though he has always maintained ties to the city and state of his birth.

Confessions of a psychobiographer: I never read Joe Biden's autobiography until he became Obama's vice presidential candidate. By 1988 I had decided it was a Sisyphean task to read the autobiographies and biographies of all the individuals who had bad cases of Presidential Fever. Consequently, Joe Biden, *Promises to Keep: On Life and Politics* (New York: Random House, 2007, 365 pages) has only been sitting on my night table since he got the magical vice presidential nod. I found it to be very much a mixed bag. There are moments when it is a marvelous sleep potion and others when I feel the man coming through the pages. What struck me more than anything else was how Biden in his twenties became the family hero, wheeler-dealer, and go-getter who was moving his parents from one house to another and mobilized his brother and sister in his endeavors. What were the family dynamics enabling this? How did he develop the irrepressible quality that enabled him to survive politically despite major instances of Political-Foot-in-Mouth Disease (abbreviated to PFMD as is proper in our acronym-crazed society), including his plagiarism in law school and infamous 1988 instance of delivering a speech plagiarized from the British politician Neil Kinnock. As a scholar, plagiarism is not a laughing matter to me, although I have had to reconcile myself to one of my heroes—Martin Luther King, Jr.—having plagiarized materials for his doctoral dissertation.

Some of the answers to the question of Joe Biden's resiliency can be found in his having had to overcome great personal difficulties such as a stutter that lasted into his early twenties and personal tragedy. Shortly after he was elected to the U.S. Senate when still aged twenty-nine, his beloved wife Neilia and one-year-old daughter died in an auto accident and his two young sons were severely injured. Joe didn't have much time to feel sorry for himself, grieve, or even to do the mourning he so needed to help with the healing process after such a colossal loss; he had a young son hovering between life and death in the hospital and another injured, motherless boy at home desper-

ately needing his father. The enormous support of his family, some of whom moved into his home to help, was one key to his surviving this tragedy and agreeing to serve in the Senate despite this being a very low priority at the time. After all he has been through, relapses of Political-Foot-in-Mouth Disease, often as a result of making an honest, but politically dangerous, statement are manageable problems for Joe Biden.

Between laughs it is good to keep in mind that another way of looking at PFMD is as Freudian slips. They are our mirror into the unconscious, which I greatly value since it is hard to get presidential aspirants to provide honest statements of their fantasies and night- and daydreams. These parapraxes appear to be the senatorial version of the stutter Biden left behind in his early twenties. This grist for our psychohistorical mill is easier to work with than probing the difference between the conscious attention of politicians and their actual behavior since it is hard to know when they are simply saying things to get elected (that is, lying). Frankly, I worry more when they are lying to themselves than when they are lying to the public. Whoops, I am slipping back into my characterological trait of seriousness. Clearly, this is a totally unacceptable trait for this essay, so I must remind myself that I am part of the public craving laugh lines as part of our collective defense mechanism.

Her life on the 2008 presidential campaign stage is as close as we have to an autobiography of Sarah Louise Heath Palin. She bopped around the stage serving as chief cheerleader for John McCain, rather like the friendly, loud, smiling soccer or hockey mom at one of our kids' games who can be heard above the applause of all the others. To many, there is a warm, human quality to her public persona, especially when placed within the picture of her handsome husband and smiling children. (After the first photos, her son Track deployed to Iraq.) Trig, her six-month-old Down Syndrome baby, may not be smiling but he is a sensation among parents of special needs children who flock to Palin events with their children. Governor Palin, who has trouble separating personal and professional boundaries, proudly parades her family and personality in the public arena. Bristol, her seventeen-year-old daughter, held Trig in front

of her in the initial McCain/Palin family photos, thus covering her pregnancy. After John McCain shook hands with the unborn child's father, millions wondered if this teenager (Levi Johnston) would actually marry Bristol in the name of "family values."

Sarah Palin's zestful personality fits the expansive landscape of the most frontier-like of America's fifty states. Frontiersmen and -women care as little for boundaries as Sarah, her husband Todd (known in Alaska as the "First Dude"), and her staff, in working to fire her ex-brother-in-law state trooper. In fact, they had to settle for firing the head of the Alaska state troopers who would not stoop to this level of political involvement. One Alaskan ethics committee established that the firing endeavors were an abuse of office though another found that it was not illegal. Some other instances of her questionable crossing of boundaries were Palin's attempts to fire a librarian for not removing allegedly immoral books from the local library and her pushing through the building of a skating rink partly on property the town did not yet own—causing major legal problems and considerable unforeseen expenses.

When my local library finally came up with a copy of the one pre-VP-nomination biography of Governor Palin, I did not have high expectations. In fact, I anticipated Kaylene Johnson's *Sarah: How a Hockey Mom Turned the Political Establishment Upside Down* (Epicenter Press, 2008, 159 pages) to be an almost worthless political lives-of-the-saints-type hagiography. After all, this volume begins by suggesting three plots to the Palin story: "a Cinderella tale," a "version of David and Goliath," and "a refreshingly modern can-do story about a down-to-earth woman with energy and idealism—a homemaker and mother of five—who is determined to make a difference. And she does." Though the uncritical quality of this biography befits an author whose previous works were *Alaskan Wilderness Discovery Guide* and *Trails across Time*, its contents on childhood, personality, and style of leadership serves our purposes. Below I will start with basics.

Sarah Louise Heath was born on February 11, 1964 in Sand Point, Idaho as the third of four children of Sally and Chuck Heath, two months before her father took a grade school teaching job

in Alaska, where the family embraced the Alaskan wilderness as they crabbed, explored, fished, hiked, hunted, and trapped. Little Sarah—who loved to read—according to her father revealed "an unbending, unapologetic streak of stubbornness." Chuck, Jr., her brother, remembers that "she never lost an argument and would never, no matter what, back down when she knew she was right. Not just with me or with other kids, but with Mom and Dad too" (Johnson, p. 2). Chuck, Sr. was bemused when acquaintances asked him to influence his daughter the governor, because he felt he had lost that ability when she became two (p. 3)! This early determination reminds me of her running-mate John McCain, who at that early age held his breath until he "blacked out," if he was not getting his way. The doctors prescribed tossing him in a bathtub of "cold water whenever...[he] commenced a tantrum," which worked (John McCain, *Faith of My Fathers: A Family Memoir*, p. 99). Palin was chosen as his Veep candidate, partly because he saw in the Alaskan governor many of his own traits, especially her inclination to be a maverick against the Republican establishment. However, his campaign staff were bedeviled by the reality of Governor Palin's sharing his need to be the center of the limelight, stubbornness, and inclination to go his own individualistic way, thus subverting any structure, including that which was designed to elect him President. In short, Palin is too much like McCain.

The Heaths were a Catholic family, which shortly after Sarah's birth converted to Protestantism, becoming Pentecostal Christians. She takes her religion seriously, as does Biden. In high school she headed the Fellowship of Christian Athletes as well as captaining the basketball team. The first Republican woman vice presidential nominee was, like Joe Biden, John McCain, and Barack Obama (nicknamed "Barry O'Bomber" on the basketball court), a good high school athlete. The success of "Sarah Barracuda" was more noticeable than theirs was, as her basketball team won the small-school state championship with her making a crucial basket (Barack's team won the state championship in Hawaii, but he was only a second-string player.) She attended Hawaii Pacific College ("too hot" to stay at for more than one semester), North Idaho Community College, the University of Idaho (twice), and Mananaska-Susitna

Community College in Alaska. That graduation with a B.S in communications-journalism from the University of Idaho in Moscow took five years was not surprising given the varying requirements of the colleges and her extracurricular activities which included competing to become Miss Wasilla and placing third in the Miss Alaska contest of 1984. Her college hopping reflected her restlessness, just as her graduation revealed her determination. Sarah spent some time as a sports reporter, then married and worked in her husband's commercial fishing business. After a stint on the Wasilla (estimated population of 5,469 in 2000 in and 9,780 in 2007) city council, she became mayor in 2000 prior to unseating a former Republican governor in the 2006 primary. Her biographer declares that on the campaign trail Mrs. Palin "didn't make promises she couldn't keep" (Johnson, p. 95).

Sarah Palin's success after winning the Republican primary in running for governor against a former Democratic governor and a third-party candidate previews her strategy in campaigning for vice president. The strategy of her opponents was to reveal her ignorance by pinning her down on particular issues of public policy. She didn't cooperate. In the words of her biographer, "In her typical style, Sarah refused to play their game. Rather than sell her positions on particular issues, she sold herself as a new voice for Alaskans" (Johnson, p. 103). In listening to the re-airing of one of these debates on C-SPAN after she was tapped by McCain, I was struck by how little she had to say beyond her one issue of renegotiating the pipeline deal of her Republican predecessor. Nevertheless, her strategy won her election to the statehouse. One of the Alaskan psychohistorians I know reported having a favorable opinion of her as governor, although he also wrote me that he does not think she is ready for prime-time in the Lower Forty-Eight.

Alaska is a beautiful state that I have read and dreamed about since I was a boy. In many respects, it is America's last frontier which my wife and I thoroughly enjoyed visiting for twelve days as tourists last year after I decided we had to get there before all the glaciers melted. It is a state of extremes, which attracts individualists and where almost half the electorate just voted for the reelection of their Senator after he was convicted of a

felony, even though he was not likely to be able to be seated in the Senate which accepts habitual liars on the campaign trail but not "convicted" felons. It is a state where the people take pride in their independence from Washington while they hire lobbyists, as did Sarah Palin, to get a disproportionately large percentage of U.S. taxpayers' dollars from the District of Columbia. For their part, they are paid rather than pay state income or sales taxes since the oil companies pay so much to the state government as the price of doing business that last year about a thousand dollars per resident was distributed.

Political rallies often take on the character of the candidates. Republican audiences were extremely enthusiastic as they cheered on the McCain team—Governor Palin brought incredible youthful energy and enthusiasm to the Republican cause while reassuring the religious conservatives in the party whom McCain in 2000 had called "agents of intolerance." This enthusiasm and support saved her from the recall movement among some Eastern conservative Republicans who for several weeks were attempting to launch a movement to replace her since they felt she was an embarrassment.

Though rallies for Barack Obama took on the quality of rock concerts, his more intellectual approach to the political issues has meliorated this tendency. When the media focused on Joe Biden's gaffes, partly to balance their criticism of Palin, he was exiled to less visible locations to campaign. With some success, he sought to rally the audiences in the populist tradition. There was a different quality to the Republican rallies than of their Democratic rivals. In terms of garnering public and media attention, Palin and, for the latter part of the campaign, even "Joe the Plumber" usually eclipsed Biden.

Sarah Louise Palin may have won a "Miss Congeniality Award" in her college beauty pageant period, but the McCain campaign staff viewed her as a "diva" and "a loose cannon" during the campaign more interested in her own career advancement than helping John McCain be elected. Some campaign staffers anonymously reported that they told the Walmart-clothed "hockey mom" to buy six suits at an expected cost to the Republican Party of twenty to twenty-five thousand, and she billed them for \$150,000 from Nieman Marcus and Saks

Fifth Avenue. (After the election was over the Republicans reported another \$165,000 spent on traveling stylists to keep Sarah looking her best, much like a Hollywood star seeking media attention for a grand opening.) The McCain staffers did not laugh at what this did to the ordinary housewife and mother image they were cultivating. According to Elisabeth Bumiller in the *New York Times* (November 6, 2008), before the campaign was over some of them viewed her as a “whack job.” (“Jerks,” is what she called these critics after the election.) At the height of the campaign, like McCain, she laughed away some of the criticism by going on the *Saturday Night Live* comedy TV show to join in the laughter after she was repeatedly mocked in skits by Tina Fey.

A major question remains: “Who will get the last laugh?” Joe Biden will be doing the vice-presidential chores of presiding over the Senate and going to funerals of heads of state of the less important countries, while trying to keep his irrepressible loquaciousness from embarrassing himself and the administration. There are not many laughs in these activities. Should Biden still have Presidential Fever upon the completion of a two-term Obama presidency, he will be aged seventy-three in 2016. He could then emulate John McCain’s response to the age issue for the last decade, which is to declare, “I am older than dirt!” Sarah Palin, on the other hand, in eight years will be only fifty-two. When she was told on the telephone by a Canadian comedian posing as President Nicolas Sarkozy of France, that she would make a good president, Palin laughingly replied, “Maybe in eight years.” Should this come to pass, it remains to be seen who will be laughing and who will be crying.

Paul H. Elovitz, PhD, co-director of the Psychohistory Forum’s Research Group on the Childhood, Personality, and Psychology of Presidential Candidates and President, has published extensively on presidents and candidates from Jimmy Carter to Barack Obama. His previous attempt at humor in these pages was an obituary of Pravda. He may be contacted at pelovitz@aol.com.

[Editor’s Note: See the Letter to the Editor on Alaska on page 176]

Beisel on Fiscal Crisis

(Continued from p. 105)

ical weaknesses built into American culture.

As we know, one goal of the 9/11 attackers was to weaken and destroy America’s financial strength and dominance. The World Trade Center was specifically targeted not only as a symbol of US financial might but also because it served as workplace for thousands of global financial experts whose years of expertise, should they be eliminated at one blow, could not easily be replaced.

Reactive societies such as our own move slowly and only after they’ve been severely hurt. It’s hard catching the horse after it’s out of the barn, while our after-the-fact responses becoming enormously difficult or completely ineffectual in any case. This repeated behavior is clearly irrational since we already know we do things this way and continue to ignore the many warnings we’ve given ourselves beforehand.

Part of the reason we’ve reached this pass, as many social critics, sociologists and contemporary historians have observed, is that we’ve become an overindulgent society that embraces myriad self-defeating fantasies. They include the fantasies that: there are no limits; there are no consequences; mistakes won’t hurt us; and there’s always another chance.

Only part of this behavior is rooted in childhood. The rest results from a series of complex cultural interactions which include the influence of the institutions we’ve created to embody, reflect, and control our wishes, fears, and impulses that also confirm and justify our beliefs and behaviors, as well as the contemporary re-staging of particular past traumas we’ve brought upon ourselves.

Sixty percent of teenage youth in our inner cities try to gain a measure of self-importance by thinking they’ll make it into the National Basketball Association (NBA), while polls show that the main goal of sixty percent of American high-school students is to become a “celebrity.”

In addition, many veterans are troubled by what they find when they return to the States. Intellectually, of course, we “know” we’re at war;

emotionally and behaviorally we're maintaining the collective pretense that the wars in Iraq and Afghanistan don't really exist since we've never been asked to sacrifice anything for them, and, without a draft, are being waged on the emotional cheap, while the chosen war in Iraq, and its predictable and predicted disastrous occupation, have been financed—up till now—by China's purchase of billions and billions of U.S. Treasury bonds.

The arrogant and delusional ethnocentric notion that we can solve every problem (“After all, we're *Americans*”), when added to our low frustration tolerance (when did the Deferred Gratification Pattern disappear?), and our narcissism (the chant of “me, me, me” since the 1970s), means we end up acting out self-sabotaging impulses, like putting ourselves in personal debts we can't repay.

In doing so we were only following the model of permissive leadership of a spendthrift conservative Republican administration. (What ever happened to their party's principle of fiscal responsibility?) Their long-term small-government agenda was openly meant to spend us into such debt that to eventually balance budgets we'd have to end programs and agencies, thus dismantling the Democrats' New Deal and Great Society entitlements they so despised.

Past societies have destroyed themselves when heavy long-term stressors produced irrationalities they couldn't control. That likelihood is enhanced every time we employ the standard run of immature intra-psychic defenses—projection, displacement, denial, rationalization, and the rest—to help us escape the uncomfortable emotions aroused by realistic appraisals of what's happening, or what's likely to happen. Media fear mongering (we'll tune into news of the latest hurricane threat, but not to the Iraq war) undermines our ability to handle anxieties produced by those fears. Also, it's not that the Iraq war should be put on the back burner during the current crisis (as some of our leaders have suggested) since the costs of the war are *part* of the crisis, while our fears of global warming and energy dependence come back to terrify us as a consequence of what we've created in the first place (those SUVs and Hummers symbolically representing our insatiable need to endlessly feed the bottomless emotional hunger of our infantile selves while “proving” we've moved several

rungs up the status ladder).

The whole society's persistent mantra that material things will make us happy means that when we're frightened or depressed, the first thing we do is to go to the place we've been conditioned to go to since childhood—to endlessly spend, spend, spend, and buy, buy, buy, regardless of the consequences. We're addicted to a great number of these non-adaptive escapes—food, sports, entertainment, drugs, automobiles, The Ostrich Effect, sex, credit card debt, owning homes whose mortgages we can't repay. We've found plenty of people, including some sociopathic captains of predatory capitalism, only too willing to indulge us. The headlong stampede into the quick fix of a \$700 billion-plus bailout with neither reasoned judgment nor built-in protection has already resulted in millions of tax dollars being tucked away by those predatory CEOs as part of their personal golden parachutes until such time as they're ready (or forced) to step down.

Even if we're only speaking metaphorically, it seems as if markets follow manic-depressive cycles. Although nearly all the investment manuals tell us that markets are driven by fear and greed, we always seem to dogmatically (and defensively) embrace the illusion of markets as self-regulating rational systems, especially during bubbles. Our greed allows us to become the victims of periodic highway robberies—the S & L scandal of the late 1980s, the MCI and Enron scams of the late 1990s, the current financial crisis—and are also seen as opportunities by those who practice disaster capitalism, things like Katrina, and the Gulf War, in order to transform disasters into windfalls. The Bush administration's deregulations, along with our allowing agencies to fail to enforce the regulations already on the books, are also part of the picture.

One step in finding ways to stop sleepwalking through history is to recognize how we try to escape our emotions so we can better tolerate ambivalence, fear, and ambiguity, and stop aiding those who wish us harm by bringing upon ourselves the very things we're most trying to avoid.

Given the evidence from both the historical and clinical records, it doesn't seem likely that will happen any time soon. It would require someone with the maturity, political courage, and personal

strength to begin telling us what we actually need to hear. One would like to think it's possible, despite the messianic expectations, charisma, and magical solutions we've collectively invested in our new President-elect, that as president Obama will be able to lead us into more rational choices despite our unwillingness to even see, let alone discuss them.

Now is certainly a time for hope, but only time will tell if we can resolve our financial crises with sufficient speed to allow us to fully return our focus to where it belongs, to the many real dangers which face us. Meanwhile, as the world financial crisis we've brought upon ourselves continues to unfold, those who wish us harm remain on our borders and in our minds.

David R. Beisel, PhD, teaches history and psychohistory at Rockland Community College, State University of New York. He has authored numerous articles on American and European history, was the editor of the Journal of Psychohistory for ten years, and continues as one of Clio's Psyche's Contributing Editors. His book, The Suicidal Embrace: Hitler, the Allies, and the Origins of the Second World War, is in its second printing. He is currently working on a study of the emotional consequences of the Second World War. Prof. Beisel may be contacted at dbeisel@sunyrockland.edu.

Book Reviews

Slowing Down, Paying Attention on the Frontier of Death

Tom Gibbs
Marshall University

Review Essay of Gerald G. May, The Wisdom of Wilderness: Experiencing the Healing Power of Nature. Forward by Parker J. Palmer. San Francisco: HarperSanFrancisco, 2006. 194 pages. Notes. ISBN-13: 978-0-06-084540-7, \$24.95.

In the last year of my father's life, he became confined more and more to his bed and grew more distant, turning inward, away from the world around him and toward the quiet drift into death. He knew it and I knew it, but the rest of my family fought against it in denial, bolstered, I think, by fear. Not so much fear of my father's dying but, perhaps, their own, or, more pointedly, death itself. The times I was able to sit with my father alone, usually at night and in the dark, I became curious, even fascinated, with his journey and less concerned with his death than with his life, the entire journey that brought him, and, by extension, all of us, his family, to this final departure. Watching my father die underscored the simple fact of death as an inevitable part of the life process but, also, in thinking about the phrase, life process, I discovered that it is in that process that we learn to die, if we pay attention. From that point on, when I sat with my father and watched him turn ever more inward, I thought less about his dying and more about his life and the way he lived it—and he lived it well—all the time teaching me to do the same; if I paid attention.

Gerald May in *The Wisdom of Wilderness* teaches us to pay attention. He sets off into the frontier of death by looking back over his shoulder into the wilderness he opened himself to by learning how to live both in this world and in his own body and soul. In this book's series of memories, often based on earlier journal entries, May revisits and recovers the lessons he learned in the wild, in nature, that brought him to harmony with the world and himself. He says, "outdoor Nature acquainted me with my own inner nature: how external wilderness spoke to my internal wilderness, and how it healed me and made me more whole" (p. xx).

Like Emerson before him, May acknowledges and decries the ever-widening distance between nature and us and, consequently, our distance from our own nature and our own wholeness. He wants to convince us that when we fail to acknowledge or admit that we are all "inevitably, intimately, and irrevocably *part of* Nature rather than *apart from it*," we lose something essential to our own nature (p. xx).

With this motive, he gives us a last book that guides us into a way to recover at least something of our own "true" nature, and through that

recovery, a way to recover the world itself. The book specifically engages us with finding our own wisdom in the wilderness, but a ghostlike subtext also suggests that at least one of the outcomes of our discovery could be, should be, an increased awareness of and caring for the world in which we live—a world many say is dying. As we hear more and more about global warming and its impact, we become concerned and look, too often, to politicians and scientific theory to either quell our fears or fix the problems without giving much thought to our own nature and how that, more than anything, would open the door to the adjustments and realignments needed to repair, even renew, our world. “Before we can effectively heal the wounds we have inflicted upon the rest of Nature, we must allow ourselves to be healed” (p. 170).

Gerald May's key to that healing comes in his discovery of what he calls the Power of the Slowing (p. 16), a deeper form of paying attention, much like contemplative prayer, that requires an unconditional openness to our surroundings and our personal reactions to whatever we encounter. Even after “naming” this new “sense” of awareness, interconnectedness, he has “no idea what it means” (p. 16). “I cannot get my mind around it—and that also feels absolutely right. It mystifies me, and I am further mystified by my enjoyment of being mystified. Here's something I am feeling so strongly, and I don't understand it all. And I don't need to—a great relief for a psychiatrist. I have been beautifully, exquisitely mystified” (p. 16). From that point forward, he takes the reader on a journey of further discovery of the Power of the Slowing through a series of personal experiences and encounters in the “wild” or “wilderness.”

May holds nothing back in relating his own journey—a journey always of the spirit—into a greater relationship with this new power that opens him to a clearer awareness of himself in relation to the purity of nature, or what he comes to call ultimately the wisdom of wilderness. “So Wisdom guides me into situations and through circumstances where I learn the ways and the wonder of inner and outer Nature” (p. 46). His intense, personal accounts lay bare his willingness, even need, to accept more than confront the intertwined facets of inner and the outer Nature, including fear and violence. Of fear, he says, “Let me neither tighten

myself against what I'm feeling, nor be paralyzed by it, but let me live into the bright, sane responsiveness that fear makes possible” (p. 47). Discussing the human need to explain and have reasons for violence, he states simply, and honestly, “there will always remain a violence that just is, just exists, just happens. It is a quality of destructiveness that is completely wild, unreasoned, unforgiving, relentless, and inexplicable” (p. 118-19).

This knowledge, if not always understanding, of inner and outer nature, fear and violence, and our place within and relationship to it all, culminates in May's own frank discussion of his illness and impending death and, here, we find his ultimate lesson—that paying attention, allowing ourselves to open to the Power of the Slowing and its eventual transformation into the wisdom of wilderness, leads us into a richer, fuller life. We learn this because even in telling us about his illness and the debilitating effects of his chemotherapy, May stays focused on life and the life-affirming knowledge he came to by way of the wisdom of wilderness, especially when he tells us he saw his cancer cells as part of the “natural ‘isness’ of things as they are” (p. 186). Death like life just is, it's part of a larger whole and to “fight” or “battle” against it separates us from that whole. “I think it was wholly my experience of the Wild that made such warlike references feel wrong for me” (p.186).

Throughout the telling of his story, May strives to learn how not to war against the whole so that he might take his place within it. He takes us along on his journey and by doing so leaves us with a gift. “What the Power of the Slowing taught me is what the Source of the All constantly yearns for: that each one of us will know without doubt that we are loved, and that we are intimately, irrevocably part of the endless creation of love, and that we will join with full freedom and consciousness, the joyous creativity that is Nature, that is Wildness, that is Wilderness, that is Everything” (p. 190). Each of us can, indeed, come to know this if, like May, we learn to pay attention.

Tom Gibbs has a master's degree from Marshall University and has taught at Marshall and Shawnee State universities. This poet lives in Kentucky and is seeking a publisher for his long poem, The Water Gospel. Gibbs may be contacted at bordersprings@bellsouth.net. □

Narrating a Traumatic Death from Cancer

Elise Miller

University of California—Berkeley

Review of Dave Eggers A Heartbreaking Work of Staggering Genius. New York: Random House, 2000. ISBN 0-330-48455-9. 395 pages, \$14.95.

When he was a twenty-one-year-old college student, Dave Eggers lost both of his parents to cancer in the space of thirty-two days; his father's death was quick and unexpected, while his mother's followed years of battling stomach cancer. Eggers had to find a way to regain his balance in what felt like a "world with neither floor nor ceiling" that had left him "rootless, ripped from all foundations." His effort to cope with the overwhelming "black, blinding, murderous rage and sorrow" of these catastrophic losses taught him that "one's past either becomes useful or else mutates and becomes cancerous." Eggers chose health, and immediately began writing the hundreds of journal entries that would become the basis of his 2000 autobiography, *A Heartbreaking Work of Staggering Genius*. Like the physicians who examined his father and diagnosed his mother, Eggers probes into, and anatomizes in sometimes graphic detail, the effects of meaning-defying loss on the psyche of a writer. His self-aware and genre-conscious approach to autobiographical writing has the effect of taking a literary X-ray of the nature of trauma and loss, and of the possibilities of moving beyond them through the written words of literature or the spoken ones of the analytic hour.

Death and dying can feel like "a blow" to the "tissues of the mind" that ends up "smashing through whatever barriers your mind has set up as a line of defense," Kai Erikson states in "Notes on Trauma and Community." By "compelling victim-survivors to remember and to repeat stories suffused with terror, panic, and pain," Deborah Horvitz claims in *Literary Trauma: Sadism, Memory, and Sexual Violence in American Women's Fiction* (2000), writing can organize the psyche and even facilitate healing. Eggers is not so sure. By shifting readers' attention to the messy processes of

working through that which precedes containment or resolution, Eggers forces his audience to confront the wreckage left when human psyches collide with the unspeakable and unknowable, and he also raises questions about distinctions between the dying and their witnesses or survivors. At the beginning of *Heartbreaking*, the distinctions between Eggers and his mother have already begun to dissolve. Heidi is tumor-ridden, leaking all sorts of fluids, some into a "small plastic container" that "can be cupped around the mouth of a reclining person, just under the chin, in a way that allows the depositor of green fluids to either raise one's head to spit directly into it, or to simply let the fluid dribble down, over his or her chin, and then into the receptacle waiting below" (p. 3). When Eggers lifts what is left of his mother's body, he is "afraid of what is under her nightgown—bruises, spots, holes." Her insides "have rotted through," and so, it seems, has her son's capacity to hold himself together as he witnesses her ordeal (p.31). When he goes to the kitchen to empty the plastic receptacle, he worries that its contents will overflow and "burn through my pants" (p. 23).

Like his dying mother's bodily fluids, Eggers feeling of horror and helplessness, and then later, disorientation and devastation, can hardly be contained, organized, contemplated. Eggers's mother's death is a traumatic death, because her son is an eyewitness of it from the perspective of a caretaker, who is not afforded any detachment, but who instead observes the process of dying in slow-motion, missing no detail of bodily or emotional pain. *Heartbreaking* makes it clear: pain and loss are not necessarily words for private, discrete, internal experiences, but rather, are fluid states that can leak and overflow onto or into other people, who are then filled up themselves. This presents a special problem for witnesses of trauma, those who watch a loved one die, and then re-experience that loss in the telling of it.

African American writer Audre Lorde, who died of breast cancer in 1992, is intimate with the kind of flooding, invasiveness, and toxicity Eggers is recalling. Six months after her mastectomy, she describes in *The Cancer Journals* (1980) how the "pain fills me like a pus-pocket and every touch threatens to breach the taut membrane that keeps it from flowing thru and poisoning my whole exist-

tence.” Like Eggers, Lorde understands the paradoxes of pain and its narration; that is, the ways that writing can either be a form of chemotherapy or can become a deadly carcinogen. On the one hand, writing sometimes helped her feel as if “part of me flew like a big bird to the ceiling of whatever place I was in, observing my actions and providing a running commentary” (p. 30). But on the other hand, detachment and perspective can only come after an initial flooding. If she doesn’t allow the pain to “flow through me and pass on,” it might “detonate inside me.” Lorde needs to hold onto her feelings and memories long enough to make sense of them, but she has to be careful that her “despair” does not become “like another cancer” that will “metabolize into cells of itself” (pp. 9-10). Instead of being repressed, projected, denied, or discharged, chaotic memories and feelings, Lorde seems to intuit, must reside within the psyche long enough to be converted into thoughts, symbols, and stories. But instead of focusing on the end product of these internal processes, as I think scholars of trauma sometimes do when they theorize, Lorde constructs a text that captures acceptance, integration, and sublimation while they are occurring or perhaps even before.

But surely there is a difference between Lorde’s or Heidi Eggers’s suffering and Eggers’s; that is, between “first-hand” experiences of trauma “victims and survivors” and a “[s]econd-hand or vicarious perception of trauma,” which for many scholars is “not tantamount to experiencing it,” as Horvitz would suggest. Not to Eggers, who has a relationship to his mother’s pain that blurs distinctions between victim and witness, between the person dying and the person in mourning, between the physical suffering of the mother and the emotional pain of her son. In *The Body in Pain* (1985), Elaine Scarry explains that “the events happening within the interior of” someone’s body “may seem to have the remote character of some deep subterranean fact, belonging to an invisible geography that, however portentous, has no reality because it has not yet manifested itself on the visible surface of the earth” (p. 3). But for Eggers, it is not possible to observe his mother from the kind of distance or detachment Scarry is describing. There is nothing remote or mysterious about his mother’s agonies, in part because, as one of her caretakers, he must remain close to her excretions, her moans.

Nursing her puts Eggers in a unique narrative position of proximity and responsibility. Instead of being forms of imagination, attention and empathy take Eggers so close to his mother’s point of view that he sees right through her, as he does when he recalls one of her surgeries. When surgeons cut into her abdomen to remove the “offending portion” of her stomach, Eggers thinks “there was suddenly light thrown upon the world of cancer-podules,” who “glared at the doctor, each podule... having one single eye, one blind eye in the middle, which stared imperiously, as only a blind eye can do, out at the doctor” (pp. 3-4). Eggers’s narrative point of view in passages like this seems just as eviscerating as the physicians’ instruments. Like the surgeons who went in and “‘opened her up’—a phrase they used—and had looked inside,” Eggers repeats their incisions by writing about them. An ability to see into the interior of another might help Eggers to pretend that he can identify dangers before doctors can, but it also leaves him with an overwhelming, sometimes unwelcome access into the organs, feelings, and thoughts of others.

Sometimes a “discourse on trauma appears, in some aspects, as if it has itself undergone trauma,” Linda Belau argues in *Topologies of Trauma: Essays on the Limit of Knowledge and Memory* (2002). Both Lorde’s *Cancer Journals* and Eggers’s *Heartbreaking* suggest that the nature of grief and trauma alters the format and dislodges the structures of form and narrative. Lorde can only manage periodic journal entries (her last one is dated March 30, 1979, and she died in November of 1992), and thus she does not complete or conclude her book, which instead ends with a series of eulogistic essays written by friends and colleagues who, like Eggers, live to tell their own story. Yet, to those who tend the dying or are left to mourn them, the boundaries between deceased and survivor, dead and living seem insignificant. It is perhaps no surprise that, at the end of *Heartbreaking*, Eggers announces, “I was a cancer,” as if he also in some way has lost the battle with the carcinogens of pain and trauma (p. 435). Cancer took Lorde as well as Eggers’s parents; writing about the dead and dying nearly killed him.

Elise Miller PhD, is a psychoanalytic literary scholar, who has published articles on American literature and on the psychology of autobio-

graphical writing in Auto/Biography Studies, Literature Interpretation Theory, The African American Review, and The Henry James Review. She teaches in the University of California Berkeley American Cultures Program, and the Collegiate Seminar Program at Saint Mary's College of California. Dr. Miller is also a licensed Marriage and Family Therapist with a special interest in the unconscious conflicts, anxieties, and obstacles unique to those who write about psychology and psychoanalysis. She may be contacted at emiller@stmarys-ca.edu. □

Film Review

The Mystical Aspect of Athletics in *The Peaceful Warrior*

Glen Jeanson and
David Luhrssen

University of Wisconsin—Milwaukee

In contemporary society, sports have succumbed to Vince Lombardi's maxim, "Winning is everything." World champion gymnast-turned-author Dan Millman does not dismiss winning as unimportant but shows that the real objective lies in the journey, and that perhaps one must lose everything before he can learn the important things. In his best-selling novel *Way of the Peaceful Warrior* (1980) and the film adapted from it, "Peaceful Warrior" (2006), Millman wins more important things than trophies; he conquers himself. This is an intense, powerful drama of the often-used theme of sports as a metaphor for life.

The protagonist in "Peaceful Warrior" is named Dan Millman and is a younger, fictionalized version of the author. The film's opening scene is a dream in which Millman, a college gymnast aspiring to be chosen for the U.S. Olympic team, imagines his body in flight, exceeding his physical limitations on the rings. The shadow side of success is the prospect of failure. Millman's dream

becomes a nightmare when he misses the mat and hits the gym floor, shattering his leg like a clay pot. An unseen janitor in mismatched shoes is glimpsed sweeping the broken pieces into the dustbin.

As it turns out, Millman's dream is not merely a psychic register of his anxieties but a response to a more ancient interpretation of the meaning of dreams. Millman will meet the man in mismatched shoes, a figure of destiny, later that night. In the weeks to come he will suffer an accident that shatters his leg and threatens to shatter his dream of Olympic competition. Shorn of the one goal he had set for himself, Millman gives in to destructive rage, lashing out at his gymnastic trophies in frustration over his athletic impotence, projecting his anger over his apparent failure at the symbols of his previous success. Despairing, he contemplates suicide, but pulls back.

The narrative corresponds in key points to mythic stories from the canon of Joseph Campbell. The Millman character at the opening of *Peaceful Warrior* is a shallow, spoiled child of privilege who encounters an archetypal white-bearded mentor figure who initiates him into an enlightened, holistic understanding of his own purpose and the meaning of existence. The protagonist undergoes a severe trial, the accident shattering his knee, but emerges stronger from the crisis, a hero who inspires others.

The mentor figure is never called by his own name but answers to Socrates, a moniker bestowed on him by Millman, who was scornful of the old man's philosophy. However, the disdain barely concealed a subconscious need or awareness of his own inadequacy that drew Millman to Socrates again and again, despite or perhaps because of the latter's prickly manner and the challenges to commonsense reality he set forth.

Tinged with the mystical and able to accomplish seemingly miraculous feats, Socrates is a mysterious and paradoxical man of deep humility and humble circumstances. He is the gruffly accommodating attendant at a Texaco station. When scornful Millman demands to know why someone who knows so much is working at a gas station, Socrates replies, "It's a service station. We offer service. There is no higher purpose."

Socrates never alludes to his background

nor does he attach any label or description to his spiritual path. Like the book's author, he appears to draw from an eclectic range of Eastern sources. Socrates is demonstrably adept with martial arts, flipping his young protégé off the side of a bridge and into the river below without exertion. "You can live a whole lifetime without ever being awake," he says, echoing the early twentieth-century Armenian mystic Gurdjieff. His insistence that everything one needs to know can be found inside oneself sounds Gnostic in origin.

Millman enjoys success in the training room when he applies Socrates' counsel to filter out random thoughts or distractions, to "take out the trash" that clutters his consciousness. The idea is derived from meditation techniques. As a result of Socrates' advice, Millman achieves a mental clarity enabling him to reach an ideal flow between body, mind, and spirit. The athlete appreciates the practical application of Socrates' insights, but remains narcissistic and careless in his wider life, trapped in a paradigm of materialism and with success, as defined by society, as his sole external measurement of worth.

Always in a hurry and living only for a future that may never come, Millman habitually races his motorcycle to gymnastics practice, weaving dangerously through traffic in order to arrive on time. One day his unreflective chase after the receding future ends in a terrible accident on the road. Fulfilling the dream prophesy at the onset of the film, Millman flips through the air and lands on the hard surface of the streets, shattering his leg. Would the archetypal mentor in his mismatched shoes be on hand to sweep away the debris of his hopes?

The accident is part of the classic arc of dramatic storytelling, in which a problem is posed and must be overcome, and also corresponds to the trial of a hero's quest. Millman's coach, a decent man operating within the limits of everyday practicality, dismisses Millman's efforts to regain his gymnastic prowess. According to his physicians, Millman would be hard pressed to walk again much less compete on the rings. Inspired by the perspectives learned from Socrates, Millman excels beyond society's expectations, putting conventional wisdom and medical science alike to shame.

One of the chief lessons Millman absorbs

from Socrates is that the present is the point at which a person is alive, not the past or the future. Once, asked what time it is, Socrates replies, "The time is now." To be fully in the moment means, among other things, the power to summon all of one's potential to the task at hand. It means to fully engage with reality, which for an athlete in competition means sharp focus on the physical means and emotional-spiritual objectives of the sport. The clutter of news media attention and fans roaring from the stands would be a distraction as much the thought of the honors and trophies society bestows on winners. In his everyday life Millman is able to slow down his focus and notice seemingly insignificant events to which he had been oblivious, but which now become meaningful.

There is also an almost incidental love interest imbedded in the story. An attractive young woman, a student at the University of California-Berkeley where Millman is also a student, is a friend of Socrates. She appears and reappears sporadically. Once, she approaches Millman, who is recovering from his injury, resting under a tree, wondering if he will ever compete again. She places her hand over his heart, transferring to him her Reiki energy. He complains to her that it is his legs that are hurt and she responds, "But it is your heart that is broken." A postscript to the movie reveals that the two were later married.

California wins the gymnastics national championships, led by Millman, and Socrates mysteriously disappears because he is no longer needed. We are led to believe that the mystical character is, in fact, Millman's own "Higher Self." His excruciating journey was in fact a road to understand himself. In the final analysis he could answer the question that stumped him when first posed by Socrates: "Are you happy?"

Glen Jeanson, PhD, is Professor of History and a prolific author at the University of Wisconsin and Luhrssen is a former graduate student of his who as a news paper reporter. They are currently working on a biography of Barack Obama. They may be contacted at gsj@uwm.edu. □

The Binion "What Makes Europeans European Symposium" is upcoming in 2009.

Letter to the Editor

A Risk-Taking, Death-Defying Mentality in Alaska

Dear Editor,

Since Alaska is in the news and Clio Psyche's theme for the December issue is the psychology of facing death and dying, we thought readers might find some thoughts on subjects relevant to these issues to be of interest.

The Deadliest Catch is a documentary about Alaskan fishing, first aired in 2005 and reportedly viewed in 150 countries, depicting the extreme dangers of the crab fishermen. The roaring seas and perilous situation of courageous men in small, overloaded boats in high, freezing waters fits in with the outsider's image of the life in America's largest state as being somehow dangerously untamed. Many in Alaska pride themselves on their risk-taking inclinations and accept a much higher rate of accidents and death than their fellow citizens in the Lower Forty-Eight states.

These dangers are reflected in a high death rate and a recent, narrowly averted disaster. Two youthful Alaskan commercial fishermen experienced both narrow escapes from death and dreadful monetary loss in the cold Alaskan waters. A motley fleet of vessels departed the Sitka (the second Russian capital before the 1867 purchase by the U.S.), Alaska harbor. Fortunately, these adventuresome young men were in the midst of these other fishermen while on their way to disaster. One survived on a small surfboard and the other on a flimsy swimming pool float. Although their lives were saved, their investment was lost and left them with no way to pay off the loan for their used, uninsured boat. In the end, all they had left was their commercial fishing license (valued at over \$40,000). But this did make a good story, of the type to attract tourists who come to Alaska to go out in a nice safe, warm boat with a former crab-fishing captain and crew entertaining them with tales of daring and death on the high seas.

Governor Sarah Palin and her husband Todd, who asked to be called the "First Dude" rather than "First Gentleman," contribute to the risk-taking im-

age by their manner and sometimes their deeds. Sarah reports having her fingers crushed on her husband's commercial fishing boat and having to keep on working. Todd, a four-time Alaskan snowmobile champion, in the 2008 race hit a snow-covered oil drum and was thrown seventy feet, breaking his arm, but stayed in the competition for the remaining 400 miles, finishing fourth. His wife's response to the dangers and mishaps of the "iron dog" racing was to declare, "These are big boys; they make their own decisions, they're hard-core Alaskans doing hard-core adventures. I totally support him, and I totally support the race. I love it." Governor Palin's just-plain folks, can-do-anything mentality (including being president even if she doesn't yet know much about foreign policy), has considerable appeal in certain Republican and western U.S. circles, as well as among individuals elsewhere.

The dangerous frontier mentality in Alaska resulted in a work-place fatality rate from 1990-2007 thirty-two times the national average, according to the National Institute of Occupational Safety and Health. The dangerous risks of boating and fishing in Alaskan waters reflect social and psychological forces at work. The last frontier value of "strike it rich or die trying" persists. Yet, while fish, gold, and now oil tempt many Alaskans to risk dying for quick riches, our state in some ways is like a third-world oil country, rather than the socially responsible society envisioned by the statehood conferred in 1958. As physicians devoted to health care for women and children, we are so aware of Alaska's continuing high rates of domestic violence, child abuse and neglect, substance abuse, and fetal alcohol syndrome, which dazzle and puzzle many observers. The lessons of native Alaskan responsible hunting, fishing, and community survival ways of living have been swamped by new Alaskan oil wealth. Most of this wealth is not invested in health care, early child education, or family and community stability.

As recent 2008 campaign events and polls suggest, there is a national psychological tendency to believe that our dangerous Alaskan frontier mentality represents our everyday reality. In reality, we are not the rugged, moose-skinning individualists that citizens of the lower forty-nine states want to think we are. This mythic belief is obviously used for national political gain by those representing a storybook Alaska, rather than the real Alaska we love because of its natural beauty, our children being born here, and our having many dear Alaskan friends.

Sincerely yours,

George and Carolyn Brown,

George W. Brown, MD, is board certified in pediatrics, has focused on the prevention of child abuse and neglect in his clinical and public health career, and published many papers in this area. He presents regularly at the International Psychological Association annual June meetings in New York City and may be contacted at gwbrown1776@yahoo.com. **Carolyn V. Brown, MD, MPH**, board certified in preventive medicine, obstetrics/ gynecology, clinical and public health, has focused in her career on the prevention of domestic violence and more recently public and clinical management of HIV/AIDS. She may be contacted at cvbrown1937@yahoo.com (carolyn spells her name with a lower-case "c"). □

BULLETIN BOARD

CONFERENCES: The next scheduled **Psychohistory Forum Work-In-Progress Saturday Seminar** will be **January 31** when **Irene Javors** and **Cassandra Langer** will present "A **Psychobiography of the Expatriate American Painter Romaine Brooks.**" The Psychohistory Forum will organize a panel at the 32nd Annual **International Psychohistorical Association (IPA)** at Fordham Law School in Manhattan on **June 10-12, 2009**. Presentation proposals are still being accepted. The July 13-17, 2009 **International Society of Political Psychology (ISPP)** conference will be at Trinity College in Dublin. **NOTES ON MEMBERS:** We are saddened at the death on October 11 of our Editorial Board and devoted Psychohistorical Forum member **Ralph Colp** from prostate cancer, whose memorial starts on page 105. We welcome new members **Kelly Bulkeley, Tom Ferraro, Judith Gardner, and Martin Quitt.** **OUR THANKS:** To our members and subscribers for the support that makes *Clio's Psyche* possible. To Benefactors **Herbert Barry, David Lotto, Terence O'Leary, and Peter Petschauer;** Patrons **David Beisel, Peter Loewenberg, and Shirley Stewart;** Sustaining Members **Dick Booth, Ken Fuchsman and Jacques Szaluta;** Supporting Members **Eva Fogelman, Susan Gregory, Dom and Mena Potts, Martin Quitt, Hanna Turken, Jim Sherrier, and Nancy Unger;** Members **Kelly Bulkeley, Susan Charney, Geoffrey Cocks, Tom Ferraro, Flora Hogman, Michael Isaacs, Irene Javors, Glen**

Jeansonne, Roberta Rubin, and Victor Wolfenstein. Our special thanks for thought-provoking materials to **Herbert Barry, David Beisel, Jeff Berman, Sander Breiner, Carolyn and George Brown, Marilyn Charles, Paul Elovitz, Tom Ferraro, Eva Fogelman, Anna Geifman, Tom Gibbs, Judith Harris, Andrea Fox, Juhani Ihanus, Emily Jaffe, Irene Javors, Glen Jeansonne, Devon Charles King, David Luhrssen, Sarah MacMillen, Elise Miller, James (Jim) Moore, Ruth Neubauer, Wendy Pannier, Peter Petschauer, Jerry Piven, Margery Quackenbush, Martin Quitt, Matthew Reed, Daniel Rancour-Lafferriere, and Norman Simms.** To **Caitlin Adams** for editing, proofing, and Publisher 2003 software application, and to **Matthew Reed** for some editing. Our special thanks to our numerous, overworked referees, who must remain anonymous. □

Call for Papers

Psychology of Fiscal Crisis, Economics, and Debt

Special Feature, March 2009

Psychological insights on:

- Greed and fear, mania and panic in economics
- The "collective delusion" of the housing bubble
- Psychological and economic depression compared
- Rhetoric and reality in capitalism
- Psychobiographical sketches of economic leaders
- The "creative destruction" of capitalism
- The role of narcissism in economics
- Why can't consumers save in America?
- Parasitic capitalism in post-Soviet Russia
- State and private capitalism in communist China
- Globalizing economic and fiscal crisis
- Resistance to psychoeconomics by economists
- Reviews of books and films on economics,
including Greenspan's *Age of Turbulence*

Due January 15, 2009

Articles of 1500 words (and two long pieces) are welcome. Contact Guest Co-Editor Bob Lentz at lentz@telusplanet.net or Paul Elovitz at pelovitz@aol.com

We
Wish
to Thank
Our Prompt,
Hardworking,
Anonymous
Referees
and Diligent
Editors

Call for Papers
**Psychoanalysis of Love and
Hate: A Retrospective**
 Review essays of texts on the
 psychoanalysis of love and hate
Special Issue, March 2009

Some possible texts to be reviewed include:

- Sigmund Freud - *Psychology of Love*
- Ian Suttie - *Origins of Love and Hate*
- Melanie Klein & Joan Riviere - *Love, Hate & Reparation*
- Erich Fromm - *The Art of Loving*
- Theodor Reik - *Of Love and Lust*
- Michael Balint - *Primary Love and Psychoanalytic Technique*
- Rollo May - *Love and Will*
- Reuben Fine - *The Meaning of Love in Human Experience*
- Jessica Benjamin - *Bonds of Love*
- Ethel S. Person - *Dreams of Love and Fateful Encounters*
- Jonathan Lear - *Love and Its Place in Nature*
- Martin Bergmann - *The Anatomy of Loving*
- Jane Goldberg - *The Dark Side of Love*
- Otto Kernberg - *Love Relations*
- Ilham Dilman - *Love: Its Forms, Dimensions and Paradoxes*
- Stephen A. Mitchell - *Can Love Last?*
- David Mann (editor) - *Love and Hate*
- Andre Green & Gregorio Kohon - *Love and Its Vicissitudes*
- Mario Mikulincer & Gail Goodman (editors) - *Dynamics of Romantic Love*
- Joseph Lichtenberg - *Sensuality and Sexuality across the Divide of Shame*
- Leo Bersani & Adam Phillips. - *Intimacies*

Due January 10, 2009

Articles of 1000-1500 words (and one long piece) are welcome, as are additional suggestions. Contact Guest Editor Professor Ken Fuchsman at ken.fuchsman@uconn.edu.