



Photo by Fred Seligman, MD

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The 9th Stage of Erik Erikson (and Joan Erikson)



Martin Drell, MD

As promised, in this column, I will talk about Erikson's 9th Stage, which I have only recently heard about. It is detailed in a 1997 book titled *The Life Cycle Completed*. In this book, Joan Erikson wrote of a 9th stage of development that was envisioned by Erik Erickson and herself (n.b., referred to as Erik's silent partner) just before his death at age 92 on May 12, 1994. She stated that she worked from meticulous notes that Erik Erikson had left that detailed a new 9th stage based on the conflicts of those really old people in their 80's, 90's, and 100's. Such a book makes sense, as Erik and Joan seemed to write about each of their designated stages as they lived through them.

The 9th stage seems a sub-stage of the 8th stage that begins at age 65 and continues until death. The prototypic challenge of the 8th stage is the dichotomy "integrity vs. despair." During this stage, one is to do a "life review," which leaves one with either a sense of contentment and integrity or a sense of despair. The 9th stage seems to be a microanalysis of this life review at the tail end of one's life that involves a reconsideration of all the previous stages at once. The difference is that this review emphasizes the negative/dystonic pole of each of the challenges of the prior stages. Thus, the "old, old" are said to confront the side of the ledger that emphasizes basic mistrust, shame and doubt, guilt, inferiority, identity confusion, isolation, stagnation, despair, and distrust.

Joan Erikson speaks of how death becomes more and more a reality as one loses one's physical abilities, mental capabilities, place, position, and power, in addition to one's friends and family. She elucidates how our culture does not honor the elderly, leading them to feel "ostracized, neglected, and overlooked and ... no longer... the bearers of wisdom, but... the embodiment of shame" (pg. 114). She challenges society to envision new low cost programs that will incorporate elders into our society with appropriate living arrangements. She wonders if our society can meet the needs of their elders as they prepare for the end of life.

I found this new stage to largely be a real "downer," capable of effectively breaking down my blissful sense of denial. It does not mention all those "neat old people," (which I will, of course, be) who maintain their wits, charm, humor, and health and peacefully die in their sleep. Neither does she mention how successive generations have redefined each stage as they encounter them. After all, isn't 90 years the new 60 years with the aid of exercise, yoga (n.b., she does mention the benefits of massage and touch), mindfulness, over the counter nutritional aids, and financial planning?

She does try to balance out the dysphoria with the note that "from the beginning, we are blessed with basic trust," which makes life "possible and endurable." She continues, "If you are filled with the intensity of being and hope for what may be further grace and enlightenment, then you have reason for living" (pg. 113-114).



The 9th Stage of Erik Erikson (and Joan Erikson)

Having become a bit hopeful, which momentarily helped me to re-establish my denial, she turns back to the dark side with the following, “Generativity, which comprised the major life involvement of active individuals, is no longer necessarily expected in old age. This releases elders from the assignment of caretaking. However, not being needed may be felt as a designation of uselessness. When no challenges are offered, a sense of stagnation may well take over. Others, of course, may welcome this as a promise of respite, but if one should withdraw altogether from generativity, from creativity, from caring for and with others entirely, that would be worse than death” (pg. 112).

Finally, the book ends with an upbeat chapter on Gerotranscendence which details the concepts of Lars Tornstam from Uppsala University in Sweden. Tornstam defines gerotranscendence as “a shift to a meta perspective, from a materialistic and rational vision to a more cosmic and transcendent one, normally followed by an increase in full life satisfaction,” (pg. 123) and peace of mind. This meta shift includes:

- A cosmic sense of being part of the universe
- A focus on a “here and now” timeframe
- A sense of interrelationship with others
- A sense that to grow old is a great privilege
- A sense that death is the way of all things

She advises that the wisest course for the elderly should be to face down despair with faith and with appropriate humility, qualities not shared by all of us. The book makes it clear that there won't be a 10th stage.

In addition to many pieces of interest in this issue, I would especially call your attention to three feature articles:

- Cynthia Pfeffer's Co-Chair Column
- Geri Fox's article titled: “Saying Goodbye: An End-of-Life Stimulus Video Documentary of Mutual Attachment and Loss,” which builds upon a series of conversations she had with her father at ages 85 and 95 years illustrating Erikson's 9th stage and gerotranscendence
- Doug Kramer's recollection of his “Craziest Job in Psychiatry” that deals with his adventures in the military
- Stewart Teal's reminiscences of medical school and Cadaver Lab called “Body and Soul.” His story immediately transported me back to my Cadaver lab, which was nicknamed “The Fascist” for my compulsive ability to clear away our cadaver's fascia. I think that I can still smell the formaldehyde on my hands.

I encourage all Owl Members to consider sending in articles to share with the other members.

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“New York, New York What a Wonderful...” AACAP Meeting 2016



Cynthia Pfeffer, MD

The song “New York, New York” originally sung by Frank Sinatra could have been a theme song for the Life Members activities at the 2016 AACAP Annual Meeting. We gathered, presented, discussed, mentored, organized, honored, enjoyed, and dined. This is our ninth year since the Life Membership founding and what progress we have made! During these years, we sponsored grants for 170 medical students and residents to attend AACAP’s Annual Meetings.

During the 2016 meeting our AACAP photographer, Fred Seligman, MD, captured images of interactions among life members and others. The meeting gaiety was obvious, and reunions and introductions abounded. There is much to remember about the Life Member activities captured in our Owl Newsletter with Martin Drell, MD, editor, and other contributors.

Our kickoff program was the “Students and Residents: Meet Life Member Mentors” led by Perry Bach, MD, and Aaron Roberto, MD. Mentees were inquisitive about our experiences and the benefits of being a child and adolescent psychiatrist. The Millennial Generation (born between 1981 and 1997), who comprise most of our currently sponsored

medical students and residents, has been influenced by the increase in technology and social networks. They learn extensively on their own, often using digital technology. They wanted to know about intensity of work and how being a child and adolescent psychiatrist balances with a lifestyle involving family and recreational time. They wondered what they would learn during formal residency training. Our mentors, belonging to generations including the Greatest (born before 1928), Silent (born between 1928 and 1945) and Baby Boomer (born between 1946 and 1964), put the Millennials at ease. The Owls reminisced about changes in our field, need for more child and adolescent psychiatrists, and the enormous rewards of their work. Vignettes were shared about teaching, learning, and patient care. Questions about how to choose a training program were paramount. Worries about finding residency positions when spouses need simultaneous training programs were clear. It was great fun and a fantastic opportunity for these different generations of people to interact. As this session ended, I observed that many medical students and residents planned to continue interactions with specific mentors, a concept involving a hope to have a “mentor for life.” Cheers again to Perry, Aaron, and the other mentors for providing this valuable experience for the medical students and psychiatry residents!

The “Life Members Wisdom: Clinical Perspectives on Integrated Care, Health, Resilience, and the Future of Child and



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Adolescent Psychiatry,” organized and chaired by Douglas Kramer, MD, was a tour de force program exploring the rising mental health care crises impacting children and adolescents. A recent report, “Population of US Practicing Psychiatrists Declined, 2003-2013, Which May Help Explain Poor Access to Mental Health Care,” published in Health Affairs in 2016, indicated the trend of less medical students choosing psychiatry as a specialty. A corollary to this crisis is that chances of recruiting psychiatrists into the field of child and adolescent psychiatry greatly diminish. Collaborative medical care is one answer to this growing health care problem. The concepts discussed in this program provided insights about how Millennials may work in a changing framework of clinical child and adolescent psychiatry practice.

Many life members participated in other presentations at the 2016 AACAP Annual Meeting and their continued activity was outstanding. Thomas Anders, MD, current member of the Life Members Committee and Past President of AACAP, was honored as the 2016 AACAP Presidential Interviewee. He responded to questions by Gregory K. Fritz, MD, with joy, enthusiasm, and a determination to become an academic researcher. He is inquisitive and sought opportunities to study children’s early development. He spoke about influences of exceptional mentors and persistently focused on studies of sleep-wake states and sleep disorders among children. Congratulations

to Tom for this important educational and personal discussion!

Did you know that Rick Ward, MD, is among the oldest AACAP Life Members? We are grateful for his participation in the Life Members Committee for many years and wish him good health and happiness as he rotates off the Life Members Committee. We welcome Gabrielle Carlson, MD, to the Life Members Committee and congratulate her on receiving the AACAP Virginia Q. Anthony Outstanding Woman Leader Award. Her accomplishments deserve this recognition.

It was marvelous that a large number of Life Members gathered at the Life Members cocktail reception and dinner at the Princeton Club. Richard Gross, MD, and I emceed this dinner program. This was a celebratory event! We celebrated our successful mission of sponsoring medical students and psychiatric residents as aspiring child and adolescent psychiatrists. Attendees toasted the ninth year of the Life Membership. We hailed John Schowalter, MD, who received the “2016 Catchers in the Rye Award for an Individual” as an exceptional advocate for mental health of children and adolescents. We toasted John, recognizing that he embodies the concepts of the Catcher in the Rye Award and the completion of the message by Holden Caulfield, “if they’re running and they don’t look where they’re going I have to come out from somewhere and catch them. That’s all I’d do all day. I’d just be the catcher in the rye.”



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Gregory K. Fritz, MD, President of AACAP, presented John with a beautiful shirt embedded with our Life Members owl as an acknowledgment for his extensive work in AACAP and the Life Membership. Additionally, the Life Members Committee presented John with a beautifully inscribed crystal award signifying his founding of the Life Membership and leading the development of its important work. It was apparent that he was very moved with joy and gratitude for these significant recognitions of his AACAP work. There was much joy among those attending the dinner. Certainly, Life Members celebrated our generative spirit for those younger than ourselves.

The 2016 AACAP Annual Meeting set a new agenda for helping mentally ill children and adolescents. Child and adolescent psychiatrists have distinct knowledge about mental development and psychopathology that cannot be duplicated by other professionals. There is a need to increase the work force of child and adolescent psychiatrists. The Life Members Fund is essential to enable medical students and psychiatry residents to attend AACAP's Annual Meeting and meet our members. These personal interactions form an emotional, social, and cognitive foundation for deciding on their professional paths in our specialty. Clearly, infusing the Life Members Fund with a \$450 donation is a strong support for improving child and adolescent healthcare. We ask for 100% participation from Life Members to *donate to AACAP's Life Members Fund.*

I am very appreciative of my experiences at the 2016 AACAP meeting and hope that those who did not attend gain insights from the Owl Newsletter about the Life Members' wonderful work.

Cordially,

A handwritten signature in cursive script, likely belonging to Gregory K. Fritz.

Get involved - submit articles for the Owl Newsletter!

We would love to receive your input on:

1. What was your favorite part of the recent Annual Meeting in New York?
2. Owls, what are you up to? Let us know how you're doing!
3. The best joke(s) a child/adolescent in therapy ever told you

Example:

Q: What do you call a fake noodle?

A: An impasta!

Please send to
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Saying Goodbye: An End-of-Life Stimulus Video Documentary of Mutual Attachment and Loss



Geri Fox, MD, MHPE

I am a child and adolescent psychiatrist (CAP) clinician-educator who teaches lifespan development. In order to literally “bring teaching to life,” I created a curriculum resource of short video clips of our two children developing over twenty years, in

the context of our family and community. Thousands of students have shared in the joys and sorrows of our kids’ growing up.

I never imagined I would venture into the non-CAP territory of creating a stimulus video documentary about end-of-life. Four years after my father (“Si”) died, despite my lack of expertise in geriatrics, I created and shared a 38-minute video curriculum to help others teach and learn about the inevitable heart-wrenching process of saying goodbye to a loved one. As CAPs, we are well-versed in Erickson’s psychosocial stages, Bowlby’s work on attachment and loss throughout the life cycle, and the importance of working with families. Therefore, our skill set may be especially helpful for family members in the midst of grieving at any age. Despite being middle-aged in this movie, I am still a child losing a parent.

Despite the simple story (conversations between father and daughter as he helps her come to terms with his imminent passing), I have discovered that even the prospect of watching this video can evoke

tremendously powerful and often threatening emotions. Before my workshop at a recent professional meeting, many colleagues confessed to me that they were afraid to attend because they might burst into tears, thinking about losing their own parents. After the workshop, several attendees asked to meet with me privately to continue the conversation. The movie and discussion resonated with their own personal stories of unresolved grief. Some wounds were fresh, others old. These healing conversations helped colleagues to gain a fresh perspective, to forgive themselves or others, to repair rifts, and to move through the loss to a new sense of gratitude or acceptance.

Although the video itself is short, if it is used to invite group discussion, a minimum of 90 minutes is required to allow the audience to share reflections after every few clips. It is essential to create a safe and respectful environment for participants to explore different points of view. It’s also essential to bring a box of tissues! The video is accompanied by a teacher’s manual with suggested discussion points and references. The movie is organized as 15 brief clips, divided into four sections:

Saying Goodbye (:32): Introduction

PART 1—Prologue (Si, age 89 and age 95)

#1 (:54): “Super Dad” Si.

*#2 (3:18): “Why keep on living?”

PART 2— August-October 2009 (Si, age 97)

#3 (:35): “Not too many more birthdays” wish.

#4 (2:18): “Like lambs to the slaughter.”

#5 (2:02): What are their care options?

#6 (1:55): Difficult to add, gets angry at self.



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- #7 (4:26): “Promise you’ll stick around?”
- #8 (3:45): “You’ve been the love of my life.”
- #9 (2:01): Agonizing at airport.

PART 3—November 2009 (Si, age 97)—Three weeks later

- #10 (1:24): “The time has come.”
- #11 (2:05): “I don’t want all this crap to keep me alive.”
- #12 (4:35): A comforting lie for Cele.
- #13 (:45): “I want you to go on living.”

PART 4—Epilogue (November-December 2009)

- #14 (2:37): “My Song.”
- #15 (3:25): “Where’s Si?”

Credits (1:05)

How and why this video was filmed

This is a personal documentary about my father’s decisions near the end of his life that I had never intended to share. While my father was dying, I was often distraught and emotionally overwhelmed. In addition to keeping a journal, I occasionally made videos at important or difficult moments. After he died, I organized these videos as a way of processing and coming to terms with losing him. It helped me to really understand what he had been trying to say to me, when I had been too overwrought to fully hear him or accept it at the time.

Why I decided to share this video

After the video of my father was completed, I realized that it might be helpful to others. Most of our health professions students are fairly young and have not experienced the death of a loved one, yet we expect them in a few years

to be empathically caring for dying patients. I struggled for quite a while with the thought of sharing these extremely personal moments with others. Eventually, it seemed that the potential to help others outweighed my personal concerns. I believe that my father’s particular gifts of articulate reflection and clarity, coupled with his personal strength and wisdom, and his extraordinarily loving nature, will allow him to have a voice after death that others can learn from. He will always be my hero.

My father sold children’s shoes in our neighborhood. He was a reader who loved words and discussing current events. He was kind, independent, and strong. He was frugal and had few needs. My father was a pragmatic realist, at the same time a romantic; unassuming yet articulate. He had a gentle sense of humor. He was self-disciplined, rarely complained, and took care of himself (eating moderately, going for a walk every day, and after retirement, playing golf until age 89). He stood up for what was right, and became righteously angry when others did not also live by high standards. He had integrity. He loved his family dearly. In turn, he was much loved by his family, customers, and friends.

*A sample clip, #2, is available for viewing at www.psych.uic.edu/ijr/gfox. In this clip, my father (struggling to walk with a walker) asks, “What has my life been worth? Why am I still here? Why keep on going?” He tells an anecdote that poses the question, “Why shouldn’t the elderly commit suicide when it’s all downhill from here?” He rationally outlines his current challenges (health problems, friends dying), as well as reasons to continue. This clip



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perfectly illustrates Erikson's 8th stage, Integrity versus Despair.

Elsewhere in this issue, Marty Drell, MD, refers to Erikson's proposed 9th stage of Psychosocial Crises, in which all eight stages are re-experienced by the very old. In clip #6 (Difficult to add, gets angry at self) and #11 ("I don't want all this crap to keep me alive"), my father discusses the shame of lost control and autonomy, due to diminishing ability to perform mental calculations, and a chronically leaking ostomy bag. Throughout, he weighs the question, "Is life still worth living?" and eventually concludes that it is not. He fiercely loved life, and his family, but he maintained a threshold for quality of life. He was able to fully accept his situation and be at peace with

it ("gerotranscendence") while helping those who loved him to say goodbye.

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My Craziest Job in Psychiatry: Interning in Vermont to flying in the Aleutians



Douglas A. Kramer,
MD, MS

As I've reviewed the stories to be told in this column, what keeps coming to mind is *The Gods Must Be Crazy* (1980). This first story should have been a warning that my brief career in the Navy would be very interesting. Marine drill sergeants, seemingly right off a

movie set, taught marching to the Student Flight Surgeons at the Naval Aerospace Medical Institute (NAMI) in Pensacola. We were instructed to line up in four columns. Two other students and I decided it would be cool to form a "fifth column," a deliberate reference to our anti-war sentiments. Our instructors informed us, "Sirs, there are no fifth columns in the United States Navy." The problem was that even lowly medical officers two weeks out of internship outrank Marine drill sergeants. The solution – they asked us to "please" fall into the four existing columns. We did.

The Doctor Draft Law and the Selective Service Until 1973, every local Selective Service Board essentially owned every physician in training after the PGY-1 year. After a straight surgery internship, and classified 1-A for Selective Service following my draft physical, I needed an alternative to being drafted by the Army (to which I had been pre-assigned). What I feared most was being the guy who spent two years of his life doing draft physicals. I truly didn't think I would survive. I feared draft physicals more than I feared going to Vietnam. The perfect

solution was signing up to be a Navy Flight Surgeon. After six months of training in Pensacola, Florida, I could choose my assignment based on class rank. Furthermore, the Navy was going to teach me to fly! That sure beats walking up and down rows of young men asking them to turn their heads and cough – day in and day out for what would seem like an eternity.

Despite the 'fifth column' and more stories for another day, I finished 3rd in a class of 50, earning 3rd choice of the 50 available assignments. Since the US government was willing to send Patti and I, our German Wirehaired Pointer, all of our stuff (mostly books), and our automobile anywhere in the world, we chose two years on the island of Adak in the Aleutian Islands.

We were closer to the Kamchatka Peninsula than to the Kenai. We were west of Hawaii and directly south of Siberia, 1200 miles southwest of Anchorage.¹ Patti and I were (and are) outdoors people – and what better place to be outdoors than Alaska! In addition, after a year of every-other-night and every-other-weekend call, I was now able to think a little, e.g., about fifth columns and other diversions, the ludicrousness of enlisted men saluting our old Ford Fairlane, and that I had liked psychiatry some in medical school.

From surgery to psychiatry

Naval Station Adak didn't have a psychiatrist, the nearest being in Anchorage, so I volunteered to be the base psychiatrist – in addition to my primary duties taking care of



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pilots, flight crew, and air traffic control personnel, and participating in search and rescue, and medevac operations. That's how I became a psychiatrist at age 27 – with six weeks on an adolescent unit at the state mental hospital during my 3rd year in medical school, and a PGY-1 year in straight surgery. I had three books: 1) Redlich & Freedman, *The Theory and Practice of Psychiatry* (1966); 2) Jay Haley, *Strategies of Psychotherapy* (1963); and 3) the DSM-II (1968). My favorite diagnosis codes: runaway reaction of adolescence (308.3) and dissocial behavior (316.3). I also volunteered to be the medical consultant for the Aleut village on the nearby island of Atka – my absolute favorite job.

My absolute craziest assignment as the base psychiatrist was to interview U. S. Marines who would be guarding the nuclear weapons. I had to certify they were sufficiently stable mentally for the job. Even more laughably, my own Top Secret security clearance was not high enough for me to even know we had nuclear weapons. I forget how that problem was circumvented, but the world survived my psychiatric assessments.

As base psychiatrist, I was also designated the AODA medical officer. That role entailed interviewing sailors who were seeking “amnesty” with respect to drug use. Any drug use they admitted to would not be prosecuted if they followed my treatment recommendations (and stopped using). The Navy actually did train me for this role with a week at the Navy Alcohol Rehabilitation Center (ARC) in Long Beach with the

psychiatrist who later became the first medical director of the Betty Ford Center. Later, I accompanied a patient to ARC on a flight of several thousand miles over the Pacific. Afraid to prevent DTs at 20,000 feet with Valium, I requisitioned a quart of bourbon and gave him one shot per hour. We both arrived in good shape.

Standing up for physician-patient confidentiality

There were limited ways for illicit drugs to reach an island in the North Pacific: 1) three commercial flights per week; 2) one cargo plane per week bringing groceries and supplies; 3) the commercial King Crab fishing fleet out of Seattle; and 4) my P-3 Orion squadron out of Oakland. When I became aware in my interviews that many sailors had started using morphine, I did my duty and informed the Commanding Officer (CO) of this development. He asked me which sailors had requested amnesty for morphine. I refused to divulge confidential physician-patient communications. That's when the CO told me there is no such thing as confidentiality in the military. I continued to refuse. I was then told that if I disobeyed a “direct order” to divulge, I could be court-martialed. I continued to refuse. Finally, they had a JAG Admiral call me from Washington – six time zones away. He repeated the direct-order/court-martial scenario. I continued to refuse. They dropped it and never mentioned it again. I'm still glad I did the right thing. I was only 27 years old at the time. When the University of Wisconsin Hospitals and Clinics brought ten lawyers to a meeting a few years ago to counter my



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opposition to easing access to psychiatric records in our EMR, ten civilian lawyers weren't a big deal to me.

Dr. Drell asked me to reflect on the potential court martial experience; I believe it lasted two or three months start to finish. I don't recall being overly worried, maybe just a little each time the ante was raised. When it started, I wasn't much more than an intern. When it was over, I was a physician. I was given the opportunity to choose between what was best for my patients and what was best for my employer, and I chose my patients. I've never compromised that axiom. Many Life Members will recall New York Giants quarterback, Y. A. Tittle, saying that you haven't grown up as a quarterback until you've told your head coach to 'Go to Hell.' Making the choice I did was developmental – it was the transition from trainee to physician.

They were my patients, but they were also his men

Three months after we returned to Wisconsin to begin my psychiatry residency (1975-79), I received a package from the Navy. It was a Navy Commendation from the Commander-in-Chief, U.S. Pacific Fleet, for my role in a complicated rescue of a severely burned Greek sailor on a Liberian tanker in the North Pacific. The mission involved four helicopter flights, two nights on a Coast Guard Cutter, my corpsman and I being lowered onto the tanker from a hovering helicopter, providing emergency treatment onboard, and then the medevac to a burn unit in Seattle. My CO had to sign the nomination for those

involved in the rescue to be considered for the Commendation. Maybe he respected my choice – they were my patients, but they were also his men.

I shouldn't have been surprised by the trajectory of my Navy career. Two years ago, I discovered that the chief of surgery during my internship, John H. Davis, M.D., with whom I had spent many hours in the ER, the OR, and on early morning rounds, had been the primary real-life model for the fictional character, Capt. Hawkeye Pierce, in the 1968 book – M.A.S.H. Assisting me in the operating room one morning, Dr. Davis challenged me to complete a below-knee amputation in less than ten minutes. In the nonfiction Mobile Army Surgical Hospital in South Korea, he probably had less than five.²

My craziest job as a psychiatrist began three years before my psychiatry residency. The weirdest part is that nothing about it seemed unusual at the time – *The Gods Must Have Been Crazy!*

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Body and Soul



Stewart Teal, MD

A glance through one of the windows of the swinging double doors hadn't prepared me for the putrid smell of formaldehyde and rancid butter that permeated the room. Fifty cadavers laid out on stone tables—a giant mortuary or a

glimpse of hell. They had all been people once, and as I saw them lying there, the individual differences between them struck my reluctant eyes—the fat blonde woman next to the long man with the aristocratic face—the young athlete—the pretty dark woman with long hair. All waited patiently for us. It was the first day of anatomy lab in the first week of medical school.

"Line up to get your dissecting tools and cadaver assignments," shouted a grinning lab assistant in a long white coat. He laughed as he watched us shuffle around in our brand-new short white coats taking sidelong glances at the corpses laid out in awful nudity.

"They must have been out partying late last night," giggled Bob, a tall, chunky student with a shaved bullet-shaped head and horn-rimmed glasses. He was a grade "A" asshole with a fat mouth. I'd played poker with him once in undergraduate school and he'd accused me of cheating. Nervous laughter erupted from about half of the students and stony silence from the rest.

Four medical students were assigned to each body. Ed and I were on the cadaver's right side.

I'd known Ed slightly in undergrad physics lab. He was white-faced and green around the edges. "Ed, are you okay?" I was praying he wouldn't vomit and start a chain reaction—beginning with me.

"Stevie, you don't look so good yourself," he replied.

"Watch me cut out his liver," Bob said, brandishing his scalpel like a sword and making passes over the abdomen. Larry, one of my roommates, was teamed with Bob on the cadaver's left. He lifted his right arm and slowly put his extended middle finger in front of Bob's nose. "Sit on it, asshole. Our cadaver deserves some respect." I was surprised. Larry was a pudgy, soft-spoken guy. I'd never seen him upset before.

"Hey Stevie, I think we should name him," Ed said.

"Absolutely! Look at him," I replied.

The man was very thin, almost to the point of emaciation, but his features were noble. He had a square, prominent chin with a three-day growth of beard. His nose was long, slender and slightly hooked like on the statue of a Roman general. Gray bushy eyebrows protruded from a wrinkled brow that topped brown eyes with pupils milky from cataracted lenses.

"I think he must have been blind," Ed said, in a hushed voice.

"That's it," I said. I reached out and touched his long gray hair and arranged it more neatly on the table behind his head. Somehow touching him produced a sense of relief and rightness.

"Homer, the blind poet—our mentor for the



Body and Soul

next year.”

“That’s it, for sure,” Larry said, nodding. He looked pointedly at Bob, expecting another outburst. But Bob was quiet and stared at Homer’s face.

“That’s a good name,” he agreed.

Ed nodded also. He licked his dry lips and stood a little taller. Ed was short and wiry with dark curls covering his head like a cap. “I wonder how many ghosts there are in this room,” he said, with just a slight upward twitch of the corner of his mouth. “You know this has been the anatomy lab since 1916. It’s the last year this room will ever hold dead people. Next year’s freshmen will be chopping up bodies on the new med school campus. Think of all the souls that might be upset.”

“Let’s figure it out,” Bob said. “Forty-four years at fifty stiffs a year....”

“Bob, just shut your face, okay?” Larry said.

“These people donated their bodies to medical science in order to make a contribution to the future.”

“That’s true,” I replied, “but not all of them. Some are unclaimed bodies from the County morgue. Homer here might have been a derelict, a criminal or even a murder victim.” I looked again at his cold, pale, aristocratic face and wondered how this person had come to be lying on the table in front of us.

* * *

The strange things didn’t start happening until the start of the second semester. In our regional dissection of Homer’s body we’d started with the superficial muscles of the back. I’d managed to slash away most of the origin

of the latissimus dorsi and of course the blood supply to the trapezius was nowhere to be found. Our lab assistant shook his head in disbelief and walked Ed and me over to see a dissection on another cadaver where the crucial structures were recognizable. Bob, on the other hand, was really good with a scalpel. He’d probably end up a surgeon, but one with a crooked nose. If he made one more snide comment to Ed and me about our dissection technique I was going to reach across Homer and pop him.

Even so, I was starting to get a good intuitive feel for how the body was put together. On our most recent anatomy exam I’d found myself visualizing Homer’s right shoulder. I closed my eyes and there it was, like a three dimensional X-ray exposed from the inside out—the tendons and ligaments holding the clavicle to the acromion, the cords of the brachial plexus intertwining in the axilla with the heads of the biceps and with the tendons of pectoralis major and minor. Somehow the amazing beauty of the architecture had gotten into my brain and was there for the asking—thank God! In that first week of anatomy it had taken about fifteen hours to memorize the origin, insertion, innervation, and blood supply of the four superficial muscles of the back. Straight memorization, no reference points to serve as guides. Now the magnificent interplay of structures was making sense.

* * *

One Friday evening at the start of this semester I’d stayed late and done a difficult, successful dissection of the phrenic nerve. The long



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string-like cord was exposed all the way from its inception in the cervical spine to the diaphragm. I was hoping our lab assistant would want to use it as an example to show other students.

“What the hell?” I shouted, as I caught my first glimpse of Homer Monday morning. Bob and Larry had their heads down, busy with a dissection of the left thorax. Ed had already started in on the right. They all looked up in surprise.

“What’s the matter?” Ed asked.

“The phrenic nerve is gone,” I growled. “What did you do to it?”

“Nothing,” he said, looking bewildered. “We haven’t done it yet.”

“Yes we have. I was here until 6:30 Friday evening working on it. It was beautiful. It came right down through the thoracic space to meet the diaphragm right there.” I pointed to the spot the nerve had entered the muscle.

“Stevie, I swear I never touched it,” Ed protested.

“Ed. I’m sorry.” In the four months we’d been dissecting Homer together we’d become close friends. The shared intimacy of the work had somehow fostered a breaking down of personal barriers. Larry and Bob looked across Homer’s body to see what the commotion was all about.

“What happened?” Larry asked.

“Someone screwed up my dissection,” I replied. I glared at Bob.

“Don’t look at me,” Bob protested.

He was the only one in our part of the lab I could think of who might find it funny to play a practical joke like that.

“Hey, Larry and I came in together,” Bob said. “He can vouch for me. I didn’t touch your lousy dissection.”

“He’s right, Stevie,” Larry said. “I’ve been with him all morning. We’ve been preparing the thoracic cavity to start the heart dissection. Maybe one of the lab techs was in over the weekend?”

“Yeah, and maybe it was a ghost,” I grumbled under my breath. There was no way to prove Bob was the guilty party but he just looked too innocent. “Let’s get to work,” I said. “We’ve got a lot to do today.”

Bob and Larry had exposed the pericardial sac. I reached into Homer’s chest and with Woodburne’s regional anatomy text open on the table I explored with my index and middle fingers the attachments of the fibrous translucent membrane covering the heart. “It says you can explore the oblique sinus of the pericardium by reaching two fingers from below and behind the heart between the right and left pulmonary veins. Ed, hold the heart up and let me see if I can find it. That’s weird!”

“What’s the matter? Larry asked.

“It feels like there’s something round and hard in there.”

“Stevie, that’s impossible. There aren’t any bones in the pericardium,” he said. “Let me feel from this side.”

I slipped my gloved fingers out of the little pocket and with Ed still retracting the heart Larry reached into the sac.

“You’re right. It feels like a hard disc of some kind, like a coin.”

“Yeah, who do you guys think you’re kidding,”



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Bob said. "Let me feel in there."

"It's all yours," Larry said, withdrawing his hand.

Bob could only get one pudgy finger into the hole. "I do feel something—let's cut it out."

"Maybe we should get one of the anatomy professors over to check it out before we do anything else," Ed said.

"I don't think so." I replied. "Those guys are too busy dropping skulls off of balconies to see how they break. We need something more substantial to show off before we bother them. I agree with Bob, let's see what's in there."

With Ed continuing to pull the heart upward, I gingerly inserted my scalpel between the pericardial tissue and the heart muscle. The membrane separated from the muscle easily, exposing the transverse fold. A disc-like object, about a centimeter and a half in diameter glistened through the translucent pocket. I made an incision over it while Ed cupped his free hand under the thing to keep it from falling into the thoracic cavity. He caught it neatly and held it up for inspection. It was a tarnished coin with irregularly scalloped edges.

"Okay Bob, good joke," I said. "How the hell did you get it way back in that fold?"

"Stevie, I swear it wasn't me." I almost believed him. He'd lost his cocky smile and looked scared.

"Let me see it," Larry said. "I've been collecting coins since I was five. Maybe I can identify it." Ed handed Larry the coin. He held it up for inspection. It looked like old silver but in pretty good condition. One side showed the profile of a woman wearing a helmet. The ruff

on the helmet extended from the front, above her forehead to the back, and continued over the nape of her neck. She had a knowing smile and an aristocratic demeanor. The other side depicted an owl, wings extended, its claws holding an elongated urn. Laurel branches encircled the owl figure around the margins of the coin.

"Well, it's clearly Greek," Larry said. "That's Athena, the goddess of wisdom. The owl clinches it—you know, 'wise old owl'. It's the bird associated with her. But how the hell did it get into Homer's pericardial sac? There weren't any holes in it, or holes in his chest, for that matter. It couldn't have just materialized in there."

"It's damned weird if you ask me," Ed said.

"I know you guys don't believe in the supernatural and usually neither do I, but give me a better explanation because I really want to hear it."

"Come on Ed," I said. "Somebody is just a practical joker and sneaked in here over the weekend and put it in there."

"Oh yeah, then where's the incision they needed to make to get it inside the membrane? You had to cut it out, remember."

"Maybe it was probably small and I just missed it?"

"Well, it would still be there. Let's look," Bob said. He carefully retracted the heart and all four of us inspected the pericardium closely. The only cut we could find was the one I had made to extract the coin.

"See," Ed said.

"It is strange," I acknowledged. "But I'm not



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going to start believing in ghosts until I see one. It's funny though. I'm sure I've seen that owl somewhere else. Larry, do you think that coin might be valuable?"

"I doubt it. Everybody thinks these coins are worth big bucks but actually they're pretty common. Hang onto it. I've got a coin book at the apartment. We'll try to look it up."

* * *

Larry and I lived with two other medical students in a converted Victorian apartment house on Kingsley Street. It had been carved into five apartments, each with its own separate entrance. Our apartment was in the back and was the largest in the gloomy old structure. Tall and narrow, it occupied all four floors of the building. The first floor consisted of the living room and kitchen. Steep narrow stairs led to bedrooms, two on each floor. The top floor was our prize and glory. A stair so steep it was almost a ladder, led to one of the main turrets of the old house. The room, paneled in knotty pine, had been converted many years before into a study. Against the three walls that had windows we'd taken old doors and nailed them to saw horses for desks and work space for things like microscopes and boxes full of bones. The windows provided wonderful views of the city. From my high tower I could look across the fire escape, over the shiny new apartment building next door, past St. Joseph Hospital down the block, all the way to the University Medical Center, six blocks away, and perched like a fortress on the top of a hill. "Here it is Stevie." Larry got up from his desk with a look of triumph. He bounded to my

side of our tower holding up his coin book. He put the book down on my desk and placed the coin we'd extracted from Homer next to an identical picture of it. "Four hundred B.C., around the time of Socrates—it was minted in Athens. It's a common coin worth maybe fifty bucks. Anybody who collects these things could have put it in his chest."

"But why would anyone give away a reasonably valuable coin just to play a trick on us?" I replied. "Do you think someone or something is trying to send us a message—like don't mess with Homer? Wait a minute. Oh my God! I just remembered where I saw that owl before." I grabbed my bone box and dumped all 206 bones on the desk. Larry looked at me as if I'd just lost my marbles. "There it is." I lifted the sphenoid bone slowly up to the light of my desk lamp. The bone, which comprises most of the base of the skull, has two wings on each side and is joined in the middle by the sella tursica, the bony home of the pituitary gland. "Look at the left greater wing," I said. A picture of the owl, almost identical in shape, size, and pose to the one on the coin was stamped there in reddish-brown ink. "I'm starting to think this is some weirdo trying to blow my mind," I said.

"Stevie, that's not possible," Larry said. "You know how protective the anatomy department is with these boxes. You have to sign them out and turn them back in at the end of the year and account for every bone. I don't think Bob could have done it—he's got his own box, and besides, he's never been over here. I bet all the sphenoid bones have an owl on them." Larry



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extracted the bone from his own box and examined it carefully. “Nothing’s on this one. You know this really is weird.” He found the sphenoid bones in the boxes of our other two roommates who were out at the library.

“Nothing on these either.”

* * *

Two days later, Larry and I were sitting downstairs in our living room in front of the T.V. watching a rerun of the Michigan basketball team’s latest loss. I’d just put some oil on the stove to make French fries to go with our hotdogs. Our other roommates, Fred and Hal, were out with their girlfriends. “Stevie, I checked with our lab tech about the picture of the owl on your bone. He says they used to mark some bones with an old stamp if they were particularly good specimens.” “Yeah, I did too.” I smacked the threadbare blue and yellow U of M pillow behind my back into a more comfortable shape. “But that doesn’t explain how a Greek coin with the same logo got into Homer. Also, me getting the sphenoid with the owl is stretching coincidence just a little too far.”

“Hey, is something burning?” Larry said.

“No, I just put the oil on a low heat to warm up a little before I put in the potatoes—they fry up crisper that way.” Suddenly there was a whooshing noise and loud crackling came from the adjacent kitchen. “Damn!” I jumped up and rushed through the door, then quickly stepped back. Black smoke was roiling up from the shooting flames in the frying pan. Larry was right behind me. Pushing me to the side he ran to the sink and began filling a pot

with water.

“Larry, don’t!” I cried. “The water will just spread the burning grease all over the place.” I grabbed the fire extinguisher from its bracket inside the kitchen door. I depressed the lever but nothing happened. “What the hell’s the matter with this thing?” The flames were starting to scorch the metal cabinet above the stove. I looked closely at the extinguisher. A tab under the trigger said, “Remove in case of fire.” ‘Wonderful,’ I thought. I pulled it out and fired at the base of the pan. A satisfying cloud of white powder fought with the flames. The blaze diminished, and the smoke lessened, but it wasn’t enough to put it out. I tried to give it another shot but the cylinder was exhausted. “Larry, open the back door.” I grabbed a hot pad, turned my face away from the black smoke and grasped the handle of the frying pan. “Get out of the way!” I shouted. I lifted the pan, took two steps through the open door and threw it off of our landing into the snow. We watched it sizzle and die out. “Stevie, you must have had that oil on ‘high’ to make it catch fire like that.”

“No, I had it on ‘low,’ I’m sure. I make fries that way all the time, and I’m always careful. I remember putting it on ‘low’ just a couple of minutes ago.”

“You may have been careful, but look at the stove,” Larry said. The dial on the stove front under the electric coil was on ‘high.’

“You know Larry, I see it, and I suppose that’s what happened, but I don’t really believe it.” I turned the still glowing electric coil to ‘off.’

“These strange things happening are giving me



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the creeps. I wonder if I've offended Homer in some way. I know, I know—that's incredibly stupid, but I'm starting to worry about what's going to happen next."

* * *

It was 3:00 am early Tuesday morning, three days after the stove incident. Larry, Hal, and Fred had called it quits and gone to bed leaving me alone in our study tower. I was taking one last look at that miserable sphenoid bone in preparation for our upcoming anatomy practical.

I turned it over and over, examining the many foramina in the yellow light of my desk lamp. Clump! Clump! Clump! Heavy footsteps sounded on the fire escape stairs coming up toward my window. The shade was pulled down so I couldn't see out, but whatever or whoever was coming up could certainly see my lamp shining through the shade and my silhouette as well. I reached to turn off the lamp then changed my mind. I didn't want to confront whatever was going to happen in the dark. I fervently hoped it was a burglar and not Homer's ghost. The footsteps stopped. A bulky black form was outlined through the shade by the lights from the apartment house next door. As it bent toward my window I grabbed my microscope, the heaviest thing within reach. Knock! Knock! Knock! on the window. "Hello in there, I'm canvassing for the Democratic Party."

* * *

"Ed, I swear to God this guy was on our fire escape, knocking at my window, at three in the morning. I almost pissed in my pants."

We were sitting in Drakes, a little coffee shop off of State Street, near the anatomy lab. The high-walled booths provided privacy, the coffee was good, and the pecan rolls were out of this world.

"These funny little things happening are starting to wear me out."

"I know what you mean," Ed replied.

He looked pale and thin. I wondered if he had lost some weight since medical school started five months ago. Ed and I were also partners in biochemistry lab. I had to do most of the surgery on the white rats we used for endocrine experiments because he was allergic to them. He wore a protective mask over his nose and mouth, but it didn't seem to help his wheezing much.

"You know Stevie, I think it's the anatomy that gets me down the most. There's something in the atmosphere of that place that makes my mind go numb. I'm starting to wonder if becoming a doctor is something I'm going to be able to do."

I was worried about Ed. He seemed to be getting physically ill and despondent. I knew he'd be a great doctor if he could just tough it through the grind of this first year.

"It's all Homer's fault," I laughed. "Maybe we should have left that coin in his pericardium. He's cursed us for removing his fare for the boatman rowing him to Hades."

"Stevie, don't laugh. There is something spooky about that anatomy lab. But it's not Homer. That coin is just a stupid medical student trick. Either Bob or Larry put it in there. Do you still have the coin?"



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"No, Larry took it. It's in his dresser drawer."

"Can you get it?" Ed asked.

"Sure."

Well I have a plan to smoke out the culprit," he chuckled.

We put our heads close together across the table as he whispered his idea into my ear.

"That just might work," I grinned. "I've got an idea too, listen."

We put our heads together again. Ed laughed and snorted coffee through his nose all over the table.

* * *

The next morning we had our anatomy practical. If a creature from outer space had been observing, it would have wondered what could be the purpose of this bizarre ritual. Four medical students surrounded each lab table, pen and paper on a clipboard in hand. Each table had a cadaver laid out on it with numbered tags attached to various bodily structures. We'd get a few minutes to write the number of the item and to name it. Then a buzzer would sound and each quartet would rush to the next table. It was like a macabre game of musical chairs. I was a little bleary-eyed, but the first structure presented was a magnificent dissection of the phrenic nerve—an easy start. It went pretty well from there. After the exam, I called my dissecting partners together.

"Listen guys, can you stay for a few minutes? There's something I want you to help me do for Homer," I said.

Larry and Ed nodded assent, but Bob objected.

"Hey, I've got lots of slides I was planning to

review."

"Bob, it'll just take a couple of minutes; I'd really appreciate it."

"Oh, okay. But what's the big deal with Homer?"

"Just wait, okay?" He shrugged and nodded in agreement.

* * *

"As Larry can attest some very strange things have been happening to me lately." We were standing in the empty anatomy lab next to Homer's body. "Some idiot guy came up our fire escape just as I was looking at the picture of the owl on my sphenoid bone. He scared the shit out of me. I think it may have something to do with that coin we took out of Homer's pericardium. We need to put his spirit to rest."

"Stevie, do you have the coin?" Ed asked.

"Yes, I do," I said, holding it up.

"Hey, where did you get that?" Larry interjected.

"From your top drawer, roomie—why does it belong to you?"

Larry shook his head 'no,' but he looked worried.

"Everybody, come on over here," Ed said.

He took the coin, and holding it up in the air, went to a side bench equipped with a Bunsen burner and a forceps for holding the coin. He lit the burner and adjusted the flame to a hot blue intensity.

"In order to put Homer's soul at rest we will melt this coin in his honor," he announced.

"Hey, wait. That's a valuable coin," Larry shouted.

"What's that to you?" I asked—my meanest grin



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on my face.

"Damn it, Stevie, it was me," Larry said, grinning sheepishly. "I saw that picture of the owl on your sphenoid bone and remembered I had a coin with an owl just like it. The oblique sinus of the pericardium makes a little pocket that you can slip something in if you approach it from the top posterior direction."

"You really had me going," I said. I took a half-hearted swipe at his shoulder but missed because I was laughing so hard. "But that doesn't explain the missing phrenic nerve or the stove being turned on 'high' or that guy climbing our stairs last night. Did you set that up too?"

"No, not me—strange coincidences, I guess."

"Well, Homer's restless spirit might have something to do with these things so let's soothe his soul. Here's the plan," I said. "Let's all walk over to his body." I took out a small bottle of olive oil I'd been hiding in my jacket pocket. "Olive oil was precious to the Greeks. While I rub the oil on his feet we'll all chant, Homer be at rest—okay?"

We grinned at each other. Even Bob smiled. "Homer be at rest," echoed through the old anatomy lab. "Be at rest! Be at rest! Be at rest!"

The End



Stuart Copans, MD



Thank You Letters

To the AACAP Life Members Committee,

Thank you so much for the opportunity to attend the Annual Meeting this year. It was such a valuable experience for me as a trainee who is considering a career in child and adolescent psychiatry. Prior to the conference, I was undecided about pursuing a fellowship, and I now feel much more confident that child psychiatry is the path for me. This decision is a result of meeting some wonderful people through the mentorship and career development groups who I was able to have open and honest discussions with about the choice to pursue this career. I additionally was able to learn more than I could have expected from the conference by attending many educational talks. Thank you so much!

Sincerely,
Kacy Bonnet

Dear Drs. Schowalter and Pfeffer,

I am writing to express my appreciation for the generous support that you and the AACAP Life Members Fund have provided for the AACAP Educational Outreach Program (EOP) that allowed me to attend the national meetings this year. Because of the support, I was able to travel to AACAP and participate in the meetings in New York. The experience was invaluable as I continue my training to become a Child and Adolescent Psychiatrist.

Currently I am a first-year Child and Adolescent Psychiatry Fellow training at the University of

Vermont. I began my training as a General Psychiatry resident in 2011 at Yale University with the goal to continue my training in Child and Adolescent Psychiatry. I finished my residency in 2015 and then began a one year Public Psychiatry Fellowship at Yale. This summer, I moved to Vermont to continue my training. The opportunity to attend AACAP this year has been a career defining experience. Attending the meetings provided the chance to not only learn a great deal about the current state of the field, but was a wonderful chance to meet new people with a wide range of experiences in the field. I was able to network with others from all over the country, including regions where I hope to practice in the future. Additionally, as someone interested in trauma, substance use, and community psychiatry, I was able to learn about many exciting opportunities and different clinical approaches to these areas throughout the country.

Thank you again for making this possible.

Sincerely yours,
Brady Heward

Dear AACAP Life Members Committee,

I wanted to send my sincere thanks and appreciation for the very kind gesture of awarding me an Educational Outreach Program scholarship. The financial assistance gave me the opportunity to attend the AACAP meeting in New York City, which was the best academic conference that I have experienced. More importantly, the many mentorship



Thank You Letters

meetings, dinners, and mingling opportunities allowed me to connect with so many wonderful people, many of them members of the Life Committee. The relationships that I formed as a result of this wonderful experience will not only help me professionally but also allowed me to make several friends. I sincerely hope to make the AACAP meeting an annual event for me as I grow into this field.

The EOP was such a great experience for me and my colleagues. All of the award recipients and myself commented on how much we cherished AACAP week because of EOP. As a trainee, the EOP gave me the chance to have experiences that I could not have had any other way. I met leaders in our field who made me feel welcome and were genuinely interested in me and in my future endeavors. EOP also is beneficial for the Academy as it allows many of the future leaders of AACAP to

have early exposure to mentorship from those who have put AACAP in the wonderful standing that it is in now. Continuing to support EOP is absolutely a worthwhile venture and is something that current and future AACAP Leaders will benefit from.

In closing, thank you very much to the Life Members' Committee for such a great experience. I learned a lot, met wonderful people, and had a great time in New York City. One of the best aspects of our field is the collegiality that exists between those that practice child and adolescent psychiatry, which was fully evident during my experience. The EOP and Life Members provided me with a unique experience that I will always be grateful for.

With sincere appreciation,
Tony Pesavento, MD





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Owls have demonstrated a remarkable and unwavering commitment to AACAP and the next generation of child and adolescent psychiatrists. They are mentors, advisors, donors, and friends. They are AACAP's legacy. Thank you to the following donors for their generous financial support of the mission of AACAP's Life Members Fund.

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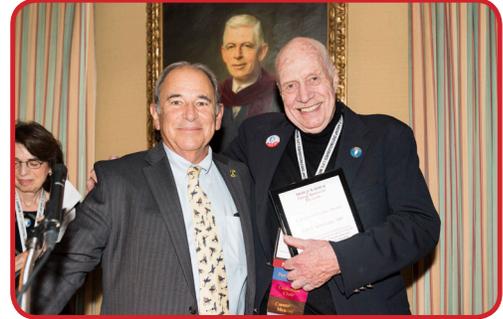
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Every effort was made to list names correctly. If you find an error, please accept our apologies, and contact the Development Department at development@aacap.org or 202.966.7300, ext. 130.

In Memoriam
Robert Karsh, MD
From October 2016 - December 2016



Throughout the Years...





Throughout the Years...



Look out for the next *Owl Newsletter* in April!