



Helen Flanders Dunbar: The Unfinished Pursuit of Unity

Authors: Robert M. Kaplan
Submitted: 5. December 2022
Published: 23. January 2023
Volume: 10
Issue: 1
Affiliation: University of Wollongong, Australia
Languages: English
Keywords: Helen Francis Dunbar, Psychosomatic medicine, Psychoanalysis
Psychiatry, Franz Alexander, Clerical Hospital Ministry, Accident
Neurosis
Categories: Humanities, Social Sciences and Law, Medicine
DOI: 10.17160/josha.10.1.867

Abstract:

Helen Flanders Dunbar, the mother of psychosomatic medicine, was an outstanding pioneer whose life was to end tragically. A brilliant academic career led her to becoming an authority on Danté, a leading psychosomaticist who studied the healing shrines and one of the first to promote the work of clerics in hospitals. She did several large studies that put psychosomatic medicine on the map. With Franz Alexander she was regarded as the leading authority in the field, becoming the first editor of the journal *Psychosomatic Medicine*. Inspired by her Danté studies, Dunbar believed in combining art and science, manifested in a holistic attitude. She differed from Alexander's organ specificity model, instead using the term personality constellation. Not a traditional Freudian, she was more interested in the symbolism of Jungian and Reichian typologies. Her studies also led to the finding of accident proneness which, tragically, could apply to her own life. She mixed easily with figures like Margaret Mead and Eleanor Roosevelt and had a considerable public profile with her articles on a range of subjects. A Renaissance

JOSHA

josha.org

**Journal of Science,
Humanities and Arts**

JOSHA is a service that helps scholars, researchers, and students discover, use, and build upon a wide range of content



Helen Flanders Dunbar: The Unfinished Pursuit of Unity

Robert M Kaplan, MBChB FRANZCP MA (Journ) MPhil (Sc)
rob@rmkaplan.com.au

Clinical Associate Professor, School of Medicine, University of Western Sydney,
Sydney, Australia

Abstract

Helen Flanders Dunbar, the mother of psychosomatic medicine, was an outstanding pioneer whose life was to end tragically. A brilliant academic career led her to becoming an authority on Danté, a leading psychosomaticist who studied the healing shrines and one of the first to promote the work of clerics in hospitals.

She did several large studies that put psychosomatic medicine on the map. With Franz Alexander she was regarded as the leading authority in the field, becoming the first editor of the journal *Psychosomatic Medicine*.

Inspired by her Danté studies, Dunbar believed in combining art and science, manifested in a holistic attitude. She differed from Alexander's organ specificity model, instead using the term personality constellation. Not a traditional Freudian, she was more interested in the symbolism of Jungian and Reichian typologies.

Her studies also led to the finding of accident proneness which, tragically, could apply to her own life. She mixed easily with figures like Margaret Mead and Eleanor Roosevelt and had a considerable public profile with her articles on a range of subjects.

A Renaissance figure, Dunbar was dynamic, charming and attractive. This mostly worked, but also led a hostile reaction from some in the male-dominated world she was forced to operate in.

After the thirties, Dunbar's life went on a downward trajectory. She antagonised many, withdrew from academic life, relationship difficulties multiplied and she slid into alcoholism.

Dunbar's death at 57 was a sad end for an intelligent, inspiring and charismatic figure whose potential was not allowed to be realised.



All diseases may, in some sense, be called affections of the nervous system.

Robert Whytt

The belief that the patient should be treated as a whole goes back to the witch doctor who worked as much on the patient's psyche as on his bodily symptoms with no real difference between them.

Helen Flanders Dunbar

Beware that, when fighting monsters, you yourself do not become a monster... for when you gaze long into the abyss. The abyss gazes also into you.

Friederich Nietzsche

She burned too bright for this world.

Emily Bronte

Psychosomatic medicine has twisted and turned in the prevailing winds of the psychiatric climate, but never gone away and nor should it in view of the close relationship of mental and physical symptoms. In an earlier era, a pioneer in the field was Helen Flanders Dunbar – a largely forgotten but ultimately tragic figure. Highly intelligent and extraordinarily well qualified – a veritable polymath – now recognised as the originator of psychosomatic medicine¹, she was a clinician, writer, founder of the American Psychosomatic Society, and editor of *Psychosomatic Medicine* – a remarkable CV by any standards.

Dunbar eschewed the dualist model so pervasive in medicine, promoting instead the unity of psyche and soma, treating the whole patient, the role of clergy in medicine and exploring accident proneness. She made the presence of ministers a routine aspect of hospital treatment. Her ideas were filtered through the lens of psychoanalysis, the dominant paradigm in American psychiatry at the time and, if many of the concepts she developed have been long dismissed, her work was an essential development in the field of consultation liaison psychiatry.

These ideas, advanced for their time, were promoted by a creative, charismatic and enigmatic woman who suffered hugely from the pervasive bias against women in the profession. ² Her undeniable positive qualities came in an intriguing and convincing, if not always predictable, package but there was a cost to pay. Dynamic, charming and attractive, she often antagonised people. Operating in the male-dominated environment of the time did not help either.



Helen Flanders Dunbar (born Chicago 14 May 1902) came from a financially comfortable professional family.^{3 4} Her mother's family was proud of their Flemish roots (hence the Flanders). The gene pool was likely to facilitate scientific thought: her father Francis William Dunbar was a mathematician, engineer and patent attorney; her mother Edith Vaughan Flanders a genealogist and translator; Helen's brother Francis earned an MA in botany at Stanford University.

A less-than ideal childhood provided a template for her later work in the mind-body dichotomy. The usual account is that Dunbar failed to thrive due to pseudo infantile paralysis, a "rachitic, weakening disease," and never grew taller than four foot eleven inches.⁵ Another explanation is polio. Then she was thought to have a metabolic disturbance for which her physician prescribed a meat-free diet. While these issues cannot be confirmed (and have been questioned), events during her upbringing conspired to make her as an intense, overweight and anxious girl who had an episode of depression at fifteen, burying herself in books. ⁶ It did not help that classmates called her "Little Dunbar".

Dunbar's family life was dominated by religion and powerful women. After her father's early retirement, the move from Chicago to Manchester, Vermont, changed the balance of power. Her mother Edith, grandmother Sarah Anne Ide and aunt Ellen were dominating figures who had a big influence on her life. Edith was strict, over-protective and puritanical; Ellen wanted to be a medical missionary; and Sarah Anne, the widow of a clergyman, was deeply religious.⁷ Their Episcopalian faith was a guiding light in her life. Indicating the tight family bond, they followed her to schools in New York and Philadelphia, leaving Francis at home.

Strong women were always important in Dunbar's life. She was close to female benefactors Ethel Palmer Hoyt and Kate Macy Ladd (but fell out later); among her circle of friends were Eleanor Roosevelt and Margaret Mead; her women secretaries (there was one male⁸) not only facilitated her prodigious output, but were close companions. As her daughter Marcia was to point out, she was raised in the swinging twenties, adopting a liberal social attitude and support for the emancipation of women.

Francis Dunbar, a physicist and mathematician, taught her the elements of physics and calculus when she was a child. After three years with home tutors, and travel, Dunbar went to the Bishop's School in La Jolla in 1917, then to the Brearley School in New York, graduating in 1919.⁹ This was just a prelude to the academic explosion that followed.¹⁰

Going to university, Dunbar's overarching ability could not be restrained. By the age of 22, she could speak in 15 languages and dialects.¹¹ Dunbar received four graduate degrees in the next seven years, graduated magna cum laude at Union Theological



Seminary (UTS), finished her first year at the Yale Medical School and completed a sub-internship in medicine and obstetrics, as well as research in fluoroscopy of the heart and electrocardiography producing an MD thesis (1930) on The Optic Mechanisms and Cerebellum of the Telescope Fish (*Carassius Auratus* Var). She later trained at the New Haven Hospital and Bellevue Hospital in New York. These were outstanding achievements.

Dunbar did medieval studies at Columbia. Professor Jefferson Fletcher mentored her belief about Danté that symbolism and religion, science were complimentary, not antagonistic.¹² She wrote an MA thesis on The Sun Symbol in Medieval Thought (1924) and drafted The Medieval Mass in the West (1923-1924) following with her doctoral thesis Medieval Thought and Its Consummation in the Divine Comedy (1927). Her Danté thesis, using biblical exegesis to demonstrate that “religion and science are not antagonistic but complementary through symbolism”, was so highly regarded that she was considered to be an authority in the field.¹³

At the same time, she graduated from Union Theological Seminar (UTS), producing Methods of Training in the Devotional Life Emphasized in the American Churches about the study of symbolism and ritual.

Majoring in mathematics and psychology at Bryn Mawr in 1932, her time there was, however, unhappy. Followed there by her mother and brother, being overprotected and self conscious, she had difficulty making friends; many were intimidated by her intellectual prowess. Feeling rejected and unwanted led to the great empathy she had with those suffering from illness. With such an astonishing range of achievements the sobriquet of Pocket Minerva was not just a reference to size, but her phenomenal intellectual grasp.

For a low church Episcopalian like Dunbar, James Henry Leuba, the eminent psychologist of religion, was a critical influence.¹⁴ Later, however, the Episcopal faith was strained by her spiritualism, making Catholic ritual more appealing (which may reflect her interest in the healing shrines), but she drifted away from organised religion and blamed priests for not understanding abortion, saying that if they believed in souls, they ought to learn how to treat them.¹⁵

Rollin Fairbanks, head of Institute for Pastoral Care, pointed out the similarities between religion and psychiatry: “Both the psychiatrist and the pastor are genuinely interested in people, particularly who are in difficulty. Both professions have their ‘cults.’ The religious groups are admittedly more established since they have existed over a longer period of time. Their zeal and tenacity are no greater than that manifested in meetings of psychiatric and psychoanalytic organizations”.¹⁶ Pastoral care was essential in the care of the whole patient. There was sufficient evidence in psychosomatics and pastoral care to recognize the important role of emotions in both



illness and recovery, as well as in adjusting to terminal illness. The chaplain's care of patients could augment surgical interventions for patients.¹⁷

At UTS, Dunbar trained at the Worcester State Hospital in anticipation of the program she was to supervise for divinity students to work in clinical settings. This culminated in her appointment as director of the Council for the Clinical Training of Theological Students.

It was at UTS that Dunbar began the long involvement with Anton Boisen¹⁸, the Chaplain at Worcester, who had been an inpatient at Westboro Mental Hospital from 1920-22 with catatonic schizophrenia. Considering the vagueness of psychiatric diagnoses at the time, it is questionable what condition he had.¹⁹ Clinical pastoral care started when Boisen came out of the hospital convinced that religion and psychiatry needed to be connected on a professional level. He formed a lasting connection with Dunbar, his first student, and they did research together, having a close friendship for many years, leading to speculation about the intimacy they shared. ²⁰ Regardless, Boisen had a significant influence on Dunbar's views about the role of spirituality in medicine and she, in turn, supported and treated him during psychotic episodes.

Winning the coveted 1929 Ely-Eby Landon Traveling Fellowship trip to Europe was to change Dunbar's life, exposing her to the influence of leading psychiatric and psychoanalytic figures of the day.²¹ She also received \$500 from Ethel Hoyt on behalf of the Joint Committee on Religion and Medicine for the trip. The purpose of the trip, she stated, was to conduct research on "religion as the unifying power in personal life and, its relation to healing and development."²² She was accompanied by her friend and secretary Rosamund Grant and completed her last year of medical training there.²³

Dunbar worked at the University of Vienna Psychiatric-Neurological Hospitals under Julius Wagner-Juarreg (with Constantin Von Economo there) and with Eugen Bleuler at the Burgholzi Clinic where she had discussions with Carl Jung, whose spiritual views were of interest. She met Deutsch and was influenced by his views on the mind-body connection. Vienna, pre-Anschluss, was still the world centre of psychoanalysis, although many of the ageing Freud's activities were carried out by his daughter Anna. Dunbar was amused to write to a friend that 'all the Freudian school here want me for treatment', settling for psychotherapy (not psychoanalysis – her only known treatment) with Felix Deutsch's wife Helen Deutsch which later continued in New York.²⁴

To round off the spiritual side of the trip, Dunbar made three visits to Lourdes, as well as shrines in Germany and Austria. This had a profound effect on her religious views, making her consider Catholicism as an alternative to her Episcopalianism. Shrines like



Lourdes did not cure those beset by hysterical excitement or waiting for a miraculous cure, Dunbar observed, but the others who quietly went through their day helping themselves and others. From this she produced her beguiling article: What happens at Lourdes. *Psychic Forces in Health and Disease* (1934), still worth reading.²⁵ This laid out her credo: the goal of seeking help is becoming free to think and act.

It was at this time that she began referring to herself as H. Flanders Dunbar, then legally changed it to Flanders Dunbar in 1938.²⁶ It seems astonishing now to look back to a time when a such remarkably accomplished woman had to change her name in an attempt to overcome the prevailing misogyny.²⁷

Dunbar returned from Europe in dazzling fashion: slim, fashionable and decidedly enchanté – her height (4'11") enhanced by custom-built platform pumps.²⁸ The effects of the change were obvious to the suitors she attracted and she married Theodore Wolsenberger in October 1932.²⁹ Born in Zurich, Switzerland, he came to the US in 1931, changing his name to Wolfe. At the Columbia Medical School, he assisted the research for Dunbar's article *Emotions and Bodily Changes*. In 1938 he went to study with Reich in Norway and assisted him to come to the US the following year. He maintained the association and translated his works.³⁰

Although the couple divorced in December 1939, they still collaborated on research.³¹ This was a difficult time for Dunbar as her father died six months after they separated and may have influenced the decisions she made. Within a year she married the left-wing George Henry Soule, fifteen years her senior and editor of *The New Republic*. This resulted in the birth of her daughter Marcia Dunbar-Soule in 1943 when she was close to forty.

To describe Dunbar as driven is an understatement. Holding a number of positions, she wrote continuously, ran a highly regarded practice for women and would always travel with a secretary to take down dictation.³² She was director of the Joint Committee on Religion and Medicine of the New York Academy of Medicine (1931-1936). From 1930 to 1942 Dunbar was the medical director of the Council for Clinical Training of Theological Students, leaving because of the clash over her Freudian and Reichian ideas (the latter reflecting Wolfe's influence). At the Presbyterian Hospital she was proud to hold a post as a psychiatrist on the medical service, not in the psychiatry department. She was an instructor at the New York Psychoanalytic Institute from 1941 to 1949. Always an internationalist, post-war she established contacts with the World Health Organization and the International Federation of Mental Health.

Dunbar's career focussed on bridging fields that had traditionally been kept separate, notably medicine, psychiatry, and religion. Her holistic thinking – a path inspired by Danté – coalesced into a journey to integrate science and religion resulting in her



promoting the role of ministers in hospitals. Working across the disciplines put her in a unique position to deal with problems restricted to the individual specialities. She was much influenced by the operational view of scientific reasoning from the pragmatic philosophy of Peirce, James, and Dewey developed by Professor P. W. Bridgman.^{33 34} The multi-disciplinary involvement ensured that her thinking was holistic, using medieval terms³⁵, indicating her strong resistance to the prevailing Cartesian dichotomy in medicine.

The first publication to establish her reputation was sponsored by Mrs. Kate Macy Ladd, a Presbyterian, who established the Josiah Macy Jr. Foundation in memory of her father in 1930.³⁶ What may surprise some is the role of American corporate philanthropy, with Alan Gregg as the deus ex machina of the Rockefeller Foundation, in funding psychosomatic research.³⁷ Gregg wanted to fund an “elite corps” of psychosomatic investigators oriented towards physiology, also interested in psychoanalysis but with an objective attitude towards its claims.³⁸ After the journal *Psychosomatic Medicine* was launched in 1939, most of the studies in the first issues were Rockefeller funded. Recipients included Stanley Cobb and Roy Grinker, as well as Franz Alexander, to mention a few. Without the support of these foundations, her work would not have been possible.

Thus came Dunbar’s huge 1935 study “Emotions and Bodily Changes: A Survey of Literature on Psychosomatic Interrelationships: 1910-1933 (almost 600 pages).³⁹ This provided the theoretical and methodological foundations of psychosomatic research with a review of the literature, therapeutic considerations and an enormous bibliography. It became a classic, reprinted in 1935, 1938, 1946, and 1954.⁴⁰ The word psychosomatic came into general use as a result.⁴¹

To those who criticized the findings of the study, Dunbar responded that neither the personality or the environment should be regarded as "the cause" of a specific ailment. This was inconsistent with scientific concepts that deal with "events" in a field of forces.

The study had another consequence. By understating the role of the Joint Committee on Religion and Medicine, she angered Ethel Hoyt and their relationship broke down after that. The reason for this is not clear. She may have wished to move away from the focus on clerical healing; alternately, it could have been to ensure that she got full credit for the study. By 1938, Dunbar’s prime role in the Council for Clinical Training, the New York Academy of Medicine and the Federal Council of Churches was effectively over, although she ensured that there were representatives on the JCRM to promote her point of view for some time.

In 1943 Dunbar conducted the study at the Columbia Presbyterian Hospital that would proclaim her eminence in the field of psychosomatic medicine – her best known study.



The intention was to assess not only the emotional characteristics of the patients, but their backgrounds and environments as well. In an extraordinary effort, she analysed the familial, social, and economic backgrounds of 1,600 consecutive patients, gathered information about their current living environments, and recorded the major characteristics of their emotional makeups. The 18 variables investigated included personal data, health record, injuries, education, work record, income and vocational level, social relationships, sexual adjustment, attitude toward parents and family, characteristic behaviour pattern, neurotic traits, addictions, life situation immediately prior to onset, reaction to illness, and area of focal conflict and characteristic reaction.⁴² It was followed by the equally impressive *Mind and Body: Psychosomatic Medicine* in 1947.⁴³

These were, by any standards, enormous works for which she had some assistance in preparing, but was responsible for the findings. The studies showed that a characteristic "personality profile" was associated with each type of disease in a significant number of cases. One example that sustained for a while was that of the "hard-driving executive" which was to surface later as the Type-A personality.⁴⁴

Anyone working in psychiatry today takes these issues for granted without any awareness of Dunbar's role – an regrettable and ubiquitous feature of modern ahistorical psychiatry.

Dunbar first used the term psychobiological, reflecting her Meyerian roots and anticipating the later biopsychosocial trope. She is credited with establishing the term psychosomatic in the mainstream literature.⁴⁵ As it happens, she did not like the term but could not find anything more suitable. In 1939, she became the first managing editor and a member of the editorial board of the *Journal Psychosomatic Medicine*. With these achievements, Dunbar earned – and rightly so – the sobriquet of "the mother of holistic medicine"

Dunbar succinctly expressed her credo:

The scientific study of emotion and of the bodily changes that accompany diverse emotional experience was a new era. Many physiological processes of profound significance could be controlled by the emotions. Progress in the specialties was blocked by a lack of understanding of the relationships between them study of any organ-system reveals the psyche there, and we find ourselves forced to give up the idea of a 'localization' of the psyche in any particular part of the body".⁴⁶

She provided the two laws of emotional thermodynamics from her study of physics: psychic energy, if not expressed through higher levels, gets an outlet through physical



symptoms; and, if such symptoms were the result of permanent structural damage, energy would be unavailable.⁴⁷ Somatic dysfunction thus arose from the faulty personality which led to the search for psychological profiles characteristic of specific syndromes and expanded further to the belief that many diseases were psychogenic in origin and stressors, albeit undefined.

Her conclusion that a personality profile existed for specific diseases should be abandoned, while the demonstration of the importance of emotional factors in the course of disease became her major intellectual contribution to medicine and psychiatry.

Her approach verged on the existential – although that term was never used. Illness was a choice. “They have asked for it...They select symptoms in much the same way people select clothes ... yet many do not know that they have done it.” The cure was explained in similar terms: “The sufferers lose their symptoms when their personality difficulties are remedied ... when they are helped to become the kind of people they have the capacity to be.”

Dunbar’s conclusions, striking as they were, are so emphatic in their certainty that they would ring hollow to the modern reader: emotional conflicts are the key to illnesses. Allergy victims have strong sexual curiosity and temptation; such children have suffocating mothers; diabetics had an emotional conflict between resentment and submission towards their parents; eczema patients were victims of ‘smother love’.

Redundant as they are now, her views resonated at the time. In 1948 Time Magazine stated that a person’s personality determined the illness one would have. Those with high blood pressure lived intensely and desperately, being intolerant, anxious and fearful of the future.⁴⁸

It is important to put the environment in which Dunbar operated in context. American psychiatry, conservative to start with, was riven by an ideological struggle between the German organic model espoused by Emil Kraepelin and the first generation of Freudian psychiatrists who had come across the Atlantic to evangelise the Master’s work.

In an uneasy collaboration Adolf Meyer brought the two concepts together and, with pioneers like James Jackson Putnam, William Alanson White and Smith Ely Jelliffe, established a distinctly American psychiatry.⁴⁹ This was a break away from the European style, best adumbrated under the term psychobiology.⁵⁰ It was here that Dunbar fitted herself. Regrettably, the influence of Meyerian psychiatry was already waning when Dunbar came on the scene so she did not get credited for this.



Psychosomatic medicine did not emerge out of a vacuum and there were many pioneers who considered the issue. The first use of the term “psychosomatic” is attributed to Johann Christian August Heinroth (1818) and introduced to medicine by Hans Selye.⁵¹

American psychosomatic medicine started in the 1930s on the basis that some illnesses arose from the physiological effects of emotional stimuli. Established in reaction to the prevailing biomedical reductionism”, by the mid-1940's it was ready to inform the growing concept of stress. ⁵² The work of psychophysicists like Walter Cannon (fight-or-flight response) and Hans Selye (General Adaptation Syndrome) raised hope that the mind-body links could be understood.

The early focus on neurosis, fitting rather neatly into Freud’s topography of the mind, did not last and shifted to defence mechanisms, personality and character disorders. It was thought that certain psychodynamic patterns created typical illnesses, known as “organ specificity.” Repressed (and forgotten) emotions emerged from the unconscious to target certain organs, producing psychosomatic disorders.

Those who look on the efforts of the pioneer psychosomaticists as hopelessly naïve, reductionist and even romantic, are overlooking what lay behind it: an holistic attempt to reach an understanding of every aspect of the patient. The current bio-psycho-social mantra is scarcely more encompassing, if not reductionistic, than what they had in mind.⁵³

Franz Alexander and Flanders Dunbar were the leading figures in the American psychosomatic movement.⁵⁴ The contrast between their views, however, was so marked as to amount to a chasm. Alexander, a European analyst, true to Freudian dogma, focussed on unconscious psychological conflict.⁵⁵ Regarded as the foremost psychosomatic theorist of the time, he was Dunbar’s leading critic even though they overlapped in many activities, such as on the journal *Psychosomatic Medicine*. Alexander did not understand her work and frequently expressed his disagreement. Theoretic differences notwithstanding, here was another man unable to accept her right as a woman to hold independent and well argued views.⁵⁶

Alexander produced the concept of "Organ neuroses" which arose from chronic emotional disturbance led to the "specificity theory" for the Holy Seven: peptic ulcer, asthma, rheumatoid arthritis, neurodermatitis, essential hypertension, hyperthyroidism, and chronic inflammatory bowel disease.⁵⁷

It goes without saying now that all of the Holy Seven disorders have been shown to have specific organic causes and treatments. If the Holy Seven was the chicken, then the egg was the psychological changes that occurred as a result of the disorders but were assumed in many cases to be the cause.



Dunbar, who did not accept the specificity hypothesis, believed instead that physical disorders had a complex origin and looked instead at the role of the personality.⁵⁸ Later, feeling that the phrase "personality profile" was too narrow, she substituted for it "constellation."⁵⁹

Associated with her pioneering role in psychosomatic medicine, Dunbar is remembered for her study of an intriguing phenomenon: Accident proneness. The concept was first described in the World War I era in Britain before migrating to the US.⁶⁰ Repeated accidents were regarded as representing a pattern of deviant behaviour. In the 1943 study of a large group of hospitalized cardiac and diabetic patients choosing for controls fracture patients, misleadingly thought to be the most 'normal' patients available. In what can only be regarded as a notable instance of serendipity, Dunbar discovered that many of the fracture patients, included as controls on the basis of the assumption that they were emotionally "normal," turned out to be accident-prone with a psychoneurotic tendency to have more than one accident and exhibited characteristic emotional problems. Only 10-20% were really accidental; the rest were related to their personality. However, while these were assertions, the proof was a far more dubious matter.

Dunbar believed that having accidents was similar to the process by which other patients transformed psychological conflicts into somatic symptoms, e.g., hysteria.⁶¹ She preferred to use the term accident habit, rather than proneness, finding four categories: those who kept suffering injuries to the 'same member, whether by burning, cutting, or fracturing'; those who 'showed a definite predilection for accidents of a specific type, such, for example, as automobile accidents; those described as careless or unlucky, with a wide variety of injuries; and, those who had a history of falling and of taking risks. Although well adjusted socially and sexually, they had personality styles and neuroses that translated into an accident habit.⁶² During World War II, Dunbar published on the 'syndrome of accident proneness', a topic of considerable relevance to the armed forces. ⁶³

Accident proneness was picked up by other writers and became prominent in the psychosomatic literature.⁶⁴ However the concept was not likely to sustain acceptance and after 1945, she was only cited for the general idea of accident proneness, rather than her interpretation.⁶⁵ Ominously this was to take a personal turn; on the basis of Nietzsche's quote about the abyss, it was to follow her to the end of her life.⁶⁶

Dunbar did not restrict her writing to professional journals. She became widely known to the public for writing on why people are accident prone, why they lived to be centenarians and somewhat ironically, how to understand your own, and your child's mind and body. She published in popular magazines, was a Book of the Month Club selection and her writing translated into many languages.⁶⁷



After the birth of her daughter Marcia, her escalating problems notwithstanding, Dunbar's acute observations led to her writing about the issues of parenthood. In 1949 she published *Your Child's Mind and Body* but did not complete more works before her death. *Your Pre-Teenager's Mind and Body*⁶⁸ and *Your Teenager's Mind and Body*⁶⁹ were edited by Benjamin Linder and posthumously published in 1962. She was to publish seven books and many articles between 1939 and 1959.

Dunbar reached her peak between 1930 and 1939, at the same time laying the roots of her downfall. By the late 1930s, however, public health, preventive medicine and the psychoanalytic approach was on its way out, leaving her stranded. The pendulum had swung in the opposite direction – and stayed there.

This was not entirely fair. Dunbar was not the only one promoting an holistic approach but no one espoused it so well or focussed as much on including the non-medical. Her research not only set Dunbar apart from the work of psychoanalysts or psychophysiologists, but made her ahead of her time. Dunbar's work has not had the reputation it deserved or would be expected⁷⁰, yet she has the reputation for being "among the century's most cited yet unread medical authors".⁷¹ It was only much later that recognition came.

During her career, colleagues in psychosomatic medicine often misinterpreted her contributions, which led to its neglect in historical accounts. She epitomised the charismatic physician: "A master (!) at putting people at ease" which persuaded people to give her what she wanted; women patients worshipped her but in turn, this led to the inevitable male accusation that she was seductive. Colleagues, invariably males were threatened by her "coyness, elusiveness and strength".

A less expected feature of her persona was fantasizing, often amounting to blatant lying, when there may have been no reason for the exaggeration.⁷² The reason for this can only speculated.

The medical profession, hide-bound by prejudice, only tolerated women as a token presence. It is doubtful whether Dunbar's promotion of clerical workers in hospital would have impressed doctors, ever ready to defend their turf against intruders. Added to this was her belief in preventative medicine, a concept never likely to appeal to payment-orientated doctors. Any suggestion of socialised medicine was a tocsin to a conservative profession wedded to the capitalist model of private practice.

After 1939 started the long retreat from what Robert Powell called Dunbar's whirlwind empire. She was seen as a vastly misunderstood woman out of step with her time. After the divorce and her father's death had begun the downward trajectory.⁷³ The turbulent years that followed were difficult and sad, if not morbid, damning her as a victim of her own creation, accident proneness; it would have tried the patience of a



saint. 74 Her personal life became extremely complicated and was impossible to separate from her professional life.

Dunbar gave up most of her academic and hospital commitments, withdrawing into private practice. She had a childlike spontaneity which often left her affairs in confusion. Her work was, by any standards, exhausting. She would wake at 5am for her first appointment at 6.30 and continue without a break for lunch until late in the afternoon.⁷⁵ There was a penalty to pay for this; she spoke of the emotional strain of caring too much about "my children". Writing continued unabated; she published seven books and many more articles between 1939 and 1959.

She sunk into alcoholism and her quality of her work deteriorated. She alienated many followers with obdurate, contradictory and often manipulative behaviour. The creative and flexible attitudes that had characterised her thinking calcified. The promotion of (her then- husband) George Soule's views on social medicine caused problems with the New York Academy of Medicine⁷⁶; she lost her position as Medical Director of the Council for Clinical Training for Theological Students through her insistence on the precedence of Reichian and Jungian views (the former reflecting the influence of Theodore Wolfe); She fell out with important patrons like Ethel Phelps Hoyt and was pushed out of her position at the American Psychosomatic Society.⁷⁷

Between 1934 and 1939, Dunbar became more obdurate, aloof and difficult in her dealings with medical and religious colleagues; the casualties escalated accordingly.

From Edward Thornton we have a view of the image people had of her:

Dunbar was petite, less than five feet tall, quite beautiful, vital, and charming. She had a preference for tailored garments that were at the same time dignified and feminine. Those who worked with her during the thirties experienced her as also ambitious, cold and calculating, noncommunicative, and basically rather shy. Her administration of the Council for Clinical Training was authoritarian. All the young ministers who worked with her found it necessary to struggle against her manipulateness. They were loyal to her because of her intense commitment to the cause of relating the clergy to physicians in a constructive way and because of her genuine religious interest.⁷⁸

It is not difficult to see in this description a defensive male response to a woman trying to assert herself in a hostile environment. That Dunbar was also a beautiful woman must have produced conflicting feelings. The (mostly) male doctors of the time simply did not know how to deal with a brilliant and attractive woman who seamlessly espoused religion, literature and medicine, thus exposing the secure but narrow envelope in which they operated.

Nathan Hale, curiously, called her, "an engaging and energetic hunchback (?).⁷⁹



Powell, the leading writer on Dunbar, describes her as an enigma. She could inspire a sense of mission but, equally, create enmity in her colleagues. There is a limit to the number of people you can antagonise without becoming a casualty of the rebound.

And it got worse. A malign cloud that would try anyone seemed to hover over her. Her drinking became a public scandal. A former secretary (she had very close relationships with all her secretaries) and a long-time patient committed suicide. Her marriage to Soule crashed and she moved in with Dr Raymond Roscoe Squier, a gynaecologist and former patient.⁸⁰ They wrote a paper together but his behaviour was too difficult for her to tolerate and they separated.⁸¹ The relationship only ended with Squier's rather public suicide in 1951.⁸² She returned to live with Soule, but things were no better. She nearly died in a 1954 motor accident that damaged her looks, was sued by a patient and tumbled further to disaster. She must have been left wondering what it was within her that led those close to her to self-destruct.

By now Dunbar had lost all control of her drinking, causing public scenes and embarrassment. Her daughter recalls how she was often too sick to walk from the 66th street apartment to the office in 69th Street.⁸³

A chicken-and-egg logic to these developments is so often seen. Did the drinking start in in response to rejection, failure and frustration? How much did it add to the personality changes it caused? She became more cynical, hardened, and manipulative.⁸⁴

On 22 August 1959, Dunbar could not even get up from the patient's couch on which she had slept or, for the first time ever, see her 6.30am patient. It was to be a big day – the publication of *Psychiatry in the Medical Specialities* ⁸⁵ – arguably the book that would have the greatest influence on the medical profession – and she was looking forward to a summer trip to see her colleagues abroad. Later her daughter found her drowned in the swimming pool. She would swim there every night before dinner. Her death was found to be an accident, although many assumed that it was suicide. The irony that an authority on accident proneness should die in this fashion is unavoidable.

Frans Alexander, in a retrospective epitaph, was generous: “No single person was more effective than she in the organization of the psychosomatic approach in modern medicine”.⁸⁶

Her daughter Marcia, summed up the life and tragedy, reflecting on the “unsettling, fragmenting, and chaotic psychic landscapes of my mother's life and work. Women admired her; men fell in love with her; I idolized her.” She was a magnetic, charismatic woman with a disturbed and beautiful soul and an almost magical gift of insight and intuition.⁸⁷



It is difficult to put it any better, only to reflect that the passage of time would vindicate the views Dunbar held but her pursuit remained uncompleted. In the end we are as much left to regret what she could still have accomplished as to reflect what a scintillating personality we lost and whether we can ever really understand what was driving her.



Acknowledgement

This paper could not have been done without the time granted for me to ask many questions to Curtis Hart and Marcia Soule Dunbar.

To both of them go my thanks.

This paper is dedicated to Marcia – her mother’s finest creation.

.



-
- ¹ Lucy D. Ozarin. Pioneering Psychiatrist Made Connection Between Mind, Body. [https://psychnews-
psychiatryonline-org.ezproxy.uws.edu.au/doi/full/10.1176/pn.36.2.0042](https://psychnews-psychiatryonline-org.ezproxy.uws.edu.au/doi/full/10.1176/pn.36.2.0042). Accessed on 9 January 2021.
- ² Michelle Jamieson. [http://www.womeninmedicine.com/profile-of-women-in-
medicine/helen-flanders-dunbar-pioneer-in-psychosomatic-medicine](http://www.womeninmedicine.com/profile-of-women-in-medicine/helen-flanders-dunbar-pioneer-in-psychosomatic-medicine).
- ³ Hendrika Vande Kemp. Biography of Helen Flanders Dunbar (1902-1959). <https://www.apadivisions.org/division-35/about/heritage/helen-dunbar-biography>.
- ⁴ Soule G. In Memoriam Flanders Dunbar 1902-1959. *Psychosomatic Medicine*, xxi, 5. 1959, 349-352.
- ⁵ Robert C. Powell, *Healing and Wholeness: Helen Flanders Dunbar and an Extra-Medical Origin of the American Psychosomatic Movement 1906-36*, unpublished doctoral dissertation, Duke University, 1974, p. 81-82.
- ⁶ Personal communication. Marcia Soule Dunbar.
- ⁷ Hart CW. Helen Flanders Dunbar: Physician, Medievalist, Enigma Author(s): Curtis W. *Journal of Religion and Health*, Spring, 1996, Vol. 35, No. 1 (Spring, 1996), pp. 47-58.
- ⁸ Personal communication. Marcia Soule Dunbar.
- ⁹ Constance M McGovern. Helen Flanders Dunbar. <http://faculty.webster.edu/woolfilm/dunbar.html>. Accessed 15 January 2022.
- ¹⁰ Marcia Soule Dobson. Personal communication.
- ¹¹ Allison Stokes. *Ministry After Freud*. Wipf and Stock, Eugene OR, 1985, page 71.
- ¹² Powell RC. Mrs. Ethel Phelps Stokes Hoyt (1877–1952) and the Joint Committee on Religion and Medicine (1923–1936): A Brief Sketch. *Journal of Pastoral Care*. 1975;29(2):99-105.
- ¹³ Allison Stokes. *Ministry After Freud*. Wipf and Stock, Eugene OR, 1985, page 72.
- ¹⁴ Hendrika Vande Kemp. Helen Flanders Dunbar (1902-1957). https://www.researchgate.net/publication/299595173_Reclaiming_our_heritage_Helen_Flanders_Dunbar. Accessed 15 January 2022.
- ¹⁵ Marcia Dunbar-Soule Dobson, personal communication.
- ¹⁶ Fairbanks RJ (1947) Cooperation between clergy and psychiatrists. *J Pastoral Care*. 1: 5–11.
- ¹⁷ Hirshbein L. Why psychiatry might cooperate with religion: The Michigan Society of Pastoral Care, 1945–1968. *J Hist Behav Sci*. 2021;57:113–129.
- ¹⁸ Boisen has attracted considerable attention, in addition to his autobiography, for an interesting although tormented life at times.
- ¹⁹ North, C. and Clements, W.M. 1981. The Psychiatric Diagnosis of Anton Boisen. From Schizophrenia to Bipolar Affective Disorder. In G.H. Asquith, Jr. (Ed.) *Vision from a Little Known Country: A Boisen Reader* (pp. 213- 228). Journal of Pastoral Care Publications, Inc. Their assessment is that he had manic depression. Boisen had a deeply unfulfilled relationship with Alice L. Batchelder whose rejections seemed to precipitate some of his psychotic episodes. To add to the complications, on one occasion he insisted that Dunbar meet with her as a mediator but nothing came of this.
- ²⁰Asquith GH Jr. (1982) Anton T. Boisen and the study of “living human documents”. *J Presbyterian Hist*. 60:244–265.
- ²¹ She was to tell her daughter, in one of her many fantastic tales, that she had sold her hair, which grew down to her ankles, to pay for the trip.
- ²² Dunbar H. Letter to Professor Tryon, September 1929. New York, Union Theological Seminary Alumni Office. Cited in Powell RC. (1977). Helen Flanders Dunbar (1902–1959) and a holistic approach to psychosomatic problems: I. The rise and fall of a medical philosophy. *Psychiatric Quarterly*, 49 (2), 133–152.
- ²³ Medical training was far less structured then and it was not uncommon for doctors to train at difficult schools.



²⁴ Cited in: Allison Stokes. *Ministry After Freud*. Wipf and Stock, Eugene OR, 1985, page 73. The later treatment with Deutsch in New York ended unsatisfactorily and she was not known to have had any other psychological treatment.

²⁵ HF Dunbar. What happens at Lourdes. *Psychic Forces in Health and Disease*. The Forum Magazine 91 (April 1934), 226-31; cited in Powell RC. "Emotionally, Soulfully, Spiritually 'Free to Think and Act': The Helen Flanders Dunbar (1902–59) Memorial Lecture on Psychosomatic Medicine and Pastoral Care". *Journal of Religion and Health*, Vol. 40, No. 1, Spring 2001. But she later warned about the inadequacy of records at religious healing centres for further study.

²⁶ Powell RC. "Emotionally, Soulfully, Spiritually 'Free to Think and Act': The Helen Flanders Dunbar (1902–59) Memorial Lecture on Psychosomatic Medicine and Pastoral Care". *Ibid*. Even the obituary written by her former husband George Soule referred to her as Flanders Dunbar.

²⁷ For example, a review of the book of her Danté thesis described her as Mr Dunbar. McEachran, Frank, and F. McEachran. "Medieval Symbolism." *The Times Literary Supplement*, no. 1481, 19 June 1930, p. 513.

²⁸ Size 3.5 five-inch-high platform heels according to her daughter Marcia.

²⁹ Other suitors were Viennese cardiologist Hugo Roesler and New Haven surgeon Carl E. Johnson.

³⁰ <https://www.psychorgone.com/history/dr-reichs-arrival-to-the-united-states>. Accessed 23 January 2022.

³¹ See: Flanders Dunbar H, Wolfe TP, Janet Mck R. The Psychic Component of the Disease Process (Including Convalescence), in *Cardiac, Diabetic, and Fracture Patients*. *American Journal of Psychiatry*. Vol 93, 3, Nov 1936, 649-679.

³² See: Holifield, E. B. (1983). *A history of pastoral care in America: From salvation to self-realization*. Abingdon Press, cited in Hirshbein L. Why psychiatry might cooperate with religion: The Michigan Society of Pastoral Care, 1945-1968. *J Hist Behav Sci*. 2020;1–17.

³³ In Memorium: Flanders Dunbar. *Psychosomatic Medicine*. 21(5):349-352, September 1959.

³⁴ Powell RC. (1977). Helen Flanders Dunbar (1902–1959) and a holistic approach to psychosomatic problems: I. The rise and fall of a medical philosophy. *Psychiatric Quarterly*, 49 (2), 133–152.

³⁵ Powell RC. "Emotionally, Soulfully, Spiritually 'Free to Think and Act': The Helen Flanders Dunbar (1902–59) Memorial Lecture on Psychosomatic Medicine and Pastoral Care". *Journal of Religion and Health*, Vol. 40, No. 1, Spring 2001, 97-114.

³⁶ Page 84 .

³⁷ Theodore M Brown. *The Rise and Fall of American Psychosomatic Medicine*.

<https://urresearch.rochester.edu/institutionalPublicationPublicView.action?institutionalItemVersionId=2515>. Accessed 11 January 2021.

³⁸ Mizrachi N. From causation to correlation: the story of Psychosomatic Medicine 1939-1979. *Cult Med Psychiatry*. 2001 Sep;25(3):317-43.

³⁹ Lucy D. Ozarin. Pioneering Psychiatrist Made Connection Between Mind, Body. *Ibid*.

⁴⁰ Helen Flanders Dunbar. Emotions and bodily changes : a survey of literature on psychosomatic interrelationships, *ibid*.

⁴¹ Stevens, G., & Gardner, S. (1982). *The women of psychology. Vol. II*. Cambridge, MA: Schenckman, p. 93.

⁴² See: Flanders Dunbar H (1943). *Psychosomatic Diagnosis*. New York: Paul B. Hoeber.

⁴³ Flanders Dunbar. *Mind and Body: Psychosomatic Medicine*. Random House 1947.

⁴⁴ Now discredited. <https://medicalxpress.com/news/2018-11-personality.html>. Accessed 27 January 2022.

⁴⁵ Theodore M Brown. *The Rise and Fall of American Psychosomatic Medicine*. <https://urresearch.rochester.edu/institutionalPublicationPublicView.action?institutionalItemVersionId=2515>. Accessed 11 January 2021.

⁴⁶ Helen Flanders Dunbar, *Mind and Body: Psychosomatic Medicine*. New York: Random House, 1947, p. 117.



- ⁴⁷ Michael Shepherd. Psychosomatic Medicine. International Journal of Epidemiology, Volume 7, Issue 3, September 1978, Pages 201–205.
- ⁴⁸ Cited in Edward Dolnick. *Madness on the Couch*. Simon and Schuster, 2007, page 70.
- ⁴⁹ Robert C. Powell, *Healing and Wholeness: Helen Flanders Dunbar and an Extra-Medical Origin of the American Psychosomatic Movement 1906-36*, *ibid*, p. 14.
- ⁵⁰ Whitehorn JC, Zilboorg G. Present trends in American psychiatric research. American Journal of Psychiatry, 13, 1933, 303-308.
- ⁵¹ Citation: Melo, L. (2021). Psychosomatic as we know. Academia Letters, Article 3145. Selye did pioneering work in the field of stress, but became a victim of overreach, applying too widely, even to schizophrenia.
- ⁵² Lipowski, Z.J. Psychosomatic Medicine: Past and Present Part I. Historical Background. Canadian journal of psychiatry, 1986-02, Vol.31 (1), p.2-7
- ⁵³ Michael Shepherd. Psychosomatic Medicine. International Journal of Epidemiology, Volume 7, Issue 3, September 1978, Pages 201–205: “Born out of historical necessity, psychosomatic medicine remains overburdened with new problems which medicine seems to be unable to solve and which psychiatry is as yet able merely to give names.”
- ⁵⁴ Schwab, J. J. (1985). Psychosomatic medicine: Its past and present. Psychosomatics: Journal of Consultation and Liaison Psychiatry, 26(7), 583–593.
- ⁵⁵ In Robert Powell’s words, he over-rationalized and schematized Freud’s work.
- ⁵⁶ Alexander F. Review for the year: 1933-1934. Chicago, Institute for Psychoanalysis, 1934, page 3.
- ⁵⁷ Franz Alexander: "Functional Disturbances of Psychogenic Nature," J. Amer. Med. Ass. 100: 469-473.1933a.
- ⁵⁸ Lucy D. Ozarin. Pioneering Psychiatrist Made Connection Between Mind, Body. <https://psychnews-psychiatryonline-org.ezproxy.uws.edu.au/doi/full/10.1176/pn.36.2.0042>. Accessed on 9 January 2021.
- ⁵⁹ Soule G. In Memoriam Flanders Dunbar 1902-1959. Psychosomatic Medicine, vol. xxi, 5. 1959, 349-352.
- ⁶⁰ Burnham JC. The syndrome of accident proneness (*Unfallneigung*): why psychiatrists did not adopt and medicalize it. History of Psychiatry, 19 (3): 251–274 .
- ⁶¹ Rawson, A. J. (1944) Accident proneness. Psychosomatic Medicine, 6, 88–94.
- ⁶² Dunbar, H. F., Wolfe, T. P. and Rioch, J. M. (1936) The psychic component of the disease process (including convalescence), in cardiac, diabetic, and fracture patients. American Journal of Psychiatry, 93, 649–72; and, Dunbar, H. F., Wolfe, T. P., Tauber, E. S. and Brush, A. L. (1939) The psychic component of the disease process (including convalescence), in cardiac, diabetic, and fracture patients. Part II. American Journal of Psychiatry, 95, 1319–42.
- ⁶³ Dunbar, F. (1943a) Medical aspects of accidents and mistakes in the industrial army and in the armed forces. War Medicine, 4, 161–75.
- ⁶⁴ See: Burnham JC. The syndrome of accident proneness (*Unfallneigung*): why psychiatrists did not adopt and medicalize it. *Ibid* .
- ⁶⁵ Burnham JC. The syndrome of accident proneness (*Unfallneigung*): why psychiatrists did not adopt and medicalize it. *Ibid*.
- ⁶⁶ “Battle not with monsters, lest ye become a monster, and if you gaze into the abyss, the abyss gazes also into you.”
- ⁶⁷ Helen Flanders Dunbar, *Mind and Body: Psychosomatic Medicine*. New York: Random House, 1947, p. 188–90.
- ⁶⁸ Flanders Dunbar. *Your Pre-Teenager’s Mind and Body*. Hawthorn Books, New York. 1962.
- ⁶⁹ Flanders Dunbar. *Your Teenager’s Mind and Body*. Hawthorn Books, New York. 1962.
- ⁷⁰ Hart CW. Helen Flanders Dunbar: Physician, Medievalist, *ibid*.
- ⁷¹ Powell, RC. Flanders Dunbar (1902-1959) and a holistic approach to psychosomatic problems. i. the rise and fall of a medical philosophy. *Ibid*.
- ⁷² Marcia Dunbar-Soule Dobson, personal communication.



⁷³ Powell RC. "Emotionally, Soulfully, Spiritually 'Free to Think and Act': The Helen Flanders Dunbar (1902–59) Memorial Lecture on Psychosomatic Medicine and Pastoral Care". *Ibid.*

⁷⁴ Powell RC. "Emotionally, Soulfully, Spiritually 'Free to Think and Act': The Helen Flanders Dunbar (1902–59) Memorial Lecture on Psychosomatic Medicine and Pastoral Care". *Journal of Religion and Health*, Vol. 40, No. 1, Spring 2001, 97-114.

⁷⁵ Soule G. In Memoriam Flanders Dunbar 1902-1959. *Psychosomatic Medicine*, VOL. xxi, 5. 1959, 349-352.

⁷⁶ Soule was distinctly left-wing, if not a Fellow Traveller.

⁷⁷ Curtis Hart. Personal communication. 6 April 2021.

⁷⁸ Cited in: Hart CW. Helen Flanders Dunbar: Physician, Medievalist, Enigma. *Journal of Religion and Health*, Spring, 1996, Vol. 35, No. 1 (Spring, 1996), pp. 47-58.

⁷⁹ Cited in Edward Dolnick. *Madness on the Couch*. Simon and Schuster, 2007, page 68.

⁸⁰ Hart CW. Helen Flanders Dunbar: Physician, Medievalist, Enigma Author(s): Curtis W. *Journal of Religion and Health*, Spring, 1996, Vol. 35, No. 1 (Spring, 1996), pp. 47-58.

⁸¹ Squier R, Dunbar F. Emotional factors in the course of pregnancy. *Psychosom Med.* 1946 May-Jun;8:161-75.

⁸² He shot himself at the Manhattan University Club after typing out an account of his life. This is not available but it may have details of his relationship with Dunbar. The story in *Time Magazine*, curiously, was written by his predecessor George Soule. See:

<http://content.time.com/time/magazine/article/0,9171,935096,00.html>. Accessed 27 January 2022.

⁸³ Marcia Dunbar-Soule Dobson, personal communication.

⁸⁴ Robert C. Powell, *Healing and Wholeness: Helen Flanders Dunbar and an Extra-Medical Origin of the American Psychosomatic Movement 1906-36*, unpublished doctoral dissertation, Duke University, 1974, p. 3.

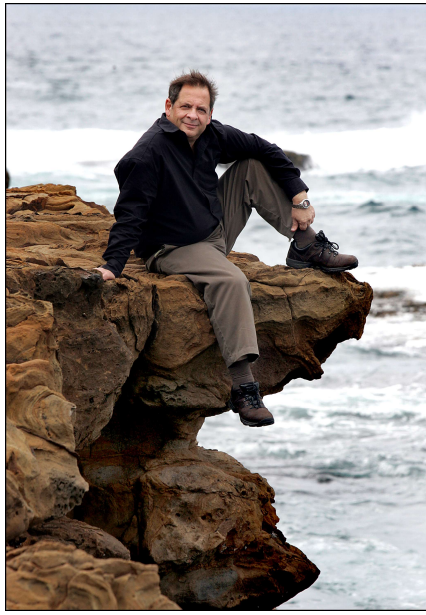
⁸⁵ Helen Flanders Dunbar. *Psychiatry in the Medical Specialties*. McGraw-Hill, Blakiston Division, 1959.

⁸⁶ Cited in Constance M. McGovern. "Dunbar, Helen Flanders"; <http://www.anb.org/articles/12/12-00234.html>; American National Biography Online Feb. 2000.

⁸⁷ Marcia Dunbar-Soule Dobson, quoted in G. Allison Stokes, "Dunbar, Helen Flanders," *Notable American Women: The Modern Period*, Barbara Sicherman, and Carol Hurd Green, editors, Cambridge, MA: Harvard University Press, 1980, pp. 210–212, p. 211.



About the Author:



Biography of Robert M Kaplan Clinical Associate Professor Robert M Kaplan is a forensic psychiatrist, historian and writer based at the University of NSW, Western Sydney University and Wollongong University. He writes on history of psychiatry, medical history, crime, genocide and biography. He gives regular talks on these topics. His two latest books are *The King who Strangled his Psychiatrist and Other Dark Tales* and *Mary Barkas: A Life Unfulfilled* (both in press). He is currently writing about the life of the psychiatrist Helen Flanders Dunbar.