

DR. ROBERT R. HOLT:

Well, I'll follow Roy's footsteps in saying a little bit about how I got to Menninger's and to Rapaport. I had been a graduate student at Harvard, working with Henry Murray at the Harvard Psychological Clinic, which was a wonderful experience; and I remember Murray knew an amazing variety of people. Paul Robeson might show up for lunch on one day, and a lot of other famous people. But one of them was David Rapaport, who was invited to come and talk to us about diagnostic psychological testing with Murray, who was, of course, the inventor of the TAT, the Thematic Apperception Test. We were deeply into personality assessment with a non-clinical orientation essentially; that is, there was nothing very much about psychopathology in it. And so it was quite surprising to hear Rapaport talking about use of the same instruments in a rather different way. That was my introduction to him.

A few years later, when the war was ending and I was eager to get out of my war-related job, Rapaport was East, recruiting for the VA hospital's psychological staff and he went to Murray for a recommendation. Murray recommended me. And so I had a very impressive (to me) interview with Rapaport, which ended up in my going to Topeka as a member of the gathering staff of this newly reorganized VA hospital. The ostensible head of the psychology department at the VA hospital was a nice guy named Bob Challman, but it was obvious that Rapaport was the real boss.

The routine was, every day this gathering staff—which included, for example, Milton Wexler, who became quite a well-known analyst—was assembled to meet with Rapaport to learn his style of diagnostic testing. First, we were given the assignment of reading the just-published two volumes of *Diagnostic Psychological Testing*. That was the fruit of the research project that brought Roy to Topeka. Roy didn't really say much about that as a project, but it was a groundbreaking piece of work despite its methodological flaws, really the first major research on diagnostic testing. It became sort of the bible of clinical psychological training for quite a number of years.

We had to master those two thick volumes and read all the references in the bibliography also, and that was meant very seriously. Of course, none of us was up to Rapaport's standards of scholarship and we bluffed. But anyway, we were sent to the Topeka State Hospital nearby to do the psychological testing on the patients there. They were expendable, so to speak: It didn't matter very much if we didn't do the tests right. We were then asked to present, each one, the tests that he had given and also our incidental observations of what the patient looked like, how he acted, how he spoke, the affect or lack of it that he expressed with each test response, so that it was from the beginning a broad and in a real sense, clinically based approach to testing, not just getting down the answers and looking up the numbers.

At those daily meetings, we had to present the test findings and our hypotheses about the person. Actually, he would begin not with the tests, but with the scanty available basic facts about the person's life and background, and we had to produce diagnostic hypotheses on the basis of that. Then we were to treat each test as a means of verifying or rejecting our original hypotheses and deriving new hypotheses, which in turn had to be validated by the subsequent data that were brought forward. So the whole thing was really the scientific method applied to a clinical situation—quite a new approach to this field of diagnostic testing, which really helped get it started both on a scientific basis and with a strong clinical footing.

Rapaport, as Roy Schafer has said, played a great role in giving clinical psychology standing as a field, not just at Menninger's but more nationally. He made it possible for someone like myself to feel that doing psychological testing was an exciting challenge and an opportunity to get into something that was really intellectually stimulating and personally broadening. So I was delighted to change my spots.

I had been oriented towards a research approach at the Harvard Psychological Clinic, and so he made the clinical aspect of clinical psychology seem exciting, while I didn't have to give up the scientific. At the same time, for me, it was personally broadening. So I was delighted to change my spots.

We all went through this intensive training and were observed and supervised by people like Margaret Brenman and Sybille Escalona. I remember, in one of my first weeks there, meeting Margaret, who was warm and friendly, and Sybille Escalona, who was cool and friendly, but both of them very impressive intellects and good clinicians. I went there in 1946 and stayed until 1953. That was my original contact with David.

He treated me with, in a way, an uncomfortable deference, because I had a Ph.D., as compared to Roy, who was light years ahead of me as a diagnostic tester. Of course, Roy was gone by then; he was in the army at the time that I arrived. Rapaport invited me to attend the lectures that he gave to the residents on psychological testing, and he would have me meet with him after each lecture to discuss what he had said. To be sure, I didn't know enough about what he was talking about to offer any serious discussion of it, but I was enormously impressed by his teaching method, by his way of presenting the material. He could transmit his feeling that this was the most important thing in the world, at the moment. He had a message that he was so eager to get across that he would launch into the most pyrotechnic kind of shouting and then he would come down to a dramatic whisper. It was quite astonishing—the professors at Harvard hadn't lectured like that!—and I complimented him on his lecturing style. He was quite insulted that I would speak about a matter of style rather than substance. But then, he was never terribly good at accepting compliments. He would usually shrug and say, "I'm just a little Jew from Budapest."

Some more, now, about Rapaport's personality and our relation with him. Of course, like everybody else, I was scared of him and impressed with him, but I did have that strange advantage of possessing the Ph.D. from Harvard and he did seem to be somewhat impressed by stuff like that. So I always had a certain degree of deference from him. It took a long time before that ripened into friendship, but it did happen.

There was a psychologist on the staff of the VA hospital named Michael Dunn, who had known him in New York at the time Rapaport first arrived as a refugee and was really just sort of getting his footing in the United States. He was known to his friends there as "Docha." So Mike, seeing him again after some years, when he was like me in this line-up of neophytes being taught diagnostic testing, though Mike had been working in the field for several years, greeted David, "Hello Docha!" David said, "Dr. Rapaport, please, Mr. Dunn." [Dunn had not yet gotten his Ph. D.]

He did stand on ceremony in that kind of way, and he demanded respect, which of course, he thoroughly earned and deserved. After a couple of years, however, he asked me to call him David. That was a great moment. Quite a number of us went through that process,

including Herb Schlesinger, a few years later.

In Topeka, Rapaport directed the Research Department. When I was hired, both I and my wife, Louisa, became members. At that time, the staff included Paul Bergman, Margaret Brenman, Sibylle K. Escalona, Merton M. Gill, Mary Leache, Benjamin B. Rubinstein, and Peter H. Wolff.

Over the years, I remained a pretty close friend of David's. I remember seeing him go through one or another crisis with people who couldn't stand certain aspects of his behavior. When you left, Roy, you said that you felt suffocated, and I think a lot of people did have that feeling. He was extremely intrusive but I don't know, somehow that didn't seem to me like an invasion of my privacy so much as it was a support, which I needed and got from him. He had very high standards of loyalty from others. He would take the slightest sort of rejection or rebellion or whatnot as a personal betrayal, and close that person off from friendship. That happened with Margaret Brenman. Merton Gill always stuck by him. I think in the end, Merton and I were the only close friends he had.

And he did feel lonely. I once gently upbraided him for his impossibly high standards of friendship and he would say, "I know I'm a son of a bitch but what can I do? I can't betray my principles." He had an intense feeling about personal ethical principles and the necessity to stick by them.

At last let us get to the hegira. I never talked with David about why he left Topeka, and I can only offer some hypotheses. I think one of the things was the problems of working with Karl Menninger. Dr. Karl (as everyone called him) was an extraordinary man; also probably a genius, I think. Certainly, a man of enormous abilities and of astonishing contradictions. I remember Karl's lecturing the residents assembled, which he did every day, about why they should all join the American Congress of Christians and Jews. He proudly pointed to the fact that he had brought so many Jews to Topeka and appointed them to his staff. He did, in fact, do that; he recognized talent and saw it as above all minor deficiencies, such as being Jewish. But he did consider that a deficiency.

Shortly after that lecture, he was being interviewed by one of the staff of the Selection Project (which I will come to in a moment), Bill Morrow, about his experience in supervising the residents. You see, we were doing a research project on the selection of psychiatric residents—the selection of physicians for psychiatric training. They were followed up through their residency training and of course, each one had intensive supervision, and some had the privilege, you might say, of being supervised by Dr. Karl. We were interviewing every supervisor about every resident. Karl was talking about a certain resident, I don't remember who he was, and said, "He's a typical New York kike, of the worst kind." And Morrow, who was fresh from the Berkeley project on the authoritarian personality and intensely aware of anti-Semitism, said, "Dr. Karl, I wonder if you have worked through your relationship with your brother." [Laughs]. Which was a little uncalled for, but at any rate, Dr. Karl also was a person who could be embarrassingly friendly and warm. Rudy Eckstein once said to me, after one of Karl's unexpected warm embraces, "I feel like telling him 'I already have the Vasoline in my ass.'" But the next day, he would pass you in a corridor and look stonily ahead and not see you at all.

Karl was a hard man to work for and a man of great pretensions as well as great

ability. I think that was very hard for Rapaport, who was always, himself, a man of such principle and such intellectual honesty that he couldn't abide a phony. You may not know that during his last years at Riggs, he was deeply engaged in the study of frauds and hoaxes, which shows how much that meant to him. Once he introduced me to Ernst Kris after Kris had given a talk at Riggs. Afterwards I thanked him, saying it was an honor meeting such a distinguished man. But Rapaport said, "Hah! He's a four-flusher." I don't know how justified that was, if at all. Kris, perhaps, was giving off more an aura of authority than he deserved in DR's opinion. At that time, David was teaching in the Western New England Psychoanalytic Institute and directing research at Riggs.

Rapaport had a unique style of administration. He rarely had group meetings of the research department in Topeka, which I eventually joined, but he had very frequent, intensive supervisory conferences with each member of the Research Department. He would be thoroughly familiar with the project of each person there and was thoroughly conversant with just where you were, what you were doing, and what you needed to do next. The research that I and Lester Laborsky were involved in after 1948 was the Selection Project, which David and Karl Menninger had started. I was hired away from the VA to work on that; a little later, Lester Luborsky was brought in. He and I worked on it together, joined later by Bill Morrow (and a few others in minor roles).

My first wife, Louisa, who was a sociologist, was working on the theoretical integration of sociology and psychoanalysis. David didn't have a very extensive background in that discipline, but he read up on it and was able to give her really intensive supervision and help of a

Returning to Rapaport's departure from Topeka to the Austen Riggs Center in Stockbridge, MA: In 1947, Robert P. Knight, MD, accepted the directorship of Riggs and took a couple of staff members, Roy Schafer and Allen Wheelis, with him. The next year, David Rapaport, Margaret Brenman, and Merton Gill accepted appointments there. For several of them, it was like night and day to go from having Menninger as your boss to having Knight, who was a man of tremendous sincerity, empathy, and dignity—very soft spoken, very impressive at his height of 6 ft. 4 in. He was also a man with a great eye for talent and the ability to nurture it. He gave Rapaport freedom from his administrative duties, which were rather extensive in Topeka. In addition to directing the Research Department, DR (as he was often called) had been the head of the doctoral program in clinical psychology through Kansas University (in which, incidentally, I taught).

It was therefore a great relief for David to be able at last to do anything he wanted. In addition to his own research and theoretical writing, that always included teaching. Let me digress here to tell about his most famous course, on the VIIth chapter (that's the way he always referred to it) of Freud's *Interpretation of Dreams*. It was broken up into fairly short assignments, but students had to study it according to a syllabus, and be prepared! When he mentioned a topic, like "the first definition of drive," we would have to be able to tell the page where it appeared and read it aloud when called on in class. He then would discuss the passage in terms of its philosophical background, its ramifications in current psychology, its clinical implications, and its connection to themes that had been developed earlier in the book, as well as in the growing tapestry of the seventh chapter itself. It was an astonishing performance, a great learning experience when I sat in on it in Topeka. Much later, the year before Rapaport died, he wanted to have a sabbatical from Riggs. George Klein and I invited him to come to the Research Center for Mental Health at NYU, though George was to be on sabbatical

that year. David was therefore able to occupy his office, the one next to mine. In return for this hospitality, he offered to give a course to our graduate students: that very course. Of course, I attended it and was astonished to find that even though the basic approach was the same, the same text, it was a whole new set of insights, of ramifications, and implications. That made it totally exciting and worth my while.

After that “sabbatical” (as he called it) in New York, he returned to Riggs. Only a few months later, he suddenly died of a fibrillation of his heart, the organ about which he had often complained. Many of us felt guilt as well as grief, for we had dismissed his many mentions of having a bad heart as hypochondriacal.