

On Making a Professional Will

by Howard L. Schwartz, MD

A colleague, Dr. A, died recently after a long illness of an inoperable cancer that did not respond to medical treatment. He became increasingly frail and told some patients he was ill, but not all, and not the cause of the illness or that he was terminally ill. His discretion was humane and something most analysts might do. As he did not expect to recover he could not say something like, "I'll give you a call when I can see you again." So, he was not in conscious denial of his prognosis but unconsciously had split off visualizing its reality (as evidenced in our dreams which defend against reality by never showing ourselves dead. It's always someone else or an animal). Accordingly, he did not write or otherwise (oral guidance on his cell phone or a letter on his computer) leave a professional will. His family had notified a professional list-serve of his death, but I was not prepared for a call from his son, who knew of me as a local colleague of his father, to ask if I would call a half dozen patients who might need prescriptions, further therapy, ask for a referral or want to see me as the bearer of ill tidings—someone to help them mourn. I agreed and did write several prescriptions; and was told by others who called me how shocked they were by his sudden death. A woman told me that he looked ill and thin and she thought might have cancer, but never asked. What prompts me to write this following essay is an experience I had at least twenty years ago:

I'll call her Mrs. M. She was in psychotherapy once weekly with a female therapist who had been analyzed but was not an analyst. It was apparent to Mrs. M that her doctor was ill as she was losing weight and began wearing a head kerchief. The therapist did not acknowledge the changes and M took that to mean she shouldn't upset the doctor by asking (mutual acting-out and acting-in). After months of this "misalliance," M arrived for her appointment to find the door locked—no note on the door. She checked the obituary pages the next day to confirm what she already knew. I don't recall how she found me to consult, but I agreed to see her and my first intervention was to say, "We would have to begin with her feelings, those she couldn't express to her therapist." (I didn't name them but we both knew the words—loss, abandonment, rage and guilt). Perhaps analysts reading this might think me premature and intrusive—non-analytic—but she was not in analysis and I saw my need in the moment as helping her to mourn. (A Columbia analyst has recently—several decades after my experience with—described a condition of blocked and therefore incomplete mourning with symptoms of depression that did not respond to medication. She found and reported that an active approach to force the mourner to face those feelings and talk about them with their associated affects (abreaction), those affects that brought M to me. Soon after we began a coincidental personal circumstance dramatically revealed what I had just told. M. (Don't analysts pick and chose dramatic vignettes to make a point?)

A recent fall while changing a light bulb resulted in several fractured ribs that caused me considerable pain for which I was prescribed Percocet and physical therapy after epidural pain blocks didn't work. Mindful of M's history I told her that I was on medication and why. Her appointment was the first after my lunch break and on one occasion

shortly after we started once weekly therapy, the Percocet which I took in the morning, interacted with a post-prandial sugar drop and my eyes closed for a split second—as might happen when you're driving and wake up to find you're still on the road (that fast). I said to her, "As we were saying . . ." But she exploded, "If you're on medication you shouldn't be in the office." She rose from her chair as I said, "You know what this is about." But she was out the door and never came back. I met her perhaps a year later in the community, greeted her and asked how she and her family were doing. Her storm had passed and she pleasantly said, "fine." I didn't ask if she had sought therapy with someone else.

From: Psychoanalytic Notebook

"On Thinking the Unthinkable: Making a Professional Will," by Stephen K. Firestein," originally published in *The American Psychoanalyst* vol 27:4:

The essentials (edited by HS for brevity):

Here then are the suggestions for a set of written instructions pertaining solely for professional matters that can be of great help in reducing turmoil for a surviving spouse and the bereaved family, and certainly for the analyst's suddenly abandoned patients. Some of these suggestions can be applied in emergencies other than the analyst's death or incapacity.

A Model Professional Will

In the event I am unable to continue my psychoanalytic practice because of illness or death please refer to the following recommendations and requests.

1. I designate the following psychoanalytic colleagues (at least two, of whom one should be younger than you) to inform my patients promptly by telephone, to cancel, appointments, and so to protect my patients against the distress of arriving to find the office door mysteriously locked. I have discussed with these colleagues my wish to list them for these purposes. They have agreed to help and, additionally, to offer my patients the prompt opportunity for consultation to decide how best to meet their continuing clinical needs . . . To assist my colleagues with these tasks, the names, addresses and phone numbers of all patients are listed in the fee account record book kept in my offices, and my appointment book indicates those with whom, I am currently working. (List colleagues' names, addresses, and phone numbers here.)

2. My answering message should be changed immediately, with wording such as "Dr. A's appointment schedule has been canceled. Please contact Dr. Colleague at (phone number) for additional information. (Experience suggests strongly that this task should be taken over by colleague and not left as a burden for a family member who are understandably preoccupied with their own distress. They cannot be expected to empathize suitably with the dilemmas of patients.)

3. On the office front door—just in case—place a note that reads, “Dr. A’s schedule has been canceled. For further information call Dr. colleague at (phone number).
4. If in an apartment building instruct the doorman as above.
5. Keep all my financial records, appt. books and related records for the duration of the statute of limitations in your state. If a patient requests substantiation of a claim for insurance benefits and needs a listing of appointments and fees paid (or owed) that pt. should request by a signed letter. The signed letter becomes the pt.’s authorization for the release of Information that is otherwise kept confidential.
6. As in the case of financial records, keep my clinical records for the duration as in the statute in your state. Some of these records may be requested by successor analysts or therapists, and only upon the signed request of the patient. The originals should be retained and only copies provided. (This is unclear and I suggest that Dr. Firestein’s intention is “with the signed request of the patient on whose behalf the information is being requested.”
7. Process notes can be destroyed after a brief interval. The APA guidelines (after the Anne Sexton case) are in keeping with the principle that in all instances physical records are the property of the analyst but the information they contain remains the property of the patient.
8. Keep any agreements or copyrights of written works, published or in progress.
9. If a patient seeks family contacts beyond expressing condolences my standby colleague will furnish guidance.
10. As to obituary notices beyond the usual (family) are at your discretion.
11. Please notify the following organizations that have been important to me (provide list).
12. Dues to professional organizations and unexpired journal subscriptions . . . should be . . .(paid or refunded).
13. My professional library should be...donated or sold to candidates or others . . .

The End

Well that's the story and indeed it is lugubrious, but far better to deal with these matters now than leave to those who are grieving and in shock. Just see that this piece doesn't find its way to quickly into your circular file.

An Afterword by HS

What if there is no professional will and the family request is made for all of the above (all being understood as an idealized version by a very organized analyst—much to be admired for that list alone) for a colleague (me) who was very close friend and loved the deceased who was himself in shock and turmoil and barely able to conduct his own practice and other affairs. Dr. Myunghee Kim died in a car accident in 1996 while traveling with her husband Peter in Chile. He was seriously injured and could not travel home for months. His two daughters, who I knew since their early childhood had no one else to turn to. I could not say no. It never entered my mind. For two weeks after seeing my own patients I drove to her office in a nearby town where she lived and had constructed an out building where she saw children and adult analytic patients, an authentic Korean hand built folk structure to house her artifacts and paintings, even a large antique oversize urn in which there was always a goldfish swimming in clear water, her analytic couch with an antique rug—but modern chairs and desk, an up-to-date stereo system to play the classical music she loved.

I once heard her younger daughter Hannah who was studying classical music, aiming for a professional career, play a Mozart sonata beautifully and flawlessly on a glossy black baby-grand piano bought for her as a birthday gift. It was after an elegant Korean meal for my wife and me and several other guests prepared by her and her housekeeper/ gardener who had also helped raise her in Korea, as we relaxed in the living room. Myunghee would not tell us (her guests) what the surprise appetizer was before we tried it. The pig's ears were a Korean specialty and delicious. She was right not to tell us—ugh.

Memories and tears flooded me, as I sat for two weeks doing most if not all of what Dr. Firestein suggested many years later, as though I was setting my own practice in order for my wife, children and patients . My tears abated, but I owed Myunghee more, much more.

When Peter was able to travel and complete his rehabilitation at home, the President of PANY asked if I would give a eulogy for Myunghee at the first meeting of the year after a moment of silence in memoriam. Peter and her daughters were there. I had prepared by interviewing Peter at length and learning of their meeting and love story. My eulogy was a little long but a tribute to a life cut short by accident—not cancer or other illness. I barely kept it together, stopping to wipe my tears:

Eulogy for Myunghee Kim

Myunghee Kim was born November 8, 1932, the eldest of five children, in a farming village near Pusan, Korea. Her father died early and her mother, known as a “tigress,” protected, supported and raised her family of four daughters and one son. Myunghee’s early education was in a village school until her mother moved the family into Pusan to promote a better education for her children. A Japanese-style house was purchased, in contrast to the traditional Korean village home left behind. Into this new home, Myunghee’s mother moved her children and a brood of war orphans. These girls worked for the family, but were also housed and educated, older girls caring for younger children. All of these events are clearly to be seen as influencing Myunghee’s life course.

Myunghee was highly intelligent and ambitious, passionately interested in music, the education of her younger siblings, and she was an avid reader in both Korean and Japanese, at a time when books were not readily available. When she matriculated at Seoul National University, (the pre-eminent university in Korea for both undergraduate and medical education), women’s acceptance in the professions was limited and grudging. One of only two women in her class, she graduated Valedictorian.

At that point, Myunghee’s life story became entwined with that of her husband-to-be, Peter Reimann.

Myunghee was determined to immigrate to the US for post-graduate work and wanted to live in a country with greater opportunities for women than those that existed at that time in Korea. A visa required a chest x-ray and hers showed evidence of past tuberculosis. While waiting to re-apply, expecting a repeat x-ray to show no active disease, she sought medical work at a Red Cross hospital in Pusan, staffed by German physicians. During the Korean War, the West German government supplied a field hospital in support of American troops, only to have a truce declared before for it became operational.

Peter had studied art history and medicine at the University of Heidelberg, becoming most interested in the art and culture of Japan. He was a trained pianist, and an independent, adventurous man who had climbed most of the major peaks of the Alps and bicycled through Europe before finding his way to Korea. Nearly impoverished as a young doctor, he jumped at the chance to visit Japan on a first-class ticket if he would work at the Red Cross Hospital in Pusan. Ironically, to accept that opportunity, he rejected a post as ship’s doctor on a cadet training schooner destined for South America, which sank and never arrived at its destination.

So comes Peter to Pusan. An already avid collector, he began visiting the rural countryside near Pusan at every opportunity to collect ceramics and to learn what he could of the culture and language. Myunghee, herself a collector of

ceramics and antique furniture, and an adventurer, began to accompany him. They soon fell in love and she brought Peter to meet her family.

Think of the scene . . . Peter enters the Japanese-style house, with courtyard and living quarters on the first floor and bedrooms above. There is Mrs. Kim surrounded by her friends. There are children and Myunghee's siblings. Music fills the room. It is a Schubert lieder. Myunghee knew already how he loved music and was already secure in her sense of how to set people at ease. In short order, Peter became an accepted part of the family, playing Bach and Schubert himself on the family piano.

While accepted as a Westerner by Myunghee's family, he was not so accepted by local Korean physicians. They warned him to abandon his courtship. Peter was good enough to care for their poor and sick, but not good enough for Myunghee. She laughed in abhorrence of such prejudice, and the romance flourished.

Their love story continues with a predictable separation. Myunghee's visa was granted, and she set out to intern at Hackensack Hospital in New Jersey. Peter returned to Hamburg to do a surgical rotation to complete requirements for his Boards in Internal Medicine. But this was not before another hiking and collecting trip on a remote island off the Korean coast, where they set out hours after a typhoon. They were not foolhardy, but they were not afraid of nature. They made a quick stop in Tokyo, before spending a year apart.

Peter came to the US after his training, leaving behind a chance for a secure practice in Hamburg or Frankfurt, for an uncertain future in America. America meant five years of relatively menial, underpaid work, just to become licensed. He stayed.

Myunghee and Peter were married in 1962. Myunghee's training at Grasslands Hospital, Albert Einstein College of Medicine, Roosevelt Hospital and Union County Child Psychiatric Clinic followed. When her first daughter was born (Kim), Myunghee delayed her professional career to be with her and then with her second daughter (Hannah) who was born two years later. The family moved from New York City to Springfield, NJ in 1965.

My friendship with Myunghee began in 1971. First I, and then she, became candidates at Downstate. As we were virtually neighbors, we commuted to classes and meetings together. Post-graduation, we were traveling companions to PANY, the NJPsa Society and winter meetings of the American. We talked of psychoanalysis, movies, restaurants, our children, art and plain old gossip, and not necessarily in that order. I was amazed and like her classmates in Korea, in awe of the range of her interests and her boundless energy.

Naturally, my wife and I were invited to Myunghee and Peter's home. To describe it is to describe the integration of both their lives. Think of a post-revolutionary farmhouse with far more than the usual suburban acreage of the surrounding homes. The gardens were planted with neatly tended vegetable beds (a kitchen garden) and flowerbeds, somewhat wild and naturalistic, yet obviously carefully chosen. There were both front and inner courtyards, the latter separating the home from Myunghee's office. Myunghee, the gardener and farmer, was assisted in her often back-breaking work maintaining the outdoors as well her a woman about her age who had first been taken in by Myunghee's mother in Pusan. As she had lived in Pusan as a member of the family, so she lived with Myunghee and Peter in Springfield.

Their home is filled with art of many cultures, high and folk, traditional Korean furniture and modern sofas and paintings, as well as artifacts collected from around the world. There is a baby grand piano, a loom and a harpsichord. Books abound and overflow cases. It is not always easy to walk because the eye is always drawn to something else filling the space. When Myunghee built her office addition, it predictably blended with the existing structure; old and new became seamless. It is a virtually handcrafted miniature home of wood, stone and stained glass with folk art motifs, filled with plants, a mix of art, hundreds of books, antique Korean country furniture and even a large, decorated Asian pot for goldfish. A recent addition was a computer, programmed to facilitate her research and communication with other analysts. In these rooms, she saw both children and her adult psychoanalytic patients. Often when I called her at night, she was there reading and listening to music.

Throughout their marriage, Myunghee and Peter traveled at every opportunity. They lived life with the spirit of adventure, without which they would not have met or fallen in love. They trekked in Nepal on the most difficult trails, in volcanic fields in Russia, in the mountains of Peru and the cities and ruins of Mexico, in Morocco and India, throughout Europe and often in Korea and Japan. They visited museums and were always on the lookout for special and affordable objects of beauty and interest wherever they were to be found. Most recently, they collected fabrics from around the world, an exhibition of which is now being prepared for display at Drew University.

Visits to the Reimann's were always visually and intellectually stimulating. There would be music as well, occasionally a concert by Hannah. Food, usually Korean, and fine wine, usually German, were the exquisite accompaniments to any gathering.

I cannot tell you about Myunghee without describing Kim and Hannah. Both children were encouraged educationally and culturally. Kim is now a PhD candidate at Harvard, studying international relations. She is about to leave for Japan to complete her thesis on Japanese politics. Hannah is a concert pianist and music teacher and a former weaver, living in NYC but traveling often to

concertize. This, I realize, does them no real justice as people, but does suggest the loving identifications they have with their parents.

Myunghee's capacity for engaging people was reflected in her wide circle of friends. Many of us here knew her professionally and were her friends. Many other friends were from her childhood, from her travels, from her interests in art and music as well as from near her homes in NJ and her summer home, much loved, in Maine. She was generous to all, often taking friends from abroad into her home and helping them financially. My own collection of Japanese prints was encouraged by Myunghee. A friend would arrive virtually penniless from Korea, but with a stash of prints. Myunghee would act as broker, without fee, to the great satisfaction of seller and buyer. She encouraged me and others to appreciate and purchase the art she loved, Chinese and Korean scroll paintings and the drawings and paintings of her friend Po Kim and others (a lovely pastel painting of peaches by Po in various stages of ripeness has pride of place in our breakfast room).

Lastly, I want to speak of Myunghee the analyst. She pursued her dual interests in child therapy and adult analysis quietly and with enormous energy. After graduating from Downstate in 1981, she was an active participant in the scientific meetings at PANY and NJPsA Society, becoming editor of the NJPsA Society Bulletin and librarian for its growing collection of donated books and journals. A very private person in many ways, I only once recall her speaking from the floor at a meeting, but always we'd discuss the matters presented on our rides home. She often attended meetings at the NYPsA Society and the winter meetings of the American. For many years she participated in an ongoing workshop on perversions, to better understand a particularly difficult analytic patient she treated for many years. When analysts were recruited to volunteer their time to teach psychodynamics at the NJ College of Medicine in Newark, NJ, she volunteered. When it seemed there was more interest in analytic thought at Robert Wood Johnson Medical School, she traveled a further distance to teach there, always hoping to encourage and recruit for psychoanalysis. In 1996, she received an honorary award for her teaching at Robert Wood Johnson Medical School. About six years ago, Myunghee was invited by the Korean PsA Study Group at Seoul National University (her Alma Mater) to visit, lecture and supervise. She accepted and each year subsequently returned, as a welcome and honored guest. In fact, she was urged to return to Korea to practice, analyze and supervise; but her home was in America. Once, she invited her analyst, Ray Gehl, and his wife to accompany her and Peter. Ray taught with her and they all visited sites that she loved. While unsuccessful in recruiting in NJ, Myunghee was quite successful in Korea. Two psychiatrists who heard her teach came to NYU for analytic training and to be analyzed by her in Korean.

As though all of this was not enough activity for two, three or four people, Myunghee had energy and motivation to do more. She was a member of a study group with six analysts plus me from the NJPsA Society. We met monthly for

perhaps seven years, most recently in Myunghee's home, and always with her encouragement, food and reminders as to the time of the next meeting. When we could not decide on a topic to discuss, she always had a ready idea. We could count on her erudition and intuitively sensitive approach to any subject. And yet, there is more. Several years ago, with practice somewhat lagging, she did not grumble. She volunteered her time to consult at several day care centers in Bergen County and near her home in Summit. During the last year of her life, she began working on translating Korean Shaman myths and integrating them with psychoanalysis. One chapter was near completion when she died. Kim and Hannah hope to provide the necessary editing so that one day we can be further enriched by her insights. Surely this last project symbolizes so much of Myunghee Kim Reimann, her love of East and West, art, culture, and psychoanalysis.

On April 18, 1996, while on vacation in Chile with Peter, Myunghee died as a result of injuries sustained in an automobile accident. She was with her best friend and lover, doing what she loved—traveling, hiking, collecting, and visiting old friends.

I offer condolences to her husband Peter, and her daughters Kim and Hannah, and all her family, on behalf of PANY and all in the psychoanalytic community whose lives touched hers I personally loved her, miss her terribly, and will remember her always, perhaps most of all on the morning of an analytic meeting when the phone does not ring and I do not hear her cheery voice saying, "Howard, are you going to the meeting tonight? Can I have a ride?"

A member of PANY who I taught at Downstate, now IPE, called me several days later to tell me he wished he had known Dr. Myunghee Kim.

Dr. Fierstein's suggestions might be read as an aid to mourning and memory for those professional colleagues who themselves are mourners. And as a reminder to us to keep our house in order professionally and privately. Hey, you never know.

A Closing Remark

What I agreed to do for Dr. A was a responsibility due a respected colleague. What I agreed to do for Myunghee, Peter, Hannah and Kim was an act of love and a start to my mourning process. Their home has been sold; I don't drive by it anymore, although I easily could; Peter has died suffering from dementia; I hear from Hannah who now sings and writes music, has taught classical music but does not give concerts. She made a video of her home, house and parents as loving memorial. Kim has earned her PhD and has an academic career.

And I think of Myunghee as I eat in our sunny dining area off our kitchen where Po Kim's peaches hang, and as I walk down a hallway where my Japanese Edo

prints are displayed to my office where Korean and Chinese scrolls hang. Myunghee enriched my life and I miss her cheery voice calling about going to a meeting and I no longer drive at night. And I no longer cry when I think of my truly unique friend.

Howard L. Schwartz, M.D. Sept. 14, 2019

A member of PANY who I taught at Downstate, now IPE, called me several days later to tell me he wished he had known Dr. Myunghee Kim. She who introduced me to Kimchee (spicy coleslaw), Korean barbecue and Asian art was a companion driving to Brooklyn for Saturday classes and someone who, always with a cheery voice, would call, "Howard are you going to the meeting (New Jersey Psychoanalytic Society) tonight?"

Dr. Fierstein's suggestions might be read as an aid to mourning and memory for those professional colleagues who themselves are mourners. And as a reminder to us to keep our house in order professionally and privately. Hey, you never know.

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