## AURORA FORUM AT STANFORD UNIVERSITY 29 January 2009

# CREATIVE COUPLES SERIES IRVIN AND MARILYN YALOM

#### with

### Mark Gonnerman

**Mark Gonnerman:** Good evening. Welcome to the Aurora Forum at Stanford University. I'm Mark Gonnerman, the Forum's director and your moderator tonight.

Thank you for taking time out from your busy schedules to join us for the first conversation in our *Creative Couples* series. Tonight, we are fortunate to be with Irvin and Marilyn Yalom, whom I will introduce right away before I talk about the format for the evening.

Marilyn Yalom was born in Chicago in 1932 and was educated at Wellesley, Harvard, and Johns Hopkins University, where she received her Ph.D. in comparative literature with a dissertation on the myth of the trial in the works of Camus and Kafka, written under the guidance of René Girard. She was a professor of French at Hayward State University from 1963 to 1976, when she left her tenured position to become the deputy director of the Institute for Research on Women and Gender, now the Michelle R. Clayman Institute for Gender Research here at Stanford. From 1987 to the present, she has been a senior scholar at the Clayman Institute and, in addition to many papers and edited volumes, has authored seven books, including *Blood Sisters: The French Revolution in Women's Memory, A History of the Breast, A History of the Wife, Birth of the Chess Queen*, and, most recently, *The American Resting Place: Four Hundred Years of History Through Our Cemeteries and Burial Grounds*, a book that includes photographs by her son Reid – photographs which you've seen upon entering the hall projected on the screen this evening.

Irvin Yalom is a professor emeritus of psychiatry here at Stanford and is a widely respected psychotherapist, educator, and author whose writings explore his existential approach to psychotherapy. He believes that much of the anxiety people experience stems from the basic human fears of death, freedom, isolation, and meaninglessness. He has produced several highly acclaimed textbooks, including *The Theory and Practice of Group Psychotherapy*, *Existential Psychotherapy*, and *The Gift of Therapy*. He is also the author of stories and novels related to psychotherapy, including *Love's Executioner*, *When Nietzsche Wept*, *Lying on the Couch*, *Mama and the Meaning of Life*, and *The Schopenhauer Cure*. His latest nonfiction book is *Staring at the Sun: Overcoming the Terror of Death*. Parts of these works are collected in the *Yalom Reader*, edited by Ben Yalom and published in 1998.

Irv was born in Washington, D.C., in 1931. He earned his bachelor's degree at George Washington University in 1952, where he was Phi Beta Kappa, his M.D. at the Boston University School of Medicine in 1956, and completed his residency at Johns Hopkins in 1960. From 1960 to 1962, he was stationed in Hawaii as a captain in the U.S. military, and he joined the Stanford School of Medicine in 1962.

The Yaloms have four children: Eve, Reid, Victor, and Ben, and are the grandparents of five, and counting. Irv and Marilyn met in high school in 1946 and were married on June 26, 1954, so they are approaching their fifty-fifth wedding anniversary.

Now, we could spend the entire evening discussing only a portion of the works and lives of each of our two guests, but our main interest tonight is in exploring their most recent books on death – it's winter, after all – and learning something about creativity and their dynamic as a dual-career academic couple. So what we'll do is first talk about the two recent books. Then we'd like to talk about some of the pioneering work that each of them has done during their time at Stanford. And then we'd like to talk with you about your relationship over the years. After that, we'll open up to audience-inspired discussion, and if you have a question or comment to contribute at that point, please line up behind one of the two microphones in the aisles and we'll bring you into the conversation.

Your most recent books. I have read, Irv, that as you were working on this – and, actually, to both of you – people would say, "What are you working on now?" And you'd say, "I'm working on a book on death," or "I'm studying cemeteries," and it would be a real conversation-stopper. (Laughter) But look at all these people here tonight who know that that is, in fact, what we're going to be talking about, in part. And I'm wondering why, to begin with, or how do you explain that it's difficult for so many people to talk about what you call "the paramount and pervasive factor underlying so much of our emotional life"? It can't be that bad. As a friend of mine says, "No one's ever come back." So what is this fear of death that's so difficult for us to grapple with?

Irvin Yalom: It's pervasive. It's been around since the beginning of self-awareness. There are many in the past, and I'm thinking especially about Epicurus (I've written a good bit about him in this last book), who felt that all human misery stems from death anxiety. It often gets displaced into other forms, so it's not naked death anxiety. But it is true. Marilyn and I had the experience not too long ago, while we were writing this book. We were at the home of the former president of Stanford, Gerhard Casper. Somebody asked me what I was working on and I talked about this for a while, and then they asked Marilyn what she was working on and she talked about that, and then the table became very silent. Gerhard said, "This is a very strange conversation." I was saying to Marilyn, "We are never going to get invited here to a dinner party again." [Laughter] It's a difficult thing, but people vary tremendously. Some people are extremely open and want to plunge into it; some people deny it very much. They don't want to ask their doctors any questions. It has a lot to do with one's own characterilogical defenses — whether you face things directly, whether you're a denier, whether you displace them onto other issues. What's your experience, Marilyn?

**Marilyn Yalom:** Well, my experience has been that as Reid and I traveled the country, and as I talked about the work in exploring cemeteries, we got one of two reactions.

Either it was a conversation-stopper and I was asked something entirely different, or, and this was even more frequent, someone would say, "But have you seen the cemetery in Concord?" or "Have you seen the cemetery in Oakland?" And then they would spend the rest of the time telling you about their favorite cemetery. So one thing I know is that although we managed to visit about 250 cemeteries in three years, there are 250,000 in this country (an estimate) and so many that people would like us to have photographed and talked about. Two very, very different sets of reactions.

**Gonnerman:** The book has a very nice structure, with four chapters of an overview and historical introduction, and then what you call a cemetery itinerary. And through that, you actually are teaching a lot about the history of the United States and American religious history. But it begins for you in a very personal way. That is, your visits to Alta Mesa here in Palo Alto.

Marilyn: That's true. I got interested in this subject as the subject of a book – I must say that I've always enjoyed walking in cemeteries, so that says something about me – when my mother died eleven years ago, and she was buried in the Alta Mesa Cemetery over on Arastradero, and that's within walking distance of my house. So as I would go there, I would notice the changing seasons and I would notice the different offerings that different ethnic groups would leave: flowers, of course, cut or potted, sometimes full. Other times you would see oranges or bottles of beer and certainly American flags on American holidays, and Christmas decorations. And what I really wanted to do was to write a book called *A Year in the Life of a Cemetery*. But the people at Alta Mesa weren't too happy about my being there as much as I was and photographing, and they let me know that. So instead of writing about a year in the life of one cemetery, Reid and I ended up doing this huge book that covers 400 years of American history, starting with the Puritans and Jamestown and going as far as Hawaii.

**Gonnerman:** Irv, you mentioned characterilogical defenses. What does it say about Marilyn that she likes walking in cemeteries? [Laughter]

Irv: It's always baffled me.

**Gonnerman:** But then, you've had yourself a long acquaintance with the question, and you have a wonderful chapter in *Staring at the Sun* that's your memoir in relation to the question of death. You begin with the loss of a pet - a cat - at the age of five. And you talk about your own very intense anxiety at times in your life.

Irv: Well, the background of that might be ... I think that the thoughts of death – the awareness of death – really goes through a life cycle, so it depends very much on how old you are and how you talk about this. I think very young children of three, four, or five are much more preoccupied and aware of this than most of us know and most of us think about. They're forever looking at dead insects and dead leaves and certainly dead pets and occasionally the funeral of a grandparent. And then parents struggle to know what to tell them – how to assuage some of their fears. There's a period of latency. You don't hear much about that often until about the teenage years, and then it really comes out full force. Teenagers are often very preoccupied with death. There's a lot of counter-phobic behavior; they go to horror films. A great majority of the moviegoers who go to horror films are adolescents. Or they engage in daredevilry, taunting death in some way. And then, when we embark on the two great tasks of adulthood, which are raising a family or

pursuing a career, it goes underground for a long time and emerges again in what we call the midlife crisis. When we begin to hit our fifties, we begin to get some sort of notion that we've reached a certain peak in our life, and what's ahead of us is a slope going downwards – decline after that. Then ideas about death really break into the surface very strongly, and they're never far from mind for the rest of one's life. That's been my experience. It's my personal experience, too.

**Gonnerman:** I'm always interested, in reading your work, how much you emphasize what you as a therapist learn and how it enables your own growth and development to be in these relationships with your patients. And I was struck by your own reports in that memoir of periods in your life with tremendous anxiety about this. How did you confront the terror?

Irv: With a lot of therapy. And then there was a period of time when I ... in fact, fairly early on in my residency. I was quite dissatisfied with the basic orientation that we were given – the psychoanalytic orientation or the biological one; there were these two. Biological psychiatry had little to offer in those days. Psychoanalytic orientation ... I always felt that there was so much emphasis on the early past in one's life, and so little emphasis on the future. Rollo May's book came out, a book called *Existence*, very early in my residency, and it just opened up to me the idea that there's another whole way of looking at the problems of human beings' development. So I began educating myself in philosophy at that point. And imagine how fortunate I was to have a wife who was writing her dissertation on Camus and Kafka. So our careers intersected a great deal about that time. I immersed myself deeply into that, and when I came to Stanford, after I was here for a while, I began to write a book about existential therapy. But I really could not find a way to get patients to talk about it. It was very difficult. Yes, we would talk about it in a conversation, but to really plunge into it deep within one's self was very difficult. I didn't know how to do that. I do know now; I learned something over the years.

So I embarked on a project then where I would work with selected patients. I selected a group of patients, all of whom had metastatic cancer, and finally the group I worked most with was women with metastatic breast cancer, for whom there were far less available treatments in those days. So I was working with people who could not avoid talking about this – had to face this. And I came back from meeting after meeting quite shaken. It was a kind of exposing myself ... gradually, gradually desensitizing myself. I know it was difficult on me and it was difficult on my students. I had students observing the group, and many of them just could not stay in the room. They were in an observing room. I always regretted that I didn't have a separate group for the students to deal with their upsetness.

**Gonnerman:** Marilyn, you're nodding. Do you remember that time?

**Marilyn:** Oh, yes. It was in the 70s, and Irv, I think, was very courageous in that he contacted the oncology department and said that he wanted to work with dying patients. The response of the person to whom he was speaking was, "We don't have any dying patients." And I do remember his setting up this group, and it was the first support group for women with breast cancer, and coming home at times very, very shaken. And Irv's a

pretty strong fellow, so to see him as unsettled as he was when he came back from those meetings was, of course, unsettling for me, too.

**Gonnerman:** Some of the anxiety has to be fear of not being remembered, and it seems that your book, Marilyn, has a lot to do with memory, being remembered. I want to quote here from a tombstone in Walnut Grove Cemetery in St. Louis. It says:

### TO LIVE IN HEARTS WE LEAVE BEHIND IS NOT TO DIE

And you write, "This affirmation looks to remembrance as counterforce to death. As long as we are remembered by someone, we are not entirely dead. But the hope to be remembered – positively remembered – has its limits. What happens when the last person who remembers us also dies? Then do we die a second death more permanent than the first?"

And in your book, Irv, you talk about a novel that has a country cemetery in two sections: the remembered dead, whose graves are tended; and the truly dead.

Marilyn: Well, this was an experience that Reid and I had over and over again going into cemeteries where the recent graves were tended, where there were flowers, where there were no weeds on the graves, and then you'd go back a generation or two and they had this forlorn look about them that no one was coming there anymore. I can't tell you how moving this kind of experience is. Two incidents come immediately to mind. I was walking, after the book had been written, up in a cemetery in Santa Rosa, and I came across a grave that had clearly been neglected, and I see the name Ripley. And I think to myself, Is this the Ripley – the Ripley of Believe It or Not? And in fact it was, and it looked as if nobody in the world knew that this Ripley was up there in Santa Rosa. Another time, an even more dramatic moment was when Reid and I were in a cemetery in St. Louis – a Catholic cemetery – and we were in a section of children who had died at the beginning of the twentieth century, many of whom were Italian. And they were five, and they were seven, and they were ten, at most. And I was peering down to look at one of the little photos, because Italian-Americans brought with them the idea of the porcelain black-and-white photo that you sometimes see on tombstones. I was peering down at this little boy who had died when he was three or four or five, and a car drove up. Mind you, this was a huge cemetery that had at least a hundred acres, and this was a section that had several hundred children. I was peering at this child whose tomb was there – looking at the face – and I hear somebody approaching, and it was a large elderly woman, and she came right up to the tombstone that I was looking at, and she reached over and cleared the weeds away. And I was so stunned that I said to her (I didn't want to say, "Is this somebody you know?") ... I said something like, "Is this the oldest part for children?" And she said, "Yes, this is the oldest part. My brother died in 1933." And then she started to walk away. And I thought, My, this woman – younger sister, older sister, twin, who knows – has been coming here to tend the grave of this person who died as a child in 1933. Well, that's remembrance: to live in hearts we leave behind is not to die.

That's one form of symbolic immortality that we all crave, and I could talk at length about what cemeteries are. One of the reasons that we put up tombstones – perhaps the main one – is not for the person who has died, but is for the rememberer, the person who lives afterwards.

**Gonnerman:** Being remembered. There are all kinds of immortality projects we engage in. Both of you have written a lot of books. Have you thought or talked to each other about your books as immortality projects?

Irv: I've given up on that idea. I developed another idea in Staring at the Sun – just the idea that one of the ways that I think that we perhaps assuage some of the terror of death is through something I'm calling "rippling" there, which simply means just as a stone thrown into a pond creates ripples that go on and on and on until there are a nano-ripples, I think we all do the same thing, but not through any remembrance of our personal identity, like that cemetery that you mentioned that's untended. That's always fraught to fail. The idea, though, that we leave something of ourselves – some act of virtue, some piece of wisdom, some act that we teach others – and then that gets passed on and passed on and passed on. So, in a sense, we're being passed on, but not our own identity. I think psychotherapists, for example, or anyone in the mental health profession as teachers, have that very strongly because you know, when we work with a patient, we know that we are doing therapy for several people: for the spouse of that patient, for the children of that patient, and teachers have that same sense, too. And we sometimes get a strong reminder. When someone comes to see me who is the child of a patient that I saw twenty or thirty years before that and I remember what happened, I think that I affected the child in a positive way. So rippling is one way, I think, that we cope with some of this.

**Gonnerman:** You speak about the book *American Resting Place*, always mentioning the role of your son Reid. This was really very much a mother-son project, and a lot of rippling was going on, I think, as you traveled around the country together. What did that mean to be together in this project on cemeteries?

**Marilyn:** Well, it was a very interesting dynamic between us. At the beginning, this was a project that I had contracted for with Houghton Mifflin, and we were essentially hiring Reid for to illustrate it. That's what I was thinking. But as we worked together, the balance of power shifted. We'd fly into a city, and he was the one who had taken care of getting the car and mapped out where we were going and took me to places that I wouldn't have dared to have gone on my own. We'd go into a cemetery. I'd be looking for, say, the grave of Dred Scott, and he would dutifully photograph that, and then he'd go off on his own and he'd find other areas of the cemetery that were visually interesting and sometimes he would turn up images, some of which are in the book, that I had no idea would be appropriate for this book. So then we became real collaborators and, as a mother and a son, that can be very beneficial for your relationship because a son or a daughter, as the case might be, becomes your equal. And by the time we had finished the book, it was a much, much better book because of the fact that we were able to work together in that way. And of course I was very proud when the reviews came out and all of them unanimously talked about the photos. In one of the reviews, the author demurred about what kind of a stylist I was. Mind you, that was the only place where that was mentioned. But all of them said that the photos were transcendent or outstanding, so I was able to take a lot of pride in that.

**Gonnerman:** What was your perspective, Irv, on the mother-son adventure?

**Irv:** Oh, I think it was a wonderful experience. I think it's probably an experience that both of them and my son will remember for the rest of his life. Imagine traipsing around the country with your mother, going into all these southern cemeteries where they're being warned, Watch out for the rattlesnakes. I was glad Reid was doing it and not me, frankly.

**Gonnerman:** We'll return to talking about these books later on, but I want to shift here to talking about your time at Stanford, and especially you, Marilyn. When you came here with Irv in 1962, I think your Ph.D. was done or almost done, and you were counting on teaching here at Stanford.

**Marilyn:** Well, I can't say that I was *counting* on teaching here, but I had followed Irv. He followed me to Boston and then I followed him from Boston to New York and then from New York to Baltimore, and in each instance, I was able somehow to either ... in those cases, I was transferring as a graduate student and getting fellowships. Then we went to Hawaii and I was able to teach at the University of Hawaii while I was writing my dissertation. So then we came to Stanford, and that was a choice based on the fact that this was really the best place where Irv had an offer, and we liked the community. After living on the East Coast and going to Hawaii for two years, the idea of going back to Baltimore or New York or Boston wasn't that attractive. So we came here. He had the job and I was spending a year finishing my dissertation, and then I went in to see John Lapp, who was the head of the French department, and simply asked him what possibilities there were for teaching here, and he looked me straight in the eye and said, "We don't hire faculty wives." And I said, "Oh?" or something brilliant like that [Laughter] and went off to find another job. I tell this story because things have obviously changed. The Clayman Institute for Gender Research has just published a very interesting brochure on academic dual-career couples, and in this study they have found that nationwide there are now 36 percent of dual-career academic couples. So if you talk about 1962 and 2009, we have made some huge progress – we women and we couples. It's just a very different time.

**Gonnerman:** I read in the report, which is available on the Clayman Institute website, that women are more likely than men to have an academic partner and therefore, understanding how this works is very important for hiring and retaining women on the faculty.

**Marilyn:** Yes, and universities that want to have first-rate people now are making real efforts to bring along the spouse, husband or wife. Sometimes that can get complicated, as we were told the other day. When you've got a couple and then there may even be a third person because if there's been a divorce and people have to stay in the same area for reasons of child custody, then universities may have to consider even hiring three people. That may be pushing it, but that's the reality of the present moment.

**Gonnerman:** Well, I think if scholarship shows anything, it's that families are becoming ever more complex, so that is another dimension of complexity. You went off and had a very fine career at Hayward State teaching in the humanities, teaching French language. And then you decided to come to Stanford to the Institute for Research on Women and Gender. Was that an easy decision to leave a tenured position and come here?

Marilyn: It wasn't an easy decision because I was going from being a full professor, tenured, to taking a half-time appointment as a senior research associate, and anyone who knows universities knows that that meant that I would be a top sergeant for the rest of my life. You don't go beyond that level unless you come in along a tenured track. And that was difficult. But I had reasons for wanting to leave teaching French at Hayward. I'd had seven fat years and then seven lean years. Things changed in the 70s. It was no longer an attractive place for me to be teaching, and I did not want to be commuting. That was enough commute for me. And then there was this institute that was a fledgling institute, and very exciting. The idea that we would start.... It already had been started by Myra Strober, and she had .... I would say my life changed because of Myra Strober because she essentially hired me to come to the Institute, and we certainly had a wonderful, wonderful number of years from 1976 to 1987 administering the Institute.

**Gonnerman:** It's really striking to realize that the Clayman Institute is one of the oldest institutes for the study of gender in the world, and it was founded in 1974.

**Marilyn:** That's right. The Wellesley center and the Stanford center were founded the same year, in '74, and that was because, as I say, of Myra Strober and a few faculty members and a few graduate students. Some of the people who are associated with those years when I was at Stanford are sitting here in the audience. Thank you for coming out tonight.

**Gonnerman:** That must have been terribly exciting, to feel that you were at the beginning of a surge of energy for a new kind of scholarship.

Marilyn: It was very exciting. It's hard to convey the excitement and also the difficulty of those early years. We didn't have anything resembling money. We were going around borrowing chairs and desks and starting to create the kind of scholarship that would make women's studies possible. So it was very exciting. But, as I say, nobody really knew what to expect. If I were sitting in the Faculty Club with Professor Diane Middlebrook, somebody might come over – some male faculty member – and whisper in our ear, "What are you girls up to?" [Laughter] Or even worse, and I won't name the person (he's no longer alive), having a guest lecturer come and then afterwards meet with ... this was a history professor ... and he leaned over the table and patted my hand and said to me, "You're doing a great job, Marilyn, and you're not letting the lesbies take over." And what do you say to something like that? The same way I didn't know what to say to John Lapp in those early days, you just sit there with your mouth open and then you go around saying, "This is what I should have said," "This is what I should have said." [Laughter] And then I thought afterwards, I should have said to him, "Yeah, and if I do a better job, you'll never be able to say anything like this again."

**Gonnerman:** Irv, what *was* Marilyn saying when she came home during those years, because it was a struggle?

**Irv:** Well, you know, we weren't startled by it. It just seemed the way things were. Marilyn had a lot of persistence, got a very good job at Hayward, but maybe if this were another day, I wouldn't have come to Stanford and we would have found a place where both of us would have taught. Her academic life and credentials were wonderful and very important to me, but that wasn't the mindset at that point. The male found the place and the woman did what she could around that.

**Gonnerman:** We heard a little bit about some of your own pioneering work with the groups of cancer patients, and so on, and you've commented that your work at the medical school has always been outside the mainstream, that is, it's very original, the approach you take, relying more on a philosophical base than a medical base for what you do. Has that been a struggle for you or have you been emboldened by this sense of blazing new territory?

Irv: It's been exciting. You know, when I came to Stanford, I really had two major interests. One was the whole idea of group therapy, which was still an early, kind of disorganized field at that point. That was my main job when I came. I started doing a lot of group therapy, and every single resident who came to Stanford was meeting groups. We had an enormous number of groups going on in our clinic, more than you can find in all of northern California. Right now, there seems to have been a real slope downwards in the number of groups. But we had a large number of groups, so many groups that we were able to do some research – outcome research – to find out what were the things that are really helpful to people, how therapists ought to behave in groups. I did a lot of teaching, and then began to, after I was here for a few years, I took a year off for a sabbatical in London and started to write a textbook on group therapy. But the group therapy was based, really, on interpersonal therapy – interpersonal theory. I thought what was really important about therapy groups is that it was the ideal arena for one to examine and to learn about the problems they have in dealing with other people. It's a perfect arena for that because people can begin to give feedback to others, you begin to see.... Everybody starts off in this group in the same way. We're all beginning the group together, and after a while, three or four months later, you begin to carve out your own interpersonal space in that group. And it's the same kind of interpersonal space you've carved out in every group you've ever been to. In other words, the group is a social microcosm of your life. Even though we're looking at minor things, perhaps, in interactions between people, they're a microcosm of all the larger things that go on in your life. So I took that point of view, and I spent a lot of time doing groups, and in the background of my mind there was still the idea of looking at existential thoughts and figuring out how we could do that. There was no field like that in psychiatry. And after I finished the group therapy textbook, that's when I really set in to try to organize – but several years, maybe almost a decade writing a book on existential therapy. And since then, almost every book I've written has been derived from that textbook called Existential Therapy. And all the novels I've written are all ways of explicating and communicating, illustrating different ideas that I developed from that textbook. So that's been the major interest, gradually moving from shorter stories to novels, which is the most exciting thing I've ever done. I really love doing that.

**Gonnerman:** So your novels are where the science and the art meet.

**Irv:** You're right. The novels were meant to be teaching novels. I felt that that's what I was doing. When I wrote my first novel, I started the novel.... Novels start with different ideas – some with the plot, some with the characters, some even with a place. I always start a novel with an idea and then let it grow organically in my mind from then. The first novel I wrote is the novel *When Nietzsche Wept*. But the novel was meant to be a way of teaching therapists something about psychotherapy that they wouldn't forget if I invite them into the time when psychotherapy was actually invented and to see how the people

who are responsible for the invention of therapy – how their minds were working and how they were developing this. So that was the novel. I also had a thought experiment that was really the crux of that novel, which was that I was very interested in Nietzsche, and one of the reasons that I was interested in him is that his writings contain so much that is relevant to psychotherapy. So I started that novel with this thought experiment: imagine what would have happened if Nietzsche, who was a man who lived in a great deal of despair much of his life, if Nietzsche were placed in a historical setting where he would have been enabled to invent the psychotherapy from his own published writings that we have ... to invent the psychotherapy that could have been used to cure himself. That's the thought experiment, and the rest of the novel just follows from that. That's what I started with, and I tried to let the thoughts develop. I had no idea where it was going when I started that. I had never taken a course in novel writing.

**Gonnerman:** Let's go from Nietzsche to Freud and do a free-association exercise. I'll go back and forth between you, Marilyn, and you, Irv.

Husband.

Marilyn: Lovely.

Wife

Irv: Cherished.

Parent:

Marilyn: Good parents.

Child

Irv: Lots of 'em.

[Laughter]

**Breast** 

Marilyn: Amazing

Death

Irv: Oblivion

Revolution

Marilyn: Women

Depression

Irv: Prozac [Laughter]

Casket

**Marilyn:** Green burial. That's an alternative to a

casket.

Couch

**Irv:** Obsolete [Laughter]

Freud

Marilyn: The master

Nietzsche

Irv: Poetic genius

George W. Bush [Laughter]

Marilyn: Merdre! [Laughter]

Barack Hussein Obama

Irv: Full of wonderful character

Birthday **Marilyn:** 77

Money

**Irv:** Not that important

University

Marilyn: Great place

Beach

**Irv:** Best place to live

San Francisco

Marilyn: Good enough

Palo Alto Irv: I love it.

Gonnerman: Let's talk about your relationship. I was moved, Irv, to read in an interview – I think it was in '96 – where you say, "I feel extremely tender towards my wife. Every time I see her, I'm filled with pleasure. There's a real sense of poignancy about my relationship and feelings toward her. I'm very concerned that I do whatever I can to make her happy. And I don't take myself very seriously. There's an old Italian proverb that sticks in my mind a lot: When the chess game is over, the pawns, rooks, kings, and queens all go back into the same box. Somehow I find that quite an important comment."

[To Marilyn] And you have written in *The History of the Wife*, "Wives, spouses, partners, companions, and lovers all wish to be confirmed by their chosen mates and to share a profound mutual connection. Such a union demands commitment and recommitment. Ironically, we may come to think of marriage as a vocation requiring the kind of devotion that was once expected only of celibate monks and nuns."

**Marilyn:** Well, marriage has clearly changed from when Irv and I were married. The expectation was that you would stay married to the same person for a lifetime, and we've

been lucky in that we have been able to do just that. I'm not sure that that's the same expectation for people who enter into marriage today. They say that it is, but when you have a national divorce rate that is about one in two, certainly the possibility of leaving a marriage is greater than it was when we entered into our marriage. And I have to say that from my children's experiences, from the experiences of the children of friends, from the national statistics, I am trying to get my mind around a different kind of marriage — marriage that may not be for a lifetime, marriage that may be for twenty-five years when one brings up children and when, at that terrible midlife point, people decide either amiably or less amiably that they don't want to spend the rest of their lives together. We're living in a very different time. People have so many more options. They can cohabit, they can choose same-sex partners, they can divorce, they can remarry. These are just greater options for people today than the kind of contract that we entered into.

**Gonnerman:** Going back to your comment, Irv, not about so much commitment and recommitment, though that's part of the ongoing process for everyone, it seems that you fall in love again and again and again.

**Irv:** I haven't fallen out of love for a long time with Marilyn. The last twenty years have been really, really great. You know, just to add something to what Marilyn said, none of the people that we grew up with ever divorced. I mean, I didn't even know anyone who was divorced. I went to medical school and there was a chumship; we had four close friends, and all of them ... we still get together for a reunion every year ... and all of them have fifty-year marriages. So I didn't know anyone when I was younger who had gotten divorced.

**Gonnerman:** So it was never an option.

**Irv:** No, it was never an option. Never thought about it.

**Marilyn:** Well, I think the fact that we had children certainly made it less of an option. It would be ridiculous to say that you don't get to points in a marriage when you want to scream and where you want to say, "I want out," but when you've got three and then four children, you don't walk away lightly. And fortunately there was always enough going on between Irv and me that made the marriage interesting.

**Gonnerman:** Well, it seems like one of your practices is to get away on a regular basis. Irv was telling me he has patients in San Francisco, he goes to the city, you join him there ... a little holiday every weekend, it sounds like.

**Irv:** Right. We spend about twenty-four hours a week apart at this point. But also in the past, with all the children we have, we always made a point of getting away from the children together, taking at least a long summer vacation together and getting them all packed off to camp. That was something we did every single year. I don't think we ever missed it.

**Marilyn:** We always had a vacation just for the two of us as well as vacations with the children.

**Gonnerman:** Let's move into opening up the microphones to the audience for questions and conversation. As we move there, I'd just like each of you to comment a little bit on the four ultimate concerns that organize your existential psychotherapy, Irv, in relation to

marriage. The issue of freedom we've just raised in terms of committing, recommitting, and so forth. Perhaps you want to comment on freedom in marriage.

Irv: What Mark is mentioning is that the book I wrote on existential therapy is really centered on four concerns that I think we all reach and we think very deeply about ourselves and about our core. We get to this ultimate ground. And one of the concerns – and I'm talking about concerns that have salience for psychotherapy – one of the concerns is death. Another one is freedom. But by freedom, I'm not really speaking of the idea of political freedom or freedom from oppression. I'm speaking about freedom in that we create our own life design; that, in Sartre's language, we're the author of ourselves, so that we create ourselves, we create our own marriage. Marilyn and I talk about it all the time, how we've each gone so far from what we were. We were talking earlier today in thinking about this meeting tonight. You know, both of us were the children of uneducated grocery store owners in Washington, D. C., who were immigrants. How, exactly, did we get to a place where we'd have all these people come to hear us talk? It's really quite remarkable.

Marilyn: I would say something about freedom that is different from Irv. He focuses a great deal on our ability to create ourselves. I'm probably much more aware of how circumscribed we are by our birth, by genetics, by any number of circumstances. And so freedom is a wonderful, abstract term, and yes, indeed, we can choose to create our internal reality and, if nothing else, how we can view the givens of our lives. But I don't think that I agree completely with Irv in his emphasis on freedom. Freedom comes with limits, and I think that maybe as a woman I have known those limits to a greater extent than you [Irv] have, and I'm simply more aware of them. I also know that you have focused so much on things like isolation. And there again, I would say that, in addition to isolation, we are also connected. We are both *solitaire*, to use Camus's terms, and *solidaire*. We are a part, but we are also a part of, and it's that tension between being an individual and being a part of a community – a community like this community – where we fashion our lives.

**Irv:** That's another one of the ultimate concerns: isolation. But there are really different types of isolation. There's a kind of inter-personal isolation, which is really a loneliness in being alone. And in psychoanalytic thought, there's the idea of being isolated from parts of yourself. But there's this other form of isolation, and that's the one I'm really most interested in: an existential isolation, which is being isolated from the world itself, from the idea that ever since Kant, we've known that our own neuro-constructs construct a certain kind of world that really depends upon our own consciousness. And also it's the idea that as much as we try to go through life in pairs and two-by-two and in groups, we still are born alone into the world and we have to die alone; we can't take anyone with us, although we try very hard. The Egyptian pharaohs tried hard to take people with them. *Everyman*, which was played to full houses for many centuries during the Middle Ages, focused on the whole issue of how can we take someone to take this walk with us towards the end of our life.

**Gonnerman:** With that, let's open up to audience questions or comments.

Question from the Audience: Hi, my name is Darum. I'm a student here at Stanford, and I'm here with my wife and a friend of mine. Thanks for spending the time today with us. I wanted to ask you: my wife and I have been married for only about five months; we're newly married, and we've been together about three years. I'm originally from India, born and raised in India, and my wife was born in Bosnia and she was raised in Norway. So we're from all over the place and we're here in this country now. I wanted to get your thoughts on interracial marriages and raising kids. You've been married for a long, long time and you've raised plenty of kids. What are your thoughts that you can share with us about starting a family and raising kids here?

Marilyn: Well, one thing: you're lucky that it's now and not fifty years ago, because I think we are living at a time when interracial marriage is so much more accepted and, in fact, there's even a certain chic about it. Certainly, you and your spouse have to constantly be communicating to make sure that you are not acting in some way that you understand because of your cultural background but that she doesn't understand. So I think that the opportunity for misunderstanding in interracial marriages and interethnic marriages is probably greater than in marriages where, as in Irv and I, we know everything about our families and our backgrounds, and even then, there are problems. [Laughter] That's my initial comment. But not only are you living in a time when mixité, or mixed marriages, is acceptable or more acceptable if you're staying in this area – in the Bay Area – it's a very blessed place for people of mixed backgrounds. I'm not so sure that that would be true elsewhere in the world.

**Gonnerman:** Have you thought about the wisdom in cultures where marriages are arranged and the elders know the potential partners and match them up? You two were fifteen and fourteen when you met. What if elders had taken over? What would have happened then?

**Irv:** My mother always thought Marilyn was too short. [Laughter] Marilyn was about an inch taller than my mother.

**Marilyn:** Well, you know, if anyone had suggested arranged marriage to us at that time, we would have thought that that person was totally insane. However, when you become the parent of children ...[Laughter] ... then you begin to think it's a good idea.

Question from the Audience: Since you've been married for such a long time, and I understand you've spent most of your time in the United States, during that time, we've had the civil rights movement, the women's movement, and the social environment for an individual has changed dramatically in ways that have been talked a lot about. I wonder if you could talk about how the social environment has changed for couples. Is it different now? Can couples communicate and relate to each other in ways that might not have been possible, say, fifty years ago? It's sometimes amusing when I do some research and I look at magazines of fifty years ago and look at the want ads. They very unabashedly will say, We're looking for a man who... etc., etc., etc. There was a completely different cultural expectation of what a couple was. And I'd like to hear you talk about how that has changed for yourselves and how it's changed for other couples that you encounter.

**Marilyn:** Well, the most obvious way in which it has changed is that women are expected to be able to contribute to the family economy. When I was married, if I had

not wanted to work, that would have been the norm. My daughter, her daughter: they know that they have to be able to contribute something to the marriage, and in many cases at least fifty percent. And I think that that is an enormous change. Men look for wives who have earning power, and women have to think about their own earning power and they have to think about not only when they go into a marriage, but what happens if there is a divorce or if they are widowed. So I think that that is number one. And perhaps, number two, the possibility, the probability, that the couple will have a sexual relationship before they are married. So the assumption is that you go into a marriage where you are sexually happy or compatible, or at least not repelled by the other person. [Laughter]

**Irv:** I think, too, as the social network and the extended family is broken down with increased mobility, too, I think maybe there is more pressure on couples to supply more to one another. We expect many more things of the spouse that were otherwise supplied by elsewhere in our environment. Maybe at times the marriages become almost too overweighted in that the spouse has to supply everything. When I work with my patients, I'm always interested in what their network of friends is and who else is important in your life besides your wife. I want to encourage that as much as possible. And it's one of the things that group therapy is useful for, too.

**Question from the Audience:** Hi. I have really enjoyed reading your books on therapy, and one of the things that fascinates me is the intensity of the relationship that you create with each of your patients. I've wondered how that impacts your wife. Marilyn, do you have any feelings about Irving's intense relationships with patients?

Marilyn: I guess since I have been with him through medical school and internship and residency and have participated really in his formation as a psychiatrist, I've taken that very, very much for granted. I don't think there has ever been a time when I have felt jealous of his relationships with patients. I feel very proud of the fact that Irv loves the work that he does. I never hear him complain. Sometimes I ask him, "Isn't it boring to be with the same person week after week after week?" And he says no, that there's always another layer or something more that he can do. Sometimes, he says, "I think I can no longer be useful to this patient." But, to tell you the truth, that has never been an issue.

**Irv:** I think the idea of layering is so important, too. I've got a few people in the room tonight who are all in a group with me – a group of psychiatrists that's kind of somewhere in the land between support group and therapy group, although there's no leader; we're all the therapists of the group for one another. And we've been meeting (it's kind of a long-term group; hold on to your seats) about fifteen years, same group of people. And what's quite amazing is that week after week after week with these people we've known so long, new things keep emerging: new layers, things that we haven't seen about one another. And that's what is endlessly fascinating for me in this group, and also endlessly fascinating with patients, too.

**Question from the Audience:** I have a question about death. Do you find in your work that each generation is getting more willing to discuss and deal with death versus the World War II generation, the baby boomers, the next generation, so there's a continuing

greater willingness to talk about it? Or is there something inherent in our DNA that just won't let us every totally overcome our fear?

**Irv:** Well, just in my limited experience in working with this over the last twenty or thirty years, I think there's no question that there's a great deal more openness about it. I mean, the mere fact of these groups for patients with cancer. When I first led this group, there had been no groups ever led like that and everyone, including me, was very anxious about how we could do it. And the groups themselves were extremely open and eager to talk. People at that time, and now, too, perhaps, but more at that time, were very isolated. A patient with a terminal illness is isolated, and the isolation is bi-directional. You don't talk about your own internal macabre thoughts to others. You don't want to drag down others into your own deep, dark thoughts about death. You don't want to talk about it to your family and drag down your children, drag down your spouse, so you keep it to yourself. And other people don't know how to talk to the dying patient. You don't know what to say. What's the right thing to say? How do we talk about this? That's why one of the real groundbreaking pioneers in this was Elisabeth Kübler Ross, and she always started each interview in the same way, but it was a good way to start. She'd say, "How sick are you?" In a sense, it's a way of saying, I'm willing to go wherever you want to go; I'll take your lead and I'll go with you all the way into that. So, there was no problem leading the groups. They were grateful for finally having a place where they not only were permitted, but were encouraged, to speak to one another. Nowadays, hospitals everywhere have these groups. They're much more open. Oncologists are much more open, too, about telling patients the nature of their illness. So I find a lot more willingness to be open about that.

**Marilyn:** Let me just add one thing for the general population. We are of an age, Irv and I, where we are beginning to lose friends, and that means not only losing someone whom you've cared about, but also seeing that person decline. And how many more years do Irv and I have? So we comment on this to each other frequently. But the problems arise when you don't know how to behave with someone who is dying. For example, last Christmas, I usually give copies of my books and Irv's books to friends, but there were some: "Oh, my God, he's not doing very well; I don't know if I want to give him a book on cemeteries." [Laughter] The one thing that I have learned is, yes, I do go to see people when they're in the hospital even if I don't know what to say. Just the fact that I've come, that I've been there, maybe makes that person feel better. It certainly makes me feel better. If someone's spouse has died, I try to find something to say in a note, even if it's just, "I'm thinking about you." People have said to me afterwards, "I'm so glad you wrote me." Or maybe they don't say anything. But I know it makes me feel better. Just that little gesture toward someone who is dying is something that now I've incorporated as a part of my life in the same way that I once wrote thank-you notes and birthday greetings. I still do that. But we don't have an etiquette for dying, and I think we have to create one that's appropriate to us.

**Gonnerman:** Is it unusual? When you say *we* don't have an etiquette for dying, do you mean here, now, at this time?

**Marilyn:** Yes, I think at this time. So much has changed. We can't go to Emily Post and say, What do you say when someone's spouse has died? What to you say when

someone's in the hospital? What do you do? There are no rituals. We are having to create them. We ... and I mean all of us.

Gonnerman: And once there were.

**Marilyn:** Yes. Back when I was doing my cemetery book, there were some funny books on the subject: how you throw a great funeral luncheon for someone in the South. There are some very amusing books on this subject: what kind of china you pull out, and the deviled eggs that you make, and you would never serve *that*. But here, in an anythinggoes society in California, I think you have to be authentic, speak from the heart, do what you think feels right to you individually. And my mantra is: it never hurts to send a note; it never hurts to go to the hospital.

Question from the Audience: Thank you very much. This is fascinating. Dr. Irvin, a question for you about group psychotherapy. You mentioned how it has fallen off in recent years, and yet we know that in the health-care setting, it is very commonly seen. And where people are being treated for addictions would be another place where it's commonly seen. I'd be interested to hear what your thoughts are about why group therapy isn't seen much more frequently around the country for many more people to take advantage of, and what you think is missing or might be done or said that could change that. We appear to be in different economic times, and I think there's a certain sense to this now, so I'd like to hear your thoughts on that.

**Irv:** That's really a wonderful question and it's an important one. I don't really know the answer to it but I'll give you some ideas about it. Ever since I started teaching and doing group therapy, there's always been a resistance to it among the group therapists themselves. The psychiatric residents doing groups – they got into it, it was hard. But, for example, if you had any sense of the idea that you're an M.D. and you wear a white coat and you treat people who have these strange, unusual diseases, you really have to close that gap. So you have to be one of the group. And if you're going to lead a group, you have to be both a participant and an observer for that. So a lot of people bank a lot on authority – the authority that perhaps the medical professional has some difficulty leading groups. Every three or four years, the American Psychiatric Association would trot me out at their conventions to make an appeal that more psychiatrists should be leading groups. That's one part of it. But it's one of these approaches to therapy that I know – I'm absolutely convinced – is extremely effective. It's extremely powerful. I'm not doing groups now; I just have a small, solo practice. But every time I see so many patients, I think, Oh, I wish I had that person to put them into a group. There are very few groups around this area. If I want to put one of my individual patients into a group, I have to search quite hard. There are only a handful of people doing it. One of them is economics. There are so many therapists now, with new counselors being graduated in huge numbers, that most people aren't full. And if you're not full and you don't have a waiting list, you're guite disinclined to refer a patient that you're seeing individually also to a group for fear of losing that patient to the group. And sometimes patients will start a group and stop their individual therapy because they're getting quite a bit out of the group itself. I think that's another reason. And another question to be asked that's similar to that – another powerful mode of therapy that started right in Palo Alto, in this part of the world – is this conjoint family therapy: therapists treating the entire family, not only the couple but all the children, even the infants and sometimes the dog. [Laughter]

You have everyone in the room. I mean, Don Jackson and Virginia Satir are here. I think that's highly effective, yet it's very hard to find therapists who really do this as well. I don't know the answer to that one, either.

Question from the Audience: Let me go back and pick up on the question that the gentleman asked earlier about the social environment in which marriage happens and how that has changed, and you've emphasized that it has changed over the fifty years of your marriage. Marilyn, you pointed out that most women today, or many women today, feel that they have to go into the work force. Either they have to economically or they choose to because of the opportunity to exercise their brains, or whatever. The fact of the matter is, child care is still a woman's responsibility. And one of the things that we thought was going to happen is that that would change, that men and women would equally have responsibility. But in fact, what has happened is, and I believe the data demonstrates, that women primarily still have child care, so they have two jobs: the work job outside the home and the work job inside the home. Can you comment on maybe why you think this hasn't changed, why this hasn't happened, and what you think the prognosis is.

**Marilyn:** Well, I agree with you that child care is really one of the major issues that is overlooked over and over again. I often think that the real difference today is not between men and women, but it's between mothers and everybody else. That if you look at earnings, the gap between women who do not have children and men is very, very narrow (the pay gap), but the gap between mothers and everyone else is huge. We as a society are simply not addressing that issue. It's one of the hidden costs to women and to society at large. I personally don't have any answers to this issue. I think there was a time.... I remember in an auditorium not quite this large standing up in the early eighties and late seventies, and talking to corporations in this area about having child care centers at places like Syntex and other corporations, and I was practically booed out of the room. Now that idea is no longer seen as a subversive idea. It's no longer seen as peculiar when a man is carrying a pack with a baby on his chest, whereas twenty-five years ago we turned around and looked at such men. (I didn't, but others did.) We know of many men who are, indeed, sharing child care with their wives. Changes don't happen in one generation; they don't happen in two generations. They take a hundred years. So while I'm optimistic about the changes that have taken place in my lifetime.... In my lifetime, when I had a job twenty-five miles away, and my husband was at Stanford Hospital, if one of my children would get sick, I would be called over at Hayward to come rushing back to take care of the child, whereas there he was at the hospital. [Laughter] I'm not criticizing anyone at that time. My own mentality was such that I thought it was absolutely essential that I drop my teaching and come running back. Now, I do think that most younger couples today, if they were in that situation, would have a different take on that. I'm still hopeful, but it's one that we have to be out there pushing for.

**Question from the Audience:** We haven't heard anything about the fourth meaning of life or meaningless-ness of life.

**Irv:** Meaningfulness. Well, I think there are so many patients.... I saw someone today, as a matter of fact, who was talking about life having no point to it. The issue is, what meaning does it have and what are we living for and what's the point of it. And there have been a lot of theories. Many of you know Victor Frankl, who sort of made that the

singular point of his attention – the idea that a purpose in life is really most important to us and keeps us going. I have a great deal of belief that that is the case. I know that what keeps me alive – keeps me propelled – is the idea that I feel I have a certain purpose. It seems right for me to be helping others as a therapist and to be exercising my own creative faculties in writing, to be a parent, so I think that meaning in life is something that all therapists at one point or another talk about with patients. What else can we say about that?

Marilyn: Well, it's notable that we haven't talked about religion. Religion has not played a big role in our lives, but it certainly has played a big role in many of my friends' lives, and I do think that religion gives many people a structure and meaning. I often think of the statement (I think it was Camus who wrote it) that the real issue, the most basic issue, is to find a raison d'être, a reason for being, in life which has no raison d'être. We struggle with that, and I say "we" because I think that this is the struggle for everyone. No one wants to feel as if he or she has led a meaningless life. And we attach meaning to anything that we can believe in, whether it's religious salvation, and certainly I thought a lot about that as I was writing *The American Resting Place*, because so many people, when they go to the grave, count upon religion as extending their live in some way. But to find a meaning is perhaps the most important thing that any human being can do. Some find it in their children; probably most people find it in their children. But I've known people who have found meaning in a garden or in community activity, in political activity. Look at the excitement in our country over the last six months. Those people who were out there bringing voters to the polls ... that is a way of finding meaning. And I think that was something remarkable that we hadn't seen for a long time in this country. The idea of finding meaning through wealth is ringing hollow, particularly at this moment. Maybe it has given, and does give, people meaning. Certainly subsistence living and supporting one's self and one's family: for most of mankind and womankind that's probably as much as one can hope for.

Question from the Audience: In listening to you and your thoughts about terror of death, I'm struck by how American your experience is. I'm curious: have you thought about that? I had a stepson who committed suicide twelve years ago, and my American friends avoided me. It was like they didn't want to be contaminated by my pain, whereas my Filipino friends embraced the pain and were willing to cry with me. I wonder how much of that cultural difference have you thought about or are you curious about, just because I'm so fascinated by the books you write.

Marilyn: The cultural differences in the way in which one approaches death: yes, that certainly is something that we have noticed and encountered. We were in Bali for two months, and we did go to a ceremony where this young man took us to the burning of the bodies of his family, and it was celebratory. It was releasing the souls. It was a totally different experience of death from anything I had ever known in this country. When Reid and I went to San Antonio for the Day of the Dead, that was a very different cultural experience, too, with people coming with food and with all manner of objects, music, and spending the day in the cemetery, inviting the dead to join them. I think that maybe Irv and I have been a little less American than most because we've been so much in touch with European culture and with a tragic sense of life, which is banished from American culture to a very large extent. But just simply to respond in general to your question,

death means different things in different cultural contexts, and maybe we are now a mature-enough nation that we have come to the point (we haven't gone full circle to the Puritans, who focused almost exclusively on death and mortality), but I think we have a certain kind of maturity and it's very hard ... it's been very hard to avoid thinking about death, particularly when every single day the names of the military people who have died are being read on the radio. But we have also a counterculture, a culture against that. Don't show pictures of the soldiers who are coming back as corpses.

Question from the Audience: I was going to ask about death, but when the person before me talked about groups, I just wanted to add a little point about that because I did run groups, first in a hospital setting years ago, and then later on I tried to do it in private practice. I have friends who ran groups, and they stopped running groups because it was strategically very, very difficult: getting enough patients together into a group, getting them to stay, and organizing it was so complex, especially with the insurance problems that came up. They just stopped running the groups. I agree that groups are a marvelous form of therapy, and it was very sad to see that a friend of mine who was very active in group therapy is down to one group. So that's the group thing.

As far as death is concerned, my husband ... I would be married to him for 56 years if he had not died three years ago. And most of my friends now are in their seventies, eighties, and nineties, and they are getting ready for death. We've talked about things like euthanasia, and the fear of dying ill or being put into nursing homes is a big factor. Some of my friends feel they would like to know what they could take – they would like to know what drugs they could use – so that they could take control of their own death. And the desire to be remembered is not a big factor in their lives. As a matter of fact, cremation seems to be something that is much more popular today. So I thought maybe you could comment on that.

Marilyn: Well, you've raised a very interesting question. The desire to be remembered: how do we want to be remembered? I think that's a wonderful exercise to think about. Every one of us should do that – go home and think, How do you want to be remembered? Not only what do you want to have on your tombstone, but how do you want to be remembered. Many people don't want to be remembered as a suicide, whether you're talking about euthanasia or some other form of ending your own life. So that does enter into the choices that you're going to make. I watched Diane Middlebrook fight against dying. She was the most courageous person I've ever known in that respect, and she fought to stay alive to the end. But she was lucid, she was open, and she never hid the fact that she was dying. We saw her, and I saw her again, right up to before she died, and if she left me anything, and left this to so many other people, it was the model of how she went to her death. I don't think I would be that courageous, but I would try.

**Irv:** One of the experiences I had in running groups of people who were facing death was that there were many people who were plunged into some real despair. Then one day someone came to the group and had made an amazing discovery, which was the idea that they could model how they approached death to their children and to others, and that gave a whole different meaning to many people there. We had a question earlier about meaning. Well, that's a way of viewing one's end of life, really, with the kind of model that you are able to provide to others. And I often have my patients talk to me about the

kind of death their parents faced or how they dealt with it, and for many that's quite an important issue.

**Gonnerman:** Well, Irvin and Marilyn Yalom, thank you so much for the way you model caring for your patients, your readers, and for each other. It's been an honor to have you here tonight.

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### Marilyn Yalom

### Senior Scholar at the Clayman Institute for Gender Research at Stanford

Marilyn Yalom is a feminist literary scholar and cultural historian, who was for many years a professor of French before coming to the Stanford Center for Research on Women (now the Clayman Institute) in 1976. She studies the history of women as partners in marriage and has produced popular scholarly studies of such topics as the history of the female breast and the role of women in the French Revolution and its aftermath. She was educated at Wellesley College, the Sorbonne, Harvard, and Johns Hopkins. Her books, translated into many languages, include *Maternity, Mortality, and the Literature of Madness* (1985), *Blood Sisters: The French Revolution in Women's Memory* (1993), *A History of the Breast* (1997), *A History of the Wife* (2001), *Birth of the Chess Queen* (2004) and *The American Resting Place* (2008).

### Irvin Yalom, Professor Emeritus of Psychiatry at Stanford

Irvin D. Yalom is a widely respected psychotherapist, educator, and author whose writings explore his existential approach to psychotherapy: he believes that much of the anxiety people experience stems from the basic human fears of death, freedom, isolation, and meaninglessness. He has produced several highly acclaimed textbooks, including *The Theory and Practice of Group Psychotherapy* (1970), *Existential Psychotherapy* (1980), and *The Gift of Therapy* (2002). He is also the author of stories and novels related to psychotherapy, including *Love's Executioner* (1989), *When Nietzsche Wept* (1992), *Lying on the Couch* (1996), *Momma and the Meaning of Life* (1999), and *The Schopenhauer Cure* (2005). His latest non-fiction book is *Staring at the Sun: Overcoming the Terror of Death* (2008).

**Mark Gonnerman** (moderator) is founding director of the Aurora Forum.

### **Comments?**

We welcome your comments and suggestions via email to auroraforum@stanford.edu or via the feedback form on our website: auroraforum.org.

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