

James Davie  
1927—2014

I am honoured to be asked to speak to you about Dr. James Davie, a former member of the Toronto Psychoanalytic Society and an honorary member of the Canadian Psychoanalytic Society. Jim died in Glasgow at the age of eighty-seven.

Jim was born, raised, and educated in Glasgow and attended medical school at Glasgow University. He started his psychiatric training at Southern University. When he became interested in psychoanalysis, he moved to London to train as a psychoanalyst at the British Institute. He was supervised by Anna Freud, whom he always referred to as “Miss Freud.” His theoretical outlook was distinctly Freudian, although he had great respect for some members of the “Middle Group,” particularly Donald Winnicott. The Institute of Psychoanalysis at that time was fraught with conflict between the Freudians and the Kleinians. He returned to Glasgow on completion of training and became a consultant at Gartnavel Royal. Jim came to Toronto on the invitation of the Dr. Robin Hunter and worked in the Outpatient Department of the Clarke Institute of Psychiatry (now the Centre for Addiction and Mental Health), where he had a psychoanalytic practice and supervised residents in psychotherapy.

Jim participated in the life of the Toronto Psychoanalytic Society through teaching and participation on committees, particularly those that selected applicants for analytic training and evaluated candidates for training analysts. I believe his greatest contribution was through the promulgation of psychoanalytic ideas to residents in psychiatry.

I met Jim in 1978 as I was starting my residency in psychiatry. I had been introduced by a friend when we bumped into him on the street; she at the time was his resident. Jim was the first psychoanalyst that I ever met. Both Jim and I, at the time, smoked and drank lots of coffee, and I’d run

into him in the Coffee Shop, and we would have these little side conversations. Jim became a mentor, suggesting possible supervisors I could ask for with each rotation within the residency. I was fortunate to do assessments of patients with him for a year and a half. Jim was invariably respectful and attentive with the patients we saw; he would listen very carefully and would ask questions that would elicit underlying conflicts not immediately apparent. Jim would do consultations on patients on Inpatient Services who were diagnostic conundrums, one of whom I ended up analyzing for a number of years. Jim considered supervision as “work therapy”; he was extremely encouraging of his residents but did not hesitate to point out where they might have gone astray. After Jim’s death, I was touched by a message from Daniel Traub-Werner who had himself had been supervised by Jim as a resident.

After my residency we remained friends. For years I had lunch with Jim at the Clarke. After he left Canada, I saw him infrequently; he came back a couple of times and I visited him in Scotland twice.

It is hard to convey the complexity of the man. Jim’s piercing wit and sometimes astringent tongue failed to conceal a deeply caring and compassionate man who was inordinately kind and profoundly honest. He communicated about his life in a form of free association. Jim was a talented pianist and he loved art. He was a sophisticated man who had no airs and disliked pretension; at the same time, he was down-to-earth and would talk to anybody, I mean *anybody*—the floor cleaner, the lady on the coffee line, it didn’t matter whom. He was exquisitely sensitive to nuance and yet, impishly, delighted in saying something rude.

Jim’s wife left him in the early seventies, returning to Scotland with their two daughters. Jim was devoted to his two girls and spent every Christmas and Easter break back in Scotland and would have his girls to Canada each summer. I always saw him as being perpetually mid-Atlantic, never completely being on one side of the ocean or the other. He returned to Scotland when he retired to be close to his daughters and his grandchildren. His two brothers and his twin sister all lived in Glasgow and he was quite close with them all.

I don’t think Jim’s life was an easy one. He was an infant who was not expected to live and ended his life as an octogenarian. In the end, his life demonstrates profound resiliency: the triumph of love over despair and of attachment over isolation. It was a life well lived.

Anita Johnston