

SUMMARY

Joseph D. Matarazzo, Ph.D. provides biographical information, including his birth in Caiazzo, Italy, his family's emigration to the United States in 1929, and childhood in Schenectady, New York. In 1943, Dr. Matarazzo joined the Navy, but after training was sent into the V-12 ROTC program at Columbia University in New York City. After completing an accelerated program at Columbia, he transferred to Brown University for midshipman training. At the end of the war, Dr. Matarazzo opted to remain in the Navy for a year before returning to Brown University in 1947 for a degree in psychology. He also obtained a master's degree from Brown University in psychology, and sought a doctorate in clinical psychology from Northwestern University. He had an internship at Washington University Medical School in Saint Louis. While an intern, he was offered a job at the medical school as an instructor in psychology.

At Washington University, he met Dr. George Saslow, also a professor, with whom he was to build a research team consisting of Dr. Saslow, Ruth Matarazzo, Jeanne Phillips and himself. Dr. Matarazzo then describes how he met his wife, Ruth, as a graduate student at Brown University. The research team moved to Harvard Medical School to build a department of behavioral science. The team's experience at Harvard did not prove productive, and they accepted an offer from Dean David Baird at the University of Oregon Medical School (UOMS), with Dr. Saslow to chair a department of psychiatry and Dr. Matarazzo to chair a department of medical psychology. The team relocated to Portland, bringing with them a research grant awarded in 1954 by the National Institute of Mental Health to study the doctor-patient relationship in psychiatric interviews.

Dr. Matarazzo then describes writing a history of the department of medical psychology, describes his experience in redesigning the psychiatric floor in University Hospital South, and his involvement with the Oregon Mental Health Association in lobbying for the redesign of Dammasch State Hospital.

The licensing of psychologists is covered, and Dr. Matarazzo also comments on his activities in Portland, including helping to establish the William Temple Counseling House. He offers views on administrative changes involved in becoming a university and President Lewis Bluemle, and describes the atmosphere on campus in the 1960s. He also comments on a roster of other university leaders, including Leonard Laster, Don Kassebaum, Robert Stone, Ransom Arthur, Richard Jones and Peter Kohler.

Lastly, Dr. Matarazzo examines changes in his department, describing a new emphasis in physiological based research which has led to renaming his department the Department of Behavioral Neuroscience.

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OHSU Oral History Project

Interview with Joseph D. Matarazzo, Ph.D.

Interviewed by Michael O'Rourke

May 1, 1998

Site: Dr. Matarazzo's office at OHSU

Begin Tape 1, Side 1

O'ROURKE: The date is May 1, I guess, 1998. This is Michael O'Rourke, beginning an interview today with Dr. Joseph Matarazzo, in his office at Oregon Health Sciences University.

Joe, I'd like to maybe start out by having you tell me a little bit about your earliest memories and your early background. Can you tell me, first of all, when and where you were born?

MATARAZZO: I was born in Caiazzo, Italy, a little town, a small, small, little village about fifteen miles north of Naples in the province of Caserta. I was the tenth of eleven children, the eighth of nine surviving children.

I should add, I was born an American citizen because my father had emigrated to the United States in 1892. At the age of thirteen he came over on his own. He had a brother already in Saratoga, New York, and he went there to work on the railroads. In 1907 he went back—excuse me, in 1906 back to Italy, married my mother, who was from a village three miles north of where he lived at Caiazzo, and together they had eleven children, nine of whom survived. And in 1929, when Mussolini was beginning to order all of the young men into Fascisti-type uniforms, my father and mother decided they had to return to the United States, and the reason was because my father already was a naturalized U.S. citizen when he went back to Italy. My mother earlier had become a citizen, and as each of the children were born they were registered with the consulate in Naples, and so we were American citizens at birth, and my father did not want us conscripted into the Italian army.

We arrived in New York City on November 8, about ten days after the collapse of the New York Stock Exchange, in October of 1929.

O'ROURKE: And do you have any memories at all of Italy at that age?

MATARAZZO: The memory I have is of a priest chasing me down a gully. He was in a black suit, and I saw him—I must have been three years old—and I was running away, and he was running after me- he was the village priest, and obviously he was just running after me to say hello or something. That's the only memory I have of Italy. My next memory is being on the boat which carried us to New York.

O'ROURKE: And what was that like? That must have been an experience for a small child.

MATARAZZO: I was two weeks shy of four years old, and I still remember the horrible smells on that very, very crowded boat. It was crowded with immigrants. It took us to Ellis Island, but since we were already citizens we didn't have to go through the Ellis Island procedure. We continued right off the boat into the city. But the—I remember how cramped the quarters were. We were down in one of the lower decks without any windows, and the smells of kitchen food, I do remember that, and the waves were just huge.

O'ROURKE: So it wasn't a particularly pleasant trip, it doesn't sound like.

MATARAZZO: No.

O'ROURKE: And what about New York City? That must have been an eye-opener, too.

MATARAZZO: I don't remember New York City because we proceeded by train from New York City to Schenectady, New York, just fifteen miles from Saratoga where my father had worked as a young man, and so I don't—it was not until I was about 15 and then again three years

later when I went to Columbia University that I first got a glimpse of what New York City was like.

O'ROURKE: And at Schenectady did you have relatives or any kind of base, or was that just where your father...

MATARAZZO: Yes. My father had a sister in Schenectady, and he had—who had gone there to live from Italy, and he had two brothers in Saratoga who had stayed—after my father returned to Italy, his brothers remained in Saratoga and never went back, and so we had family in both Saratoga and Schenectady.

O'ROURKE: you mentioned that you were one of—was it eight surviving children?

MATARAZZO: Nine surviving children. I was the eighth.

O'ROURKE: And the other two, did they die in childbirth?

MATARAZZO: My sister, Giuseppina (Josephine), who was the oldest of the eleven, she died at age sixteen during the—well she couldn't have been sixteen. She must have been thirteen years old, because she died in 1923 after the flu epidemic that went through Europe following World War—immediately following World War I. So the oldest died, then, as a teenager. The middle child, Silvio, he died at birth in 1918. He had some kind of a defect at birth, so Josephine lived to be a teenager, and Silvio died at birth.

O'ROURKE: And, then, you attended grammar school—well, grades K through twelve, is that right, in Schenectady?

MATARAZZO: I went from K through twelve in Schenectady, yes.

O'ROURKE: And I wonder if you can tell me just a brief profile of your father and mother. What kind of people were they?

MATARAZZO: My father and mother were typical of the group of people who had emigrated from Europe to this country. They were

extremely hard-working. My father had owned land in Italy and had to leave it behind, and was not able to sell it until after World War II, in '47, when he and my mother went back and sold the land that he'd left as we, at seven days' notice, came to this country, getting away from Mussolini.

He was an extremely hard, dedicated worker. In Schenectady, he worked in the American Locomotive Company as a gang leader of laborers who did a lot of the laboring work around this very large plant. Anything that needed to be done, they did, much like workers in our own physical plant here at the medical school.

My mother, she raised nine children. She got up mornings, usually about four- or five o'clock, and she would—three times a week, for a family of two adults and nine children, bake twelve loaves of bread at a time, early in the morning, and then she would prepare a dinner for us each night without any help. I had—the two oldest children were girls, and the fourth one was a girl. They married within two years after we arrived in this country, so they were out of the home, and my mother just—fed a large family. She—it would be hard for our children, Ruth and my children, and our grandchildren to believe, but back in Schenectady during the Depression we wore suits to junior high school, and high school. We wore shirts and ties and a suit to school during those years that I was growing up, and my mother used to wash and iron all those shirts, white shirts for all of these boys who wore them to school every day. So she was an extremely hard-working person. Never complained about it. Church-going. She and my father went to church regularly, corralling all of the family members on Sundays, but she went to church frequently during the week. She would go to a six o'clock mass early in the morning.

My father died in 1953. He was seventy-four years old. And my mother died in 1966, at which time she was seventy-seven years of age.

O'ROURKE: Did you have good relationships with your siblings?

MATARAZZO: We had excellent relationships. We fought a lot. The fights were usually with the sibling next to one another. I was number eight,

my brother Elio was number seven. He was a year and a half older. All of the children were about eighteen months apart, and Elio was eighteen months older than me. He and I would fight. And Salvatore, who was eighteen months younger than me, he and I would fight, But I never had any fights with those older than me, because, you know, you just—your fights and your play—mostly the play was with these near-age siblings. But we had extremely good relations. Although we had our arguments and bickering back and forth, the family was an extremely close-knit, typical European family, and to this day the surviving members of our family, all of us, are extremely close knit. All but two live in Schenectady. They see each other frequently.

My brother Salvatore lives here in Portland. He's retired now, at age seventy, and his wife is assistant superintendent of—Carol is her name—of the, Portland public schools. They moved here about twenty years ago. Ruth and I had regaled them with wonderful stories about Oregon, and so they moved out here and have been happy. But we were close knit while we were growing up and have remained close family since.

O'ROURKE: You mentioned your clothing with pressed white shirts going to school. Was school, the K through twelve experience, was that a good one for you?

MATARAZZO: I thoroughly enjoyed those years. I lived in the inner city. It was an inner-city neighborhood, mostly poor people, melting pot. There were Polish and Russian and Spanish, Native Americans, blacks, Italians in this neighborhood, and we mixed—as you might expect, people who are poor have a way of getting along very nicely. I would say without exception my memories of K through twelve are very happy ones.

I was not a highly-motivated student. None of us were. From 1931, when I started school, until '43, when I graduated, studies were not a part of our neighborhood culture. In other words, doing homework was not, just as in many of the inner cities today, doing homework is not part of the culture.

And if you tried to take a book home to do your homework at home, the other kids would gang up on you and beat up on you a little bit. So we never took books home to do homework, and it's one of the things that I feel sorry about my childhood. I wish that I had taken homework home. I was unusually competent in math, and so I never had any trouble with math, but I would have liked to have done more homework in English and in history and in physics and some of the other subjects. I was a reasonably good student, I think probably about a B student in middle school and high school, but I could have learned more. By the time I got to Columbia University, I think I was probably one of the most undereducated students who had arrived on that college campus, mainly because I had not ever learned study habits of any kind.

O'ROURKE: So did that mean you had to scramble once you got to Columbia?

MATARAZZO: Well, I joined the Navy in 1943, at age seventeen, and I was sent to boot camp at the Sampson Naval Training Station right outside of Syracuse, New York, and after three months of that training I was assigned to a ship in the Atlantic. But the Congress had just passed a bill, the ROTC and the V-12 bill. It was Congress' answer to having enough young officers, ensigns, in the Navy for the landing craft that would eventually be used in the invasion of Japan that Congress and the President had anticipated before the end of the war, would be necessary.

I was selected—the law required that the young men who already were in college as civilians- who qualified physically could be put in uniform and remain in college, although they would be full-time naval personnel. But that same law that did this also required, at the insistence of a number of parents whose sons already were in the Navy, that every ship in the U.S. Navy and every naval base had to send one representative to this college program. Since I was leaving Sampson, Sampson Naval Training Station selected me as the representative of that station to go into the V-12 ROTC program, and I received orders to go to Columbia University.

O'ROURKE: I see.

MATARAZZO: And to follow up on your earlier question, my English professor, in what most colleges list as English 201—I don't remember the number at the time—called me in to look at me first-hand, because one of the tasks we had was to write an essay every week—it had to be turned in on Friday of every week—and he wanted to see with his own eyes what this human looked like who could not write a sentence or a paragraph in any grammatical form at all, and asked me if I'd ever done this in high school. I said yes, but added we used to write—mostly, we would do them orally, and most of the stories were things we made up from the comic books we were reading. We didn't do any reading of serious books at all. And so he was—he had to see me in person, and I must admit I was embarrassed that I was not such a good student. Happily, I improved and received a B- grade for both semesters during my one year (completed in 8 months) at Columbia.

Another professor called me in. I got an F, a failing grade, on a midterm in physics. I was a reasonably good student in physics, but since I didn't know how to do homework, I wasn't doing too much homework. Actually, I was going down to Times Square a lot of the afternoons and evenings. He called me in and told me that I had an F on that midterm exam and sent me to the commanding officer of the V-12 ROTC unit at Columbia. That man looked at me, the commander, and he said, “Young man, do you realize that my career depends upon how many of you men in my unit graduate? If any of you fail, that is a failure on my part.” And he said, “You will not fail that course, and if you do, since I have the authority to send you to your next assignment, you will be ordered to a ship making the run between New York and Russia.” It was a very, very cold—we were sending a lot of lend-lease to Russia, and the winters were very, very cold, and no one wanted to be assigned to that Mirman's run, and so I got an A plus on the next exam in physics and got a B for the final course.

O'ROURKE: It sounds like you were enjoying New York during that period of time.

MATARAZZO: I certainly was. Eight months into that—we finished a year of studies in eight months, and then I was transferred because I didn't want to continue either of the three V-12 programs which were offered at

Columbia for the Navy: medicine, law, dentistry. Since I didn't want to continue in those, the Navy transferred me to Brown University, where I began studies as a midshipman, for general kinds of duties and responsibilities in the Navy, mostly naval officer-type duties.

O'ROURKE: And so you were at Brown for...

MATARAZZO: I was at Columbia from February of '44 to October of '44 (eight months) and at Brown from October of '44 to June of '46, twenty months. And so in two years and four months total, we received a four-year education, plus a bachelor's degree in naval science and an ensign commission. But I also thoroughly enjoyed those twenty months at Brown.

O'ROURKE: And then you actually—you were discharged when?

MATARAZZO: Well, we were given an option to be discharged because the war had ended, and all of us were told we could be discharged, but I enlisted in the Navy because I knew I would enjoy it, and so I stayed an extra year, and I was transferred to a tanker (the USS Manatee, A05) in the—which was operating from the Middle East, buying oil from the Arabs in Bahrein and Saudi Arabia and supplying our ships throughout the Pacific. My job was—I was the finance and oil officer for that ship, and so I used to negotiate with the Arabs for the oil and then our tanker would feed the oil to our ships in the Pacific and then return to pick up more oil.

When I left Brown, I actually applied for a permanent commission in the regular Navy, and while I was on the USS Manatee, word came through via radiogram that I had been selected to stay in the regular Navy. But by then I began to think about graduate school, and so did not accept the permanent Navy offer—I had two weeks in which to accept the commission. Instead, I told my captain I was going to return to graduate school and study psychology and did not accept it and stayed in the USS Naval Ready Reserve instead.

So in August of '47 I returned to Brown University for one year of undergraduate studies in psychology. I took eight courses in psychology in that one year (1947-1948), making up a psychology major.

O'ROURKE: In terms of your war experience, how did you view the war itself and the fact that Mussolini was on the other side?

MATARAZZO: Well, that's interesting, because one of the questions that was asked of me when I was being interviewed at Sampson to be the representative in the ROTC V-12 program was would I fight in the war against Italy. And since I had absolutely no emotional attachment to Italy, other than it was the home of my grandparents and family—earlier home of my family, I indicated without any hesitation that I had joined the Navy because there was a war, and the war was against Italy and against Japan and Germany, and I had no hesitancy at all, and they saw that as genuine on my part.

O'ROURKE: Actually, I didn't ask you earlier. Did you speak Italian at home?

MATARAZZO: For the first seventeen years of my life, that was all we spoke at home with my parents. The siblings spoke English with each other, but with my parents we spoke Italian. Outside the home, of course, I spoke only English.

O'ROURKE: And, then, why did you pick psychology as a major? What was the genesis of that?

MATARAZZO: Well, it's a little bit embarrassing. It's a humorous story. The ship I was on was an oil tanker, and it would be out to sea a month at a time, and the young physician—the ship was not unlike the movie, *Mr. Roberts*—if you saw the movie *Mr. Roberts*, there was a ship that these people were on that was just like ours, and there was a young physician—I was twenty years old when I got on that ship, he was twenty-four. He had just graduated from medical school. He and I shared a cabin. He would regale me with stories about his six weeks of psychiatry that he had had as part of his medical training, and, of course, he embellished. Specifically, that all of his patients were Marilyn Monroe types. They were

all very attractive, they all had the same problem. The longer we were at sea, the more he would embellish all of these problems that these pretty young women had.

And so- I said, “You know, that’s something for me. I’d be very, very interested in a field where I could be counseling people, and this sounds great.” And so I asked what I had to do, and he said, “Well, you have to go to medical school,” And I said, “Oh, I don’t want to go to medical school.” He then added that just before he left medical school he heard about a new program, a Ph.D. program in clinical psychology. And so I said that’s what I would do. I had a bachelor’s degree, and that was enough to get into graduate school.

So I applied to Brown University, because I had graduated from there a year earlier, and—I did this while I was overseas on my ship. I did not know that Brown University was one of the few universities in the country that did not have a Ph.D. in clinical psychology. From my limited knowledge, I thought all universities had Ph.D.s in clinical. And so when I returned to Brown, I found it was the home of sensory and animal psychology exclusively. However, the nine courses that I took that year served as an excellent foundation for clinical psychology that I next studied at Northwestern. I kept asking, “When do I see patients?” at Brown University. And, of course, my graduate student peers said, “All you’re going to see at Brown is rats and pigeons,” and that’s the only kind of research my professors did.

O’ROURKE: And so then you went on to Northwestern and got your doctorate there?

MATARAZZO: Yes, I got my doctorate there. As part of that, I went—I matriculated at Northwestern from 1948 to 1950, and then I—as part of that Ph.D. training, you have to take a one-year internship in your third year. So after two years of classroom studies I left Northwestern and went to Washington University Medical School in St. Louis from ’50 to ’51 for my internship, planning to come back to Northwestern in ’51 to ’52 to finish my minor study and also my dissertation. But while I was at the Washington University Medical School as an intern, the dean of the medical

school offered me a job during 1951-1952 to teach a twelve-hour course in introduction to medical psychology for first-year medical students. I stayed on from '51 to '52 because he told me that he would talk to my mentor [Professor William A. Hunt] and my department at Northwestern and arrange for me to take thirty-two hours in the medical school, which thirty-two hours would be used as my minor, and they would transfer those credits to Northwestern, which they did.

O'ROURKE: And was it—it was at Washington Medical School that you met George Saslow, is that right?

MATARAZZO: Right. He was there, and he was one of my internship teachers and clinical supervisors when I was an intern, and he and the dean, both, were instrumental in asking me to stay on. During my internship George and I had already started to do some research together. He was teaching a second-year course at the medical school that no psychiatry faculty wanted to teach. And no psychology faculty wanted to teach the first-year course, and so, with his encouragement and the dean's offer, I stayed on in St. Louis. From '52 to '55 I was an assistant professor, and George was a full professor, and although we taught two different courses for first- and second-year students separately, the two courses had a lot of integration because he and I talked about the two courses together frequently.

O'ROURKE: And I assume at Washington you had some contact with patients, too?

MATARAZZO: Oh, I had lots—beginning in 1950, when I was an intern, I was spending a minimum of twenty- to twenty-five hours a week seeing patients, and I would say that schedule continued most of my professional life. Even when I arrived here as a department head, I rarely spent less than twenty hours a week seeing patients.

O'ROURKE: And, then, you and George Saslow and—was Jeanne Phillips part of the team then?

MATARAZZO: Ruth Matarazzo and Jeanne Phillips.

O'ROURKE: That's right. And Ruth actually—we haven't even talked about—you met your wife at Washington, is that right?

MATARAZZO: No, I met Ruth at Brown University. When I got back during 1947, she was just graduating as a psychology major. She graduated at the end of fall term in '47, and when we met—she was a first-year graduate student when I was a first-year graduate student, and that was the end of '47, and we met late in '47 and began to date. And I think it was very clear that when I was going on to Northwestern in the fall of 1948 that we were already engaged in our own minds. I didn't have a ring; I was too poor, living on the GI bill at fifty dollars a month in those days. But in the fall of 1948 she went off to the Harvard Business School. Radcliffe had a program for women in the Harvard Business School. She went there, and I went to Northwestern in '48, and she finished that program. It was a one-year program for women. She finished it in June 1949, and in March of '49 we were married in a chapel on the campus of Northwestern University.

O'ROURKE: And what—did you know her family well at that point?

MATARAZZO: I knew her family well, yes.

O'ROURKE: And were they in favor of the union, as well as your family?

MATARAZZO: Yes. Her family in marked contrast to my family, was a typical New England family. Conservative, a little bit more formal. Conversely Ruth was a bit overwhelmed when she met my family. On Thanksgiving of '48 we formally announced our engagement. I came from Northwestern to Schenectady and she came from Radcliffe, and we formally announced our engagement there. Well, there must have been thirty-five Matarazzos, my parents, siblings, in-laws and nieces and nephews, at this large table for Thanksgiving dinner when we announced our engagement. And, of course, the family was delighted, and hugging her, and so on.

In contrast, her family consisted of her mother and father and a sister, who had recently married. Dorothy was two years older than Ruth. And,

while they were laid back, it was very clear that they liked me and I liked them. But they were much less demonstrative than was my family. And her mother and father and sister and her husband (Lenny), and Ruth and I remained very close. Later her mother traveled with Ruth and me. We went to Japan together, we went to Mexico, we did a number of things together. Her father didn't like to travel as much. And after her mother died at age eighty-eight—her father came to live with us the last five years of his life. From the time he was eighty-seven to ninety-two he came to Portland and lived with us, and he and I remained close even during that period.

O'ROURKE: And so the team of the Matarazzos, George Saslow, and, was it, Jeanne Phillips, then, you all moved on to Harvard from Washington.

MATARAZZO: I was offered an associate professorship at Washington University in 1955. The course that I was teaching was going well, the patients I was seeing—that part was going well, and my research, that was going well. Concurrently, I was also offered an associate professorship with tenure at Northwestern University. George Saslow, on the other hand, had this wonderful offer from Harvard, and I was not eager to go to Harvard because of these other offers.

[End of Tape 1, Side 1]

Tape 1, Side 2

MATARAZZO: I was less eager to leave Washington University, where Ruth and I were extremely happy with our friends and the medical school and the city than—but I earlier had had two meetings independent of George and George's interest in moving to Harvard.

I had met George Packer Berry, who was the dean of the medical school at Harvard, at a meeting in 1952 of psychologists in medical schools. He was the invited speaker at that meeting. He had come to tell us about his interest in starting the first department of behavioral science at Harvard. I had a long talk with him there, and then I had two more meetings with him between 1952 and '54, during which he made an offer to me to go to Harvard to help him start the first department of behavioral sciences in the

country. Because I was 27, 28, 29 years old, I was very flattered by this. Dean Berry told me that it would be difficult because no Ph.D. in any department of the medical school at Harvard had a faculty rank at the time. The highest rank any faculty member had was research associate, because Harvard just didn't give Ph.D.s faculty rank.

He persuaded me that he really was genuinely interested in a department, so I joined George, and Ruth and Jeanne Phillips joined the two of us, and we went off to the Harvard Medical School. Dean Berry had said that he would certainly have an assistant professorship for me. I would be the first Ph.D at the Harvard Medical School with an academic rank above research associate by the time we were to arrive in July of '55. The dean believed he had worked out the dynamics with the department heads of the medical school. When we arrived at our offices in the Massachusetts General Hospital, Dean Berry apologized that he had to give me, for pay purposes, a research associate's appointment, but it wouldn't take more than a couple of months for my assistant professorship to be approved. Then, a couple of months later he said that the politics were still very complicated, that it—if the department of psychiatry, which is what we joined, would have an assistant professor who was a Ph.D., then the departments of biochemistry and pharmacology and all of these other departments wanted an assistant professor with Ph.D.s, and politically they were not prepared yet to make such offers in those departments.

Six months after we arrived, a biochemist (Fritz Lippman, Ph.D) at the Massachusetts General Hospital, which is one of Harvard's five teaching hospital received the Nobel Prize. Dean Berry called a meeting of the full-time tenured faculty of the Harvard Medical School, which consisted only of department heads and professors who had endowed chairs—the rest were not members of the voting faculty—and proposed that they promote Lippman to an assistant professor, the first such Ph.D. Rank in the history of the Harvard Medical School. The faculty turned the Dean down. Almost immediately, within a month, Lippman was offered a professorship at the Rockefeller Institute, which he accepted, but the writing was on the wall for me. If a Nobel Prize wouldn't qualify a Ph.D. for an assistant professorship, then, clearly, I would never get it, nor would I be able to do anything along

the lines that Dean Berry had for behavioral sciences. So I began to look and made clear to my friends that I would be interested in a position at another medical school.

My Northwestern University mentor, William A. Hunt, had been in the Navy with a psychiatrist, Cecil Wittson, who was then chairman of psychiatry at the University of Nebraska Medical School. At Hunt's suggestion, he invited me out, and offered me a job as professor of medical psychology and chairman of the division of medical psychology within psychiatry. Wittson offered Ruth a job, which was not one to her liking or mine; it was more makeshift. When Ruth and I returned to Boston I told George Saslow and Jeanne Phillips that I was really very interested in taking that job. George said that he wanted to keep the team together. He added he would be interested in the possibility of a job at Nebraska so we could continue together. I called Cecil Wittson, who then invited George out and also offered him a job.

In the meantime, as part of that same trip, George, who also had been looking, flew out to Oregon at the invitation of Dean David W. Baird and was offered the job as professor and chairman of psychiatry here along with the professorship he could have in Wittson's department in Omaha, Nebraska. And when he returned to Boston from Portland George said- "I told the dean about you and medical psychology and the courses you teach. Baird is very interested." I next received a call from Dean Baird inviting Ruth and me to go out to visit, and, without having given Omaha an answer, Ruth and I came out here, were interviewed by Dean Baird, and it was such a wonderful visit and such a wonderful offer that we declined the two offers at Nebraska and instead accepted the positions here.

O'ROURKE: And the team, the four of you, were already engaged in research that was funded by the National Institute of Mental Health at that time, is that right?

MATARAZZO: Yes.

O'ROURKE: And you brought all of that work with you also?

MATARAZZO: We brought that work with us. We had had a grant in St. Louis from NIMH from 1954 to study the interview and empathy, the empathic relationship between a patient and a doctor in a doctor-patient relationship.

O'ROURKE: Maybe now would be a good time for you to just sketch out a profile of your fellow team members, maybe starting with George Saslow. What kind of person was he?

MATARAZZO: George Saslow was, and remains today, at age ninety-two, a brilliant individual, a very caring physician, and an intellect in the field of academic medicine. He had his Ph.D. from the University of Rochester, and taught there for about nine years before he went to the Harvard Medical School to get his M.D. degree.

As an individual educated in basic science, in physiology, Saslow was very interested in research, and he knew that the psychiatry that he was taught just before and during World War II was not a psychiatry that would last as one of the specialties of medicine unless it had a scientific base. Psychoanalysis was the rage in psychiatry in those days. It had no research base, but a wonderful literary air to it, and George felt he had to do research. So his interest and background and mine coincided. I came from a very strong Ph.D. Program at Northwestern University which emphasized research in clinical psychology. And so both because of our research interest and our teaching interest, teaching medical students, and our personalities, which are very different but very complementary, George and I struck up a very good relationship.

George was an intellectual leader in St. Louis. I mean, not only in the department of psychiatry, where he was a professor, but throughout the whole medical school he was considered an academic giant. At Harvard, like other professors who were not department heads, and thus not tenured, Saslow was just another faculty member. When he came here to Oregon two years after being at Harvard, he likewise became an academic leader. George brought young faculty members and associate professors, and even professors from the department of medicine and from other departments,

together in a seminar that he and I ran, first in St. Louis with an internist by the name of Sam Guze, and continued it at Harvard, and again continued it here. And George was extremely highly regarded by faculty members from a number of the basic science and clinical departments here at the medical school, and he remained a giant, an intellectual giant, throughout his career here until about 1973, when he retired and went to UCLA.

As a clinician, George had a lot of empathy for and with patients. He was well ahead of his time in terms of psychiatry and what it could offer, and he was less interested in physical restraints and locking people up, but rather had a very enlightened view about opening the psychiatric doors of units that warehoused patients.

George and I were never close in the sense that one can be close to a lifelong friend. Nevertheless, he and I were extremely close professionally. I was probably his best friend professionally. We saw each other socially at each other's homes, but I would say it didn't go much beyond that. He had an extremely high regard for me, and I for him, until some of the ruptures that occurred during a two-year period ten years after we arrived here.

The other people that were in our group included Jeanne Phillips. She came out here from Boston as an assistant professor, Jeanne was a hard worker, a very talented young clinical psychologist, and helped us develop the inpatient psychiatry unit. She also was the first director of the medical psychology outpatient clinic, which we started in 1957 when we arrived here. She remained a very active faculty member until she left here about ten years later to go to the University of Massachusetts.

Ruth Matarazzo you know about. She is obviously a very warm, talented, and caring clinical psychologist. Like Jeanne Phillips and George Saslow and me, Ruth was and remained actively interested in publishing and in doing research and seeing patients, and she had been, and remains, a teacher, primarily of residents. Although, she gave many years of lectures to first-year medical students. She was less interested in that than she was in one-to-one supervision of our residents and interns and, as a matter of fact,

she was the author of several of the first papers on research in teaching and supervision in psychotherapy.

O'ROURKE: When you say that you and George Saslow had complementary personalities but different personalities, how would you describe them?

MATARAZZO: Well, George was an intellectual, a scientist and clinician. He had very little interest in administration to speak of. I came to Oregon as chairman of the department of medical psychology, he came as chairman of the department of psychiatry. At his and Dean Baird's suggestion, I used to do the administration of his department, along with the administration of my own department. George had little interest in budgets, he had little interest in who got what kinds of space or the resources associated with his own teaching the second-year course for medical students, while concurrently I was teaching the first-year course. He was interested in hiring faculty, but when they got here, he was less interested in where they would have an office or, what they would do, and with the other resources that were to be allocated.

That was one of my strengths, I believe. I was interested in administration. I was also the point man, so to speak, interpersonally, socially, and administratively on the campus. I dealt with other departments, I dealt with the dean. Dean Baird and Associate Dean Holman and I had extremely warm and cordial relationships. I had similar relationships, maybe from my Italian background, with other department heads and administrators. George was interested in doing the job and doing it well. He was a dedicated teacher, a dedicated clinician, and those are the things he devoted himself to and did them well. [Laughing] I added the other little pieces, the putty and glue that kept it all together.

And, of course, the advantages for me were enormous. I met Saslow when I was an intern, and he enhanced my career in ways that would have been impossible otherwise.

O'ROURKE: And Jeanne Phillips, how would you describe her personality?

MATARAZZO: She was friendly, compassionate, very interested in patients. Her interests were more clinical than they were in research, although we published a number of research papers together. She was a warm person. She and Ruth got along extremely well. I always felt about her like a younger sister, but I also had an extremely high regard for her as a colleague and faculty member.

O'ROURKE: Now, judging from the history that I had a chance to read that you wrote about coming out here, a big piece of what you built your success on here, it seemed like, at least in the beginning, was the very close relationship you had with Dean Baird. Can you tell me a little bit about him and about how that relationship started out?

MATARAZZO: Dean Baird was a practicing neurologist after he graduated from the medical school and then, his residency at the University of Oregon Medical School.

As a practicing neurologist in the Portland Clinic, where he remained from about 1926 until he became a full-time faculty member and dean here in 1943, he had learned on his own, as he told me many times, that many of the patients he saw as an internist and as a neurologist were people with headaches and stomach aches and heart flutterings, and so on and so on. That is, a major part of their medical problem appeared to him to be stress related, related to interpersonal and personal dynamics and issues. Therefore Baird long had believed that psychology should be an important part of the education of physicians, which he had not received and which was not being taught in U.S. medical schools in 1943, '50, during the early years that he was a dean.

Dean Baird gave the impression of being a laid-back individual. I met with him frequently. I was his assistant for faculty affairs for about ten years after I arrived here. I would meet with him frequently, almost daily, and we had lunch together three or four times a week, because he used to eat in the medical student cafeteria. There were usually three or four other faculty members that would join him at the table, and I was one of those. During

those conversations in the cafeteria, and especially in his office, where I met with him frequently, he would put his feet on the desk, lean back, and say, “Joey, my boy, I’m just a country doctor from Baker, Oregon -” Just a country boy. “- and I don’t know all of the things that you folks like Ralph Benson, (head of OB-GYN, who arrived in ’57) who came from Stanford and you, Joe, and George, who came from Harvard.” He would add, “You know, I’m not one of those intellectual, academic faculty members,” “I’m just a country boy.”

Well, he was just the opposite. He was an administrator par excellence. He was intuitive, he was an individual who knew people and who recognized talent and who used the limited resources that the state of Oregon provided to him in ways that enhanced the work that other people were doing as faculty members and as chairmen of departments. He said to each chairman as he hired us, “I don’t have a lot of resources to give you. The state has provided me money for a salary for a department head, your position, and a secretary, and that’s all I can give each department as it starts up. But, I will give you whatever else I can in the way of support.” And I learned that that support that he gave administratively to each of his departments and department heads was as important as financial support, any financial support he could have given.

Baird also was a brilliant academic leader. He was self-effacing in relation to the great deans of Hopkins or Harvard or Case Western Reserve or Stanford. He didn’t go to their meetings. They had meetings of the Association of American Medical Colleges every year. He didn’t go to those meetings. He was self-effacing. He would send Charlie Holman, who was his associate dean. But I think Baird was a giant equal to any of them in terms of his understanding medical education and what physicians could offer a community and patients in terms of service.

O’ROURKE: Well, I noticed in some of the papers that you’ve already passed on to the library that there was a letter that you wrote not very long after you came here in December of ’58, sort of—it was written to Meredith Wilson, president of the University of Oregon, and it sounded like it was almost a defense of Dean Baird, but I don’t have any other information on it.

MATARAZZO: I don't remember this letter, so let me just see.

Yes, I do remember this. What this was in relation to, we arrived here in 1957 in the middle of an extremely hot “town and gown” fight. When before 1956 the University of Oregon Medical School had only a small, little county hospital for county patients, indigent patients, and a Veterans Hospital for veterans, our medical school provided no competition for the hard-working, dedicated physicians in Portland with offices in the community. The Oregon State Legislature gave money to build University Hospital, which is now University Hospital South, which was completed in 1956. Final approval to build University Hospital occurred after a stormy battle with the physicians in the community who saw physicians such as Kenneth Swan, who was head of ophthalmology, who were already beginning to see private patients, and who saw the building of a teaching hospital with state support, which would obviously have the capacity to bring in private patients to that hospital, as an opportunity for intensive competition from our faculty with physicians downtown who were trying to earn a living.

In the mind of some—if you're a private-practicing internist or pediatrician or cardiologist or ophthalmologist downtown, you're going to have a hard time competing with people in those same specialties at the medical schools, because the more affluent patients might gravitate to the medical school.

Baird survived that fight, but it was an intense, bitter fight for several years. He survived it. But the letter that I wrote to President Meredith Wilson at the time had to do with the fact that the state medical society, made up of these people who were private practitioners, were still criticizing Baird. And as a young department head and faculty member, I wrote to the President of the University of Oregon telling him that I thought that his support of the (and our) dean of his medical school was to be lauded.

I had forgotten that letter, incidentally.

O'ROURKE: I was also intrigued, in your 1994 history of your department you talk about the first, the very first courses in psychology taught up here, which were back in the twenties, by a man named Samuel Kohs, who was a professor at Reed, and apparently you had contact with Mr. Kohs, and he, I guess, was just teaching part-time up here. Did you have much of a picture of who he was or what he was doing back that early?

MATARAZZO: Until I began to write this history of the department, which was published in 1994, but which I gave as an address in 1992 as president of the division of the history of psychology of the American Psychological Association, I had not personally corresponded with or known Kohs or much of that background.

Samuel Kohs, K-o-h-s, was the author of a block design test. The psychologist puts together some blocks with shapes on them in front of a patient and then asks the patient to reproduce the design using an equal number of blocks. This was, from 1939 on, one of the standard eleven subtests of the Wechsler tests of adult intelligence. It still remains in the current Wechsler (WALS-III), adult tests. Kohs had developed this in the late twenties, I believe, and David Wechsler incorporated it into his first Wechsler Bellevue Intelligence Test in 1939.

I received a letter from Samuel Kohs in about 1970 or '71, in which he wrote me that he had read something about psychology at our medical school. Our faculty were publishing a number of articles about psychology in medical education in those days. Kohs was living in Honolulu and wrote to tell me that he had taught what he believed were the first lectures in psychology (as psychology) at this medical school in the twenties when he was an assistant professor at Reed. And, of course, I was delighted, and I kept that letter and used it when I wrote the history of our department.

O'ROURKE: But apart from that letter you had no...

MATARAZZO: I'd had no contact with him, although I knew him by reputation, because I'd read the history of the development of the test.

O'ROURKE: Now, I guess, as a measure of Dean Baird's commitment and confidence in the team, you convinced him, shortly after you—and George Saslow, I assume, was in on this, too, especially since you've already mentioned this in connection with him, but you convinced the dean to redesign the mental patient ward in the new hospital?

MATARAZZO: We were really surprised—when Ruth and Jeanne Phillips and George and I arrived here in Portland, we toured the fifth floor of the University Hospital South. The other floors of the hospital were already filled with patients and with faculty offices, but the fifth floor had remained unoccupied, waiting for a full-time head of psychiatry. Henry Dixon, M.D., who was the chairman of the department of psychiatry, was a clinical professor. He was a volunteer. He had a private practice downtown, and he came up here a couple of days a week to teach residents and medical students, but he was not a paid faculty member.

He and his cousin, Herman Dickel, M.D., also a Portland psychiatrist and medical school volunteer teacher, had designed the fifth floor consistent with the understandings of psychiatry in the late forties and early fifties as that building was being designed. It was designed with locked doors. As you came off the elevator, you had to push a button for the nurse to unlock the door, just as prison doors are locked. And there was a nurses' station on that floor with thick windows, bullet-proof windows. Each door to a patient room was a metal door and could be locked by the nurses from their nursing station. Then we found—in the treatment rooms- large bathtubs with canvas that would cover them. These were for hydrotherapy, water therapy. If a patient was acting out, violent, and so on, you immersed them in water and covered them with canvas so they couldn't get out, and this would calm them.

There were patient rooms that were padded and that were always totally locked, where you could put a patient in isolation. We also found a large marble slab, a table of marble with a hole, an elliptical hole, in it two-thirds of the way down, and we couldn't for the life of us understand what this was all about. But it had some hoses attached to it underneath, and a large collecting basin. We soon learned that it was for colonic therapy; that

is, one of the therapies in this psychiatric unit in 1956 was rectal colonic therapy for patients who were mentally ill.

Well, we saw that this was really not too different from what they had in 1900 or 1920 or 1930, and we persuaded Dean Baird and his Associate Dean and Director of the Hospital Charles Holman, to gut the whole floor and to take the locked doors away from all of the patient rooms, to also get rid of the surgical- medical beds they had in each room. And instead, since we had no offices—not enough offices for the therapists and staff to see patients individually, what we did after we took the locks off the door opposite the elevator when you came on the floor so it was an open door, we opened all the doors to the patient rooms, we took out these large surgical- medical beds and put in instead couches that could be opened as beds at night, but they were couches by day so that a therapist could go in and use the room as an office with each patient and do therapy in that office- bedroom.

And, in addition, we got rid of the colonic therapy and the hydrotherapy and instead converted the psychiatric floor into a 1957 version of what soon would become the norm throughout the whole country; namely, an open ward where patients were treated no differently than patients on medical or surgical services. That is, unless they were severely psychotic, where we did have one room where we could keep them until they calmed down. Except for that, 95 percent of the rest of the unit was totally open and converted into what we called a therapeutic community, inpatient, hospital service.

O'ROURKE: That must have been a real measure of the confidence that Dean Baird had in you that he would be willing to undergo all of that. It must have been expensive.

MATARAZZO: It was very expensive. It broke his heart and Charlie Holman's heart, but they did it without so much as flinching. And turned out to be a good thing, because our group was way ahead of the curve.

I might add as an aside, I became a volunteer in the Oregon Mental Health Association, made up of volunteer citizens, and soon after was

elected to its board of directors of that in '58 and the board of directors of the National Mental Health Association in 1962. The Oregon Mental Health Association had worked for years to get the Oregon legislature to build a third mental hospital in Oregon. Oregon had one in Pendleton and one in Salem, and the state needed one closer to the city of Portland. And they got the legislature to pass a bill and appropriate the moneys to build what is today Dammasch State Hospital. Lots of civic leaders had worked very hard on designing that state hospital. Unfortunately, I found, as a member of the board of directors...

[End of Tape 1, Side 2/Begin Tape 2, Side 1]

O'ROURKE: ...interview with Dr. Joseph Matarazzo on May 1, 1998. Why don't you back up about a sentence.

MATARAZZO: Yes. I was elected to the board of directors of the Mental Health Association of Oregon, and I was a young kid, I was thirty-two years old. And as president of the board in 1962, I remember some of the leaders of the movement for this third Oregon hospital, some of the community civic leaders, the horror and shock on their face when, as an extension of what we had done with the psychiatric facility here in University Hospital South, I had looked at the plans for this third hospital and saw another warehouse to be built in Wilsonville. I indicated that given what was happening nationally and internationally in psychiatric treatment, we would not need a third warehouse for patients in Oregon. Instead in 1962 we needed a hospital facility that would be open, that patients could come and go, as would other kinds of patients, that they were not dangerous to themselves or to others, by and large. I also added that we also needed a hospital maybe a third, a quarter of the size of what they were planning to build, because the community mental health center was a concept that was beginning to be heard in Washington, D.C. Specifically, that the federal government was planning to help build outpatient treatment facilities in communities (maybe on the west side, the east side) in different parts of the greater Portland community, and that the proposal was that psychiatric patients who earlier had been hospitalized in Salem or Pendleton would be treated as outpatients closer to their homes, and, therefore, we did not need a third warehouse.

Well, with tears in their eyes, but a lot of confidence in me as a young kid who was gambling, the Oregon Mental Health Association directors persuaded our Oregon legislators to redesign the Dammasch State Hospital and made it a much smaller facility and a facility that was open and with different kinds of personnel, personnel that were actively going to be treating rather than just warehousing and monitoring patients. And Governor and later Senator Mark Hatfield—he was secretary of state at the time—and others took the gamble and decided that, although the legislature had worked very hard to pass that bill to get the funds, that they would redesign totally Dammasch. And it's one of the things that I rarely remember but that I'm very, very proud of having contributed to as an outgrowth of what we did here on the fifth floor of University Hospital South.

O'ROURKE: Just as an aside, when you and Ruth came out here and spent, you know, those first years here, did you take to Portland well?

MATARAZZO: Ruth is not one who likes to uproot. She hated leaving St. Louis. We were there five years, and it was a very big, small town, a very large small town. And we had made many friends, and she hated to uproot to go to Boston.

When we came out here, she was a little bit insecure. Again, we were leaving her roots in Connecticut and mine in upstate New York, and we were moving all the way out to the Northwest. Within days, literally, of our moving here we found the people so friendly, so warm, so accommodating in the stores, the department stores, the cleaners we went to, the grocery store, here at the medical school, that we fell in love with this place immediately and have never deviated from our conclusion that it was best choice we could possibly have made in our lives. Oregon, Portland, the medical school, the university have been extremely good to Ruth and to me and our three children who were born here, the first one a month after we arrived.

O'ROURKE: The other thing that occurred when you came out here was that when you first went to work here you were in charge of the division

of medical psychology, but you say in your paper that it was from the first day, literally, administered as if it were a department rather than a division. Now, would you say that—what would you say that was due to? Was that due just to the fact that you, yourself, were very interested in administration and that—was that a force, or was it—what was behind that?

MATARAZZO: Dean Baird offered me the position of chairman—professor and chairman of the department of medical psychology when I was being recruited. I was shocked. At Harvard, we couldn't even get an assistant professorship for a psychologist or any other Ph.D.

But I had been involved from 1951 on in surveys of all the psychologists, who held full-time faculty positions in medical schools in this country, of whom, in the first article I published in 1953, there were only 253. They were in departments of psychiatry then called divisions of medical psychology. It was inconceivable to me that the politics on the national scene in medical education, and in psychology-psychiatry relationships, which nationally were rather stormy because both were competing for the same few resources, Ph.D.s and M.D.s in departments of psychiatry, would support such a first department of medical psychology.

It was inconceivable to me that Dean Baird, who just, without any effort at all, concluded that he would have the first department of medical psychology in the country. It also was inconceivable to me that the other department heads in this school would accept it. George Saslow would accept it; he had told me without question that this was a good idea. But from Boston I didn't know the other department heads at this school, and I didn't know the psychiatry community downtown. So I said to Dean Baird, "I believe there's no way that your department heads at this school will buy or accept a department of medical psychology." He said, "Of course they will." He said, "It's no problem at all." I said, "We'll have a big fight with psychiatry downtown." And he knew better than I that that would not happen. He'd already been through the other fights, and he knew this was going to be just a little ripple compared to the town-gown fight he had had on major issues with practicing physicians.

It was a misread on my part that a department of medical psychology would not be accepted either on the campus or in the community. He and I worked out a compromise. I said, "Let me first prove that a department of medical psychology has potential and real meaning on this campus, let me prove it to the other department heads, let me prove it to people downtown, and let me prove it around the country, because there's never been a department yet, and let me prove it by what we accomplish."

So the compromise he and I agreed to was, one, for several years we would be a free-standing basic science division with no relationship to any other department. Edwin Osgood had a department of experimental medicine which he established in 1941 that was free-standing, and it now is the department of genetics and molecular biology but had been hematology before that. So he already had a basic science department that was a division, and that was free-standing. Later, it also became related to the department of medicine when Howard Lewis started the first full-time department of medicine here at this school in 1946-47.

So, one, we would be a free-standing basic science department, able to offer master's degrees and Ph.D. degrees. Second, we would be a division of medical psychology within psychiatry. Third, the dean made it very clear I would go to all the meetings as a bona fide department head, I would have my own budget, I would have my own departmental space, we would have our own hours in the curriculum. So if I didn't want it to be a department, he would treat it administratively as a department. So from 1957 to '61, we were, *de facto*, a department, even though we were not one *de jure*. But in 1961 Dean Baird accepted the motion that George Saslow made to the executive faculty that we become in fact, legally, a full department. But we were, and everybody on this campus considered us, a full department beginning '57.

O'ROURKE: He surprised you in another way, too, when he asked you how many hours you thought ideally should be part of a first-year medical student's curriculum.

MATARAZZO: Hours in the curriculum as resources were fought over in every medical school in the country. Anatomy wanted more time, biochemistry wanted more time, surgery and OB, all of these departments had very good reasons why they wanted more hours in the curriculum. This school was no different. And nationally psychiatry typically had eleven or twelve hours in the first two years. We had twelve hours of medical psychology for first year students at the Washington University Medical School, all of which I taught alone from '52 to '55, and there were eleven hours of psychiatry taught to first-year medical students at the Harvard Medical School.

There were about two hundred full-time faculty members in psychiatry at Harvard when I got there, only a couple of whom had tenured positions as department heads of psychiatry in the various teaching hospitals. There was a lot of clamoring to teach those eleven hours from those two hundred faculty members. Dean Berry encouraged me to teach two of those eleven hours, so I felt it was wonderful that I could teach two of the eleven hours of psychiatry at the medical school at Harvard.

When I arrived in Oregon in early June 1957, I expected to be offered the same twelve hours that was traditional in other medical schools. But David Baird asked me, "Joe, what do you think would be the right number of hours?" And I said, "Forty-eight." That was about the number of total hours in biochemistry and in physiology; although anatomy had something like eight hundred. So I was surprised. Baird said, "Forty-eight it is, and we'll put that in the catalog that is just now going to the printer," and that's what he put in the catalog.

O'ROURKE: And did it—I mean, you were talking about how everybody's clamoring for more hours. Did that cause any ripples here?

MATARAZZO: The other department heads didn't—it's one of the reasons Ruth and I love this place. They gave up those forty-eight hours for medical psychology without so much as a ripple of complaint.

I should add, there was a consequence to that that is very important in the history of this department. After the executive faculty voted us formally

as a full department in 1961, the very next day I was walking by the dean's office—because I was faculty assistant to the dean—I was walking by the desk of his administrative secretary, Mary Goss, and she said to me, “Oh, Dr. Matarazzo, Dean Baird has asked me, now that you're formally a full department, to ask you, where do you want to be listed in the catalog? Either in the front or in the back of the catalog?” And I asked her what she meant. She said, “Well, faculty and courses of the basic science departments are listed in the front of the catalog, and the clinical departments are listed in the second part of the catalog.” And without so much of a thought, over my shoulder, I said to her as I continued walking, “In the front of the catalog,” and that's how we remained a free-standing basic science division-department, but affiliated also as a division within the clinical department of psychiatry. With Miss Goss' question to me, Baird gave us a second chance at a choice: Do you want to become a full clinical department along with surgery and medicine and psychiatry and others, or do you want to become a full basic science department? And I didn't give it a moment's thought as I continued walking and answered Miss Goss. I just said, “A basic science department.”

And that choice surprised many educators. There were deans of medical schools as well as senior academicians around the country who later indicated to me that they were shocked and surprised at my choice. They would have bet that I would have chosen to become a clinical department.

O'ROURKE: It surprised some of your own colleagues here on the Hill, too, didn't it?

MATARAZZO: It surprised Richard F. Thompson, Ruth Matarazzo, and Jeanne Phillips and a couple of other people. When I went back to my office an hour later, we had a department meeting and I told them; they, too, were shocked that I didn't choose to become a clinical department.

And it was a good choice. I had been around medical education by then for about ten years, and I knew that a department of medical psychology would never be able to compete for resources, and appropriately

so, with surgery, with medicine, with OB, ophthalmology, and other clinical departments. Our department was made up of a Ph.D. faculty. For us to become a clinical department and to compete for resources with these others was something I knew we could never do. We were already highly regarded by anatomy and physiology and biochemistry as a basic science group. So it turned out to be a good decision because the basic science faculty, whenever we were voting on issues at this medical school, had as much input into the direction of this medical school as did the clinical faculty, and so I think it turned out to be a very good decision.

O'ROURKE: Now, you had, of course, the job ahead of you of building the department, and with limited state support. You mentioned in your paper, also, the role that the National Institutes of Health and the National Institute of Mental Health played during those years, in the fifties and maybe—fifties and sixties, maybe after that, even. I wonder if you could tell me just a little bit about how important that was.

MATARAZZO: In establishing each department from '43 on, initially the clinical departments plus our one basic science department, Dean Baird said to each department head he recruited, "I have one fundable position for you"—a faculty position—"and a position for a secretary." He told Ralph Benson that for OB in '57, also in '57 he told that to George Saslow, and he told that to me. I had a total budget of \$12,000 for me and a salary of about \$3,000 for a secretary, plus some supplies. As I mentioned earlier, Baird said that he would support us and our growth in all other ways that he could, although he didn't have more financial resources.

By 1957, I had been very active in research, and I had been very active in the American Psychological Association and other associations. I felt that I could successfully compete for funds. Here, I was a professor and chairman of the first department of psychology in the country in a medical school, and so with little trouble I was able, first on my own, and then, as we recruited excellent faculty, they, likewise were able to get research grants and training grants that from 1958 to the present have sustained the department.

We immediately received funding (in 1958) from NIH, and continue to receive money today, for our Ph.D. students. When I stepped down as department head two years ago, we had four concurrently running training grants from four different NIH institutes that were giving us money for the training of our Ph.D. students in neuromolecular aspects of behavior using animal models. Four. Each of them supported predoctoral and postdoctoral students pursuing full-time research careers.

Likewise, from 1958 on, we got a grant from NIMH to train interns and residents in clinical psychology at this school. We submitted the application in '57, and in late '58 it was funded, and it, like our NIH grants, supported one faculty member, one secretary. The NIMH grant also funded three predoctoral interns, and three postdoctoral residents. So we've been lucky. We've had plenty of money to support our academic mission. Individual faculty members, including me, have had continuous funding for research from the various institutes at NIH, and so, even without state money, from 1957 on we were able to thrive.

O'ROURKE: In terms of obtaining those grants, especially in those early days, was there any strategies or methods you used, apart from just filling out the form and sending it in? I mean, were there politics that you had to attend to?

MATARAZZO: That's an interesting question. I think the most candid, honest answer is that it required a bit of *chutzpah*. I just wasn't experienced enough or sophisticated enough to know that one couldn't get a grant. I just assumed that we had a lot to offer. The NIH institutes were just pouring money into medical schools. Medical schools were growing by leaps and bounds. The federal government supported the development of our country's medical schools from '50 through about 1975 and rebuilt the biomedical community in this country.

With a positive vision of the world from my early upbringing, and Dean Baird's tacit encouragement, I just assumed that we had good faculty, we had good ideas, and that if we asked for a training grant to teach medical students, or our graduate students, or to support our research, we'd get it. If we asked for money to teach interns and residents in medical psychology,

we'd get it, and we did. To teach graduate pre- and postdoctoral students in experimental physiological psychology, we'd get it, and, low and behold, we got it.

After all these successes, in 1975, we got one grant turned down for a continuation of our research on the interview. Ruth, Jeanne Phillips, Arthur Wiens, George Saslow and I had had this grant for about twenty years, and when we reapplied for that one, did not get it. Twenty years was a long time in the life of a grant. But by then we were—I was already getting concurrent grants for research in behavioral variables in cardiovascular disease. So I had money to continue to fund my research, but I didn't get the research money from NIMH after that twenty-year period. But there was plenty of other money, and my departmental colleagues and I continued to get it.

O'ROURKE: I'm just going to pause here for a second. [Tape stopped.]

Well, it sounds like things are going just great for those first years here at the medical school, but—and you mentioned a couple times already, in talking about some of these issues, about potential competition between departments, and that it finally did become a problem with the split between psychology and psychiatry. I wonder if you can shed any light on why this long collaboration you had with George Saslow turned sour.

MATARAZZO: Well, it was a sign of the times. We had been spared some of the acrimony and bitter fighting that was happening between psychology and psychiatry at the national level. Psychiatrists vigorously fought psychologists doing psychotherapy or getting licenses to practice psychology in each of the fifty states. That had been happening nationally from about 1945 on. There were bitter fights in each state.

Increased numbers of psychologists were recruited to medical schools beginning right after World War II, and as they arrived, they were obviously competing for the same resources in the same department with their M.D. counterparts. There are only so many resources, and if you've got ten

faculty, you have to split them ten ways, and if you add five more and some of these are Ph.D.s, it becomes a legitimate area of competition. We didn't

experience this from 1957 to about 1965 on this campus because the number of psychologists and psychiatrists were small, we knew each other, we met frequently one-on-one as well as in meetings.

As Saslow and I began to recruit new faculty members in psychiatry, one in particular who was hired came from a tradition where psychiatry and psychology hated each other. He came from the East, and he was trained as a resident in that particular culture. And from the very first day that he arrived, he felt very uncomfortable about the fact that he was in a department in which—or in a medical school in which psychologists—(by then, we were a formal department)—not only would compete for office space and—his office wasn't to his liking—but for other resources, and he made that known. In addition, and understandably, he didn't like the fact that I was the administrator, not only of my own department, but of his department. And that also would have rankled me; it would rankle anybody. And so he began to feel uncomfortable and began to make this very clear, covertly.

O'ROURKE: What as this individual's name, or do you...

MATARAZZO: Well, I'd rather not give his name, because over the years I've tried to avoid that. I didn't mention it in the history of our department. I don't think it's relevant, because I think it's less important who he was than that he was playing out on our local scene the kind of warfare that was going on nationally. I don't believe that it was him alone. He was just the embodiment of a fight that was going on nationally, not only over licensing in psychotherapy but also other issues. Thirty years after these big fights of the 1950s and 1960s, psychiatrists today don't want to do psychotherapy, but they were fighting psychologists in each state from 1945 on who wanted to be licensed to do it. Then, later, when prescribing drugs was economically more lucrative than was doing psychotherapy for a whole hour, they decided they didn't want to do it. And today psychologists are fighting social workers or nurses who want to do psychotherapy in the same kind of stupid way that psychiatry fought psychology. But those are politics.

Anyway, a resident was also involved, and I believe that this young faculty member in psychiatry and this resident began in concert to undermine the relationships between psychiatry and psychology. But what was really the final straw (because George Saslow and I paid no attention to those national psychology and psychiatry issues), George had asked a young psychiatrist, the first one that we earlier had hired in the department, to become the director of the outpatient psychiatry clinic. And because of urgings from this resident and the other young psychiatrist, this psychiatry clinic chief decided that the psychology clinic would no longer receive referrals directly from medicine, surgery, other medical school departments, and from the community as a whole, that all referrals to psychology would first have to be monitored by him, so psychology referrals would have to go through psychiatry. Then, only those referrals that were, quote unquote, “appropriate for psychology would go to psychology.”

Well, we had had a free-standing medical psychology clinic for seven or eight years and our faculty were practicing competently under the licenses that psychologists had in Oregon to practice psychology. Thus, when he proposed this new referral arrangement to the director of the medical psychology clinic, the latter did not fight this. However, I kept informing the director of medical psychology that this was unacceptable, that we were a licensed profession on our own, and nobody was going to oversee our work and decide to who we could or couldn't provide clinical services. When I could not get this director of medical psychology to change, I replaced that director, and that was the final straw that just drove a big stake in the relationships between psychology and psychiatry and our relationships deteriorated. The day I replaced that person, that person was immediately recruited for salary arrangements into the department of psychiatry. A war erupted, and it continued for two years, despite every effort on my part to heal the rift.

I left out one other piece involving a senior faculty member, a psychologist who had a laboratory. By 1967, George Saslow, at the urgings of the two young psychiatrists that I just talked about, had stopped involving me in the recruitment of psychiatry faculty. In early 1967, he hired a psychopharmacologist, a Ph.D. I wasn't involved in that recruitment. When this Ph.D. arrived on campus, he needed a laboratory, and George Saslow

asked for a laboratory from one of the senior research psychologists in my department. This man said, “No, it’s my department. You know, I’ve been using it.” I offered George another laboratory instead. It was a laboratory just down the hall, identical. But George and this faculty member in psychology had gotten polarized into a fight. George wanted only this one, and this psychologist said “No,” and added that if I gave his laboratory space to Saslow, he would leave, he would resign immediately. Dean Baird supported me as I offered this other lab. That did not do it. These two were polarized; it was a life and death. That incident, plus the change in the directorship of the medical psychology clinic, just lit a fire, and all heck broke loose for the next two years.

O’ROURKE: And, now, the head of the medical psychology clinic, then, was somebody who reported to you?

MATARAZZO: Yes.

O’ROURKE: And you—I mean, it seems strange that if he reported to you that—and it actually would have been sort of a threat to his own autonomy as well, that he wouldn’t have...

MATARAZZO: Well, the director said to me, “Why the big deal? What’s the difference?” But that person was not as experienced as I was in either administration or licensing. I had been actively involved in licensing, helping getting a license passed for psychologists in Oregon in 1961-62, and so I believe it was less experience. And also, what’s the big deal. There are some people who feel that way about these things. Why get involved in a fight over what seemed to be a mere clinic reception issue. But for psychology it was a life-and-death issue. If we gave in on that, we were through on our campus and in Oregon as one of the health service providing professions.

O'ROURKE: Now, it seemed that Dean Baird intervened at a couple of critical junctures in this fight. There was an issue of also one of your grants being soured because someone had...

MATARAZZO: Well, what happened is that George Saslow was so angry at my not giving this laboratory over to—the one that he wanted instead of an equivalent laboratory, that he said to me it was a matter of personal privilege, that I owed it to him. And there was no question in my mind that I owed it to George. We had been extremely close, he had done a tremendous amount for me and for psychology over the years.

The professor who owned that laboratory was adamant. I couldn't afford to lose this professor. He was a nationally renowned researcher, and he had helped build my department and our Ph.D. program. I was in a Hobson's choice. I was trapped, and neither I nor the dean could prevail by giving another laboratory. And George said, you know, if I wouldn't do this for him, and also since I had just unilaterally removed or replaced this other psychologist that was very close to George as director of the outpatient clinic, he was cutting off all relationships with psychology, right on the spot. When I responded sadly that I could not, he threw our three interns and residents off the psychiatric service so that we immediately had to go and get inpatient psychiatric training for them at combinations of the Dammasch State Hospital, the Oregon State Hospital, and Holladay Park here in town.

George was not only denying them training on his inpatient service and clinic, but because he was so angry with me and with us, he called the psychologist at NIMH who was in charge of the federal training grants in clinical psychology that supported our three residents and three interns, and whom George knew personally because George had just finished four years on the National Mental Health Advisory Council that oversees NIMH, he called this man and informed him he would no longer help train our psychology interns and residents.

[End of Tape 2, Side 1/Begin Tape 2, Side 2]

O'ROURKE: Okay.

MATARAZZO: When he called this psychologist at NIMH, George said, psychology no longer has a viable training program if the faculty don't have inpatient services to train their interns and residents. Unfortunately, this man was a weak NIMH administrator, and instead of being a psychologist who would discern that this was a rivalry, a competitive issue, saw it as a quality of training issue. He flew out a week later, spent eight hours on this campus, seven hours and forty minutes with psychiatry, twenty minutes with me and nobody else, and went off and a week later sent me a letter terminating our NIMH training grant.

This was something very unusual at NIMH. I served on the National Mental Health Advisory Council myself from 1990 to '95, and I know that that's an extremely unusual action to take. It's done, but only when the quality really is bad, compromised, and in Oregon in 1967 this was a political issue; it had nothing to do with quality of training.

I took the letter to Dean Baird. I was just shocked. And Dean Baird was equally shocked and incensed that the National Institute of Mental Health and an inept administrator would get involved in what was a local issue on his campus.

Dean Baird called in William Zimmerman, who was then associate dean for finances at the University of Oregon Medical school. His office was right next door to Dave Baird's. He rang for him. Bill Zimmerman came in, and he showed Bill Zimmerman the letter, and Baird said, "Bill, I want you to replace those six NIMH residency and internship stipends with hard state money right now. I also want you to replace that one faculty salary and that secretary position right now, with state monies." Well, I was just dumfounded and was, of course, extremely appreciative that the dean would do this. These were hard money positions; it was a lot of money, and it was hard money, and Dean Baird didn't have that much hard money to dispense. Well, when George Saslow and his psychiatry faculty heard about this, they were infuriated that the dean had totally replaced the NIMH monies that we had lost.

Shortly thereafter, we had an American Psychological Association accreditation site visit. Our internship residency program was up for

accreditation a couple of months later. The site visitors from the American Psychological Association left and a few weeks later wrote us a letter applauding our ability to stand firm in a situation of this kind, and that our internship and residency program continued its accreditation. The letter added their judgment that ours was one of the quality training programs in this country.

And so the contrast in the letters, the one from the psychologist from NIMH totally cut off our funding, and another letter from the other three people of his stature who described a very different training picture. It was a picture that didn't surprise either me nor Dave Baird, but it infuriated psychiatry that not only did we get the money replaced, but our accreditation also remained intact.

O'ROURKE: In terms of Dean Baird's action, it would seem like budgets, allocation of funds, et cetera, aren't usually matters, at least for the kinds of money that I think must have been involved in this, aren't usually situations that you can change that rapidly.

MATARAZZO: I told you that Dean Baird's position ten years earlier was that medical psychology was as important in the education of medical students as was biochemistry or surgery. He honestly believed this, and this was another proof of his belief. This wasn't just philosophical on his part; he honestly believed it. And today, as you know, the relationship between health and behavior is so much a part of our scientific thinking in psychology and in medicine that he was way ahead of his time, and he was right on. And it would be unheard of today that there would not be a strong emphasis on behavior and psychological factors in medical education and medical illness.

O'ROURKE: It did have further ramifications within your department in that Jeanne Phillips and Frederick Kanfer departed, at least in part, due to this dispute?

MATARAZZO: They were each caught in the cross-fire. Their salaries were paid by the department of psychiatry. Fred Kanfer came into our department as a full professor of medical psychology with salary loaned

to us by the division of child psychiatry. Jeanne Phillips had been paid from a training grant in our department's budget, but she was angry with us and got a faculty salary in psychiatry. Subsequently, the two of them, having vacated their positions in psychology, found it difficult professionally and personally to be in the department of psychiatry when their colleagues were in medical psychology.

I should tell you that the decision to join psychiatry for Fred Kanfer was a little more complex. Inasmuch as his salary was being paid by a salary line loaned to us from psychiatry, when psychiatry took those funds back, he was told by Saslow he had to give up his position in medical psychology and accept an appointment in psychiatry, because that's where his money was coming from. I was there when George made this proposal to Fred. "You decide. Stay in medical psychology without a salary or come to psychiatry with a salary." I interrupted and said, "That's not something you're going to answer, Fred. I'll answer it for you. I'm now releasing you and immediately accepting your resignation from the department of medical psychology. I'm not going to ask you to make that choice. I'll make it for you." Fred and I were very close friends. "You're not going to answer that. You're too valuable a faculty member, you obviously have to be paid, and so I'll make the decision. I'll accept your resignation right now."

Well, he never formally sent me a letter of resignation as he joined psychiatry. He didn't have to resign, but since his salary was going to be paid in psychiatry, he became a professor of psychiatry, and that was untenable for him, so not long after he left for a subsequent distinguished career at the University of Illinois, after one stop in between.

I should also add, in 1969, two years into this psychiatry and psychology fight, we got a new head of psychiatry, Paul McHugh. Paul immediately reinstated the relationships between psychology and psychiatry including training our interns and residents on his hospital and clinic services, and those good relationships have continued since 1969. It was just a two-year interim problem in my opinion, more a battle over resources rather than personalities or anything else.

O'ROURKE: Although there weren't that many resources at stake in this fight, were there?

MATARAZZO: Well, there were considerable resources at stake, laboratory space, hours in the curriculum. We did subsequently have occasional squabbles over which department would teach the psychology and psychiatry hours to first-year medical students and second-year medical students. We did continue to disagree over curriculum hours and responsibility, but those were less emotional than were the fights in '67 to '69.

O'ROURKE: And what became of Saslow, then?

MATARAZZO: He stayed on for a couple of years, and in '73 he moved to UCLA to become a professor of psychiatry and to director of a psychiatric service in one of the UCLA veterans hospitals. He was there until about, I don't know, maybe five years ago, seven years ago, when he returned to this campus. I believe he currently has a 10 percent FTE here. And I see him in the outpatient psychology-psychiatry areas on the sixth floor of the outpatient building a couple of times a week. He's still seeing patients. I said he was committed, caring, and brilliant, and he's remained very, very active.

O'ROURKE: Now, did his departure as head of the psychiatry department—was that just incidental, or was that related to this?

MATARAZZO: No, it was incidental. He had reached the age of sixty-five, circa 1970, and stepped down as department head. That was standard at our medical school in those days, although I was allowed to stay on as department head until I volunteered my resignation at age seventy, but the typical department head at this school routinely has stepped down at sixty-five. So George was following tradition. He stayed on a couple more years before he went to UCLA.

O'ROURKE: And the relationship which you described earlier between you and Saslow, it didn't survive this dispute?

MATARAZZO: No. Our relationship has remained cordial. We say hello to each other, and occasionally chat in the hall or in the elevator. Interestingly, earlier this year I told George that I was putting together my own personal papers for binding and that I had photographs of Dean Baird and Dean Holman and that I wanted a photograph of him to include, and the very next day, his photo was in my mail box. So, while I would say it has never gotten back to what it was when he and I were working together so actively, after his retirement as department head and because of the fight that preceded it we never really became as close personally or professionally as we had been before. However, I would say our relationship has remained cordial.

O'ROURKE: In 1968, Dean Baird stepped down, too. Were you at all involved in the search for a successor?

MATARAZZO: No, I wasn't involved, because through the executive faculty the school's department heads nominated Dr. Charles Holman, to the chancellor, as nominee to be the next dean.

O'ROURKE: And, of course, he did become the next dean. Can you tell me a little bit about him? He was one of the people that met you and Ruth when you got off the airplane, right?

MATARAZZO: A just thoroughly fine human being, a dedicated physician, dedicated administrator; laid back, unlike Dave Baird who was ebullient. Baird had my type of a personality. He wasn't Italian, but he was that stereotyped kind of an expressive person. Charlie Holman was more like Ruth Matarazzo and her family from New England; laid back, and extremely modest. The interview you're having of me in which I'm clearly immodest in a number of areas, you would never perceive that with Charlie Holman. He was low key and self-effacing, but firm. He was a wonderful administrator, fair, as was David Baird, but very quiet. You could be at lunch with Charlie Holman for thirty minutes as I was very frequently, and unless you initiated, he didn't speak much. But he was beloved, as was David Baird, by his staff and faculty, and by the interns and residents who went through his hospital.

As an aside, his son, David Holman, was one of our medical students and volunteered for a summer research fellowship with me. He and I published two articles together. But, David is like his father, very quiet and laid back.

O'ROURKE: I'm wondering if you got involved—during these first ten or fifteen years, did you get involved very much with the greater community of Portland or, even more broadly, Oregon? And did you get involved in going to bat for the university at all with political leaders or other leaders here in the state or in the city?

MATARAZZO: From the very first day that I arrived, I became a very active member in the Oregon Psychological Association and fought for and spent a lot of personal time in getting a licensing bill through our legislature. In 1957, Oregon was one of those states that did not license psychologists. Instead, a psychologist had certification via the Oregon Psychological Association. I worked very actively for a formal licensing bill and we succeeded. I was the person who helped put the final pieces together, to go to the legislature, following a compromise in 1962 between psychology and psychiatry in which we agreed on a licensing bill for psychologists. I, with Herman Dickel, who was one of the founders of the department of psychiatry before we arrived, when it was a clinical, volunteer department.

Additionally within months after I arrived, I was invited to join the board of directors of the Oregon Mental Health Association as a volunteer. I earlier told you my work in trying to dissuade that Association and the legislature from the building of another, third warehouse for mental patients.

Also in the 1960s, I got involved in the Episcopal church. Our children went to the Episcopal church preschool, and I got involved with Oregon's Bishop Dagwell, through some work I was doing as a consultant downtown for the Pacific Power and Light Company. The chairman of that board of this company was a good friend of Bishop Dagwell. At lunch with the two of them one day I agreed to become a member of the Layman's Episcopal Society, and began doing volunteer work with that group.

There was an outgrowth of that volunteer work. When the difficulties in our streets in this country erupted in the middle sixties and some institutions were coming apart, with riots on university campuses, Bishop Dagwell wanted the Episcopal church to do something in the community. I was then a member of the board of directors of the National Mental Health Association as a delegate from Oregon, and I had been learning at the national level about storefront counseling centers using lay therapists. I proposed to Bishop Dagwell that we should start, through the Episcopal church, a lay counseling program through the church. That program is today William Temple House. Bishop Dagwell and the board of the Episcopal Laymen's Society agreed. We got a part-time clergyman from Corvallis, Cottage Grove, for \$3,000 a year as the first director. He (Father C. Abbott) was a person with a master's degree in psychology.

And the Episcopal Church started this counseling program, and to help it get started our department trained the initial staff from clergymen from the Protestant, Catholic, and Jewish communities. We trained them in our department as mental health counselors. They were already counselors, but they came to our medical school for a six-month program where our faculty in medical psychology served as their supervisors and taught them to do counseling and psychotherapy. And today the William Temple Counseling House is located in the old Mackenzie home, Dean Mackenzie's home, which Father Abbott and his board bought for \$500,000 years later. Today they have an extremely large enterprise with dozens and dozens and dozens of volunteer counselors, and they provide counseling to families and individuals, and they've been doing this for thirty years. It was one of the community activities that I was actively involved in after I made the suggestion that the Episcopal church take on this activity, and I believe the William Temple House has been a valuable community service.

O'ROURKE: In 1974, this institution became a stand-alone organization, originally called the University of Oregon Health Sciences Center?

MATARAZZO: Yes.

O'ROURKE: Can you tell me a little bit about that change and your own perception of it or your own involvement in bringing it about?

MATARAZZO: Well, we've always had meetings of department heads and the meetings have continued since I've been here. The department heads group, expanded with elected members of the faculty into the Faculty Council, debated for a long time—Charlie Holman was then dean—what to call our newly formed university. The University of Oregon was our parent body, for administrative purposes only, but that was a very loose relationship. Administratively we had been attached to the University of Oregon from about 1926 on, and the relationship was one of a free-standing medical school but administratively related to the University of Oregon, although we gave our own degrees and other things.

In 1974, we were ready to become a university, because we had a free-standing dental school affiliated with the University of Oregon, a free-standing medical school affiliated, loosely, with the University of Oregon, and we had a department of nursing, which was a department of the medical school but now was on the way to becoming a school of nursing. It appeared appropriate in 1974 that these three schools affiliate into a single university. And so the Faculty Council debated for a long time whether to call it the Oregon Health Sciences University or this that and the other, but, I think in part as a kind of a gesture to the University of Oregon, we called it the University of Oregon Health Sciences Center as its first official name.

It was a decision that was not fought at Eugene, it was certainly a decision that was applauded and strongly supported by the faculty of this institution.

O'ROURKE: The first president of the new organization was Louis Bluemle. What can you tell me about him?

MATARAZZO: He was interesting. When we were going through the receiving line when he first arrived with his wife, I went through the receiving line at the library to meet him, and I said, "Hello, Dr. Bluemle. I'm..." He said, "I know who you are." And I said, "You do?" And he said,

“Don’t you remember me?” And I said, “No. Tell me where we met.” And he said, “You go through the line and think about it.” And I thought about it long and hard, and I didn’t remember. And when I asked him, he chuckled and said, “Joe, I was on an NIH study section with you one time.” Well, he really wasn’t. He was an ad hoc member who came in for one review session. I would have remembered him if he had been a full-time member of that study section for three years.

But Lew Bluemle had some very good ideas. He strengthened the administration into a real university administration, taking the hospitals under the administration of the university and away from the medical school, and he firmly integrated the schools of nursing and dentistry with medicine so that we were no longer three free-standing entities but rather a part of one university.

His doing this created some conflicts, because he chose as a vice president for the university hospital an internist who was a very competent internist, but which internist decided that a clearer split between the medical school and the university hospital was in order. In fact, I believe he was responsible for considerable conflict on this campus as, in my perception of it, at least, he tried to start departments in the hospital equal to the departments, the academic departments, in the medical school. His first venture was that the emergency medicine department he envisioned in the hospital was going to be independent of the academic department in the medical school. Also, from the pathology department he had hoped to make a university hospital department with a looser arrangement to the faculty of the medical school. He attempted to get a department of pediatrics in the university hospital and clinics independent of the academic department, which didn’t go anywhere. He attempted to get a department of medical psychology in the hospitals and clinics independent of our department of medical psychology in the medical school side, and that didn’t get anywhere, either.

The excellent dean of the medical school that we had while this was going on, Robert Stone, who had been director of NIH, didn’t want to fight Donald Kassebaum, who was vice president for university hospital. Bob Stone, as dean of the medical school, didn’t want to get into a fight over

these hospital versus medical school resources. But I saw it, and I made it plain in every arena that I could find, that this was a blatant attempt to make the medical school responsible only for the first two years, to make it a two-year medical school, and years three and four—the clerkships in the hospitals and clinics—would be the responsibility of the vice president for university hospitals and clinics. And I fought Don Kassebaum at every turn, and I minced no words with Don that I thought this was not good for the university, not good for patients or for students or faculty. Although Don and I had fought over this issued, he and I remained friends.

O’ROURKE: Now, you said that Bluemle appointed Kassebaum. Did you make your case to Bluemle also, then?

MATARAZZO: No, because Bluemle was gone by the time that Kassebaum was pushing for this major split between the hospitals and the medical school. But I did make the case with Len Laster, who succeeded Bluemle as president. When Laster saw that the attempt by Kassebaum to get these free-standing—well, I’ll talk only about ours—the free-standing department of medical psychology into hospitals and clinics, totally out of the administration of the medical school, Laster was furious.

And the way this came up is that, whereas like all other department heads, I annually signed off on the budgets and the personnel for the hospitals and clinics. Unbeknown to me, Kassebaum had asked somebody else, a member of my department, to be the administrator of the budgets and resources in the hospitals and clinics for medical psychology. And when I learned about this, I was furious that I had been cut off and I was no longer responsible for these resources in my department. I went to see Laster—well, first I went to see Bob Stone and complained vigorously. I indicated that I was going to go to the chancellor of the state board of higher education on this issue. Stone and Laster got after Don Kassebaum, and Don backed off. But I was willing to go to the chancellor on what I considered a crucial issue in the division—in the cutting up of what was a very good health sciences university into little, pre 20th century Italian-type city states and fiefdoms.

I don't know if you've heard about this potential hospital-medical school split from others, but I hope that others—if Bill Krippaehne, the former chairman of surgery, were alive, he would give you more detail, because he was as furious about Don Kassebaum's power grab as I was.

O'ROURKE: No, I haven't heard too much about that up until now.

Actually, you know, there was one subject that you brought up earlier that I meant to pursue a little bit, and that was, you were mentioning the sixties and the sort of action in the streets, et cetera. Did that touch this campus at all?

MATARAZZO: Yes, it did, yes, it did [laughing], in an interesting, humorous way. Medical students, following the tradition of decades, certainly the tradition in this country and in Europe and elsewhere, male medical students used to wear shirts and ties when they came to class during first and second year. When they were on the wards, they wore white coats, but with shirts and ties underneath their white coats.

In the middle, late sixties, some students across the country and at our medical school decided to let their hair grow long. And Howard Lewis, who was chairman of medicine, and Bill Krippaehne, and some of the other senior faculty members with a lot of clout were furious about this. But the best they could do was to get such students to wear caps, nurses' caps. If they were going to be in the surgery and on the wards with long hair, not always washed, they were going to at least wear those hair caps. But we appeared to be impotent as a faculty, just as throughout the whole country most people in administration, certainly in higher education, were impotent, because the issues had to do with the Vietnam War and bigger issues that went way beyond medical school. The young people were revolting for reasons that they considered very important. The Vietnam War specifically.

Ultimately, when a student came to class, with long hair and no shoes, or came onto the ward, with long hair and no shoes, Howard Lewis had had it up to his neck, and he put his foot down. Hod as everyone called Lewis was a tremendously powerful figure, and he reasoned the heck with what was going on in the rest of the community and on the streets in this country,

he would not have such students on this campus. And he told a student to leave, that he could not come to ward rounds with long hair and with no shoes. And that was a turning point. Our nursing students never got into this, and I had less contact with the dental students. But the culture of our medical students was transformed overnight by Lewis' action so that by the late sixties we witnessed a return to a more acceptable wardrobe in our students.

There was one other event that I believe you will hear about, from Richard Jones or Peter Bentley who will tell you about in more detail. Beginning with Dean Baird, the University of Oregon Medical School had as its faculty senate a governing council called the Executive Faculty. It was made up of department heads who constituted the ruling body, so to speak, advisors to the dean about administration. And it was made up only of department heads. This was true at many other medical schools around the country.

As part of the societal revolt in the sixties, Peter Bentley, Dick Jones, who was chairman of biochemistry, [and] some other young faculty members began to discuss this and did succeed in democratically converting what had been the governing body of the medical school, from the Executive Faculty made up only of department heads in the clinical basic science departments, to a Faculty Council of the medical school.

The Faculty Council, which was the governing body recommending policy to the dean, was made up now of two parts. One, the appointed department heads of each department, and two, an elected faculty component. And that arrangement has remained in place since. I believe that the fact that so many more faculty members are participating in the governance of the medical school has been healthy. And our faculty council, which meets once a month, has been enriched in my opinion by having elected faculty members as well as the department heads.

[End of Tape 2, Side 2/Begin Tape 3, Side 1]

O'ROURKE: This is a continuation of the interview with Dr. Joseph Matarazzo on May 1, 1998.

One thing that I found interesting in terms of just the chronology of things was the rather short tenure as Bluemle as president of this institution. He was only here, what, for a little over two years. Do you have any sense of why that was?

MATARAZZO: First of all, in terms of governance, deans of medical schools and health science university presidents don't last more than three-and-a-half years is the average half life of these positions. But as the first such president and innovator, obviously Bluemle had to make some changes, and he had to do things that would not be popular, and, to his credit, he did them. And so I would guess that the changes created some backlash, and he felt more comfortable leaving; he wasn't forced out. My memory is clear that he decided on his own that, having been the first president and established us as a health sciences university, he was ready to go back to Philadelphia, and that's what he did.

O'ROURKE: And, of course, at least his one decision with respect to Kassebaum was one that you didn't—or, that turned out to be...

MATARAZZO: Kassebaum was an individual who was a brilliant internist, but he had a habit of writing the nastiest notes you could possibly imagine to faculty members. The notes were called "Kassegrams" by people who received them, because they were always extremely critical and negative. I never received one of those from Kass. Kass and I had liked and respected each other, and the fight we had was over a legitimate difference of opinion. He really thought it was healthy to have two sets of departments, academic departments and university hospital departments. I thought it was unhealthy. But we remained friends, even though we fought on that philosophical issue.

O'ROURKE: And you didn't say too much about—well, I didn't ask you, either—about Bluemle as a person. What kind of person was he?

MATARAZZO: I went to his home a couple of times; never really got to know him. I don't think in the two years he was here that I ever went to his office. I'd see him in the hallways and I'd say hello, but that was the extent of it. I never really got to know him the way I got to know other administrators. Bob Stone, for example, I knew—I'd see Bob socially as well as professionally. I was in his office frequently. We had a very good rapport, Stone and I, but with Bluemle, that was not the case.

O'ROURKE: And what kind of person was Stone?

MATARAZZO: Stone was a good administrator. He was a chairman of a department of pathology before he went to the Harvard Business School to learn about administration and leadership. From Harvard he was given the appointment as director of NIH. I was serving on NIH committees.

I believe Bob was a successful director of the National Institutes of Health. He had never been a dean of a medical school, and he came here, and he really tried very, very hard to be a good dean. He was admired and liked by all of us, I believe, as department heads because he was an academic who had a vision of what a health sciences center or university could be. The problem he had was that—and why I believe he left—is that he was—because of what was being done by the vice president of the university hospital, he was being more and more pushed into being essentially the dean of a two-year medical school, and no more. And while Stone was a very effective administrator, and while he was a fine human being, it was my sense he didn't have the kind of personality to take on or participate in that fight. So, rather than fight, which somebody else might have done, he just decided to leave, and he did, and he became a successful dean of another medical school in Texas. But I sensed that all of us who were his department heads liked him.

And, of course, Stone was succeeded by Ransom Arthur. Ransom Arthur was a man who spent about twenty years in the Navy. He was a fine gentleman. What I liked most about Ransom was his intellect. I had interviewed Ransom Arthur when he was still in the Navy. I was appointed by President Nixon to that first board of regents of the Uniformed Services University of the Health Sciences, the medical school built for the military in

Bethesda. David Packard was chairman of that board, and I was on that board of regents. We interviewed prospective deans for the first dean, and Ransom Arthur was one of those that we interviewed, and he was a close second to the person that we did hire.

Ransom had an intellect of the highest order, and he was the most academic and intellectual of all of the deans I've ever met. He was interested in education and in medical education; he was interested in producing the very best teachers and scientists and clinicians that a university such as ours could sustain; and he was well read, and versed in many subjects. A thoroughly honest person, just as Stone and the other deans before him were, and, I think, respected and liked by the faculty. Among the deans under whom I have served, I would say he and David Baird were admired and respected by everyone. Admired, respected and liked. A very hard combination to achieve.

O'ROURKE: Now, there's also Richard Jones as the interim president of the Health Sciences University. Maybe it was the Center, still, at that point. But what can you tell me about him and his tenure?

MATARAZZO: Dick Jones was and remains a colleague who when he was chairman of the department of biochemistry, I had lots of contacts with. This was both as members of the executive faculty, where we had meetings of department heads, but also because his department and the department of physiology and my department had a training grant in common. It was called a training program in the biological bases of behavior. The three departments had some faculty and graduate students in common. Before his presidency I had known Dick for a long time and liked him.

He was a good friend of Lieuallen, who was the chancellor of the state board of higher education. I believe they had been friends for some time. And although I don't know this to be a fact, it's my guess that when Bluemle left and Chancellor Lieuallen needed an interim president of the Health Sciences Center, he turned to somebody whom he respected and he knew was a very good administrator and a good faculty member, Dick Jones.

Dick took the job very seriously and tried to be as good an administrator as he possibly could. But he inherited many of the problems that Bluemle had run into. Bluemle was running into problems with Bill Krippaehne, especially, in surgery. Bluemle was trying to do things that Bill, in common with me and some others of us, thought were not in the best interests of the Health Sciences Center; namely, some separation of the medical school and hospitals, but, more important, bringing the clinical faculty, in their clinical practices, more under the rule of the university through practice plans that were just evolving, and poor Dick inherited this. The clinicians wanted to have their own practice plans. We've never been highly paid at this university, and so part of the compensation for faculty members on the clinical side was through their own private practices, which practices, except for one or two exceptions, had been and remain modest. I sensed Bluemle was trying to gain control over some of this private practice income. Bill Krippaehne and some other strong clinical faculty members fought Bluemle, and when he left, I think that Dick Jones ran into some of that firefight, one not of his own doing, in relation to some of the clinical departments.

But I would say that in his one year tenure as president, Dick Jones did the best job anybody could have done under those circumstances. He had difficult problems, and I think because he's a thoroughly honest person and effective administrator, I think he handled it well, certainly much better than I think I could have done.

O'ROURKE: Well, you're almost anticipating my next question here, which is that you mentioned your own affinity for administrative matters, and certainly proved to be a good administrator in your own department. Did you ever have higher aspirations in terms of administrative jobs, or were quite happy with where you were?

MATARAZZO: Well, first, I was, and remain, very happy here. I did have a couple of opportunities. I was nominated—something that I did not

know about until I learned it—that I was a nominee for the presidencies of a couple of universities.

I always thought that I would do well as a president of a university. However, Ruth, my wife, has had a very different opinion, and I believe that her perception of this is probably better than mine, more accurate than mine. We've known and also served a number of presidents, and she has always felt that my major limitation as a president was that I don't know enough to keep my mouth shut and my opinions to myself in some situations. I am not an effective diplomat, and when I have an opinion about something that I feel strongly about, I don't hesitate to call a spade a spade. And Ruth has reminded me that to succeed as a president of a university with diverse faculty, diverse issues, and all other types of student problems, budget problems, faculty problems, you've got to be diplomatic at all times. You must never lose your cool. And I am an individual who, as an administrator, rarely lose my cool, if somebody pushes me too hard and pushes again and again, I am apt to tell them exactly what I think. And Ruth has reminded me, correctly, that this is not a trait for a college president. And she's right.

Interestingly, and possibly miraculously, I have succeeded as a department head. We had little or no rancor in forty years in our department, a department that numbered 43 full-time faculty when I stepped down. In the almost forty years that I chaired it, whenever we made decisions, whenever we took a vote on important issues, the vote was always unanimous, except in two cases. This is hard to believe, I know. But I would always ask either one division or group of faculty or another group to present the major issue, whether it was on the clinical side or the research side of our department, to staff it thoroughly before it came to the full department for a vote. Whether it was an addition of a new faculty member or a new program that we were going to institute, I wanted it thoroughly worked through and staffed before it came to a full staff meeting. And I wanted the other half of the department to also look at it before it came up for a vote so that there wouldn't be disagreement.

Miraculously, in every instance in hundreds of votes in thirty-eight years, except in two cases, our faculty's vote was unanimous. Those two cases were interesting ones where we were bringing in a new faculty member, and the recommendation was to hire the person at the assistant professor level. The vote was unanimous in both cases, minus one person. One faculty member voted no, one each for two different faculty appointments, and that instead the person be awarded an appointment as an instructor instead of an assistant professor. This despite the fact that all of these other votes for years had been unanimous, he wouldn't budge because one of the faculty members that we hired on his side of the department had qualifications not too unlike these two people being brought in as assistant professors. His votes were something I could understand and respected him for taking the stand he did even though, had I been voting, I would have voted for the higher rank in both cases.

I believe (immodestly) that I have been a reasonably successful administrator, but to succeed as a chairman of a department such as ours is very different than being president of a university, with much larger responsibilities and many more people to deal with.

But, then, I could add that I was president of the American Psychological Association from 1989 to 1990, and administered an organization of well over a hundred thousand psychologist members. Although I was not dealing with each one of them face to face, it appeared to me that I had considerable success as that kind of an administrator. But it did not involve dealing with budgets and with people on a day-to-day basis. It was from afar, in Oregon and not Washington, D.C., that I lived and served as president by commuting two to three times monthly.

But to summarize, Ruth was correct, I would not have made a good university president.

O'ROURKE: And what were the two opportunities that you said you had?

MATARAZZO: [Laughing] I won't mention them.

O'ROURKE: Okay. Was it her counsel and advice on those specific occasions?

MATARAZZO: No, her counsel was that I should not pursue these—I was on a short list, and I did not pursue them beyond that.

She did not discourage me during 1991-1992 when I served as a member of the National Mental Health Advisory Council and George Bush was president. I was on his short list of two people, and finally I was on his short list of one. I was Bush's final selectee to be the director of an agency, SAMPSA, the agency which oversees NIMH's service programs in this country, the services that are provided at the community level throughout the country in the area of mental illness and mental health. I had been to the White House twice, and in the summer of '91, when the presidential election was in full force, I had been told that I was the nominee that George Bush was going to appoint and send up for confirmation to the Senate for that particular position.

I believe I would have been successful at that, because, again, while over almost a billion dollars annually is involved in the budget, I believed it would not be not much different than running a medical school department. Again, there's a difference between being an elected chair of something and an appointed head of something. I do very well when you are totally in charge of something, and that was an important presidential appointment where I would have been in charge of that department. Whereas as a university president I don't believe I would be as much in charge of anything; a president is like a chair of a governing council, involved in governance of a university. And, obviously, I didn't get the appointment because Bush lost to Clinton.

O'ROURKE: You mentioned Leonard Laster, actually just in passing, but he came in 1978, and enjoyed a fairly long tenure, although maybe somewhat controversial towards the end, anyway. What can you tell me about Laster?

MATARAZZO: He's a very complex person. Again, a person that I liked and that I believe liked me. I didn't have a lot of administrative

interactions with him, as evidenced by the fact that I was never a faculty member that he screamed at, because we didn't have that kind of relationship. My department was not one that was involved in the kind of politics he was involved in in trying to run this university.

I knew him personally, socially. Not well, but enough so we had seen each other at each other's homes a number of times.

He tried very hard to deal with a very perplexing problem that Bluemle had started looking into, that Dick Jones inherited, and Laster dealt with the longest; namely, how to deal with a faculty that didn't have a lot of money for salaries and other resources. The clinical faculty earlier had begun to a great extent to supplement its income through private practice, through private practice plans. Laster tried to gain more control over those private practice plans, as today is happening. Our current president, Pete Kohler, within months will have finalized a plan he's been working on for some time of all of the private practice plans being under his control in one format, whereas before we had fifteen different practice plans in that many different departments.

Laster tried to get better control over those private practice plans. The history of the faculty here was that each clinician operated as an entrepreneur on his or her own, although within a department and with some of the money going to the department and a little bit of it to the medical school. Laster tried to get even better control and, of course, he ran into a hornets' nest. Many faculty members earned a total annual medical school salary of \$30- or \$40,000. For example, a surgeon who could earn \$200,000 downtown was getting paid a base salary of 30- or 40,000, and the rest of it was going to be earned through private practice. These were serious issues that Len ran into, and he was constantly battling primarily the clinicians. He had fewer battles with the basic science departments. They had their own research; their own research grants; they had courses to teach to first- and second-year medical students. They were not part of the fray, this big battle going on in the bigger picture for the university. Given the enormity of the problems involving income sources for the clinical faculty, I believe Len did a creditable job with the resources available.

He was a private person. He was not a warm, compassionate individual. He got into a disagreement with Ransom Arthur, and Ransom quit. They had been residents together at the Mass General Hospital, they had known each other for many years. Laster was chief resident and Ransom was the second in command. But Ransom wanted this to be an intellectually prominent university; whereas Laster, because of his position, was more worried about the business side of the university. So Ransom resigned. And that was a big blow to the faculty, who respected and admired Ransom. Ransom was a warm person. When he talked to you, you knew it was from the heart. Laster would give what appeared to be canned speeches; but I believe they too came from his heart. But they were a little more stilted and a little bit more formal and too administrative in their content, flow and orientation.

Len did not get—and I really was concerned about this—the support of the faculty. When his five years were up and he was up for review, the state board of higher education chancellor solicited opinions from the faculty. And then the chancellor and the state board published a public evaluation of him in *The Oregonian*; and although they retained him, kept him on, they recommended that he take training in X versus Y leadership styles. X is the dictatorial, from me down to the rest of you; Y is from the bottom up, a kind of a participatory leadership. Len had never understood participatory leadership. He would give orders, and so on.

When his review was published in *The Oregonian*, I left my office to buy a copy of the three o'clock newspaper when it arrived on our campus, and there was his evaluation on the front page. And it was a critical review, although they were retaining him. The evaluation would have depressed me. So I called him at home. He and his wife, Ruth Ann, were at home. I went over to visit because I anticipated that he would be depressed, and as a colleague I was just going to go over and chat with him and see how things were going. Well, things were going well enough for Len. I invited them to dinner that night, but they had other plans. The evaluation did not appear to have phased him. I think that his wife, Ruth Ann, was more publicly and visibly bothered by it than was Len. In talking to him about it that afternoon, it was almost as if it hadn't happened. He was able, I think, to compartmentalize that much.

But my overall evaluation of Len was that he, too, had a very difficult job, not enough resources, lots of different currents, different kinds of people with different kinds of needs, and stresses and so on. I give him credit for doing as good a job as he could do under the circumstances.

O'ROURKE: Well, when you were talking about the private practice plans being sort of at the heart of at least some of his problems, this would be the specific arrangements that a physician up here would work out? And you said there were dozens of them?

MATARAZZO: Every department had its own plan as to what would be done with the practice monies. We earlier had agreed under Dr. Holman, when he was dean, that each clinician's income would be divided into three parts. For example, if I earned a thousand dollars in private practice in a year, I would give seven percent of it to my department, I would give four percent of it to the dean's office to be used for improving education—it's called the MEIF, Medical Education Improvement Fund—and I would keep 89 percent for myself as gross, from which I would have to pay expenses and so on. Most of the departments had a plan roughly similar, although their percentages could have varied a little bit.

But different departments handled the monies that they got differently. For example, there was a department that gave none of the monies to the faculty, like pediatrics. The pediatric chairman took all of the money earned by faculty but gave each a higher guaranteed state salary. If, for example, your state salary was \$50,000 a year, because you were a pretty high earner the department might supplement your salary by \$40,000 from the income you generated as a clinician but which you never saw. So instead of seven percent going to the department and four percent to the dean, a hundred percent went to the department, of which it would give four percent to the dean, keep 96 percent, and give you some of it, say \$40,000 of it, back, in a single university check. Under the pediatrics plan when one retired under PERS, the retirement program that we have through the state board of higher education, one's retirement income would be considerably higher than anybody else's because retirement income through PERS is based on total salary. Well, there were just two—there was that department of pediatrics

and I believe the division of cardiology in the department of medicine that did that.

I recall that in another department, the department head took all of the money and decided what to do with it, and maybe gave some of it back, to the clinician earning it or maybe doing something else with the remainder such as hiring other faculty. There were as many plans as there were clinical departments, and that was a headache. It was a real problem, but the net effect was that we could continue to survive as a medical school despite the fact that Oregon has never had enough resources through the state legislature for competitive salaries, either for its clinical or basic science faculties.

I sense that currently there are some faculty members whose annual state salaries are \$10- to \$15,000. These may be surgeons in the eye department, for example, who have a base salary of \$15,000, but have to earn the rest of it from private practice. There are people in the department of medicine that also have this type of low state salary. And so the private practice plans were an opportunity to supplement income and bring to this faculty a large department of ophthalmology. Ophthalmology's budget, I think, was no bigger than medical psychology's budget: \$5-, \$6- \$700,000 a year. The extremely competent department head, Fritz Fraunfelder, went ahead and hired what appears to me to be some two dozen surgeons full-time. Well, one can't do that easily with that kind of a state salary base, so he might pay somebody \$5- or \$10- or \$15,000; the other \$80, \$100-, \$150,000 might be earned through private practice.

OHSU administrators and department heads were able to sustain a viable health sciences university here by bringing in new faculty that we needed as specialists as new developments occurred in each specialty by, on the one hand, allowing faculty members to supplement their low salaries through private practice on the clinical side, and on the research side, I recall starting with Dick Jones, as chair of the department of biochemistry, to allow his faculty members to supplement their low state salaries from their research grants. And as long as they had the research grant, they would receive that supplement.

And that's still the case today. Faculty members in the basic sciences, if they have research grants, supplement the salaries that way; on the clinical side, they do it through private practice, seeing patients. And that private practice issue was a main one that I recall dogged each of the presidents we've had, and the only one who seems to be succeeding is Pete Kohler. He's built on the earlier experiences of Holman, Bluemle, Jones, and Laster; he's gained the confidence of a lot of the faculty; and I sense it's less of a divisive issue today than when Bluemle and Laster were involved.

O'ROURKE: Well, it's just maybe almost a footnote here in terms of Laster, but there was another interesting letter in the papers that you passed on. A letter that was sent out under your signature that apparently you never wrote, and it was a letter recommending Laster, I guess, for a position elsewhere.

MATARAZZO: Oh yes, yes, yes. Was it in the file I gave to this history project?

O'ROURKE: Yeah, I believe so.

MATARAZZO: I do remember sending it on. That's right.

[End of Tape 3, Side 1/Begin Side 2]

O'ROURKE: Did you ever get to the bottom of that mystery, in terms of who maybe wrote the letter?

MATARAZZO: No, I never got to the bottom of that mystery. But it was a letter, purportedly signed by me, nominating Laster for a position in the University of California system. The perpetrator(s) signed my name, but the signature is so clearly not mine. However, Len's *vita* that was enclosed with my letter was a legitimate *vita*. They had gotten that from the public affairs office, so it was a legitimate *vita*, but the letter was not mine. And the reason I learned about it is that someone from the University of California called me, asking me for an oral interview to supplement my letter nominating Laster for that position, and I said I never sent that letter, and so they sent it back to me.

O'ROURKE: And it was your speculation, in a note that you wrote on the letter, that maybe somebody else from up here had sent it thinking that Len would move on?

MATARAZZO: Oh, there were people that knew about the letter, that knew it had been sent, but they never told me who it was that used my name to—they knew that I liked Len Laster, and they figured that I would be an appropriate foil to be the person who allegedly wrote that letter.

O'ROURKE: Okay. Well, Peter Kohler's name has come up once or twice, too. Maybe, just in terms of finishing off the discussion of the heads of Health Sciences University, you could tell me a little bit about him and his tenure.

MATARAZZO: Well, as you know, Pete's an internist and endocrinologist. He was dean of a Texas medical school before he came here. I believe the best way to summarize my view of him is what Ruth Matarazzo had to say to me about him two days ago, when Pete, as president, hosted an annual awards luncheon. He was giving out awards at 3:30 that afternoon, pins to people who had been here ten years, fifteen, twenty, twenty-five, thirty, thirty-five, and me. I was the only one who had been here forty years. Earlier in the day Ruth and I were at lunch with Pete and a small group, and she remarked about how well he was conducting the luncheon and the comments that he made to all of us who had been here for an extended period. Then she made the same comment that afternoon as she sat next to me at 3:30, when Pete was giving out the pins to employees for recognition. At lunch there were people from twenty-five years on; at the pin ceremony, many more from ten years on. She said, "He is an absolutely wonderful administrator." I agree wholeheartedly.

First, he's got a very good sense of humor. He's constantly smiling, and you know that it's genuine; that is, he is a genuinely happy, optimistic person. In addition, he knows exactly what to say on each occasion. He's

generous in his praise of other people, and self-effacing in a very humorous way. I think that he's liked by the faculty because you don't get the

impression that there's anything in it for him, that he's really interested in this institution, in this health sciences university, and he works very, very hard at it.

In addition, he's a brilliant administrator. He was able to recruit to the board of trustees of our now semi-private health sciences university leaders from the community, people with tremendous stature, and they brought with them business as well as government types of experiences. And they have helped him in the ways a board of directors should. Namely, first get the big picture of where Oregon Health Sciences University as the major employer in the state of Oregon, certainly in the city of Portland, fits in the big picture. And he benefits from their counsel, he follows it. In addition, he likes students, he's as happy with meeting and talking to a student as he is to a member of the board of trustees or a faculty member or a patient, and I believe he's been highly successful across these various constituencies.

O'ROURKE: We haven't talked too much about your own department since those early days, up through the struggle between psychiatry and psychology. We did a pretty good job that far, but I wonder if there's anything in these last twenty years or so that you were the head of the department that you think we should talk about.

MATARAZZO: Well, I can do this quite easily. We had two very competent and dedicated groups in our department—on the clinical side, Arthur Wiens and Ruth Matarazzo, plus full-time faculty members from the VA hospital as well as from the CDRC (the pediatric-type psychologists). For forty years, these people on the clinical side have done an outstanding job. They helped us become well known nationally. Our department has attained tremendous national visibility because of their leadership in clinical psychology. Art, Ruth, and these others have been chairs of very important committees of the Oregon and the American Psychological Associations. Art Wiens has been president of the American Association of State Licensing Boards in Psychology, Ruth was president of the Oregon Psychological Association and has served as chair of a number of the most important

boards of the American Psychological Association. Both of them are board certified, as are a number of other of our department's clinical psychologists.

They and their clinician colleagues have published well received articles on their research, on education, and on teaching. They each have received awards at the national level. I believe they and our department still retain, today, a highly respected position in clinical psychology at the national level because of these contributions. They and our other clinical faculty also have established one of the most sought after residency programs in the country.

On the animal behavior research side of the department we've been equally successful. We have Chris Cunningham, who succeeded me two years ago as chairman of the department, now called behavioral neuroscience, and John Crabbe, and their colleagues, who are at the forefront of neuromolecular and genetic bases of behavior. Crabbe, Cunningham, and their other basic science colleagues have served on NIH study sections, and garnered enviable international reputations for the department.

I believe that although they have been cited in the national media for major advances in the neuromolecular bases of behavior, I fully anticipate that in the next ten years they will have made a major breakthrough in understanding, especially for alcoholism and addictive behaviors, mechanisms of behavior at the molecular level. This faculty also has in place excellent training programs for pre- and postdoctoral research students who will go on and have gone to leadership positions on the research side of psychology.

I would say, looking back, that each of these programs have brought us national visibility. The department is still growing, and it's still developing and has brought a lot of visibility and prestige to our health sciences university.

Now, having mentioned that we're a behavioral neuroscience department instead of a department of medical psychology, I should probably elaborate a little bit on that. Two years ago, the university changed the name of the department from medical psychology to behavioral neuroscience. This was after a long analysis by a committee appointed by Dean Joseph Bloom to look at the feasibility of integrating the departments of physiology, pharmacology, and medical psychology into a single, unified

department. This has been happening at other medical schools where the number of departments is being reduced. For example, a number of the developments in cell biology make it no longer tenable that there be a department of biochemistry, another one of genetics, and a third one of microbiology, because they each are dealing with cell biology. I anticipate that during the next decade there will be additional changes in making two or three of those departments into a single department at our medical school.

The committee that Joe Bloom appointed recommended that only physiology and pharmacology be combined into a department; but because psychology and psychologists were sufficiently different that they have their own department. As a result we remained a department. It was renamed, with my blessings I might add, the department of behavioral neuroscience. I believe this change in name is good for the study of behavior, because I believe that in the next decade behavior is going to be understood at the molecular and neuromolecular level and not at the interpersonal level, primarily as it has for so many decades.

O'ROURKE: So biologically determined, then? Is that...

MATARAZZO: I was trained to believe that behavior was a function of both biology and one's environment. But I have been persuaded, at least, in the last twenty years by research that much of behavior, much more than fifty percent, is biologically determined. Personality, temperament, likes, dislikes, many of these characteristics are being shown to be determined biologically and not primarily by environment, although environment plays a crucial role. I'm sure that biology will win out as the primary basis, especially in the year of the genome. When investigators unravel this puzzle and lay it all out, we're going to see that maybe even the kind of people that one likes or the kinds of interests that one has are much more determined by biology than by environment.

O'ROURKE: That's very interesting.

Well, you know, there's undoubtedly dozens of people we haven't talked about, and lots of situations, but I do think that we are running out of time, here, and so I'd just like to ask you if there's anything else that you can

think of that we haven't talked about that you would like to say a few words about.

MATARAZZO: Just a closing statement.

I think that Ruth and I were blessed when given the opportunity to come here. We've been here for forty years. Our first child, Harris, was born a month after we arrived. He's an attorney, married to an attorney (her name is Judy), and they have given us a wonderful grandson, Harrison. He's almost six years old.

Our second child, born two years later, is Elizabeth Holman, Liz Holman as she's known on campus. She works in the budget department and has an administrative position there, one that she enjoys thoroughly. Ruth and I are proud of her and her husband, Richard, and their two children, Daniel and John, ages four and three.

And, then, our youngest child was born four years after that, Sara, who is an attorney, and her husband, Jay, who is an attorney. They have a son, Nathaniel, who's nineteen months old, and they are expecting another child in about six months.

I believe that all of us as a family were extremely lucky that David Baird made this offer to Ruth and me to come out here to Oregon in 1957, and we wouldn't change any of it at all.

Thank you for the interview. I've enjoyed talking to you.

O'ROURKE: Well, I've enjoyed talking to you. Thank you, very much.

[End of interview]

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