

# PSYCHOLOGY IN A MEDICAL SCHOOL: A PERSONAL ACCOUNT OF A DEPARTMENT'S 35-YEAR HISTORY

JOSEPH D. MATARAZZO

*Oregon Health Sciences University*

In 1911 John Broadus Watson and Shepard Ivory Franz proposed that the teaching of psychology was as essential to the education of medical students as were anatomy, pharmacology, surgery, and the other basic and clinical sciences. Today, our country's 126 medical schools *each* employ an average of some 35 full-time faculty psychologists; 6 have established full-fledged departments of psychology that are comparable (administratively) to departments that include faculty from the more traditional basic and clinical sciences. Thirty-five years ago (in 1957) the University of Oregon Medical School was the first medical school to create a department of Medical Psychology. The present writer was hired that year to chair that newly established department and has served continuously in that capacity since then. This Presidential Address to the APA Division of the History of Psychology offers the writer's personal perspective on the history and development of that department during its first 35 years of existence.

## OREGON'S MEDICAL COLLEGE

In 1842, 17 years before Oregon achieved statehood, Willamette University was founded in the Oregon Territories in a small frontier town (Salem) with a population of about 1,200 by Jason Lee, a Methodist minister. Historical records compiled by Larsell (1947) and Wilson (1967, 1974) record that two decades later (February of 1865), at the request of the Governor of Oregon and a subgroup of Oregon's small contingent of frontier physicians, the board of trustees of Willamette University established the Oregon Territories' first medical school as the Medical Department of Willamette University. For shorthand, the department also was referred to as "The Oregon Medical College." The site selected by Willamette for its new unit was Portland, the state's largest town, which was located 50 miles north of Salem. Despite the planned appointment of eight men to the faculty, this fledgling medical department never could take root in Portland, and, in November of 1866, the department was relocated to its parent university in Salem. The first lectures in the department's Salem site were offered on March 3, 1867 to 24 students in a physical plant typical of this country's medical schools of the era, which consisted of a lecture room, a blackboard, and an area for the dissection of a cadaver. Later that same year a commencement was held for the school's first three recipients of the Doctor of Medicine (M.D.) degree. In those immediate post Civil War days, admission standards were nonexistent in our country's medical schools. (In fact, it was only in 1883 that the number of *courses* a student enrolled in this school had to complete to sit for medical examinations was increased from two to three.)

This article is based on the presidential address delivered to Division 26 (History of Psychology) at the meeting of the American Psychological Association, Washington, August 16, 1992.

Correspondence should be addressed to Joseph D. Matarazzo, Department of Medical Psychology, School of Medicine, Oregon Health Sciences University, Portland, OR 97201.

## THE UNIVERSITY OF OREGON MEDICAL SCHOOL

Because the city of Portland's population numbered about 19,000 and for a host of other reasons, including friction among the small group of faculty members, after its relocation in Salem in 1866, the Board of Trustees of Willamette University moved the medical department from Salem back to Portland (1876) and, again in 1895, back to Salem. In the interim, at the instigation of the recently formed (1874) Oregon Medical Association, and after a number of schisms within the faculty of Willamette University's Medical Department, in 1877 a second and rival medical college (which subsequently was chartered in 1890 by the Regents of the University of Oregon as the University of Oregon Medical School) was formed in Portland. Experience revealed that a frontier state could not accommodate two medical schools, and the two were merged in 1887 into a single Oregon Medical College, only to split up again a few years later. However, due to Portland's larger population from which to draw to support a medical education, better hospital facilities, a larger pool of physicians, the strong backing of the state medical society, and criticism of Willamette's medical college for its poor quality by the Association of American Medical Colleges (which earlier had accredited it), the medical school in Salem was unable to survive. In fact, as part of his decade-long tour of the country's medical schools Abraham Flexner visited both Oregon schools and, in his published report to the Carnegie Foundation (Flexner, 1910), offered a scathing criticism of the Willamette school and added that only the state medical school met the requirements to continue offering an acceptable medical education. As a result, in 1913 the Willamette Medical Department in Salem officially was discontinued by the trustees of the university and concurrently merged with its Portland rival, the University of Oregon Medical School; the new unit retained the name of the latter. The higher standards for all medical schools mandated by Flexner soon thereafter stimulated Oregon's state legislature to provide the newly combined, state-supported medical school with more financial resources. Concurrently, in 1914 the Oregon Railway and Navigation Company donated 20 acres of land on Marquam Hill in Portland for a new site, on which a Medical Science Building was erected in 1918. In 1920 the local county elected officials donated 9 acres of adjacent land, on which in 1923 they finished construction of the Multnomah County Hospital for the University of Oregon Medical School to use in its teaching programs. Then, in 1926 the United States Government deeded 25 adjacent acres and built a veterans hospital to serve as the medical school's second teaching hospital.

The full-time faculty of the University of Oregon Medical School remained few in number during the whole of the first half of the twentieth century. Nevertheless, a few critical positions were filled after the publication of Flexner's evaluation. Specifically, during 1914-1921 a full-time faculty member was recruited to provide instruction in and serve as head of formally established departments of anatomy, physiological chemistry, pathology, physiology, bacteriology, and materia medica and pharmacology. In common with most of this country's medical schools of the era, during the years 1910-1945 the small *full-time* faculty of the University of Oregon Medical School consisted almost exclusively of individuals who were members of these just-cited basic science departments. One exception was Edwin Osgood, M.D., who was hired in 1926 to teach biochemistry, laboratory diagnosis, and medicine and who, in 1941, was made the head of the newly created Division of Experimental Medicine. (Osgood shortly thereafter gained international eminence for his research on chromosomes and the study of leukemia.) In fact, as documented by Larsell (1947), in 1943 the *full-time* faculty of the University of Oregon Medical School numbered only 14 and was made up primarily of chairmen (plus one additional faculty member) of basic science departments. In 1943 those chairmen were E. F. Allen, Ph.D. (Anatomy); W. F. Youmans, M.D., Ph.D. (Physiology); Edward S. West, Ph.D. (Biochemistry); Norman David, M.D. (Pharmacology); Warren C. Hunter, M.D. (Pathology); and Harry Sears, Ph.D. (Bacteriology). The rest of the

faculty consisted of *volunteer* physicians from the community, who took time from their practices to provide instruction in medicine, surgery, and the other clinical courses offered in the third and fourth years of the medical school curriculum. However, these staffing patterns would change during the Second World War as Oregon's and this country's other medical colleges began a process of building and self-renewal that would continue unabated for the next half-century and transform our nation's medical schools' basic science and clinical departments, plus their associated and medical care services, into the best in the world.

#### THE ESTABLISHMENT OF FULL-TIME CLINICAL DEPARTMENTS

With a minuscule full-time faculty, just before mid-century the University of Oregon Medical School hired its first full-time clinical department heads. These were Adolph Weinzirl, M.D., in public health and preventive medicine (in 1942); Kenneth Swan, M.D., in ophthalmology (in 1945); and Kenneth W. Livingston, M.D., in surgery (1947). Additionally, Howard Stearns, M.D., was hired as the part-time salaried head for obstetrics and gynecology (in 1945). Much earlier, Laurence Selling, M.D., one of Portland's eminent local practitioners, had been installed as a *volunteer* clinical professor and chairman of the school's Department of Medicine as well as head of the Division of Neurology within that department. He served in those volunteer teaching roles from 1928 to 1946.

In 1946 Howard Lewis, M.D., recently discharged from the Army, accepted the full-time appointment as associate professor of medicine offered to him by David W. E. Baird, M.D. The latter had been installed as the school's fourth dean in 1943, a year in which, as indicated above, the full-time faculty of the school consisted of only 14 members. In 1947 Lewis was promoted to professor and chairman of the Department of Medicine. As one of his first official actions, Lewis affiliated with his new department Osgood's Division of Experimental Medicine, which had been (and after 1947 also remained) a freestanding Division of the medical school since 1941. The Department of Medicine, now staffed by two full-time clinician-faculty members (Lewis and Osgood), shortly thereafter added three additional full-time physician-teachers to its complement. These were Hance Haney, M.D., Ph.D., who transferred to the Department of Medicine from the Department of Physiology in 1946 to become Director of Medical Outpatient Services; plus Daniel Labby, M.D., who was added in 1948 as head of the Division of Diabetes and Metabolic Diseases; and Herbert Griswold, M.D., who transferred from the Department of Physiology in 1949 to head the medicine department's Division of Cardiology.

Within the next 10 years Dean Baird recruited one or more additional key clinical faculty members in various specialty areas, thereby initiating or adding strength to the school's full-time clinical departments. Thus, in 1957 with the number of full-time faculty members then numbering some 56, plus approximately 600 volunteer faculty members to help teach the clinical subjects one or more half-days each week, the University of Oregon Medical School laid the foundation for the exponential growth that would occur during the next three decades. During these three decades, full-time departments of what were formally divisions (i.e., neurology, dermatology, otolaryngology, orthopedics, anesthesiology, etc.) within the departments of medicine and surgery became separate, full-fledged departments in their own right. It also was in 1957, at the beginning of this period of rapid growth, that actions were taken by Dean Baird to establish the country's first full-time Department of Medical Psychology at this medical school.

#### PSYCHOLOGY IN MEDICINE'S EARLY ROOTS

When one considers the long history of the relationship between medicine and psychology, the establishment of a formal department of psychology in a school of

medicine appears other than surprising. Since the beginning of recorded history the practice of medicine has consisted of the service, often via a systematized ritual and for a fee, that one human being, a helper, renders another, a sufferer, toward the goal of promoting the latter's well being. However, offering a healing service without fee in a nonprofessional exchange surely predates recorded history, inasmuch as the healing effects of an intimate relationship between any two persons must have been recognized for millennia before that. Medical care for a fee, on the other hand, probably had its historical roots in fiscal exchanges between humankind's first physicians (the high priest or priestess in ancient Babylonia, Egypt and Greece) and supplicant. Later, in the early middle ages, the practitioner of medicine was still a cleric, but was supplanted by the philosopher-scholar in the later middle ages and still later by the naturopath, who reigned as physician until the middle nineteenth century. Although these healers during each succeeding era had a few herbs or drugs with which to treat their patient, the main therapeutic agent available throughout millennia was a psychological one, namely, the patient's unconditional faith in the practitioner's healing powers.

Students of the sociology of the professions are aware that the development of societal institutions, such as professional and scientific disciplines, is governed by scientific advances plus a wide array of additional social forces (Matarazzo, 1987, p. 903). The development of psychology as an identifiable science did not begin until the last half of the nineteenth century. On the other hand, biology and chemistry already had begun their development as natural sciences more than a hundred years earlier. For that reason, and as described above, in the early 1900s Abraham Flexner and our country's leading medical leaders were able to utilize that accumulated scientific knowledge from human biology and chemistry to recast the definition of the modern physician as a professional whose healing ministrations (which up to that era had been primarily psychological) were solidly grounded in the sciences of human biology and chemistry. That 4-year curriculum (2 years of basic sciences followed by 2 years of clinical sciences) first introduced in 1893 by Johns Hopkins University at the time it started its own medical school, and subsequently mandated for all our nation's medical schools by Flexner in 1910, has continued to the present. However, psychology was not included as one of the basic sciences to be taught in the first 2 years of that new curriculum prescribed by Flexner. In fact, psychologists would play little or no role as faculty members in the education of student physicians during the whole of the first five decades of the twentieth century.

#### PSYCHOLOGY IN MEDICAL EDUCATION

Nevertheless, as suggested above and as countless historians of the two disciplines have described, during the past 5,000 years the practitioner of psychology during each succeeding era could not be differentiated from the practitioner of medicine, inasmuch as both roles were intermingled and practiced by the same individual. Unlike mathematicians, chemists, and physicists, whose fields were more clearly differentiated during each of those eras, it was only during the last half of the nineteenth century that physicians and psychologists themselves could be identified as members of distinctive professions, separate from each other and separate from the professions of theology and philosophy, which had subsumed (housed?) them during the previous five millennia. In fact, the history of professions records that in this country psychology and medicine, today identified as separate and distinct disciplines that are solidly grounded on an impressive scientific scaffolding, embarked upon their modern eras with rigorous post-baccalaureate curricula that were introduced within only a decade of the other. These post-baccalaureate, science-based curricula played a major role in defining the form each of these professions would take during the next 100 years. The present 4-year curriculum that leads to the doctor of philosophy degree in psychology first was introduced in the United States

in 1883 by Johns Hopkins University. And as described above, that event, which would define the future development of this new scientific discipline, occurred only a decade before Johns Hopkins University (in 1893) also totally revamped medical education by instituting a 4-year curriculum that led to a doctor of medicine degree (and which, in 1910, Flexner promulgated as the curricular model to be instituted by every medical school in our country).

It is of historical interest that, at this time at the close of the nineteenth century, the 4-year curriculum that led to the doctorate in both disciplines was being introduced in our country's institutions of higher learning, the idea that the subject matter of psychology should be a critical component of the education of a physician already was being addressed (Wadsworth, 1898). In fact, within a year of the time that Flexner published his recommendation for medical education that 2 years of clinical subjects should be built upon 2 years of basic medical sciences, leading educators in both psychology and in medicine already began to discuss which elements of psychology's subject matter would best fit into Flexner's refocused, 4-year curriculum of medical education. An excellent forum for discussing the potential role psychology could play in the education of young physicians was provided to both sets of educators in a symposium sponsored in 1911 by the American Psychological Association on the topic *The Relations of Psychology and Medical Education*. As is clear from their published remarks, there was agreement, between the two psychologists who participated in this symposium (Sheperd Ivory Franz, 1912, 1913; and John Broadus Watson, 1912), and their physician-colleagues (Adolph Meyer, 1912; E. E. Southard, 1912; and Morton Prince, 1912), that knowledge of psychological processes was essential to proper medical training. They further agreed both that courses in psychology should precede courses in neurology and psychiatry and that a sufficient number of hours should be devoted to psychology in the newly revised medical curriculum.

However, another 40 years would pass before the 1912 recommendations of these giants of psychology and medicine would strike a responsive cord. This may have been, in part, because the small, traditional, full-time faculties employed by medical schools during the first half of the twentieth century may have argued that it was difficult to find additional hours for psychology in a 4-year curriculum already "crowded" with basic science courses in anatomy, biochemistry, microbiology, and pharmacology plus 2 final years of clinical subjects. Also, the failure to gain implementation of the recommendations from the 1911 symposium may have been due in part to the subsequent organizational retrenchment that, following Flexner's report, took place as the numbers of medical schools in the United States *decreased* from 116 schools in 1910 to the 70 schools that were still operating in 1950. However, the continuing lack of psychology's representation in the 4-year medical school curriculum at mid-twentieth century also may have been influenced by the fact that psychologists already comprised large numbers of faculty members of Departments of Psychology in our country's colleges of arts and sciences, which colleges already had provided a pre-medical education to students who applied to medical schools.

#### RECRUITMENT OF PSYCHOLOGISTS TO MEDICAL SCHOOL FACULTIES

Whatever the reason, in contrast to colleges of arts and sciences this country's colleges of medicine were employing in *aggregate nationally* only a handful of psychologists on their faculties in 1950. Nevertheless, less than a half century after the 1912 symposium, the distinctive perspective that a faculty psychologist could add to a medical school and its affiliated hospital once again began to be proposed. As one example, in 1950 the Dean of the Washington University School of Medicine in St. Louis offered the following appraisal of why medical schools should begin to recruit psychologists to their own faculties: "I would note that the psychologist is distinguished from the psychiatrist in

interest and training, in the kind of service and skill which he is prepared to bring to the patient, and by a training in research that more closely resembles that of the investigator in physiology and biological and natural sciences" (Jacobsen, 1950, p. 33). This view of psychology's potential contribution to medical education and medicine was underscored by the first Director of the then recently established National Institute of Mental Health (NIMH). Specifically, in the same year that his Institute began to invest the first of what would be hundreds of millions of dollars in support of graduate (Ph.D.) education in all branches of psychology, Felix (1950, p. 23) opined that "It has long been recognized that progress in medicine and public health is significantly affected by the fortunes and progress of physiology, neurology, chemistry, biophysics, and other sciences, each of which has its own independent status, but each of which makes new advances possible in the applied fields of medicine and public health work." Historically important, he also added that "In fact, psychology can and should become one of the basic sciences to the entire public health field."

Such statements by leaders in medical education and government, and the explosion in the numbers of our youth who were seeking a higher education at the end of the Second World War, plus the concurrent heavy investment by our federal government in the natural, social, and medical sciences, had a marked impact on the types of faculty members who would be recruited by colleges of medicine. Thus, the earlier attitudes of medical school faculties with regard to the representatives of which disciplines needed to be recruited quickly changed, and our nation's medical schools began to add psychologists (as well as clinicians and scientists from many biomedical specialties) in large numbers to their full-time faculties. As a result of such forces, at mid-century the numbers of *full-time* psychologists on the faculties of our nation's medical schools began to increase dramatically. Specifically, their numbers increased from what were a mere handful before World War II to 255 in 1952 (Mensch, 1953); to 346 in 1955; to 583 in 1959; to 1,300 in 1969; to 2,336 in 1976 (Matarazzo, Carmody, & Gentry, 1981) and, by the present writer's estimate, to the neighborhood of 3,500 in 1992. Medical sociologists and medical anthropologists also began to be recruited by medical schools in 1950, but in numbers substantially smaller than those of psychologists.

A significant event that contributed to adding the first of these waves of psychologists to the faculties of colleges of medicine in the decade of the 1950s occurred with the formal action taken in 1957 by the Council on Medical Education and Hospitals of the American Medical Association. Specifically, in 1957 this powerful organization revised its "essentials of an acceptable medical school" and added human behavior to its list of subjects required as "basic knowledge" in a medical education (Straus, 1959). It was such developments on the national scene at the beginning of the second half of the twentieth century that provided a good part of the soil for the establishment in Oregon of the country's (and world's) first academic department of psychology in a medical school.

#### OREGON MEDICAL SCHOOL'S FIRST PSYCHOLOGISTS

Lectures in psychiatry had been part of the University of Oregon Medical School curriculum for many years. In fact, shortly after they received a charter in 1887 to establish the University of Oregon Medical School in Portland, the school's first small handful of faculty had included lectures on what years later would be called the specialty of psychiatry. Specifically, in an edited contribution by C. T. Dickel (1977, pp. 53-54), he records that in 1896 the first dean (1887-1912) of the Portland medical school, Simeon E. Josephi, M.D., offered lectures on Diseases of the Mind, including Insanity. Furthermore, that at the time of Josephi's retirement in 1921, lectures on Nervous and Mental Diseases were a formal part of the neurology curriculum offered by the earlier-cited Lawrence Selling, who, as a Portland physician and volunteer faculty member, served as both the medical school's head of the Division of Neurology and head of its parent

Department of Medicine. In that latter capacity, in 1931 Selling recruited a practicing Portland psychiatrist, Henry H. Dixon, M.D., as a volunteer Associate Professor and Head of the Division of Neuropsychiatry, which Selling established that year within the Department of Medicine. Subsequently, a full-time child psychiatrist, Charles Bradley, M.D., was added to the faculty of the Department of Pediatrics, where he remained until he transferred departments in 1957 when George Saslow, M.D., was recruited as Chairman of Oregon's newly established Department of Psychiatry.

I could find no record to indicate that a psychologist had ever been a member of the small, *full-time* faculty of the University of Oregon Medical School before the middle of the twentieth century. However, the third dean (1920-1943) of the University of Oregon Medical School, Richard B. Dillehunt, M.D., had recruited as a part-time lecturer a young psychologist, Samuel C. Kohs, Ph.D., who during 1919-1923 was employed full-time as an Assistant Professor of Psychology at Portland's Reed College. According to what he would write the present author a half century later, Kohs was the first psychologist to offer "what undoubtedly was a *first* course in psychology at the Medical School in Portland" (personal communication from Kohs, September 21, 1971). Parenthetically, during the 1919-1923 period that Kohs was delivering those lectures, he also developed a test of intelligence, the Kohs blocks, which in 1939 became the Block Design subtest, one of the 10 subtests of Wechsler's test for the measurement of adult intelligence.

However, it was not until 1953, three decades after Kohs first offered lectures in psychology there, that the first full-time faculty psychologist was hired by the medical school. With a newly awarded Ph.D. degree from the University of California at Berkeley, Norman Greenfield, Ph.D., was recruited by Charles Bradley, M.D., as an Instructor in Clinical Psychology in the Department of Pediatrics. Greenfield's responsibilities were to help Bradley in the diagnosis of children with mental retardation and to provide psychotherapy to children who were being served by the Pediatrics Department. Greenfield (personal communication, August 1, 1991) stayed 1 year (1953-1954) before leaving for a position at the University of Wisconsin's medical school. Three years would transpire before the present writer and two other psychologists would be added to the Oregon medical school's full-time faculty. However, Ronald Melzack, Ph.D., who later would gain fame in the field of pain research, took 3 years (1954-1957) of postdoctoral training as a Commonwealth Fund Fellow at the medical school under the tutelage of W. K. Livingston, M.D., who had arrived as the head of the school's full-time Department of Surgery in 1947. Additionally, Norman Greenfield's vacancy was filled by Robert Goodman, Ph.D., during 1954-1955; and by Marvin Greenbaum, Ph.D., during 1955-1961. A year after the new psychology department was formed, Greenbaum also held a joint appointment as an Assistant Professor of Medical Psychology.

#### FOUNDATIONS FOR A MEDICAL PSYCHOLOGY DEPARTMENT

Two physicians, David W. E. Baird, M.D., and George Saslow, M.D., Ph.D., and one psychologist, Joseph D. Matarazzo, Ph.D., were to play central roles in the establishment of the Department of Medical Psychology at the University of Oregon Medical School. During 1950-1951, in the third year of his study for a Ph.D. degree at Northwestern University, Matarazzo began an internship in clinical psychology at the Washington University School of Medicine in St. Louis in the department in which Saslow already was a professor of psychiatry. At the latter's invitation, Matarazzo stayed on as an instructor and then assistant professor of medical psychology to join Saslow and a young internist (Samuel B. Guze, M.D.) in that medical school's freestanding Division of Psychosomatic Medicine, which had been newly created with the help of a grant given to the medical school by the Commonwealth Fund. During his first year (1951-1952) as an instructor Matarazzo also enrolled as a student at the medical school and completed 29 hours of course credit to meet the requirement (in absentia) for a minor for his Ph.D. degree, which was awarded by Northwestern University in 1952. When

subsequently Saslow went to the Harvard Medical School as a professor in July of 1955, Matarazzo and his wife, Ruth G. Matarazzo, with her newly awarded Ph.D. degree in clinical psychology from Washington University, accompanied him as a team eager to help teach psychology and psychiatry at Harvard. Additionally, while still matriculating for her Ph.D. in clinical psychology from Washington University, Jeanne S. Phillips moved to Harvard in 1956, where she rejoined the research team of her three former St. Louis colleagues.

During 1954-1955 Matarazzo had had two, several-hour-long meetings in Chicago and in New York with the Dean of the Harvard Medical School, George Packer Berry, M.D. On both occasions Berry expressed his personal conviction that the establishment of a department of behavioral sciences at Harvard Medical School was essential to help it meet its responsibilities in the education of tomorrow's physicians. Berry's belief that psychology should be emphasized in the medical curriculum was an important factor in Matarazzo's decision to relinquish a proffered promotion to Associate Professor in 1955 and to leave St. Louis for Boston. However, when, within months of their arrival in Boston, conditions at Harvard's affiliated Massachusetts General Hospital and the medical school itself suggested to them that due to the long-existing inter-hospital competition and related school-wide administrative barriers, there would be too little freedom to accomplish their individual as well as collective goals as educators, the research team started a search for positions at other medical schools. In January of 1957 the Matarazzos were invited to visit the Department of Psychiatry at the University of Nebraska College of Medicine in Omaha upon the recommendation of Matarazzo's Northwestern University Ph.D. mentor, William A. Hunt, Ph.D. During that visit to Omaha, Cecil Wittson, M.D., who was Nebraska's chairman of psychiatry, offered Matarazzo the position of professor of medical psychology plus chairmanship of the psychiatry department's division of medical psychology. Concurrently, he offered Ruth Matarazzo a position as assistant professor of medical psychology. Hoping that they could remain a team, Saslow immediately visited Omaha, where he was offered a position as professor of psychiatry.

Fortuitously, within days of these three offers from Nebraska in 1957, Saslow accepted an invitation to visit Portland, Oregon from Dean David W. E. Baird, M.D., who, having just added a full-time department of obstetrics and gynecology, was now in the process of establishing Oregon's first full-time department of psychiatry. Baird offered Saslow that position of department head and, because of his strong interest in psychology, concurrently also invited the Matarazzos to visit his institution. The latter did so in early February 1957, and Baird offered Joseph Matarazzo a position as professor as well as head of the division of medical psychology and Ruth Matarazzo a position as assistant professor of medical psychology. Upon their return to Boston, the Matarazzos and Saslow telephoned their acceptances and, in June of 1957, moved to their new positions in Oregon. Within a few months Jeanne S. Phillips joined them as instructor of medical psychology, and their Harvard team again was reunited in Portland. From the onset Dean Baird was a strong advocate of his frequently publicly expressed view that the teaching of psychology to students of medicine would turn out to be as, if not more, important in their lifetime work as physicians than would be the teaching of some of the more traditional basic and clinical sciences courses.

#### MATARAZZO AND SASLOW

Saslow's background included a Ph.D. in physiology from New York University in 1931, plus teaching positions in biology and physiology before earning his M.D. degree from Harvard Medical School in 1940. After his psychiatry residency in Boston, Saslow joined the faculty of the Washington University School of Medicine, where he rose in rank during 1943-1950 from instructor to professor of psychiatry. The 9-year period

of research and teaching between Saslow's 1931 Ph.D. and his 1940 M.D. degree was critical in shaping his attitudes with respect to psychiatry's potential role in medical education. When Matarazzo joined him as a full-time instructor in St. Louis in 1951, Saslow was publicly advocating that the future of psychiatry, which was dominated at that time by difficult-to-quantify Freudian psychoanalytic concepts, was doomed unless psychiatry could align itself with psychology to establish its own scientific foundation (as physiology and biochemistry were doing for internal medicine), thereby emulating the better established disciplines then represented on the faculties of a modern medical college. Thus, it was not surprising that a professional relationship of mutual high regard quickly had developed between Saslow and Matarazzo during the latter's 1950-1951 internship. This was due to their shared strong interest in research, their complementary personalities, and their strong individual beliefs that psychiatry could fulfill its potential as a medical school (and science-based) discipline only if it were infused with elements of psychology's strong research base.

In St. Louis in 1951, Saslow, Matarazzo, and their internist-colleague, Samuel B. Guze, M.D., embarked upon a quest with a dual purpose. First, to do their bit to help establish a research base for the teaching (and practice) of psychiatry (and clinical psychology) and, second, thereby try to help psychiatry establish itself within the mainstream of medicine rather than remaining totally outside of it. Their first joint publication (Guze, Matarazzo, & Saslow, 1953) consisted of a theoretical formulation based on a biosocial learning theory, which, proffering a biomedical-behavioral model, postulated that the diagnosis and treatment of psychological-psychiatric disorders derived from the identical principles and conceptual model as did the diagnosis and treatment of medical disorders. Additionally, the basic science courses, *Introduction to Medical Psychology* and *Introduction to Psychiatry*, taught, respectively, by Matarazzo and Saslow in St. Louis during 1951-1955 to first- and second-year medical students, were patterned on such a biobehavioral model. The three of them also used that same medical-psychological model to teach clinical skills to the St. Louis school's third- and fourth-year medical students, to interns in clinical psychology, and to medical and psychiatric residents.

Concurrently, a grant funded in 1954 by the National Institute of Mental Health launched Matarazzo and Saslow on a 15-year program of research (summarized later in Matarazzo and Wiens, 1972) with which they hoped to study some of the important dynamics of the doctor-patient relationship. After leaving St. Louis in 1955, Matarazzo and Saslow and their colleague-collaborators, Ruth G. Matarazzo and Jeanne S. Phillips, continued to pursue this program of research during their 2 years at Harvard and for the next decade (through 1968) after they moved to Portland. In addition, the group carried out other research designed to try to help identify the influence that psychological factors played in what were some traditionally conceived medical conditions and, alternatively, the equally critical influence that biomedical factors exerted in psychiatric disorders.

Subsequently, and as important, the formally required, medical student courses the two of them introduced in Oregon in 1957 (48 classroom hours of *Introduction to Medical Psychology* for first-year students taught solely by Matarazzo and 72 hours of *Introduction to Psychiatry* for sophomores taught solely by Saslow) reflected their deeply felt philosophy that teaching medical students the professional skills needed for their later practice of medicine could be based on a scientific scaffolding.

With formal accreditation within the first year of the two training programs from their respective national accreditation groups, and with trainee stipend support that same year from an NIMH grant to Saslow and another NIMH grant to Matarazzo, young psychiatrists and clinical psychologists in 1958 began their training at the Oregon medical school in (1) a 3-year residency program in psychiatry and in (2) a 1-year internship in medical psychology, plus a 2-year residency in 1959. The same science-based,

biobehavioral philosophy discussed above also guided the teaching Saslow and Matarazzo and their colleagues offered these hospital-based members of the housestaff being recruited into the two programs in Portland.

The move from Boston to the Northwest also allowed Saslow and Matarazzo and their colleagues to try out their newly developing ideas with regard to the treatment of patients with psychiatric disorders. During the late 1950s the latter still were being treated, if not only merely housed, on locked wards of our nation's public and private psychiatric hospitals. Discouraged by the latter, their own approach to treatment began to grow out of what they had learned during a faculty seminar they initiated with Guze in St. Louis in 1952 and then continued in Boston and in Portland. During this period of self-teaching and learning, Saslow and Matarazzo had concluded that elements of the social learning theory then being promulgated by Maxwell Jones, M.D., in England, enriched by the work of a few of our own nation's leading social and experimental psychologists, could form a basis for the type of treatment they wished to offer patients hospitalized in Oregon. The approach they and Ruth G. Matarazzo and Jeanne S. Phillips developed involved two elements. The first was an approach to inpatient treatment (detailed 5 years later in Saslow and Matarazzo, 1962) that was nontraditional and involved individual psychotherapy plus patient-centered, group psychotherapy. The second, equally important element involved totally *dismantling and reorganizing* into an unlocked ward the still unoccupied psychiatric ward in the new university teaching hospital, which had been designed by Dixon and his colleagues and completed only a year before the new full-time faculty's arrival from Boston. Specifically, and though it was costly, upon their arrival in Portland in 1957 Dean Baird acceded to the request of Saslow and Matarazzo that all the locks be removed, both from the entrance to the ward and to each patient room, and that the traditional hospital beds be replaced by day beds that could convert each room into a sitting room (and also serve as an individual psychotherapy office) by day. Dean Baird also acceded to the request that patient-centered group activity rooms be constructed as replacements for the physical restraints and numerous hydrotherapy units that already had been installed as the major form of treatment for patients who soon were to be hospitalized in this newly built, but not yet occupied, psychiatric unit.

Thus, based on what they had been learning over a 6-year period from a self-directed seminar that focused on books and articles published by psychologist-researchers and theorists, Saslow and Matarazzo and their colleagues quickly introduced in Oregon both (1) new teaching programs for medical students and psychology and psychiatry housestaff, as well as (2) new programs of individual and group psychotherapy for the treatment of patients with psychological and psychiatric disorders. Although revolutionary for a small and conservative state in our country's Northwest, these programs gained the acceptance of the dean, the full-time faculty members of the school's other departments, and practitioners from the local community.

#### DAVID W. E. BAIRD, M.D.

As described earlier, during the 1950s our nation's other medical schools also had begun to recruit psychologists to their full-time faculties. As chronicled at the time (Matarazzo & Daniel, 1957a, 1957b), these psychologists were being hired primarily in departments of neuropsychiatry or psychiatry. However, in his recruitment of Matarazzo to the University of Oregon Medical School, Dean David W. E. Baird deviated markedly from this national faculty and departmental organizational mode. Baird was born (1898) and raised in the small town of Baker, Oregon, took his undergraduate studies at the University of Oregon in Eugene, and graduated (in 1926) from the University of Oregon Medical School. He remained there after graduation, completed his internship (1926-1927) and next (1927-1928) received training as the school's first resident (in the Department of Medicine). Baird then migrated downtown to practice full-time, while, concurrently,

he taught at the school as a volunteer Clinical Instructor (1929-1932), Assistant Clinical Professor (1932-1938), and Associate Clinical Professor of Medicine (1938-1943).

Upon the retirement of Dillehunt as dean in 1943, Baird relinquished his downtown practice and joined the school's small full-time faculty as Professor of Medicine and Dean of the Medical School. During his subsequent 25-year tenure as dean, Baird first would replace in order of their retirement the chairmen of the basic science departments and, as indicated earlier, recruit the first full-time chairmen for each of the school's clinical departments. Thus, he supervised the post Second World War development of Oregon's state medical school from one that was staffed by 14 full-time faculty members when he became dean in 1943 to a school with a full-time faculty of several hundred when he retired from that post in 1968.

An additional element in Baird's history is important in providing a background for what followed later. After his residency in medicine, Baird had been recruited into downtown private practice by the Department of Medicine's part-time and volunteer head, Laurence Selling, M.D. The latter had his practice in a large, prestigious downtown Portland clinic staffed by specialists from all the major medical and surgical specialties. During the 15 years that Baird was an internist at the Portland Clinic (1928-1943), his practice included many patients with neurological, psychological, and psychiatric disorders. As he later would confide to many individuals, it was that clinical experience, plus a keen understanding of people that grew out of his small home town upbringing, that persuaded Baird that the *majority* of patients who consult their family physician have an emotional and psychological basis for their symptoms and not one of the traditional (usually esoteric) diseases or disorders that were being emphasized in the 4-year curriculum of his own and each of our country's medical schools. And it was that strongly held view, one that Baird shared early with the Matarazzos, which encouraged the latter not to accept the offer from Nebraska, but, instead, to accept the one from Oregon.

#### MATARAZZO AND BAIRD

When the Doctors Matarazzo arrived at the Portland Airport in February of 1957 they were met by Howard Lewis, M.D., Chairman of the school's Department of Medicine, and Charles Holman, M.D., Baird's Associate Dean; the two served as local hosts during the Matarazzos' 4-day visit. Although this welcoming committee came as a surprise to them, the stature within the medical school hierarchy of the Doctors Lewis and Holman was but one of the many indices by which Baird immediately communicated to the Matarazzos and others the dean's firmly ingrained belief that psychology was as essential in the instruction of tomorrow's physicians as were the more traditional subjects then being taught in our nation's medical schools.

But Baird also communicated his view of psychology's potential in the education of young physicians more directly and explicitly. In St. Louis during 1952-1955, Matarazzo had taught the 12-hour required course (*Introduction to Medical Psychology*) offered in that medical school's first-year curriculum. At mid-century, freeing up those 12 hours from the instructional hours allotted to their own basic science disciplines had not been an easy feat for the faculty of the other Washington University School of Medicine departments. Likewise, at Harvard during 1955-1957 the number of basic science hours devoted in the first-year curriculum to psychiatry also was miniscule (i.e., a total of 11 hours, of which Matarazzo was assigned 2 to teach).

At their first meeting in 1957 Baird asked Matarazzo his opinion with regard to the ideal number of hours that should be allotted to the teaching of medical psychology to first-year medical students. When Matarazzo responded with "48 hours," Baird immediately responded that this would be the number of hours that would appear in the medical school catalog for that fall's first-year curriculum schedule. Baird next surprised Matarazzo by indicating that the latter's just-expressed hope that there would be

established a department of medical psychology in one of our nation's medical schools sometime in the future would be realized *immediately* in Oregon. Joined from the outset in that conviction by Saslow, Matarazzo earlier had expressed such a hope (unrealized) both to Dean George Packer Berry, who during 1954-1955 helped recruit him to the Harvard Medical School, and also to Cecil Wittson, chairman of the department of psychiatry, who had days earlier offered him a position at Nebraska as chairman of its division of Medical Psychology within the department of psychiatry. Drawing upon information from his national survey of psychologists (Matarazzo & Daniel, 1957a, 1957b), which revealed that our nation's medical schools were appointing psychologists primarily in departments of (neuro) psychiatry, Matarazzo suggested to Baird that local and national acceptance by organized psychiatry of such a trailblazing administrative action would be achieved better if the senior faculty of the Oregon medical school, and not the dean alone, fully supported the establishment there of the country's first Department of Medical Psychology. Matarazzo also added that he felt confident that the psychology faculty he would set out to recruit (initially with salary support from federal grants) would earn that necessary school-wide support.

Baird agreed and told Matarazzo that psychology would be administratively organized like Osgood's earlier-cited Division of Experimental Medicine, which was established in 1941 and which after 1947 both retained its earlier formal status as a freestanding Division while it concurrently also became a quasi-affiliated Division of the Department of Medicine. That is, the Division of Medical Psychology would be formally organized administratively both as a freestanding medical school division that offered instruction as an affiliated component of the school's basic science departments and concurrently also operated as a division affiliated with the Department of Psychiatry. Impressed with Baird's attitudes on the role of psychology in the education of future physicians, and with prior discussion of neither salary nor rank, within a week of his first visit to Oregon in February of 1957, Matarazzo accepted Baird's offer to become the first head of the medical school's formal Division of Medical Psychology. Matarazzo's hope for the role that psychology as a discipline could play in the Oregon's school's organizational structure was realized only a few years later. Specifically, after administratively operating as a "Department" of Medical Psychology with the Dean's urging for 4 years (i.e., responsible for its own budget, faculty offices and related space, hours in the curriculum, research and patient care services, etc.), after a unanimous vote of the school's Executive faculty composed of the chairmen (heads) of each of the basic science and clinical departments in June of 1961, Dean Baird officially converted the basic science Division of Medical Psychology into a basic science Department of Medical Psychology. However, as just cited, little needed to be changed organizationally inasmuch as all of the research, teaching, and patient care services in psychology had for the prior 4 years been administered as though they were occurring in a medical school department and not in a division.

Parenthetically, as but another index of the frontier characteristic of the Oregon medical school, it was not until July of 1958, 13 months after he had relocated to his new position, that Matarazzo received his official ("Regents") faculty letter of appointment from the Oregon State Board of Higher Education. And as but another index of Baird's administrative sagacity, evidenced two decades before the feminist revolution arrived on our nation's college and university campuses, in February of 1957 Baird had offered Ruth Matarazzo an appointment as Assistant Professor of Medical Psychology a full 48 hours *before* he offered her husband his position as head of the Division (Department) of Medical Psychology.

#### INFLUENCES THAT SHAPED THE DEPARTMENT OF MEDICAL PSYCHOLOGY

Until the 1880s the total numbers of undergraduate students and faculties in this country's colleges and universities were so few that the courses offered could be taught

in each of these in  
As the numbers of  
grams also were in  
were recruited to  
created the organ  
twentieth century  
undergraduate co  
areas of the disci  
portant details. T  
should be reflect  
ment should be o  
included the follo  
a postbaccalaur  
(2) then as a gradu  
sity (1948-1950);  
hours of medica  
(1951-1952) that  
requirements for

The small ps  
during 1947-1948  
ingredients for a ps  
outstanding lead  
members of the M  
terest was learnin  
and perception),  
at Northwestern  
in either clinical o  
Donald B. Linds  
were members of  
at Washington U  
number of equal  
James L. Leary,  
pathology and ne

In St. Louis a  
sibilities as a facu  
in the outpatient  
he arrived in Oreg  
and deans throug  
country's first Dep  
However, Matar  
sity School of M  
psychology facul  
biopsychological  
to research and  
experimental-clin  
recruited would c  
diately would esta  
as (2) another su  
established psycho

in each of these institutions of higher learning by one or two teachers in each discipline. As the numbers of college undergraduates began to increase and doctoral (Ph.D.) programs also were introduced in the United States a century ago, additional faculty members were recruited to join those initial appointees in each discipline. These added faculty created the organizational need to establish formal departments. However, even by mid-twentieth century there existed no guidelines to aid an incoming chairperson (in an undergraduate college, university or medical school) in deciding what to teach, or what areas of the discipline should be emphasized in hiring, and myriad other critically important details. Thus, Matarazzo's views of what aspects of psychology's subject matter should be reflected in the new department, as well as how such a psychology department should be organized, were of necessity influenced by his own experiences. The latter included the following. His experiences (1) as a first-year graduate student completing a postbaccalaureate psychology undergraduate major at Brown University (1947-1948); (2) then as a graduate student in clinical-experimental psychology at Northwestern University (1948-1950); and (3) finally, as a fourth-year graduate student taking the 29 credit hours of medical school courses at the Washington University School of Medicine (1951-1952) that he took to satisfy the minor course credit he needed to complete the requirements for the Ph.D. degree from Northwestern.

The small psychology faculty who were Matarazzo's teachers at Brown University during 1947-1948, and who would markedly influence his ideas of the right mix of ingredients for a psychology department in a medical school, included some of the country's outstanding leaders in physiological and experimental psychology. These professors, members of the National Academy of Sciences, included Walter S. Hunter (whose interest was learning) as chairman, Harold Shlosberg (conditioning), Lorrin Riggs (vision and perception), and Carl Pfaffmann (taste and perception). Likewise, his professors at Northwestern during the next 2 years included teachers who were equally eminent in either clinical or experimental psychology, or both. These included William A. Hunt, Donald B. Lindsley, Benton J. Underwood, and Claude E. Buxton, two of whom also were members of the National Academy of Sciences. And, his medical school professors at Washington University during his 1951-1952 year of minor studies also included a number of equally impressive academic role models (e.g., George Bishop, Ph.D., and James L. Leary, M.D., two individuals who were recognized internationally in neuropathology and neurology, among other eminent teachers).

#### A PROFFERED CHOICE: A CLINICAL OR BASIC SCIENCE DEPARTMENT

In St. Louis and in Boston, in addition to teaching and research Matarazzo's responsibilities as a faculty member had included an active clinical practice on the wards and in the outpatient clinics. Because of that clinical background, during the decade after he arrived in Oregon, psychologists, psychiatrists, faculty members from other disciplines, and deans throughout the country told Matarazzo that they had expected that the country's first Department of Medical Psychology would be organized along clinical lines. However, Matarazzo's teachers at Brown, Northwestern, and the Washington University School of Medicine had left an indelible impression that foreordained that the psychology faculty that initially would be recruited (and thus would define the resulting *biopsychological* character of the department) would consist of individuals firmly wedded to research and teaching in either experimental-physiological psychology or in experimental-clinical psychology. More specifically, that the faculty that would be recruited would consist in approximately equal numbers of (1) individuals who immediately would establish active animal research and research training laboratories; as well as (2) another subset of individuals who would practice their profession in a newly established psychology outpatient clinic as well as inpatient hospital psychology housestaff

teaching service and who also were actively involved in research that included a strong basic science emphasis. Recruitment of such individuals began almost immediately.

A curious and seemingly innocuous event occurred after Matarazzo arrived in Oregon and, combined with the experimental psychology influences described above, further helped define the future directions of the department as strongly as did the faculty that would be recruited. Although his Division of Medical Psychology was a freestanding division ("department") of the medical school (as well as a division affiliated with the psychiatry department), during 1957-1961 Matarazzo had been attending meetings of the Executive Faculty of the school. The latter, chaired by the Dean and including the head of each of the medical school's departments, served as the governing board of the school and teaching hospitals in all matters that related to teaching, patient care, research, fiscal policies, and administratively related issues. During those meetings Matarazzo quickly discerned that in this medical school the heads of the basic science departments functioned as equals with their clinical department counterparts in the power (in the best sense) hierarchy of the medical school.

With the above influences as background the decision as to whether medical psychology was a clinical or a basic science department was made almost by reflex, in June 1961, one day after the Executive faculty fulfilled Matarazzo's February 1957 hope by unanimously formally renaming the "Division" the Department of Medical Psychology. Matarazzo was walking by the desk of Dean Baird's secretary (Mary Goss) the next day when she handed him a copy of the current year's medical school catalogue and indicated that Dean Baird asked her to ask him whether he would like his department "listed in the front half of the catalog with the basic science departments or in the back half with the clinical departments?" His response, "In the front of the catalogue," was delivered over the back of his shoulder as he continued walking. Within the hour of her request he would share his answer with the other psychologists in his department (Richard F. Thompson, Ruth G. Matarazzo, and Jeanne S. Phillips). This reflexly delivered decision that theirs was a basic science department, one which over time proved fortuitous, surprised these three colleagues no less than it did the medical school faculty members and administrators outside of Oregon cited above, who subsequently confided that they would have anticipated that the choice would have been for a clinical department.

#### FOUNDERS OF THE DEPARTMENT OF MEDICAL PSYCHOLOGY

As acknowledged earlier, with no prior experience in higher education administration and with no blueprint other than the residual memory of his own educational experiences to serve as a guide, shortly after his arrival in 1957 Matarazzo, with the help of Ruth G. Matarazzo and Jeanne S. Phillips, began the process of building a department. This challenge was made especially difficult because there were available *no state budgeted funds* to hire additional psychology faculty. This also was the case when the dean, with state funds for only a single faculty position per department, between 1943-1957 had recruited the chairmen of each of the other basic science and clinical departments. Fortunately, the mid-1950s was a time when the National Institutes of Health (NIH) and the National Institute of Mental Health (NIMH) had begun investing many hundreds of millions of dollars annually in an enterprise that would help make this country the world's leader in biomedical and behavioral research and, concurrently, a world leader in the patient care offered to consumers of medical, surgical, and mental health services. Consequently, all of the first faculty members recruited by the newly established Department of Medical Psychology, individuals whose influence still clearly defines the character of the department today, were recruited with salaries paid from federal grants initially awarded individually or jointly to Matarazzo and Saslow.

Although their many individual and collective contributions to the medical school were very important, lack of space regrettably precludes acknowledging here by name

each of the total (via another department) its 35-year history some of the faculty participated as architects are listed in Table 1.

Table 1  
Founders of the

Matarazzo, Joseph  
Matarazzo, Ruth G.  
Phillips, Jeanne S.  
Thompson, Richard  
Wiens, Arthur N.  
Brown, Judson S.  
Kanfer, Frederick H.  
Fitzgerald, Robert I.  
Phillips, David S.  
Lindemann, James  
Hanf, Constance  
Boyd, Robert D.  
Terdal, Leif G.  
Goy, Robert W.  
Phoenix, Charles H.  
Brush, F. Robert

Funds for the sources. The salary budget. The salary clinical psychology interview that the in St. Louis and of the two of the of Medical Psychology that grant and two and one for training son, fresh from neurophysiology arrived in 1959 mechanisms associated to the National Academy for teaching medical two full-time ser-

### *A Medical Psychology Department*

each of the total of 109 full-time faculty psychologists who have held primary or joint (via another department) appointments in the Department of Medical Psychology during its 35-year history. (In 1992, full-time psychologists number 43.) Accordingly, only some of the faculty members who, because of the nature of their responsibilities, participated as architects of the newly forming medical school department (and therefore are listed in Table 1) will be discussed here.

Table 1  
*Founders of the Department of Medical Psychology*

	Initial appointment rank	Year recruited to department	Last appointment rank	Last active year in department
Matarazzo, Joseph D.	Professor	1957	Professor & Chairman	current
Matarazzo, Ruth G.	Asst. Professor	1957	Professor	current
Phillips, Jeanne S.	Instructor	1957	Assoc. Professor	1968
Thompson, Richard F.	Asst. Professor	1959	Professor	1967
Wiens, Arthur N.	Asst. Professor	1961	Professor	current
Brown, Judson S.	Professor	1962	Prof. Emeritus	current
Kanfer, Frederick H.	Professor	1962	Professor	1969
Fitzgerald, Robert D.	Instructor	1962	Professor	current
Phillips, David S.	Instructor	1963	Professor	current
Lindemann, James E.	Assoc. Professor	1963	Professor	current
Hanf, Constance	Asst. Professor	1963	Prof. Emeritus	1979
Boyd, Robert D.	Assoc. Professor	1964	Prof. Emeritus	1982
Terdal, Leif G.	Instructor	1964	Professor	current
Goy, Robert W.	Assoc. Professor	1965	Professor	1970
Phoenix, Charles H.	Assoc. Professor	1965	Professor	current
Brush, F. Robert	Assoc. Professor	1965	Professor	1971

Funds for the salaries of the individuals listed in Table 1 came from the following sources. The salary of Joseph D. Matarazzo was paid from the medical school's state budget. The salaries of Ruth G. Matarazzo and Jeanne S. Phillips, both experimental-clinical psychologists, were paid initially from an NIMH grant for research on the interview that the team transferred to Oregon in 1957 from a research grant first awarded in St. Louis and continued in Boston. Over the first several years support for the salaries of the two of them, plus that of Frederick H. Kanfer, who was a Visiting Professor of Medical Psychology each summer between 1958-1960, were interchanged between that grant and two others from NIMH (one for training psychology interns and residents and one for training psychiatric residents), as well as other sources. Richard F. Thompson, fresh from a Ph.D. degree in psychology and postdoctoral training in neurophysiology at the University of Wisconsin, was recruited in the fall of 1958 and arrived in 1959. Thompson began his program of research in Portland on brain mechanisms associated with conditioning and memory (which later earned him election to the National Academy of Sciences) with his salary paid from an NIMH training grant for teaching medical students. Judson S. Brown and Frederick H. Kanfer were the next two full-time senior faculty additions and, together with the small faculty already in

the department, helped contribute the critical faculty mass for the department to advertise during 1962-1963 the country's first doctorate in experimental-physiological psychology<sup>1</sup> housed exclusively in a school of medicine. (As a participant in the 1958 Miami Conference on Graduate Education in Psychology, Matarazzo already had sought and received formal endorsement from the leadership of graduate educators in psychology for such a Ph.D. program [Roe, Gustad, Moore, Ross, & Skodak, 1959, p. 64]). As a full-time research professor Brown's initial salary support in 1962 (for his nationally visible program of research on motivation) came from funds to the Department of Medical Psychology from a National Heart, Lung and Blood Institute (NHLBI) Program Project grant. The latter was a grant that supported school-wide, interdisciplinary research training of predoctoral and postdoctoral fellows by faculty from a number of the medical school's basic and clinical departments with an interest in cardiovascular (including emotional-motivational) functions. To add equal strength in research in clinical-experimental psychology to the department's new Ph.D. program, as well as to add a prominent experimental-clinical psychologist to the department's hospital and clinics staff, in 1962 a medical school salary for a child psychologist in the state-funded budget of the Division of Child Psychiatry (and loaned to the Department of Medical Psychology) also was utilized to recruit Frederick H. Kanfer.

As also shown in Table 1, within a year of the 1962 arrivals of Brown and Kanfer, three younger faculty members, who also would play pivotal roles in the department's development, were hired. These included Arthur S. Wiens, whose salary was paid from the NIMH research grant that still was funding the earlier-cited Matarazzo and Saslow interview research, and who joined Ruth G. Matarazzo and Jeanne S. Phillips in 1961 to add strength to the department in experimental-clinical psychology. The second was Robert D. Fitzgerald, whose own research on conditioning and learning added strength to the department in that area. Fitzgerald was recruited by Brown (before this senior faculty member himself arrived on campus) to join the latter as a faculty member in the school's NHLBI program project. The third young psychologist hired in those first years was David S. Phillips. His area of research (olfaction and behavior) complemented Thompson's brain mechanism-oriented research in physiological psychology. Phillips joined the department as a research fellow in 1962 and as an instructor in 1963 with his fellow and faculty salary paid initially from the same NHLBI program project grant that allowed the department to hire Brown and Fitzgerald. After their arrival Phillips and Thompson, in addition to each teaching a graduate seminar in physiological psychology, taught the department of medical psychology's graduate courses in statistics and research design to the department's first six doctoral students in experimental-physiological psychology (Richard Vardaris, Ellen Zucker, Linda Fitzgerald, David Goldfoot, Mary Meikle, and Timothy Teyler). These graduate students each were admitted in the fall of 1964 and were awarded their Ph.D. degrees in 1968 and 1969. Within a few years Phillips would begin teaching statistics and research design as courses open to graduate students in *all* of the basic science departments of our medical school.

## TWO TRAINING GRANTS HELP DEFINE THE DEPARTMENT

Federal training, individual research, and program project grant funds, such as those used during 1957-1962 to recruit this founders' group of faculty members, also were

<sup>1</sup>This area of special focus for a doctorate was chosen because due to the unique expertise of this small psychology faculty, the rich resources the medical school's other basic sciences could contribute to the education of our students, and pragmatically important, the Oregon medical school, as well as most medical schools, did not have available the numbers of faculty, teaching, budget, classrooms, and other resources necessary to accommodate the hordes of students one could expect would have applied for admission in the early 1960s were this the first Ph.D. program in clinical psychology offered in a medical school.

instrumental in  
Specifically, a  
of individual e  
well as (2) two  
physiological  
the faculty of  
department in  
fessional intere  
was listed as th  
Matarazzo, J.  
still later by o  
federal trainin  
and developme  
grant awarded  
practitioner m  
and postdoctor  
provided salar  
S. Phillips, an  
housestaff clin  
were provided  
toral interns a  
supported *uni*  
clinical training  
(1965).

The second  
of 5 years, fro  
port the *resear*  
which the depa  
legislature has  
the doctoral e  
200 across the  
training grant  
important pre  
research train  
1962-1992 the  
on Alcoholism  
(NIDA), that p  
changed from  
Department o  
from NHLBI,  
for the departm  
ing training fo  
on neurobiolog  
ing these first  
also was very s  
interests. Thus,  
and their stud  
(locally and na

However,  
the scientist-pr  
ing: (1) by their  
psychology *ho*  
(2) by their op

instrumental in still other ways in guiding the character the department would take on. Specifically, additional individual NIH and NIMH grants to support (1) the research of individual experimental, physiological, and clinical psychology faculty members, as well as (2) two predoctoral training grants (one for training for research in experimental-physiological psychology and another for training in clinical psychology) awarded to the faculty of the department collectively also helped structure the medical psychology department into two subgroups of colleagues whose teaching, research, and other professional interests complemented each other. Although the department head in that role was listed as the training director of these grants, Thompson, Brown, Kanfer, Ruth G. Matarazzo, J. Phillips, and Wiens, and subsequently Fitzgerald and D. Phillips (followed still later by others), took the leadership in developing both of them. These first two federal training grants played critical informal roles in the organizational structuring and development of the department. As cited above, the first of the two was a training grant awarded in 1959 for an initial 5-year period by NIMH to support the scientist-practitioner model of *clinical training* in the hospitals and clinics of predoctoral interns and postdoctoral residents in clinical psychology. During its life funds from this grant provided salary support, during one year or another, for Ruth G. Matarazzo, Jeanne S. Phillips, and Arthur N. Wiens. After almost a decade of NIMH support for this housestaff clinical training program, as will be described below, more stable state funds were provided when in 1967 Dean Baird transferred stipends for 3 psychology predoctoral interns and 3 psychology postdoctoral residents from the medical school's state-supported *university hospital* budget to the *department's* budget. A description of that clinical training program, and the philosophy that guided it, is provided in Matarazzo (1965).

The second of the two was a research training grant, funded in 1962 for a period of 5 years, from the National Institute of General Medical Sciences (NIGMS) to support the *research training* of Ph.D. students in experimental-physiological psychology, which the department began advertising that year. To the present day, the Oregon state legislature has provided our medical school dean *no* state funds with which to support the doctoral education of graduate students, who, in aggregate, today number some 200 across the medical school's seven basic science departments. Fortunately, federal training grant funds to the Department of Medical Psychology to support this critically important predoctoral (and subsequently also postdoctoral) biological psychology research training program have been continuous since 1962. Nevertheless, during 1962-1992 the *specific* Institute, whether NIGMS, NIMH, NHLBI, the National Institute on Alcoholism and Alcohol Abuse (NIAAA), or the National Institute on Drug Abuse (NIDA), that provides these research training funds to the department occasionally has changed from one 5-year cycle to another. In the current (1992-1993) funding cycle the Department of Medical Psychology has four active research training grants (one each from NHLBI, NIMH, NIAAA, and NIDA). Collectively, they provide stipend support for the department's 15 predoctoral and 8 postdoctoral students, who currently are receiving training for research careers in biopsychology. The major focus of that training is on neurobiological animal models of addictive behaviors. As also indicated above, during these first years of its existence the department's small faculty (listed in Table 1) also was very successful in competing for federal monies to support individual research interests. Thus, the papers published by the experimental-physiological psychology faculty and their students during the early 1960s began to establish the department's visibility (locally and nationally) as a research department.

However, beginning in 1957 equal visibility already had begun to be achieved by the scientist-practitioner clinical psychology faculty members as a result of the following: (1) by their establishment (as cited above) of a freestanding, medical staff-authorized, psychology *hospital consultation service* in the medical school's two teaching hospitals; (2) by their opening of the country's first school of medicine-affiliated, administratively

independent psychology department *outpatient clinic*; and (3) by the publications, also from federally supported research programs, of this small faculty subset of scientist-professional psychologists who were providing these clinically based services. From the time of their recruitment into the department to the present, these clinical psychologist faculty members also have been, and today remain, a potent force in the success and visibility of the department. Over the years, several of them have been elected to some of the highest state, national, and international positions of leadership in psychology. Because of their skill as clinicians and teachers, locally these medical psychology faculty members also have enjoyed a high level of respect from their physician colleagues from other departments of the medical school and university hospital and clinics. As a result, since 1957 they (and their interns and residents) have been accorded the same clinical privileges as their counterparts in these other departments. These privileges include full voting membership on the hospital Medical Staff plus membership in its policy making and governing Medical Board (Matarazzo, 1965; Matarazzo, Lubin, & Nathan, 1978; Thompson & Matarazzo, 1984); as well as making (and receiving) direct referrals of patients to (and from) these other specialists. As a group, these clinician-teachers also have made many contributions to the research and professional literature in their specialties.

#### MANAGEMENT AND ADMINISTRATION OF THE DEPARTMENT

The writer arrived in Oregon in 1957 at the age of 31 and never had served as a faculty member in a college or university department of psychology. Accordingly, he never had attended a faculty meeting of a psychology department and, thus, had both the advantages as well as disadvantages that this lack of experience entailed. Although the new Medical Psychology "department" had instituted both a required course in medical psychology for medical students as well as a formal clinical psychology internship program in 1957 (and added a residency program the following year), the administration of both teaching programs by the department head had been a fairly straightforward, relatively undemanding activity. However, with the arrival in 1962 of two senior colleagues, Professors Brown and Kanfer, and the concomitant introduction immediately thereafter of the department's Ph.D. program, assignment to others of administrative authority along with responsibility was appropriate.

Thereupon the department was structured into two committees with overlapping membership. One was a *Clinical Training Committee* made up of Kanfer, Ruth Matarazzo, J. Phillips, and Wiens, plus several Medical Psychology department instructors salaried in other units of the medical school campus. The members of this committee offered and administered all medical psychology outpatient and inpatient services, as well as served as teachers and supervisors of the department's clinical psychology interns and residents. Inasmuch as beginning in 1957, in his capacity as Psychologist-in-Chief of Medical Psychological Services of the medical school's hospitals and clinics, Matarazzo also was a member of the governing Medical Board of the Medical Staff, as indicated above each of these just-cited faculty clinical psychologists and clinician-colleagues, like him, beginning in 1957 also was (and remains today) a *full voting* member of the Medical Staff.

The second formally organized departmental committee was the *Doctoral Studies Committee*. Its members were Brown, Kanfer, Thompson, Fitzgerald, D. Phillips, each of the individual members of the Clinical Training Committee, plus the rest of the faculty of the department. Each of the relatively large number of members of this second committee also was an elected member of the medical school's Graduate Council. However, the policies that governed the activities of this committee were administered primarily by the five faculty members just enumerated.

Matarazzo served as a nonvoting member of both departmental committees. His responsibilities (from the outset to the present) in the first committee involved the

supervision of  
*Practices* each  
on the *Histor*  
Matarazzo's re  
the 48 1-hour  
*roduction to*

Given the  
as well as the  
that fell under  
faculty of the d  
ment. It is a st  
the writer at th  
builders of mar  
enjoying what  
important, the  
side by side w  
one of his mos  
over its 35-yea  
and now) shar  
matters involv  
as well as the  
also may be o  
(doctoral studi  
of acrimonious  
departments.

As might  
programs of th  
of additional f  
targeted clinica  
members were  
teaching progr  
ments, which a  
and postdoctor  
Constance Har  
to state funds,  
that provided t  
rehabilitation  
and Terdal wer  
with the state-r  
pling and deve  
as to provide r  
preparing for c  
fields.

The last su  
ment added a  
experimental-p  
Phoenix, whos  
already had ga  
funded the me  
was administe

supervision of psychology housestaff plus teaching a seminar on *Ethics and Professional Practices* each year; and in the second committee his assignment was to teach a seminar on the *History of Psychology* to the department's graduate students each year. Matarazzo's responsibilities also included delivering (alone for the first dozen or so years) the 48 1-hour lectures in the required course of first-year medical students entitled *Introduction to Medical Psychology*.

Given their full participation in defining the policies that governed the department, as well as the authority and responsibility for the day-to-day administrative activities that fell under the purview of their two overlapping committees, the small founding faculty of the department easily established a solid administrative structure for the department. It is a structure that exists in the same form today, 35 years later. It seemed to the writer at the time (and today in retrospect still does) that in common with successful builders of many other enterprises, these founders of the department were working hard, enjoying what they were doing, and thriving personally as well as professionally. As important, the same could be said of their 31-year old department head, who worked side by side with them in both programs. Thirty-five years later the writer feels that one of his most important contributions to whatever success the department has achieved over its 35-year history was his fortuitous use of a management style that included (then and now) sharing responsibility and authority with the faculty of the department in all matters involved in running a department, including distributions of finances and space as well as the requisite resources for teaching, research, and patient care programs. It also may be of a bit of historical interest that the members of these two committees (doctoral studies and clinical training) have *never once* in 35 years engaged in the types of acrimonious, experimental vs. clinical psychology disputes so common in many other departments.

#### ADDITIONAL FOUNDERS OF THE DEPARTMENT

As might be expected, the two committee-led teaching, research, and patient care programs of the department quickly gained vitality and, thus, helped in the recruitment of additional faculty and students. As before, in addition to meeting their own fiscally targeted clinical or federally supported research responsibilities, the additional key faculty members were recruited to add strength to one or the other of the department's two teaching programs. Therefore, as also shown in Table 1, the next key faculty appointments, which added considerable strength to the department's teaching of predoctoral and postdoctoral students in clinical psychology, were those of James E. Lindemann, Constance Hanf, Robert D. Boyd, and Leif G. Terdal. Although subsequently transferred to state funds, Lindemann's salary during the first 5 years was paid from a federal grant that provided trainee stipends to support a 6-month psychiatric internship for experienced rehabilitation counselors recruited throughout the Western United States. Hanf, Boyd, and Terdal were hired with state funds allocated to a separate unit of the medical school with the state-mandated responsibility to provide services to children with various crippling and developmental disabilities (of the types detailed in Lindemann, 1981), as well as to provide relevant multidisciplinary training to postbaccalaureate students who were preparing for careers in medicine, psychology, speech pathology, dentistry, and related fields.

The last subgroup of founders listed in Table 1 were three individuals whose recruitment added additional strength to the department's doctoral studies program in experimental-physiological psychology. They included Robert W. Goy and Charles H. Phoenix, whose prior research on neuroendocrine influences on animal sexual behavior already had gained national visibility. Their salaries were paid from a federal grant that funded the medical-school-affiliated Oregon Regional Primate Research Center, which was administered by the Dean of our medical school. The third member of this last

subgroup of founders shown in Table 1 was F. Robert Brush. He was recruited in 1965 when Brown, who earlier had transferred to Portland his elegantly conceived, nationally visible research program on the behavioral bases of motivation, left Oregon to return to the University of Iowa to succeed Kenneth Spence as chairperson of that Psychology Department. The recruitment of Brush complemented the research program on motivation and learning that Brown and Fitzgerald had initiated and added the former's considerable input to what today (see below) is still a visible program of research using animal models focused on the *neurobiological and behavioral* bases of motivation. Brown stayed at Iowa for 7 years before returning to our department as professor of medical psychology in 1972. Although he became an emeritus professor in 1980, he is today still active in the department.

#### SOFT FUNDING WOULD HELP ERODE FACULTY RETENTION

The founders of the department listed in Table 1 include talented and creative individuals who have gone on to distinguished careers in psychology, including election to membership in the National Academy of Sciences. Thus, it is not surprising that their presence in the department during the first decade of its existence earned the department the respect of colleagues in the school's other basic and clinical sciences. Equally important, and as suggested above, these founders of the department quickly helped it gain national visibility. Although additional state-budgeted funds for faculty positions for the department of medical psychology (as well as *all* other departments of the medical school) would become available only very slowly during the next three decades, the issue of "soft" funds to support faculty salaries created little or no problem for faculty retention during the department's first decade of existence. Monies for research and training from the federal government were available in abundance during the nineteen fifties and sixties, and, as cited earlier, the faculty listed in Table 1 were highly successful in competing for these funds. Thus, during its first decade, the department prospered not only from excellent funding for its teaching, research and patient care programs, but also from the collegiality and esprit de corps of its faculty and students.

The first sign that soft funds were too unreliable to retain senior faculty came when Thompson, who had been promoted to a Professorship in 1965 but was still receiving his salary from soft federal funds, was offered a tenured position as Professor of Psychobiology and Psychology by the University of California (Irvine). After much agonizing, and with the best wishes of his colleagues, he left in 1967 to accept that offer. Ironically, unavoidably bad timing, involving mere hours on Oregon's part, prevented his return to our department. Specifically, in 1974 Thompson communicated his interest in returning to our department if a tenured faculty position were available. The department head and the then medical school dean (Charles Holman) immediately petitioned the chancellor of the Oregon State Board of Higher Education for the requisite new faculty line item. Alas, after various administrative hurdles finally were surmounted, that approval arrived 24 hours after Thompson's deadline to Oregon for his having to confirm formally his return to Irvine from Harvard University, where he had spent the 1973-1974 year.

Thompson's departure in 1967 from our department because of the absence of a state-supported salary line was followed during the next 2 years by the departure of two other senior faculty members, Frederick H. Kanfer and Jeanne S. Phillips. Although (as will be described below) other factors were involved, it is the writer's opinion that the lack of tenured funding for their positions in the Department of Medical Psychology also played a pivotal role in their leaving Oregon.

#### A TIME OF CRISIS: PSYCHOLOGY AND PSYCHIATRY DISENGAGE

As will be surmised from the above narrative, the first 10 years of the department's history were characterized by collegial and harmonious relationships with colleagues

in psychiatry high personal other's discipli tive departme terest in (and ment Matarazzo the comparab worked with S rank and salary and patient ca chaired the w

Given the on at the nation recently chron could erupt at member in psy formed elsewhere be treated by related to offi Although he a his psychiatry titudes more o similar views a between the tv

An early prerogatives b Matarazzo, m faculty psycho that at that ti amicably were son's choice, M former mentor.

Another s relationship als (continuing un its patient serv ibility of fac Psychiatry Ou Medical Psycho or from off ca friendships of f aware of the th prior screening psychology cli That appointm chology.

Caught in exhibited stron However, due in any instituti beginning to fo ing, and other departments, b

in psychiatry as well as in the school's departments of basic and clinical sciences. The high personal as well as professional regard they had for each other, and thus for the other's discipline, was communicated on a daily basis to the members of their respective departments by Saslow and Matarazzo. Additionally, because Saslow had little interest in (and patience with) day-to-day administration, with Dean Baird's encouragement Matarazzo not only managed such activities for his own department, but also did the comparable work for Saslow's department. In fact, until 1967 Matarazzo actively worked with Saslow in the recruitment of new faculty psychiatrists, in establishing their rank and salary, housing each in an office, and helping define and support their teaching and patient care responsibilities. Additionally, when Saslow was out of town, Matarazzo chaired the weekly faculty meetings of the psychiatry department.

Given the intense competition for the always scarce available resources then going on at the national level (and continuing today) between psychiatry and psychology and recently chronicled by a participant in one state (Silver, 1987), signals that such a conflict could erupt at Oregon's medical school began to flicker circa 1964. In that year a faculty member in psychiatry began to express in covert behaviors but not words a philosophy, formed elsewhere during his years of residency, that faculty psychologists should not be treated by the medical school as the equals of faculty psychiatrists in matters that related to office and laboratory space, salary, teaching, research, and patient care. Although he also objected to a psychologist serving as an occasional, ad hoc-head of his psychiatry department, it would be several years before he would express these attitudes more overtly. However, as one or two other young faculty psychiatrists with similar views about psychologists were hired, the seeds for rupture in the relationship between the two departments became planted more firmly.

An early signal of what eventually became a full-blown "war" over resources and prerogatives between the two departments, and thus regrettably between Saslow and Matarazzo, materialized in a dispute during early 1965 between Saslow and a senior faculty psychologist in the Department of Medical Psychology over a research laboratory that at that time housed the latter. When all his attempts to reconcile this dilemma amicably were rejected by his psychiatry head colleague, and finding himself with a Hobson's choice, Matarazzo sided with the member of his own department instead of his former mentor, friend, and colleague, thereby leaving a legacy that would fester over time.

Another seed of conflict that spilled over to add to this beginning rupture in the relationship also took soil within the department of psychology. From 1957 to 1966 and (continuing uninterrupted to the present) the Medical Psychology Outpatient Clinic and its patient services had been under the exclusive professional and administrative responsibility of faculty psychologists. Late in 1966, a newly appointed Director of the Psychiatry Outpatient Clinic insisted on first screening all patients who came to the Medical Psychology Clinic, whether referred by on-campus medical or surgical colleagues or from off campus. Acknowledging that the threat was muted a bit by the personal friendships of the then heads of the psychology and psychiatry clinics, but also painfully aware of the threat to the integrity of psychology as an autonomous discipline that such prior screening would entail, Matarazzo in early 1967 appointed a new head of the psychology clinic who immediately re-asserted the professional autonomy of the clinic. That appointment was the spark that ignited the "war" between psychiatry and psychology.

Caught in the drama of this escalating conflict were psychologists who up to then exhibited strong personal affection and professional loyalty equally to both departments. However, due to a number of minor problems associated with everyday administration in any institution of higher learning, as well as a climate of distrust that already was beginning to form between the two departments, monies for faculty salaries, space, training, and other resources, which heretofore had been freely exchanged between the two departments, became powerful levers of potential influence in the conflict that erupted.

All attempts and entreaties by the chair of psychology to the chair of psychiatry to resolve the crisis on the basis of the former's personal relationship with the latter that had endured from 1950-1967 failed. And, following the norm of institutions of higher learning when such conflicts erupt, Dean Baird and the heads of the school's other departments, having administratively no choice, had to sit on the sidelines. The result was a full-blown war that lasted several years until Saslow's retirement as department head in 1973 and his post-retirement move in 1974 to a veterans hospital and faculty position affiliated with the University of California at Los Angeles.

During the conflict, two founders of the Department of Medical Psychology, caught in the crossfire of this battle between the two departments, as well as for other reasons, left the Department of Medical Psychology. Kanfer left to accept a professorship at the University of Cincinnati in 1969 before going to the University of Illinois in 1973; and in 1968 Phillips left to accept a senior faculty position at the University of Massachusetts before going to the University of Denver in 1971. Their departure from Oregon was a major loss to a department struggling for survival.

However, the much richer and numerous resources of the psychiatry department already had been deployed in the fray before the two had left. As an example, within days of the change in the stewardship of the medical psychology outpatient clinic, psychiatry unilaterally terminated its contributions to the training of clinical psychology interns and residents in its psychiatry inpatient and outpatient facilities.<sup>2</sup> To reinforce the political force of this act, a letter that described this withdrawal of support was written by the head of psychiatry to NIMH. The letter brought an immediate one-day site visit to our campus by an NIMH administrator who spent most of the day interviewing psychiatry staff members and almost no time with medical psychology faculty. As an ironic example of the subservient role psychology had in relation to psychiatry on the national<sup>3</sup> scene in 1967, within weeks of that visit the department of medical psychology received a letter from NIMH that terminated a 5-year training grant, which then was funding the full-time salaries and stipends of one senior psychology faculty member, three predoctoral interns, and three postdoctoral residents in clinical psychology, as well as a secretary. A telephone inquiry to the psychologist-administrator revealed that the abruptly terminated training grant would be reinstated when psychology itself reestablished its earlier, harmonious relations with psychiatry!

Distressing as that development was to the small faculty of psychologists, the expulsion of our six housestaff from psychiatry's training facilities and the concomitant termination of the NIMH-supported faculty salary and housestaff stipends did have a positive effect. This occurred when Matarazzo immediately shared the letter from NIMH with Dean Baird. The latter acted decisively when he read in it that a federal agency had become embroiled in a rupture of departmental relationships in his institution. Accordingly, he rang for his Associate Dean for Business Affairs and, on the spot, added to the budget of the Department of Medical Psychology "hard" state funds to replace

<sup>2</sup>Fortunately, we were able to substitute other local psychiatric *inpatient* facilities for this training. That continued until July 1, 1974, when, within a week of Saslow's departure for California, his successor as psychiatry chair reinstated the earlier, two-way, psychiatry-psychology housestaff training relationships.

<sup>3</sup>Similar local examples of psychologists undermining their own profession can be cited from almost every medical school. For example few, if any, physicians who hold a full-time salaried position in a department other than that of their own discipline (e.g., a pediatric neurosurgeon who is paid a salary solely by the department of pediatrics) ever accept such an appointment without first requesting a concurrent appointment in the department of their own discipline (e.g., surgery). However, with seeming little thought to the erosion of the potential influence (e.g., via higher quality, collectively offered teaching programs) that psychology could offer to their school, psychologists are notorious for accepting appointments in other medical school departments or units without so much as a courtesy visit to, let alone a request for a joint appointment in, that school's department or division of medical psychology. Fortunately, during our department's 35-year history there have been a total of only 5 such non-medical psychology department faculty appointments.

(1) from hospi  
(2) the full sala  
salary for the  
Baird's use of h  
the two depart

Another a  
departments of  
relative to their  
is made public  
learning's annu  
to teach future  
whole faculty c  
is a vital depart

Within tha  
1967 to join m  
He was appoin  
medical school  
needed in the 4  
Department of  
ment heads. Du  
in medical edu  
would continue  
of curriculum.  
of which would

The chair  
the names of e  
one and two. I  
1967, the full  
alongside anat  
slide depiction  
remained intact  
"psychology."  
who, by then a  
of this process  
asked the depa  
the 4 years. At  
riculum commi  
had been labelle  
dered, but said  
for and receive  
curriculum as

The neat a  
shown on the sl  
the sheet passe  
the just-present  
"When I gave i  
offered to take  
and not *psychi*

At this po  
that returned t  
stated that, to  
of this otherwis  
continuing com

(1) from hospital residency funds the stipends in the training grant for the six trainees, (2) the full salary for a senior faculty clinical psychologist-supervisor, and (3) the full salary for the secretary that supported that training program. As might be surmised, Baird's use of his limited state funds in this way added further fuel to the conflict between the two departments.

Another attempt to severely weaken psychology followed soon in an area in which departments of a medical school (or other learning institutions) are especially vulnerable relative to their *raison d'être*. Specifically, a department's identity, and thus its existence, is made public and thus empowered in part by its listing in that institution of higher learning's annual catalogue of courses. Given that the mission of a medical school is to teach future physicians, a medical school department that has a course which the whole faculty of that school has deemed essential to the education of such physicians is a vital department in the hierarchy of that institution.

Within that context, the earlier-cited psychiatrist was provided an opportunity in 1967 to join more overtly the battle for resources between psychiatry and psychology. He was appointed that year to a newly reconstituted Curriculum Committee of the medical school, which was charged by Dean Baird to make whatever changes might be needed in the 4-year curriculum. The chairperson of this committee, the head of the Department of Surgery, made frequent interim reports to the medical school's department heads. During the first presentation he indicated that, because of their importance in medical education, his committee had affirmed that each basic science department would continue to be scheduled to teach a required course during one of the first 2 years of curriculum. (The same did not hold for the clinical departments; two smaller ones of which would lose all their former hours in the new curriculum.)

The chair followed up this initial committee pledge with a slide that clearly depicted the names of each of the basic science departments in a flow of courses during years one and two. In his committee's first such depiction to the department heads during 1967, the full title "medical psychology" was included in the first-year curriculum alongside anatomy, biochemistry, physiology, pharmacology, and the others. In a second slide depiction of the curriculum-in-revision presented early in 1968, all these titles remained intact except that the course "medical psychology" now appeared only as "psychology." The potential implications of this change were very clear to the writer, who, by then a seasoned reader of such signs, could foresee the trend. The culmination of this process occurred in 1969 when the committee's work was completed and the dean asked the department heads to approve formally the courses to be offered in each of the 4 years. At that meeting, the depiction portrayed by a slide by the chair of the curriculum committee now contained the title "psych" in the same first-year slot that initially had been labelled "medical psychology" and subsequently "psychology." The writer shuddered, but said little. The committee chair finished his presentation and Baird asked for and received the formal approval of the heads of departments for the new 4-year curriculum as depicted in that summary slide.

The neat and expensive, independently printed page that depicted what had been shown on the slide then was passed out to each chairperson. Matarazzo protested when the sheet passed out read "psychiatry" in the slot that had been depicted as "psych" on the just-presented slide. When asked by Baird to explain this, the head of surgery replied, "When I gave it to (he named the Assistant Professor of Psychiatry) when he last week offered to take it to the print shop for me to prepare a thousand copies, it read *psych* and not *psychiatry*."

At this point, an angry Baird asked for and received approval for a new motion that returned the depicted "psychiatry" course back to "medical psychology." He also stated that, to ensure that no further examples of such duplicity would blot the work of this otherwise effective committee, he was appointing Matarazzo as a member of the continuing committee as it next began the work of implementing the new curriculum.

(Baird's more typically quiet, unassuming support of, and respect for, what his medical psychology faculty had to offer in the education of future physicians continued unabated until his retirement in 1973.)

A third example, one in 1971 that again preyed on the vulnerability of some psychologists to side with psychiatrists in such nationwide, today still frequently occurring, heated battles with psychiatrists, involved two senior psychologists from the Psychology Department of Portland State University. During a meeting with the faculty of the Department of Medical Psychology that the two requested, they indicated that, at the invitation of the Psychiatry Department, they would replace with trainees (without stipend support) from their own local graduate program (one not accredited by the American Psychological Association) the six medical psychology interns and residents whose training had been precipitously terminated by the psychiatry faculty. The two were met with a strong verbal retort from the writer which that day ended their further intrusion into what was obviously a one-sided war of extinction and not an issue related to meeting community teaching needs. A poignant side effect of this episode was the candid statement made to the head of the Department of Medical Psychology by a senior member of his own faculty that his department head's behavior during this episode had embarrassed the faculty member. Although acknowledging that the verbal behavior was unseemingly, it is difficult to fathom, even a quarter of a century later, what else would have dissuaded these local colleagues after our faculty's initial, much more moderate pleas were totally rejected during that meeting. (This example should be added to footnote<sup>3</sup>.)

These three salvos plus minor exchanges psychiatry had fired at psychology during 1967-1973 contained potentially destructive power. However, although never once publicly or privately expressing his views on the issues involved, Dean Baird had muted that power. The effect of his infusion of hard money into the budget of the psychology department to replace the loss of NIMH money, and his reinstatement of medical psychology among the required courses of the curriculum served to strengthen the department. And also without public statements to that effect, the school's medical, surgical and other clinical departments markedly increased the numbers of their hospital ward and outpatient clinic referrals, thus affording a more than ample supply of patients with medical and psychiatric disorders for the psychology internship program to continue its national accreditation uninterrupted. (As another interesting footnote, unlike the NIMH psychologist who unilaterally terminated the department's training grant when psychiatry closed off its training facilities, the 1968 site visit report of the American Psychological Association's internship accreditation-team psychologists, as well as the accreditation committee's formal report, praised the psychology faculty for their probity, resourcefulness, and professionalism while under fire).

#### A PERIOD OF RELATIVE CALM: 1973-1992

After Saslow's 1973 resignation as chair, the Department of Psychiatry has had three chairpersons; one each during 1973-1975, 1975-1985, and 1985 to the present. Except for one episode the relationship between psychology and psychiatry has remained cordial. That episode occurred during 1985 when one of these three department heads also served as chairperson of the medical school's curriculum committee. As one of his final acts before leaving for another position, his committee presented our then medical school dean with its "unanimous" recommendation that the first- and second-year medical school courses, *Medical Psychology 610* and *Psychiatry 610* be combined into a single two-part course labelled *Behavioral Sciences I and II*. Throughout the ensuing episode the writer found it extraordinary that both that chair of psychiatry and that relatively recently appointed dean could maintain that the name change merely was semantic, with no political overtones whatsoever. The counterargument put forth by our department

that such an int  
the two departr  
effort, our dep  
recommendatio

In concludi  
that, in addition  
the "combatants  
of individuals in  
the faculty in ea  
engaged in the c  
happily, the vig  
between 1973-19  
M.D., James H  
to enjoy an envi  
psychiatry, and

During the  
ments as well as  
to be increased  
appointment in  
department. Th  
University to be  
concurrently, a  
on both animal  
vided a rich lab  
psychology pro  
behavior mecha  
with his own NI  
continued until  
correlates of lea

Likewise, in  
recruit Ann Ma  
program (along  
of medical psyc  
to the departmen  
but still active s

The recent  
disciplines with  
Psychology is ne  
on board, as we  
reflected this ch  
tent with some  
(Matarazzo, 199  
and Ruth G. Ma  
and hospital wa  
requests to Wier  
numbers of pati  
ing 1957-1977 to

that such an integrated course soon would be dominated (controlled) by the larger of the two departments never was accepted. Happily, although it required considerable effort, our department was able to dissuade the dean from implementing the recommendation.

In concluding the description of this epoch of history it is important to point out that, in addition to the two department heads who were the *public symbols* of the "battle," the "combatants" in the "war" between the two departments consisted of a mere handful of individuals in each department. As but another example of human resiliency, most of the faculty in each department, although clearly saddened by the conflict, never became engaged in the conflict, either in the professional or the social domains of their lives. Also happily, the vigor of neither department was lost in the internecine warfare. In fact, between 1973-1992 the Department of Psychiatry, chaired successively by Paul McHugh, M.D., James H. Shore, M.D., and Joseph D. Bloom, M.D., established and continues to enjoy an enviable national reputation in three areas: community psychiatry, law and psychiatry, and in the neurosciences. That comparable chapter for psychology follows.

#### A SECOND WAVE OF BUILDERS

During the middle nineteen-sixties, as was the case in our school's other departments as well as in many other universities, the strength of our department continued to be increased by the addition of psychologists who, although having their salaried appointment in another unit of the school, also were members of the faculty of our department. The following are two examples. In 1966 Jack A. Vernon left Princeton University to become a professor in our school's Department of Otolaryngology and, concurrently, a professor of medical psychology. From 1966 to the present his work on both animal and human models of cognition that involve the auditory tract has provided a rich laboratory for the training of graduate students in our department's biopsychology program. (The research training Vernon provided our students in brain behavior mechanisms was enriched by the arrival in 1968 of James H. O'Brien, who, with his own NIMH research scientist development grant, launched a research program, continued until his retirement in 1986, on single unit, evoked potential recording of brain correlates of learning and memory).

Likewise, in 1968 our department helped our school's Crippled Children's Division recruit Ann Magaret Garner as director of the latter unit's multidisciplinary training program (along with other responsibilities). With a concurrent appointment as professor of medical psychology during 1968 to the present she became an invaluable addition to the department's intern and residency training program, despite achieving "emeritus," but still active status in 1986.

#### THE CURRENT EPOCH IN THE DEPARTMENT'S HISTORY

The recent revolution in the biomedical sciences has impacted almost all the disciplines with a presence in a school of medicine. The Department of Medical Psychology is no exception. Therefore, the credentials and interests of the staff already on board, as well as those of new faculty who joined the department from 1977-1992, reflected this change in emphasis toward the neurosciences. For example, and consistent with some of the changes that are occurring nationally in clinical psychology (Matarazzo, 1991), the mix in the types of patients who were being served by Wiens and Ruth G. Matarazzo and their colleagues in the medical psychology outpatient clinic and hospital wards changed dramatically over time. Specifically, the mix changed from requests to Wiens and Ruth G. Matarazzo and their colleagues for services to the large numbers of patients with traditional *psychiatric* disorders who were being referred during 1957-1977 to a predominance of requests for *neuropsychological* consultations during

1977-1992. As a corollary, the specialties represented among our experimental-clinical psychology faculty also reflected this change. For example, during 1957-1984 our department included five faculty members who were holders of a diploma in Clinical Psychology from the American Board of Professional Psychology (ABPP). In 1984, two of these five also added to this first of their diplomas a second one (in Clinical Neuropsychology) from ABPP. Shortly thereafter, they were joined as holders of a diploma in this second specialty by two younger members of the department, who also became ABPP-credentialled in clinical neuropsychology. And, inasmuch as ABPP even now is in the process of examining the first candidates for diplomate status in the specialty of Health Psychology, it is reasonable to assume that some members of our department, which has been so heavily involved nationally in the development of health psychology (Matarazzo, 1980, 1982), also will be credentialled in this third area. The patient care services, the teaching of our housestaff, and the research that presently is being conducted by these just-cited, as well as other clinician-scientists in our department, also each reflect the changes from the seemingly exclusive psychodynamic perspective of the nineteen fifties to the relatively more biopsychological orientation that today characterizes our own department's approach as well as that of large numbers of our country's medical school faculties to meeting the psychological and other mental health needs of our citizens.

A shift to a strong behavioral neurosciences focus, first introduced by Richard F. Thompson in 1959 and continued to the present by him in his own ground-breaking research career since he left the department, also occurred in our experimental-physiological psychology training program in the mid 1970s. Christopher Cunningham and John C. Crabbe joined the department as assistant professors of medical psychology in 1977 and 1979, respectively, and soon rose to the rank of professor. With strong support from Judson S. Brown and Robert D. Fitzgerald and younger faculty, the two began to serve as vital agents of this shift in emphasis in the doctoral studies program of the department. Working closely with several other members of our department's Doctoral Studies Committee who have similar orientations, the two have served during the past decade as catalysts for the change in the predoctoral and postdoctoral research training we offer from the earlier focus on psychological and physiological models of behavior to an almost exclusive emphasis on biological models of animal behavior.

As implied earlier, the Ph.D. program in experimental-physiological psychology inaugurated by the department in 1962 reflected the research interests of Brown, Thompson, Kanfer, and the writer, respectively. The focus of the research of the first two involved animal models of motivation (behavioral) and conditioning (physiological) and of the second two involved human models of verbal learning and two-person communication systems. Although it resembled doctoral programs in some other psychology departments, what made our department's doctoral program unique in 1962 was the school's graduation requirement that each of our Ph.D. students had to complete 20 hours of minor credit in biochemistry, pharmacology, physiology, or one or more of the other basic science departments of the medical school. (Matarazzo, 1983, pp. 101-105, presents an example of such courses being taken a decade ago by a student who was pursuing the *health-biopsychology* research track in our Ph.D. program.)

From 1962 to the present the emphases of the program, not surprisingly, have reflected changes in the research interests of the doctoral studies faculty as well as changes in the source of trainee stipends from one federal institution to another. The strong biologic science backgrounds and interests of Crabbe and Cunningham, when added to those of other current members of the doctoral studies committee, as well as those of collaborating colleagues from the other basic sciences departments, are reflected in the current focus of research and, thus, Ph.D. research training in our department. That focus is a search for the biomolecular and biochemical mechanisms associated with the development and maintenance of behavior. These include, at the cellular-molecular level,

using molecular  
second level of  
and uses recepto  
electrophysiolog  
and pharmacog  
quantitative ge  
techniques. Ad  
dopaminergic sy  
of genetic deter  
mapping; and t  
particularly the  
approaches to t  
out by a number  
human complex  
collective neuro

Thirty-five  
first psychology  
the half-century  
future physician  
traditional basic  
first department  
ning in 1975 on  
Gentry, 1981, p  
Sciences; (2) U  
Pennsylvania St  
complex local a  
and these five c  
of medicine and

Contrariwi  
forces for dism  
replacing them  
areas of teachin  
basic sciences u  
required courses  
processes and h  
and human deve  
titles, the facult  
ing recruited by  
taught the depart  
faculty member

However, t  
into department  
than the ability  
stitutionalization  
vides the leader  
to the success o  
and patient care  
tion. As others h  
access through  
review and asses

using molecular biological, electrophysiological, and electron microscopic studies. A second level of studies involves physiological, biochemical, and pharmacological systems and uses receptor binding, autoradiography, *in vivo* microdialysis, *in vitro* perfusion, and electrophysiological approaches. A third level of studies stresses behavioral pharmacology and pharmacogenetics and uses behavioral testing, intravenous drug self-administration, quantitative genetic and genetic mapping approaches, as well as computer modeling techniques. Additionally, areas of existing faculty collaboration include: studies of dopaminergic systems, which range from molecular biology to behavior; extensive studies of genetic determinants of drug responses, at all levels from molecular to statistical gene mapping; and the study of learned and unlearned determinants of responses to drugs, particularly their rewarding effects and drug self-administration. The active research on approaches to the assessment of brain-behavior relationships, concurrently being carried out by a number of our department's clinical psychology faculty members, adds a strong human complement to these animals study initiatives and, thus, further strength to the collective neurosciences emphasis of the department.

#### A CONCLUDING STATEMENT

Thirty-five years ago the dean of Oregon's medical school established our country's first psychology department in a medical school and, thereby, forcefully institutionalized the half-century-old view that formally including psychology in the curriculum offered future physicians was as important for their ministrations as healers as were the more traditional basic and clinical sciences courses. After the establishment in 1957 of this first department of medical psychology, comparable departments were established beginning in 1975 on the campuses of five other medical schools (Matarazzo, Carmody, & Gentry, 1981, pp. 298-300). These are the (1) Uniformed Services University of the Health Sciences; (2) University of Florida (Gainesville); (3) Rush-Presbyterian-St. Lukes; (4) Pennsylvania State University; and (5) Chicago Medical School. There clearly were many complex local as well as societal forces at work that led to such initiatives at Oregon and these five other institutions, and only time will determine whether other schools of medicine and health sciences universities will follow suit.

Contrariwise, the explosion of knowledge in the neurosciences is providing strong forces for dismantling the traditional medical school basic sciences departments and replacing them with loose arrangements of faculty organized around more specialized areas of teaching and research. Examples of these new courses replacing the individual basic sciences until now offered by their respective departments are newly organized, required courses entitled cell structure and function; cellular disease processes; systems processes and homeostasis; neuroscience and behavior; systems and disease processes; and human development and the life cycle. Intriguing as is the change to these new course titles, the faculty groups who teach each of these substitute curricular offerings are being recruited by each school's central administration from the faculty members who earlier taught the departmentally organized courses (supplemented, as appropriate, by physician faculty members recruited from the school's clinical departments).

However, the organization of a school of medicine or other academic institution into departments (biochemistry, physiology, medicine, psychology, etc.) has other value than the ability of their faculties to teach a discipline-specific subject matter. The institutionalization of a subgroup of faculty into a defined and structured department provides the leadership, administrative glue, and authority for decisions that are critical to the success of that institution. These involve decisions related to teaching, research and patient care within a regulated, scheduled and systematically administered organization. As others have observed, a formal organizational structure of departments regulates access through a scrutiny of qualifications; provides for an organized process of peer review and assessment of performance; and allocates facilities, opportunities and rewards

for performance. It also helps gain organized support for these activities from outside the particular institution, as well as the reception of the contributions of that department's faculty beyond the boundaries of the institution.

One result is that the probability is greater that the overall quality of the teaching, patient care, and research contributions of the faculty is enhanced by such a formal organization relative to the sum of the contributions of each of these same faculty members working as a member of these just cited, ad hoc, interdisciplinary groups that are being recruited for the highly specialized new courses that, on some campuses, already are supplanting the more traditional basic science courses. Although there clearly are advantages in these new arrangements, I believe experience will reveal that the gains to the institution will be fewer than the losses.

As an example, the strength a department of psychology brings to our school of medicine, as well as to the above-cited five additional institutions with organized departments of psychology, is that the medical students and graduate students who are matriculating in each of these six above-cited schools typically study the subject matter of psychology as a major subject rather than as an adjunct subject taught by a team of members from several disciplines, as is the case in other medical schools that do not have such a formal departmental organization. The same may be said about the course content taught by the faculty in departments of biochemistry, pharmacology, neurology, and so on in contrast to the new, multispecialty clusterings that are being formed. Looking back 35 years and appraising the strengths and weaknesses of such formally organized departments as contributors to the teaching, patient care, and missions of a school of medicine, the writer is persuaded that students, patients, and society more generally have been well served by the organizations of faculty into such formally structured and administered departments.

Because this is a personal account<sup>4</sup> of the history of the first such department, the writer will conclude with what he senses have been the failures and the successes to date of this experiment in higher education, which has been closely watched at the national level.

#### FAILURES

1. Failure of the Medical Psychology chairperson to prevent the heated and public war between the Department of Medical Psychology and the Department of Psychiatry, with its attendant losses for the faculties of both departments and the institution.

2. Failure of the chairperson to help provide compelling arguments to ensure that our medical school's basic science disciplines, including medical psychology, will remain discipline-specific, basic science departments well into the twenty-first century.

#### SUCCESSSES

1. First department of psychology in a school of medicine; one established as both a basic sciences department in the school of medicine and, concurrently, as a clinical department in the school's university hospital. Its establishment was followed by comparable departments in five more U.S. medical schools during the following years.

2. First M.S. and Ph.D. degrees awarded via a department of psychology in a school of medicine; including continuous NIH and related federal training grant support for predoctoral and postdoctoral trainee stipends from 1962 to the present.

<sup>4</sup>The quality of this article was enhanced by the writer's sending it for critical review to each of the psychologists named in Table 1, as well as to a number of medical school faculty colleagues, among whom were an interim dean, several department heads, and other senior members of the faculty.

3. First postdoctoral re

4. First m psychologists membership o Board) of that

5. For a 3. ministrators ar to discover nev tions as educa

It may not colleagues, tho ment during it and personal c

DICKEL, C. T. (Ed. of 113 pages.

FELIX, R. H. (1956 psychology to

FLEXNER, A. (1910 tion for the a

FRANZ, S. I. (1912 American Me

FRANZ, S. I. (1912

GUZE, S. B., MATA with special r

JACOBSEN, C. (195 of psychology

LARSELL, O. (1947 Historical So

LINDEMANN, J. (1 practitioners.

MATARAZZO, J. D. 20, 432-439.

MATARAZZO, J. D. American Psy

MATARAZZO, J. D. American Psy

MATARAZZO, J. D. 2, 73-113.

MATARAZZO, J. D. Psychologist,

MATARAZZO, J. D. the school. cl

<sup>5</sup>Alas, after th of the clinical affa Maintenance Orga time in 35 years, t Directors. Happily, was reinstated as a clinical practice gr

5. For a 35-year succession of psychologists, full acceptance as peers by higher administrators and school-wide faculty, thus providing psychology faculty an opportunity to discover new and unique ways to make effective and personally satisfying contributions as educators, scientists, and clinicians.

It may not be engaging in too much hyperbole to add that the psychologist-faculty colleagues, those above named and unnamed, who helped organize and build this department during its 35-year history probably experienced as much professional challenge and personal enjoyment during that odyssey as did the writer.

#### REFERENCE

- DICKEL, C. T. (Ed.) (1977). *H. A. Dickel's history of psychiatry in Oregon*. Mimeographed monograph of 113 pages. Available from the Department of Psychiatry, Oregon Health Sciences University.
- FELIX, R. H. (1950). Psychology and public health. In W. Dennis (Ed.), *Current trends in the relation of psychology to medicine* (pp. 11-27). Pittsburgh: University of Pittsburgh Press.
- FLEXNER, A. (1910). *Medical education in the United States and Canada: A report to the Carnegie Foundation for the advancement of teaching*. New York: Carnegie Foundation.
- FRANZ, S. I. (1912). The present status of psychology in medical education and practice. *Journal of the American Medical Association*, 58, 909-921.
- FRANZ, S. I. (1913). On psychology and medical education. *Science*, 38, 555-556.
- GUZE, S. B., MATARAZZO, J. D., & SASLOW, G. (1953). A formulation of principles of comprehensive medicine with special reference to learning theory. *Journal of Clinical Psychology*, 9, 127-136.
- JACOBSEN, C. (1950). Psychology in medical education. In W. Dennis (Ed.), *Current trends in the relation of psychology to medicine* (pp. 28-59). Pittsburgh: University of Pittsburgh Press.
- LARSELL, O. (1947). *The doctor in Oregon: A medical history*. Portland, OR: Binsford & Mort for the Oregon Historical Society.
- LINDEMANN, J. (1981). *Psychological and behavioral aspects of physical disability: A manual for health practitioners*. New York: Plenum Press.
- MATARAZZO, J. D. (1965). A postdoctoral residency program in clinical psychology. *American Psychologist*, 20, 432-439.
- MATARAZZO, J. D. (1980). Behavioral health and behavioral medicine: Frontiers for a new health psychology. *American Psychologist*, 35, 807-817.
- MATARAZZO, J. D. (1982). Behavioral health's challenge to academic, scientific and professional psychology. *American Psychologist*, 37, 1-14.
- MATARAZZO, J. D. (1983). Education and training in health psychology: Boulder or bolder. *Health Psychology*, 2, 73-113.
- MATARAZZO, J. D. (1987). There is only one psychology, no specialties, but many applications. *American Psychologist*, 42, 893-903.
- MATARAZZO, J. D. (1990). Psychological assessment versus psychological testing: Validation from Binet to the school, clinic, and courtroom. *American Psychologist*, 45, 999-1017.

---

<sup>5</sup>Alas, after this manuscript was accepted for publication, Medical Psychology's role in the governance of the clinical affairs of our hospital and university once again was tested when the bylaws of a Health Maintenance Organization that our medical school's clinical faculty had just formed excluded, for the first time in 35 years, the chairperson of the Department of Medical Psychology as a member of its Board of Directors. Happily, just as the editor was sending this article to the printer, the chairperson of medical psychology was reinstated as a full voting member of the governing board of this university and school of medicine-based clinical practice group.

- MATARAZZO, J. D., CARMODY, T. P., & GENTRY, W. D. (1981). Psychologists on the faculties of schools of medicine: Past, present and possible future. *Clinical Psychology Review, 1*, 293-317.
- MATARAZZO, J. D., & DANIEL, R. S. (1957a). The teaching of psychology by psychologists in medical schools. *Journal of Medical Education, 32*, 410-415.
- MATARAZZO, J. D., & DANIEL, R. S. (1957b). Psychologists in medical schools: Personal, professional, academic and scientific characteristics. *Journal of Neuropsychiatry, 4*, 93-107.
- MATARAZZO, J. D., LUBIN, B., & NATHAN, R. G. (1978). Psychologists' membership on the medical staffs of university teaching hospitals. *American Psychologist, 33*, 23-29.
- MATARAZZO, J. D., & WIENS, A. N. (1972). *The interview: Research on its anatomy and structure*. Chicago: Aldine Atherton.
- MENSH, I. N. (1953). Psychology in medical education. *American Psychologist, 8*, 83-85.
- MEYER, A. (1912). The value of psychology in psychiatry. *Journal of the American Medical Association, 58*, 911-914.
- PRINCE, M. (1912). The new psychology and therapeutics. *Journal of the American Medical Association, 58*, 918-921.
- ROE, A., GUSTAD, J. W., MOORE, B. V., ROSS, S., & SKODAK, M. (Eds.). (1959). *Graduate education in psychology*. Washington: American Psychological Association.
- SASLOW, G., & MATARAZZO, J. D. (1962). A psychiatric service in a general hospital: A setting for social learning. *International Journal of Social Psychiatry, 8*, 5-18.
- SILVER, R. J. (1987). New York State: A case study in organizing psychology. *American Psychologist, 42*, 863-865.
- SOUTHARD, E. E. (1912). Psychopathology and neuropathology: The problems of teaching and research contrasted. *Journal of the American Medical Association, 58*, 914-916.
- STRAUS, R. (1959). A department of behavioral science. *Journal of Medical Education, 34*, 662-666.
- THOMPSON, R. J., JR., & MATARAZZO, J. D. (1984). Psychology in United States medical schools: 1983. *American Psychologist, 39*, 988-995.
- WADSWORTH, W. S. (1898). Psychology in the medical school. *University Medical Magazine, 11*, 138-140.
- WATSON, J. B. (1912). Content of a course in psychology for medical students. *Journal of the American Medical Association, 58*, 916-918.
- WILSON, T. (1967). Men and milestones in medicine: 100 years of medical education in Oregon. *Northwest Medicine, 66*, 1-25.
- WILSON, T. (1974). University of Oregon Medical School. *Western Journal of Medicine, 120*, 255-262.