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EG You have no idea how much I lost in terms, I simply can't remember, but when I left I closed the door behind me. It was a very unpleasant departure, an unhappy departure, and there were all kinds of things happening at once, remember we had had about five people that were leaving that day and we had a party for all five all at once. One was going to the University of Maryland and the Head of the Department was leaving, Gertrude was leaving, I was leaving and there was one other and I can't remember who that was. When I say the Head of the Department, the Training Program and we didn't have much of an anchor so we decided to have just one large party and our Chief was too busy taking care of his problems to take care of any other. You remember 2½ years before my time to leave I told you I was leaving and I kept reminding him of this and he still came up and didn't have anybody and I said "well, I could stay a little longer, if it were necessary" I was then trying to work with programs here, would I take the job in San Francisco, would I go to one of the southern universities would I do this, that or the other.

EAR What was the date you left?

EG I left on ~~July-1~~, June 31, 1969. So we had the party the night before, the very last day when I was leaving, work day I think that was the 31st, we would have to look at the calendar back, it doesn't make any difference. Anyway it was the last work day and as I said it was quite an unhappy departure.

EAR Well, there were nice times before that, that's what we ought to concentrate on.

EG Oh, it was a great. What became before I think, we were there

EG(continued) as Jim Lowery says in the "Golden Days"

EAR It is true. Incidentally, I am going down to see Dale Cameron next week. I am not sure whether I am going to be able to see Jim Lowery or Bob Hewitt, who are both up at Sacramento now, but let me try to give you some cues as to how and then you can do it anyway that you like. I think what would be useful and perhaps would be easier for you would really be in a sense to start at the beginning and then just kind of free associate from there with the sorts of things that happened. Now you do it any way you like, but it is sometimes easier to point out, especially since there were so few of you early on to kind of talk about the \_\_\_\_\_. Where did you really come from when you joined NIMH?

EG I was with, that's kind of an interesting background, really ought to have Lucille Leone, who lives in this building tell you how she started it. When Dr. Felix knew that the National Mental Health Program was going to be passed, it looked as if it were, he began to pull people together and talk about the program; he and Dale Cameron remember

EAR Joe Bobbitt

EG Joe Bobbitt and who was the other psychologist Coast Guard Training,

EAR Sid Newman

EG Sid Newman, right. They had really talked a lot about this before they ever came to NIMH, so they sort of had the Program worked out, some idea of the direction, and with the help of Dr. Perrin and the legal person, what do they call them - the Council General Council working out the kind of legislation that they

EG(continued) really wanted, you remember he wanted a very broad bill, and he was determined that Nursing would be a part of that. You remember the show at that time, it was a triad, psychiatry and the old approach, psychiatry, social work and psychology. Psychology dragged in because of their technical skills, nothing else and social work and pschhiatries because they could do the therapy. This is my interpretation as my feeling as I went along. At times with a social worker it was a very hostile existence because they were threatened by nurses, may be we had 450,00 or 350,000 nurses at that time. They had no notion of what nursing was about, so that number grew larger and larger, they would take all the money, they would do all the things as social workers. Well, it was a rough existence and we had to work that out with them, but when the program, he knew the program was going to be passed, he went to Lucille Leone, and he said that Nursing should be in on it, he had worked with Public Health Nurses, he had also worked at the University of Colorado where he had a good feel for what nurses could do. That was a nice training center where they would use everybody and particularly the nurse, you see the nurse had a prominent role in that Center, Training Center and that, at that point in time. They then thought about it in the broadest kind of terms. He was particularly interested in Public Health, Mental Health, Public Health, as it later was known, it was labeled, but he was also interested in the direct clinical care of the patients in the inpatient hospital situation as well as - I don't think they talked about communities

EG(continued) as much, they thought about public health. I remember he had his psychiatry and had training in public health and he come to the National Insitute of Mental Health, he was a thinker whether it was always very aereodyte, it was very sensible and he had great vision and he was supportive and he knew where he wanted to go. He also knew how, I thought always felt to take his profession along with him. He was a good politician, he knew how to pull the Congressmen in, he knew how to talk to them and he could say yes and at the same time, say no, it wasn't what I intended to say at all, this is what, you know. So, Lucille and he pulled together a group and she pulled together the Educators Deans' of Schools of Nursing and people that she knew, together they did, but she identified these people. She knew something about nursing, public health nurses that knew something about psychiatry. Most of them had psychiatric social work, really. I think when we started the program when I came into this there were less than 6 public health nurses that had any training whatsoever in the field of psychiatry mental health - it was mostly psychiatry and it was psychiatric social work training they had had and these were the people that were the leaders, really in the community field and the public health field. Nurses and the clinical situations I think there were about 10 or 12, probably 12 that had graduate preparation, but graduate preparation at that point in time was largely functional training, that is, they were trained to be educators, I had such training. Educators, that is teachers, supervisors of students and supervisors of clinical services in administration - these were our field and that's what we had to begin with and no \_\_\_\_\_ per se. That's an advance what they call so-called advanced psychiatric nursing, but it

EG(continued) really did not have much clinical in it, it was the old-fashioned way of taking care of the patient maybe with some understanding and work under the psychiatrist of the mentally ill, working with the patients. Menninger uses sort of a prescription kind of approach to care of patients, you had to follow this with the Menninger's and in the state hospital system this is where the nurse's had their training and not very many nurses had training in psychiatric nursing. They didn't have - they had what we called affiliating programs, affiliate programs, and I think maybe, I can't remember the length of them, maybe they began with them 2 months and 3 months, and I was in a school of nursing in St. Louis and I had one month of psychiatric nursing in the clinical ward and I found myself making speeches as a student to other faculties about what I learned in psychiatric nursing, which in this little program I had one month, but that's what we had then, as a student that is. I graduated in 1928 from a school of nursing. Well, back to pulling these people together; getting sidetracked as I build in sorts of material, which I suppose you can pick this out, pull it out. Pearl Chalit was among that group, Sister Olivia Gallen, and she was an Educator in the Catholic Schools of America, and that was terribly important because we had so many Catholic schools and Catholic institutions run by the Sisters. Then we had, I think Ruth Kuehn was a member of that first one, I think she was. Elizabeth Bixler, Yale. Now, Elizabeth Bixler had been a psychiatric nurse and her graduate training was in anthropology, you know, masters level anthropologist at that time, but she was the Dean of the School of Nursing and

EG(continued) the collegiate, first collegiate School of Nursing in the United States with Yale, as you recall. A lovely lady, really. We had to have psychiatrists in those days on our Committees' and she brought in, I think the psychiatrist came later, but she did get some advice from this group, but in nursing I think that was the group. There was somebody from St. Louis that she had known in the war program and I can't remember that woman's name, but she was the Director or Dean of the School of Nursing at Washington University in St. Louis. Now I can't remember who else is on that, but that was the kind of people that she pulled in the first time. There must have been another person from the field of mental health, but anyway, Pearl Chalit had a very strong hand in the beginning, in thinking particularly what the nurse ought to be doing in public health and she was particularly concerned at the kind of training that they would get to work in the field of public health nursing. When Lucille and Dr. Felix were certain that the bill was going to be bad, they then had to find somebody to head the Program and they looked across the United States and couldn't find anybody that pleased them and I was in the Cadet Nurse Corp Program, and I was in charge of what were then the Region 2 Program and I was stationed in Richmond, Virginia. I had a little office there and I was dealing with part of the southern states, five, I think. Elsie Perdan was dealing with the deep, deep South. Louisiana, Mississippi, Alabama and so on. I had - She had Florida, too I guess, or did I have Florida. I had North and South Carolina Maryland, West Virginia, dear West Virginia, District of Columbia and that was the last office because they had been

EG(continued) servicing it out of the Central Office, because they didn't have very many people and that was the end of the war years, and we were working with Schools of Nursing and grant there, so I had established a rather good reputation being able to work with schools and I had also been interested in psychiatry at the University of Minnesota and during the war, while I was still there, we developed, I was on their Faculty - I was in Minnesota, you know, about 10 years, did my both undergraduate and graduate, did my baccalaureate study there, part of it was done in, a little bit, the Washington University in St. Louis, but the rest of it was done at the University of Minnesota, where I could get good training and had a good Nursing Program, then became of a member of their Faculty and in that period I was doing Medicine and Surgery, but I was interested in Psychiatry and had taken quite a number of courses in Psychology and Lucille knew that. Also, I had had a little bit of anthropology at the University of Minnesota and, of course, undergraduate social science, \_\_\_\_\_ that you do at the end of graduate level and then I had moved on into Administration and Education, which was general procedure. So, they decided that I might be the person and they would send me to school. So, I came in, she had pulled in the nurses to the program, pulled the nurses in for a Regional conference. She had all the Regional Nurses come in for conference's every so often and I came in for that one, and at that point she asked me if I would be interested and she said we will study you and I said "what do you mean, study me" and I said yes, I was interested. Then, I was given three choices of the schools I could attend.

EG(continued) She had selected them herself. I don't think she had contacted any of the schools because we had to quickly work that out with Dean McManus at Columbia and I could go to Catholic University, and I for sure, didn't want to go there, although you got good programs, but I was mighty certain that the dear old priest that made me take all the philosophy and logic and I hadn't had very much of that, it might have been very good, but I wasn't about to take it at that time, because I had too much of the other things to do. Also, there was no School of Public Health, there. The other one was Columbia and everyone said go back to Minnesota and I said "no, I am not going to go back to Minnesota, I had did both my baccalaureate, both undergraduate and graduate there I am not - I would like to go to another University. Besides I have developed that Program and I am not sure I want to stay in it, so I chose Columbia and I got into Columbia, so I was sent there. I was there a whole year, calendar year.

EAR This is 46-47.

EG Yes, I came into the program the Fall of 47, into the NIMH. They had made their first grant - who was the dear man that was Dr. Felix's predecessor.

EAR Larry Cobb.

EG No, the young Larry was Head of the Research Grants and young Larry Cobb was handling the NIMH end with the help of Margaret Arnstein from Lucille Leone's office and they were taking care of these and they had been through the first Training Committee meetings. Remember in those days we had to have a psychiatrist on the Training Committee and we had \_\_\_\_\_ who came from Public Health and dear Carl Menninger was the psychiatrist and



EG(continued) they had put him off in Nursing because they wanted they didn't want him on, he was wanted on psychiatry but they had to have Bill on psychiatry, then they ~~split~~ split them off into \_\_\_\_\_ Committees'

EAR Did you have the feeling then that, I may be belaboring the obvious, but did you have the feeling then that this was very much medically controlled program.

EG Oh, it was. Yes, interestingly enough at that time, the two professions that they had decided should have undergraduate training in psychiatry was psychiatry and nursing, would you ever believe that - psychiatry and nursing, remember that was in the very early document and we were to have, nursing should have this integrated just as the young medical students should have psychiatry because they were dealing so intimately with patients in inpatient situations. Also, this was viewed as the base for graduate education and that was a very important base for nursing because we didn't have any; no clinical, absolutely no clinical as we know clinical. The reason our view of clinical at that time, we didn't have anything, we had to carve every bit of it out - it was one hard job to just carve out clinical content and the nurses were studying at the baccalaureate level and you will remember that the grants were to go for graduate training, so the powers that be had to somehow or rather get around nursing and we were being trained at the so-called advanced level, that is, post diploma program, not even an associate degree, we had no associate degree programs at that point. We had to be trained and we called that advanced training; you go back in the records and you will see that this advanced and you can see that in the record. I did try to pull out some of that data, but I think that's not important it's the fact that we were allowed to have it.

EAR I want to ask you one other question on that

EAR The other point that I wanted to ask you about was, do you recall the specific circumstances under which that so-called 40-20-20-20 formula was developed.

EG I wasn't there, but it was developed in the pre-planning when he knew the program - he thought the law was going to be passed. Dr. Felix called in a whole group of people and they began to do some planning and they carved out the organization, really, and if you go way back, if you can get your hands on way back, I had some of that early stuff but you see that's all gone, I am sure they destroyed it, but I had kept - I lost one in the move, very early important book and I never could find it and it was packed - my secretary, I am sure packed it with the others but it was lost, maybe it wasn't unpacked properly, I have no idea.

EAR Well, I think that underscores again the point about the medical emphasized that from the very beginning they decided that.

EG Well, they were there for one year Psychiatry was in the fore front he is the man who knew about people, he is the man who dealt directly with patients and there was the early philosophy throughout the years that medicine knows the answers.

EAR I think that is important to get on the record but by the same token, I think we might chat a moment or two about just as you said before that the realization was made that nursing would benefit greatly by this undergraduate training and by the same token in the other program, namely the research program, it was very clear that psychology quickly became very prominent in the awards in research because of their research training.

EG Precisely, and remember if you go back and look at the records and I am sure you have, they talk about, particularly in those early conferences,

EG(continued) Have you any of those conference records?

EAR Oh, sure, I have them all

EG Those early conference records, that was before the PPB era, that was preceded by, what kind of conference a special conferences, we called them Ad Hoc Committees - we decided that this was an issue as we planned ahead we would do a five-year plan or a two-year plan. We did almost year by year in the very beginning as we tried to get off of our feet, on our feet rather.

EAR \_\_\_\_\_ and spent a year at Columbia and then came back full time and that was at T-6.

EG We were downtown

EAR You were still downtown at the beginning. I think you are right. You didn't come out to the campus until, when was it, 49?

EG You see they first had - when Dr. Felix was given and I think this is right, you will need to check this with him, have you seen him, yet?

EAR Yes, I have spent three days with him

EG Well, good, he probably told you this when he was given the option by a Dr. whoever is the head of medicine, you see we were in medicine, then - what was that called the Medical Branch anyway - it was the Hospital Branch - it wasn't called hospital. Anyway it was Medical Services, that was it, he was given the option of becoming a National Institute or coming in under him as his Assistant with a very high position and staying at the Bureau of Mental Hygiene, that was it, remained a Bureau, and he elected the former, namely to become an Institute because we had research, great deal of research and he wanted to be built in on a very firm research foundation and they envisioned all this development at the Institute

EAR NIH, right.

EG Then they had to work through getting training and the other services in the Institute because that was a research, pure research and he had to struggle so hard, to get social sciences in, to get all kinds of things in and to bring training into that, it was always a battle.

EAR Do you recall when John Calhoun came on board, was he there early on.

EG What did he look like, what was he in?

EAR He was a sociologist

EG Over in the Clinical Center?

EAR No, he was there early on when Dale Cameron, Jim Lowery

EG I really don't remember him.

EAR OK, I think he came when you moved out to the Campus which I guess must have been 49.

EG I have no notion. His name is familiar but he doesn't fit into anything that I can remember or recall.

EAR Now, when did Milt come?

EG Milt came after I did. The first person that was - Pearl Chalit was handling Training as much as she could, only she had her hands full over in the Service aspect - community aspect, whatever they called it at that time - I have forgotten the name

EAR Community Services

EG Yes, Community Services, was it called Community Services from the outset? Anyway, that's what it was, that was its function and the long-range goal was Community Services. I came in, Mary Corcoran was over here in the Hospital Branch doing that kind of thing, then I came into the Training and in the Training at that time was Bobbitt and the social worker, O'Keefe

EAR Yes, I know O'Keefe

EG Danny O'Keefe was there, Eberhardt was there and then there was a social scientist that stayed no time at all - he came just after I did, but I came into that group all by myself, scared to death, didn't know anything and it was very painful and what terrible work that was and here I was with all these

EG(continued) aereodyte thinkers and I didn't know what I was doing. I think I remained frightened almost throughout my whole period there.

EAR And, that's when you first met Vesty.

EG Vesty came up, that was my next point. They had the name of the person to head the Branch, it was a Training Branch, that arm of the Institute and they brought Dr. Vestermark, he was in charge of training down in Fort Worth and another man from Kentucky, I can't remember his name but he was a very fine person and we talked to all of them. Dr. Felix had established the policy that we interview everybody, not necessarily interview them but that we had an opportunity to talk to them, with any perspective new employee and they certainly had the opportunity and the obligation to talk with us and see how we thought and what they were moving into and if they had some ideas what they wanted to do and we kind of sat with our fingers crossed because we hoped it would be Vesty in Training and finally they named Vesty. So, Vesty came after I did and Milt, I think came after - have you seen Milt?

EAR No, I haven't talked with Milt yet.

EG I think Milt came after I did. He did because he came after I did because O'Keefe was doing some of the social work, I am pretty sure when I came into the Institute, now that sort of overlaps at the moment, but I think when I came in there was Bobbitt, Eberhardt, Dale Cameron and I worked almost directly with Dale a great deal, in there somewhere came Jim Lowery and Jim Lowery and he was the most incisive, sharp man and he could be rally ugly, but he was one of the kindest men in the world and when you got to know Jim he was really a very nice man and I grew very fond of him, although I was never totally comfortable with him. I used to ride to work with him when we rode downtown - I lived close to him and I always rode with him, he picked me up every morning when he was in town, then I came back with him.

EG(continued) in the evening. Well, that was the groups.

EAR Then let me turn a little bit to the program itself. What sorts of instructions and/or guidelines were you given in terms of the initial development of the program. How was that structured for you. In other words, how did you really get started? Did Bob and Margaret Arnstein already have a kind of perspective for you to work on?

EG Well, what happened, I was brought in once during my Training after I sort of got my feet on the ground and I was carrying an awful heavy load, I asked for some of the early things. Dr. Felix gave them to me. Dr. Felix or - it wasn't Bobbit - it was Felix or Cameron - I guess it was Cameron because I was responsible pretty directly to Cameron at that time and he gave me those very early planning meetings of what was then the whole total Council before they ever divided into Training Committee, they had this in mind, but before they ever began to function, and then I began to get - they had some Training Committee meetings because they had made some grants. We had about 7 grants then when I came into, I think, 7 or 9. No, they didn't have 9, maybe not, I think it was only about 7. Anyway they were making grants to that many schools. Yes, we had both Masters, 2 or 3 Masters that is in one of my reports, and the rest were all baccalaureate, advanced we called them baccalaureate, advanced programs, we called them advanced, we left off the baccalaureate and a program leading to the Master's Degree and we then began to call that speciality, but that was our goal.

EAR You started to say that you looked at all the earlier documents.

EG Yes, I looked at the early documents. Well, some of it I got some feel for it, but believe it didn't - it was too much to comprehend at the moment, I had to get into it because I am one of these Dewey learners, Father Dewey's philosophy to learn it by doing it, or being involved, I have to have some direct involvement before it begins to make sense to me - the words are there

EG(continued) these are concepts but I have to put the meaning into the

concept before I really can get it \_\_\_\_\_ and use it, I was a slow learner

EAR So, you had all these documents

EG Some of them, as much as I could

EAR And then what did you literally start to do

EG When I got there? Well, I began with what they had and Larry Cobb turned the stuff over to me and Margaret Arnstein came out and helped me with the first few things. Pearl Chalit knew something about it and Pearl Chalit could give you help because she tended these meetings, she had to, actually she and Maragaret Arnstein, but Margaret Arnstein handled the grants pretty much or handled in the Committee meetings with Pearl Chalit. I think Pearl Chalit was on the Committee, she was on the Review Committee and Dr. Felix had to take her off after I got there, believe or not, he couldn't have a Staff member on it, so she had to come off, but she was on the Review Committee and yet she was a Staff member and Lucille Leone was there for a long time and was an Advisor and she was taken out after I got there, because Dr. Felix just said that we can get her advice without appointing her to Council, she is a Public Health Service person and that's available to us. I always felt that in the beginning she didn't quite understand and had some feeling about it and on the other hand she was a terribly busy person and she operated at a very high level and then walk off and leave you with it in your hands and some times she didn't know what you were dealing with, but she was a very sharp lady.

EAR So, you really began where the program was at that time.

EG Yes, I walked right into it and didn't know anything about it, very little about it - the men were extremely helpful. Bobitt was of great assistance; he would sit for hours and talk about, you know Bobbitt, go off in areas

EG(continued) and all this philosophy and stuff. I learned a lot from him but at times I was overwhelmed by all of this because he had been thinking about this back at the Academy, all those years, so at times, one could become overwhelmed by that, but he was most helpful, and then when Eberhardt came; he was a very kind man and we could work together and he would explain things; he was a teacher and could explain things in very simple terms or so was Bobbitt but Bobbitt goes off in a lot of terminology.

EAR What was happening out in the field at the time, what did they think about all this and what kind of feedback were you getting at that time?

EG Well, I had to go into the schools immediately. Now, I wasn't known in psychiatric nursing and I was questioned, they really questioned my knowledge in psychiatric nursing, I hadn't ever been working in a State hospital, what would I know about the educational system and there were people who resented this, they would like to have the job, but Bob Felix wouldn't have them because they had too narrow vision, \_\_\_\_\_ Ferrell once said to me, you thought maybe at the time it was a colossal mistake, but she said it was probably one of the most useful colossal mistakes that were ever made because at least you had vision and you weren't tied to the past and that's not what they wanted, and you weren't about to have that. They were going to put their Training Center, even Lucille Leone was doing this thinking in the beginning, they would have their major Center in Fort Worth for nurses. Well, coming out of Teacher's College, I immediately said, no,no,no, that's not the way we do this the programs we are going to develop these in schools, that doesn't mean we can't have our own if we want to have one, but that's in the service, within the Service, that's an Intramural and this is an Extramural, but the first thing we have to do is develop some teachers in this field, and carve out some content; into the field and then I will come back to how we carved out



EG(continued) the content. I went into the field to visit the schools. Now I have had a good background on how to visit a school of nursing, because I had been working with the Cadet Corp. I had not been working very much at the graduate level, I had been working largely with the undergraduate because I was in the South and they did not have many graduate programs and in addition, Lucille Leone had had brought in a person from Teachers College, Marie Farrell, to direct the graduate programs and work with the development of graduate education in the Cadet Nurse Corp Program because the main focus was to get nurses at the first level prepared to serve the Country, our needs at home as well as the Armed Forces and it was all geared to that, but what we had to do was develop good programs in nursing and they were a sorry, sorry mess, many of them. A hundred basic schools in the State of Pennsylvania alone, if you can imagine, you know diploma schools. I didn't have that State, they had put just one consultant in that State to handle the programs and that was a girl by the name of Dodds. So I had this kind of background on how to make a visit into a school of nursing and determine their educational programs. I had good things, good kind of format plan, organization and so on from the Cadet Corp Program that I could move right into this. That part of it wasn't a problem and getting into a school wasn't either, but what was a problem for me was confronting other disciplines and we came in with the philosophy that we develop this together that we move forward together. Nursing was way back here one hundred years behind with no one to move, prepared to move forward in the other disciplines. We could talk to the psychiatrists, but confront a Head of a Department in Psychiatry, in psychology social work, try to pull them over here, they were going to have us anyway, we were stealing their stuff - conceptualize it, please.

EAR I understand, go ahead

EG But, anyway, that was frightening. Also, I must visit, one of our policies was that we must see the President of the University, if we could, as well as the Heads of Departments. We would try to talk to these people about coming together.

EAR Where did that procedure begin, it sounds very interesting

EG We came in with the philosophy that we were to work together. We kind of lost sight of it in the early years, because we so busy on our own before our Committee, our Council, and our Committee's began, particularly in the Training Committee at large, began to say we must move these together. What's nursing doing? What are they doing about this? What psychology, and for goodness sake, slap them down. That was kind of, let's limit their activities, they are really technicians, we need them to do our, you know. You notice in those early documents they talked about this, it's clear there, it is all in the record, this was a service that they could provide and that was a real purpose and value. They hadn't either develop some of their clinical skills. They were in the same predicament, maybe as nursing, but they had a great deal more to move forward because they are better prepared people, from an educational point of view. They had doctoral people, they had all these 9 or 10 something Divisions and they could draw from this, so they could move very rapidly in their own clinical field.

EAR I interrupted you by asking why did you go to visit the Presidents and you were saying

EG This was developed out of it. It was the philosophy, the integration and we should move forward as much as possible together and we struggled with that and they would always ask us in, you know, when you reported you came to the Training Committee meetings in those early years and the Committee came in with their reports. They were really looked at very carefully by the Training

EG(continued Committee. We would have a hard time getting some things through and Limkow would have to fight for it and if we could convince, not Bill Menninger, oh yes, Bill Menninger, he could fight for it but then we had some very strong nursing people there too.

EAR Can you recall any particular incidents from those very early years that you believe were important turning points that maybe something happened at one University or the development of an early program which kind of represented a turning point of some kind or did it really not work that way in any sense?

EG A turning point, I think the turning point came at a time when we began to develop a program, a new thrust and then we began to move this into new areas or a different area. Also, we had our Deans, in the beginning we had all Deans; we didn't have any psychiatric nurses to bring on the Committee, I think the first one we brought on was \_\_\_\_\_ Hildegard Peplov, the very first psychiatric nurse that we brought into the Committee was Peplov and then later some others, but she was the first, I am sure she was the first, but it came at the point when we really initiated it from the Institute. Acutally we were the force, I think, and I think all the other disciplines might well attest to the same, I am not sure, but we, of course, our Committees thought about it, our Advisors, this was brought up but the Staff, I always had - the Staff would take some needs that we saw from our visits in the field. In fact, that was one of our responsibilities, a major responsibility. We were expected really to know the needs in the field and what directions in which we needed to move or we would want to be thinking about it at least, and that's what we would try to do. Then we would go to school - I often would go to a school and say now, a new program, I've looked at your school, I have thought about this, we need a new program in this region, you have the facilities here and we first looked at the disciplines, do you have the disciplines, enough of them, at least three

EG(continued) nursing, maybe, psychiatry, psychology, nursing psychiatry, social work. We would begin there because always the other would fall. You have the clinical facilities here, you have good clinical, you have good people here, you have all these kinds of things. Now the sky is the limit and I talked to them at great length about the program. I would write them and say I would like to come and talk with you about the National Institute of Mental Health Training Program. I would just like to come and talk to you and any members of your faculty or faculty that you would like bring in or have me talk with and this is the way we did it. If you can up with a good program we can give you some support, we can give you support for developmental here and then we had the big scrap about at what point you should take students. Ruth Kuehn and that group always argued that you must take students the first year because you began to work with students, the very first year, the other disciplines would carve out their programs first and then they would admit students which is the logical way to do it for myself, from an educational point of view, but we could not do it that way. We began with our students, we offered them what we had and began to expand with it and began to work with them as they moved. I am not sure it isn't an awfully sound way to do it.

EAR Let me ask you a question that I think is very important, the interaction that you had with the field and the obvious need, especially early on, to go out and stimulate them, participate in the program.

EG Developmental programs.

EAR There is a little bit implicit in what you say, especially in terms of early on, that the nursing profession per se, was not really as ready to take advantage of this new program as perhaps they were in psychology

EG They didn't understand it. Besides we had a very, well from today's point of view, outmoded kind of approach in nursing education. We were teachers and

EG(continued) and Administrators without \_\_\_\_\_ no clinical as we saw it that we needed in psychiatry. The people in the behavioral field, particularly in child growth and development, had begun to move into pediatrics and that had come out of the Children's Bureau, and I would always give Ruth Taylor a great deal of credit for what she was able to do to bring into her pediatric nursing program. They were labeled Maternal Child Health, but here strong point was in pediatrics, but as she moved into the Maternal Child Health, then they brought in the developmental concepts and when

## Part 2

EAR Everybody has another perspective which is important, otherwise you can't get the big picture, everybody has to make their contribution.

EG We all have different ones, I am sure.

EAR What's very important in what you are saying, though, Esther, I want to emphasize this is that in the Training Program, which is what we are talking about each of the four professions came in at a somewhat different point in time with a somewhat different situation within their respective professions, and therefore with a somewhat different approach and emphasis and developmental stage on the part of the staff at NIMH.

EG Are you talking about the Staff only?

EAR No, no, I mean because the fields were at different places, so to speak, each of the people on the staff had to approach their responsibilities somewhat differently, there was a lot of overlap, I mean in psychology, they may have been a little bit readier to get on the bandwagon, so to speak, with this program, but they also had the need to recognize what were the clear emphases that had to be stressed in order to develop the program of psychology.

EG They had developed their own program because they were straight technicians to begin with, they operated this way, but they began to see that they wanted

EG(continued) to be clinicians and researchers, because they came in with a research know-how, that's another thing they wanted but that was, they did want the research know-how from the beginning, I think I have overlooked that and I shouldn't have done that, but the technician was the main thing, particularly the old-time psychiatrists, because he didn't see the reserach as much, and we had to have those clinical people. Those people at the University of Pennsylvania, for instance, you remember the old head of the department there, I can't remember his name, but he was awfully nice old man.

EAR In your case with nursing being so large a profession to begin with, and psychiatric nursing being a relatively small portion, almost insignificant at first, so that you had to develop a portion of an already existing hole in a new kind of way, so that I think it is terribly important for us to emphasize that not only was the psychiatric nursing program developing a psychiatric nursing emphasis and expertise, it was in many many subtle ways enforcing the totality of nursing, which I think we are know beginning to see.

EG Oh, yes it did because we began to be very early, two things I think significant. Now, I am not sure that the whole profession will go along with this

EAR I want your point of view.

EG I know you do and I am interested in it and I will stick to it right down the line. There were two things that we did, I think. One was that we were the first to carve out a real sound clinical training, to develop expert clinicians, expert practitioners and we called these our - what did we call them? Well, anyway, they were expert people in the field that were knowledgeable and we brought in, I think more, much more, of the behavioral, social behavioral science content, because we were in the field of psychiatry, a behavioral field and that was our emphasis, so we pulled this in very early and began to emphasize it and the other professions would begin to look at our curriculum, not the content, per se,

EG(continued) but the emphasis on clinical and how we had gone about it that this becomes the large mass and the functional areas, as they were then known, that is the field of teaching, administration and so on, we weren't doing any research at all, as you can guess, it was way down the line before we got to that. They began then to do this, so that was one, and the other one was the I think, the integration of our content across the board, and that came from the integration, largely of the integration of the psychiatric mental health content in the undergraduate programs. Now other fields came over into psychiatry, remember the problem that we used to have I think for many years, of getting people back into psychiatric nursing, because we had to count heads and many of them would come over from Med-Surge nursing, in particular, because they had so many of the emotional problems there - so-called neuroses and medicine surgery, particularly in medical, well, in medical and surgical nursing because they were combined at that period, it was taught that way and practiced that way in many ways and the nursing profession. So, they would come into the field. The people from Maternal Child Health didn't come over very much in the early period because they had more growth and development content. They were beginning to get this and they didn't have as much then into the other field, so these two things, I think. There is one of the things here that I can give you a copy - if you don't have a copy, but you probably have it, one of those PPB stuff we used as 2 to 10 years study. Do you have those copies?

EAR I have some, but we will look at that later. I want to make one more point which I think your saying explicitly, but I want to get your reaction to it. In what sense do you think that the NIMH program in psychiatric nursing influenced all of nursing to move from the diploma school level to the baccalaureate and the graduate school. Do you think that was a concurrent development to the rest of nursing, or do you think that psychiatric nursing

EAR(continued) played a significant role in that development?

EG I think we were involved but I think - I don't know how significant a role we played. I would say that that was in the minds of people like Lulu Hassenplug. Remember she was once on our, a couple of times, Lulu Hassenplug was a woman of great vision and she had that always in mind when she was down at Vanderbilt and then when she moved down to the University of California, Los Angeles, now that was down the road from me when she got over there but it was relatively early and then I was a great friend of Helen Numb's. She and I came up together. We were graduate students, she was doing doctoral and I was doing masters in level of study at Minnesota, and then we both came from Missouri and St. Louis and we knew each other, so we came to know each other quite well and we have been friends throughout the years. She was trained in the field of psychology and is a member of that Association. She had great influence on the field and then she went to the National League, you know, very early, but still, burdened with a development of good programs, graduate programs, and the League was then divided into two areas, the baccalaureate and the non-baccalaureate programs so that I would say is, I think we moved along with it with some content and we were in favor of it. I think we were in the forefront in many ways

EAR Not the critical imports.

EG No, I don't think so. I think what we always critical about some of the nursing programs and we were envied. We were greatly envied because we had money, we could do anything we wanted and they couldn't do that in the other fields. Therefore, that envy followed us all the way through and we still have it today, I think, some of it.

EAR OK, you said something a minute ago that I would like to spend a few minutes on because I think in nursing for one, well in all four fields, it's true, and that is that the professional associations and the professional associations relationships with the NIMH were often very important influences, so you had



EAR(continued) the National League for Nursing and the ANA and in social work they had the NASW and the Council and of course, the American Psychiatric and the American Psychological, and I wish you would say a word or two about one aspect of this, namely, the various conferences that we held, which I think were absolutely, I mentioned before the business about turning points, but I think that the various conferences that we held in all four disciplines, were in fact, turning points, in the development of the Training Program.

EG You mean they served as mechanisms for changes in the field

EAR Very much so.

EG And, we used this ourselves, we decided it would be time for them to come together. Well, there was one thing to precede the conferences with - I hope it hasn't got away from me

EAR About the relationships of the associations, you mean

EG Yes, the relationship with associations, that's exactly, thank you. The relationship with the association of National League for Nursing, we paid for the consultant there for a long, long time and that person, I can't remember what we called her, but anyway, it was a person that was, we put money into it; they gave us a grant, first it was one and two years, then it became three and five, they brought in a very good, as best they had and some we had to upset, Kathleen Black being one, Dr. Bestermark called them in and said Kathleen Black was way behind the times and she was retarding the profession and he was just telling her, if they wanted to move in nursing they had better do something with her and get rid of her and find somebody else. He did, too and said I want to talk to her, it was after we started the Southern region education business and she was blocking things down there. Well, anyway we supported that person for a long time, we worked through her to get data about nursing education because they had it and could get a hold of it. They had the mechanism there for getting it and we didn't have it at that time. Nor did we have the time to do it and

EG(continued) the skill, not until you came in with that program that we could really get at some of those things and that was way down the line. We always had somebody for a long, long time, we had one consultant in Mental Health Public Health Nursing there for a long time. We actually had two people there because we were trying to develop the consultant programs, you remember, we had these two, that was a split in our profession for a long time and it remains a very sore point even today on the part of both groups - the both groups resent this very much and it was a destructive force, although it did some useful things but it never could be worked out because of the attitudes of the people. That was the one thing we did. When I wanted to do something new, absolutely something new, I was certain that the profession knew about it, that the National League knew about it, that we were thinking about this and these were things that ought to be in nursing, they always listened. There were times when I couldn't communicate with them very well. I could work also in some ways through Lucille Leone but not ever in a way - she could handle some things as she was the President of that at some time along there for a couple of years, President of the NLN, that was the time they were reorganizing, so that was still way down the line, but she had also very great authority in the field in general and good rapport with those people and they would listen and she is very sharp lady. But, I worked directly with this person and we had a number of people there. We supported Liston, there was a John Gortner there, but John Gortner, that was special grants and service but we did get one of that when John was there and he did the service kinds of things and I have one or two studies that he did. The one in Mental Health Public Health nursing, \_\_\_\_\_ Bergen worked with him for a while, but she did it from Minnesota but never would take a job there, she didn't want to be in New York, she didn't want to do that kind of work, that wasn't her cup of tea. One of the

EG(continued) first mental health trained people in public health was Bess Lippman. She and I went to school together and that's how we became such good friends. She is now Bess Weiss and lives in Salt Lake, not Salt Lake, but Sun City, but Bess was there for a while and she did an interesting study and I have got that program and then there was the Menzer study, \_\_\_\_\_ and Fagan came in and did some special studies for them on some grant funds that we needed in ferreting out how many psychiatric nurses there were, what their educational preparation, what kinds of skills, that kind of thing, they provided that to that grant. Those were very small grants, but it was of immeasurable use and it was powerful for our use in programming in Program Development. Also, in our relationships with schools, but the schools would very often come to us instead of, they very often would turn to me. Then I would go out to the school. Now, that's the relationships with the profession and I retrained, maintained a very good relationship with it and it always was a very close one.

EAR But, the primary contact was with the NLN and not with the AMA?

EG Right, Now, I was always on one fo the AMA programs or Committees, on their psychiatric mental health committee. I was always on that one and that was a combined committee that had a psychiatrist on it, too - it was dealt through the National Association of Mental Health - they were represented, all these kinds of things that has to do with. You see, the NLN deals with all professions and groups and AMA deals strictly with the profession and we were dealing only with professional issues in nursing when you are dealing through them. When the education and the other service portions came through to me and there was that split for a long time.

EAR And, that's the same sort of separation in social work between the AMSW and the Council on Social Work.

- EG Similar kind of things. I think we have very similar and probably identical problems and then some very different ones. I don't think they had the sharp split in some ways that we had in nursing, because there was always - AMA always wants to take over the educational arm in nursing, and nursing will not permit them, so far has not permitted them to do that. They have the service portion and AMA cannot touch that because we cannot belong to the International Association of Nurses, if indeed, we get involved in that.
- EAR OK, let's turn now for a moment to the Conferences. That was such an excellent mechanism. Whose idea was that?
- EG It came right out of our Training Committee and I think also Vesty also planted some of these ideas, but it came out of that and they discussed it in Training Committee, as I remember the conferencing mechanism. They wanted to call people together and we in nursing wanted to do it, we felt that that was the only way that we could bring together, know what was going on in the field, we could share ideas there, we could carve out some new ideas and assume new directions and programming and we could then get the profession to accept it, if we began to work together.
- EAR When was the first Nursing Conference, do you recall?
- EG I will bring them in for you, I think I have got them listed. I pulled out some of these, I don't know whether I pulled that one out, private projects, I have talked about them. I don't think I listed them separately, but I did - The first one - I think we had them all about the same time
- EAR 1949 was the first one in Psychology.
- EG I think ours was - let me go get them, I have them all listed here.
- EAR So, the first one was 1950
- EG April, 1950
- EAR April, 1950, Conference on Advanced Psychiatric Nursing and Mental Hygiene Program, right.

EG Hildegarde Peplow was brand new and extremely bright and she was bound and determined to get her point of view and she was a Sullivanian approach, everything was Sullivan as far as she was concerned, although it was built on a very sound understanding of Freudian concepts and so on. She knew the field, but that is what she subscribed to and she came out of Teachers College where they use the high-sounding languages and then there was Tressamuller and Trasmuller was a union-trained person. You remember Tressa?

EAR I think so.

EG That was the other line-up. I remember that Pearl Chalit was in Muller's and I was in Peplow's group. We divided into two large groups and many of these were not psychiatric nurses. They were heads of programs, heads of their educational programs in these Universities and that's all they had, but they had to send the best people they could. Gwen Will was there, she was going to tutor then, she was at the University of Iowa. Marion Kaufman is one of the early, early old-time psychiatric nurses that is extremely well prepared. Greg, she was trained a little later, so she came a little later, Greg and that group came later, but those first group that were trained either at Catholic University, most of them at Teachers College and studied in those programs turn out to be our leaders, that was Mary Lord, Dorothy Greg, and Johansen and all this group,, many of them are married and are under other names, now, but anyway these people.

EAR What was the sense of the group, now you have mentioned Hildegarde's desire to get her point of view across, but, did the group have the feeling at that time that they were really engaged in long-range development and planning for the field that this was going to be a critical meeting at which important decisions for the future of the field would be made and that, indeed, it might work that way.

EG They were so - I think in a way, I would say in a way, but I think what at that moment they were so concerned about really developing some content, many people thought they had content and then they realized they didn't have when they looked at the other field and what - we were saying we have to be able to do if we are going to participate in this program and be a part of it and really move forward with the field and we are in the field and we have an opportunity and that was constantly drumming away at people, then we had the people, of course, that wanted to control the field. Mary Schmidt who was extraordinarily sick and she was at this meeting. Extremely sick but a very good psychiatric nurse. Turza Morgan was there, and you know, Turza, with her flamboyance and just had a nucleus of psychiatric nurses. I think Hildegard Peplow did, but Hildegard, at that point, was really focussing on the young nurse who had just been given the opportunity at Teachers College and she was extremely bright and verbal and was moving forward and I think, was trying to make her place, not only in the profession and to move the field and develop a program in Teachers College, but also to establish herself at Teachers College as an authority in the field, as well.

EAR If you had to characterize that meeting in terms of what went on there and what its later impact was, how would you do it, would you do it in just a few sentences, would you say what you think, you have already said one important thing, that people came there with an intention of making sure that their point of view was heard

EG A few of them

EAR OK, a few of them, but is it also true that in retrospect if you look back at that, that that meeting really did set some things in motion which developed, because I can give you an example that I know somewhat better, the Boulder Conference in Psychology that took place in 1949, that was it. Clinical psychology was changed for evermore as a result of that Conference in Boulder, Colorado. Now, would you say that this particular Conference

EAR(continued) in Psychiatric Nursing played that same kind of very influential role as the Boulder Conference did in Psychology.

EG I would say it set the base of a very important starting point for the development of the field. Well, the general educators there that were responsible for the development of psychiatric nursing programs in their Universities that didn't have any preparation in this field. Only a little bit, and whatever they got in training felt that this was the beginning of something they had to develop that was extremely important and I think, in many ways they were a bit overwhelmed, some were overwhelmed, others knew went away with some notions about how they would approach this when they went back to their Universities and they began to work on it. But, remember we were to meet again the next year, they were to go home and think about this and they recommended that they meet again next year and I think, we said that we would develop curriculum that we would then begin to look at the curriculum content in greater detail and Dr. Levine was very anxious to have us come to the University of Louisville, University of Cincinnati, and he made every effort to see that we had the kinds of things that he was feeding into psychiatry available to us and the kind of people to work with us and it was a fabulous conference the next year. Really, that was the beginning. Now, then we rested for a while. I think the next one was - anyway it was the next year and then we didn't have another one for a few years. When we began to work in the next real Graduate - at the juncture we would meet at meetings when we would go to meetings but we really wouldn't have a conference. We would just meet and have discussion groups when we would go to our, as many of us that could get to our national meetings, and usually - and you see these people had money to travel, so they could always get to the meetings, so we can manage to talk, get together very often at these meetings because we had money.

EAR Now, one other part of the Conferences which I think is worth mentioning - in what sense at the conference, above and beyond the emphasis on the field per se, which you have already described in terms of the 1950 years in what sense do you think that the NIMH itself was recognized differently as a result of that conference, I am not quite saying what I want to say, do you think that

EG have greater respect or better understanding of what NIMH is about, is that what you are trying to say?

EAR Did that come out of the meeting?

EG Well, I think that they always felt that - I don't think they felt we were ever shoving them, they thought we were trying to help them, but it was in recognition always of the needs of the people of the United States and I always made certain that they understood as best I could get it across, the responsibility of the Public Health Service for the health of the nation and that mental health was one important component of the total health of this nation, and we had in front of us these devastating kind of experiences during World War, with our Armed Forces and in our civilian population and this was in front of us, because after all we were in the health field, the nurses are quite sensitive to these kinds of things, if they are sensitive at all, some of them aren't, I grant you that, they are human beings, so you are going to have this spread, this diversity.

EAR Now, you just mentioned something I also wanted to touch on for a moment, you talked about World War. As you well know, immediately after the war, the VA also entered into a kind of program for training, etc. and in fact, as I have told some people that I have talked to before, I am a Graduate of a VA program,

EG Yes, I remember you could have them there.

EAR And yet, the VA never, never, never got to the point of influence that the



EAR(continued) NIMH got to.

EG It couldn't, it doesn't have the place in the social system, that's number one, I think, I don't know.

EAR But, talk about insofar as psychiatric nursing is concerned, they were providing some funds for training in psychiatric nursing.

EG Yes, but not very much. It was sort of clinical, it wasn't a

EAR It was not a broad-gage program.

EG It was not a broad-gage program and we were saying that people in nursing we needed their credentials, they needed good clinical training, they needed the kinds of things that you could get into Veterans Administration. In any good situation where you get direct care, good care, direct contact with patients, with people or whatever you are trying to do in field prevention, or whatever area. They simply did not have the resources available to them, and that you must come through a University system, and a structured program that is recognized by the public and other professions in general and this is one of the things we always look to in the field, and it's hard going, particularly for the diploma nurses, and the public for a long time didn't understand that diploma nursing did, although they could do good direct bed care and some very excellent nursing up to a point, but when it came to a broader sort of thing, particularly in working in communities and the understanding of human beings and this sort of thing, they just didn't have it. Social behavioral content they really didn't have and that's one of the things we never did get around to in the Training Program to do very much for the Associate Degree and Diploma, remember we did some short-term conference thing and that sort of thing. That was sort of to appease them, just as we gave research special projects through the League and to the Psychiatric Aid Program, particularly when Mrs. Hobby jumped on my neck, she didn't last long, but she was alright for a little while.

- EAR Now, I really don't want to go through the content of those
- EG No, you don't want them, I was just looking at the dates on them to get myself kind of straight.
- EAR I wanted make sure that we got it on the record the very critical role that all those conferences held.
- EG I went to every one of them. I went to all the Planning meetings, every single one, but I only went as a Resource person, I would never let myself get involved in structuring the Conference and determining except I would say have you thought about this, and why you should have this person and I always knew people who were doing things that they wanted to talk about - I was a source of information for them constantly.
- EAR Now, I want to say one more things about that before I move on to the other point I had in mind because I think that I would like to make sure that we emphasize this. I think what you are saying is a very, very important part of our whole program, namely, that all of the staff people and Training especially were primarily facilitators.
- EG We were facilitators.
- EAR Rather than attempting to take on the executive responsibilities of these things.
- EG That was ground into us. Dr. Felix never, never get involved remember that the Universities must be responsible for the Training. We take the advice and consultation of the experts in field. We are only resource people, we provide the funds, hopefully we provide some ideas and certainly we know something about the needs of the field, we are expected to know at the national level, but we were very careful and in the beginning I was even afraid to comment on things and I used to have a hard time in the beginning until I learned how to handle it. In other words, until

EG (continued) I learned like Dr. Felix and talk out of both sides of my mouth, say nothing but appease the people somehow.

EAR Let's turn for a moment though to another facet of this whole story and that is the Training Committee itself because I think that the way the Training Committees' work, over and above the immediate responsibilities for determining which grants should be approved and what the priorities were and all the rest of it, I think you will agree with me that the Training Committees' meetings served a number of other purposes and I wonder if you would talk about that for a little bit.

EG Other purposes?

EAR Well, how did you see the Training Committees role?

EG Its role and function? Well, I used them for a lots of things. I used to get my points across, I used them to <sup>approve</sup> ~~prove~~ what I wanted approved, what I thought I needed approved and we needed to get done. I used them to - for their ideas - particularly their expertise in various areas when it came to research, I would constantly run from research because I knew no research - I am not a researcher and I don't know anything about it. All I know is what I read and I listen to the people and I could read a project and say I wouldn't support this for two seconds, but I couldn't write a critique on it for a review committee. I learned after awhile something about it - I used them for that - now, what else did we use them for - I used them for advice, a great deal of advice. What I wanted forward looking, nonpolitical advice that I might get in the Service because they wanted to cover the Universe, you know I am talking about my associates in nursing. I would call Ruthie Kuehn and say, can I come up and talk to you.

EG(continued) and I would get on a plane and go up and talk to her in Pittsburgh. She was a very intelligent lady, she was on our Committee for a long time. Also, when I was confused about Graduate Education or education at a very high level, I would call Sister Olivia Gowan and say - can I come over and talk with you, she was a good educator, expert educator. She didn't have some of the vision that Ruth Kuehn had, so the two together were my consultants for years, years and years, I would go to them. I went outside the Service because I could get sounder educational advice from the point of view of the field - if you want to do pushing, please don't use this - pushing the field of nursing and the clinical speciality in a very sound area that fit into the best construct of nursing education and the function of the nurses in the future across the board, looking with some vision of the future, not just getting what has to be done today here in the clinical field and I took this point of view about the development of leadership in the field.

EAR Maybe you would be willing to say a word or two about how you selected people for the Committee?

EG You don't want me to tell you how I got rid of them, do you?

EAR Sure.

EG While they are living today I had better not.

EAR Well, don't mention names then. What I really want is, I think what is useful is to talk about. What were the criteria that you used to decide who you - I don't mean formal criteria, for membership on the Committee.

EG I had them, I had them written down. I wrote down the criteria for membership for recommending a person for membership in the Committee - it was in the records some place.

EAR Really, I don't remember seeing it.

EG It probably wasn't any records you got a hold of - it was in ours.

EAR But off the cuff, I mean some of them are obvious and obviously they had to have graduate training or whatever, but I am talking in terms of

EG The individual

EAR Yes, personal characteristics, what were the sorts of things you were looking for.

EG Well, I first had to take care of the requirements of the Service and I dismissed that. I did one thing to see that we had regional representation - that's one. And, I selected the best Educator I could find. I always wanted to make sure that I had a good Administrator, a Dean, and I always saw that I had a Dean on the Committee, always. When one Dean was going off she might overlap a year or I would replace her and one would follow her, come on with a new one, if I felt I didn't want that. I also looked at the spread of the field. I had to consider sound sound, psychiatric nursing and we began with adults, what we called adult, a general psychiatry, general psychiatric nursing, adult general always and you would see that often in my stuff, adult general. I avoided it with that because we had more in that and that's with the base, really. Later, if I had somebody that I thought had research, really investigative, in those days we called it more of an investigative approach because we didn't have prepared researchers, then I looked for somebody like that. Then, later as we began to move in the other field, I began to - in the other areas in psychiatric nursing with the integration. I brought in

EG(continued) an undergraduate Dean, who knew undergraduate programs, but I tried to get one that also with psychiatric nursing training, that also knew graduate education, if she possibly had a graduate program in her school I would like her, but I made certain I brought one that began in undergraduate and dealt in undergraduate and had been a teacher in undergraduate as well as the graduate and had some notion of how to, I thought, and was a good thinker, creative thinker. We looked for creativity. If we could identify creativity, you can do that usually with people's thinking and what they do in their schools and so on. Now, what else did I look for? Representation from the other field. I brought in always mental health public health nurse as soon as I could get one on. We had one trained, the very first one was Bessy Lippman. She is an awfully nice girl and an excellent clinician, but when it comes to conceptual thinking - you might say she is not the most intelligent, creative person in the world, but she is quite creative in some ways, but she was our first one and we brought her on the Committee. then we brought Von Burgen on. We always had one of these because we wanted mental health public health on the Committee and we tried to get, a first public health person on the Committee was Margaret Taylor from the University of Minnesota. She was there when I came really, essentially there when I came, so somebody from the field of Public Health nursing and then we later tried to find somebody that was in the field of Maternal Child Health and that was the first one we brought on, I can't remember, then I brought on the first black person in the field. I brought on Richards and that's when we moved in the Community Mental Health area and she was trained in that area and

EG (continued) was working in New York when that particular and I brought her on as she was a very sharp thinker, so that was Hilda Richards.

EAR Now, the other side of the coin without mentioning names, I don't really want you to do something that you would rather not, but what was some of the characteristics after someone may have been brought on the Committee that tended to make you feel they didn't belong?

EG They had old-fashioned thinking, narrow, couldn't grasp anything beyond - they had tunnel vision. No notion of how you moved out. They couldn't conceptualize it, they couldn't write reports, they couldn't read reports and do much with them. They didn't contribute much except to review a single project and then the others would disagree with them, maybe and I would make errors.

EG I didn't make too many but I made one or two that I was unhappy about.

EAR In those instances, again without mentioning names, were you getting feedback from the other Committee members which reinforced your feeling.

EG Once in a while when we met in larger groups - Verstermark said that was no good, you ought to get rid of them. I said, how do you do that in this, when you appoint them for so many years, what do I do about that? We were allowed to add members because we had so much visiting to do and we were allowed to expand our Committee before anybody else did, so that's one way I took care of it. I expanded the Committee, but that was just one reason for doing it, I couldn't do it on that basis only, but I did do that and we got up to, I think, about 7 members or 9 members, or something like that when I left.

EAR Again, on the Committee's - how about the informal communications that took place among Committee members?

EG That was great, some times I was worried.

EAR Do you want to talk about

EG Well, some times I worried. Mary Law and I were sitting one day in the room doing some work and Al Marinus and Schlopal and Schlopal was brilliant and so was Marinus and I think, Kay Norris was on the Committee and Kay Norris is a brilliant woman, too and they didn't like something - that was after the second big mental health move

EAR Community Mental Health Centers?

EG No, it wasn't that one, that was the second one - the third one when we - it just doesn't come and we had to think about training all different fields - let's just skip it for the minute - when it comes I will tack it on to the end.

EAR That's okay.

EG Anyway, we had to come up with all kinds of new ideas and the things they wanted done and they always came up with very creative things, really. I had a creative committee, really, most of the time. We would never have gone where we did, if we didn't have these people developed in them, developing in the field and they went on talking and went into the other room and Mary Law said that's not for us to hear. We always kind of wondered some time and then they would go off and hash this out and then come back to me the next day and say "now, Esther, this is what we want to do and can we do this, this is what we want to recommend and I would say, "yes or no" and under these kind of circumstances I would question whether we ought to do it now. I would really like to talk to Dr. Felix about this



EG(continued) or whoever my Chief was, Dr. Vestermark. I think we need to look at this in the total context and the purpose and direction of the program and what's permissible. There are certain things that Government does not permit us to do and we must know what this is, but they learned very soon to ask "is this possible?" and I would have to say "it is or it is not". I very often knew, yes or no. I could say it is questionable but we maybe can work it through if we can be very logical about it and can support our recommendation, we maybe can get it through but it may be rough sledding. We had many rough sleddings with that Committee. We had to fight them, too. They weren't going to let us have it, that was earlier, though, and in later years, it wasn't so difficult. The funding was one we always fought over. The 40-20-20-20 and that did have to be broken, there was not doubt about it. The fear was when it was broken, what would happen and that was our concern. Well, anyway then I would have to say I might can do it at that meeting or I would say, when we had two meetings a year, can this hold until then and then we can think about it a little more and let me discuss it with them. First I would take it to the Chief, or I might take it to staff.

EAR Do you think that the Committee members themselves formed lasting friendships or professional relationships

EG Yes, over the years and I had very good relationship with all schools, Eli, that I can say unequivocally, I think, and with a great deal of pride. At times, I am sure they were worried. I did tell you when I first went in, didn't know anything about psychiatric nursing and then I heard, one told me that I ought to tell you, you just watch her a little while, she's a very

EG(continued) perceptive lady, she sees what's going on and she knows what's going on and you will find her very useful. I thought that was quite a compliment - that helped me. It kind of floored me that day, but you see I hadn't been in this field in the psychiatric nursing field. I couldn't say to them - I think I did say in later years, you know the reason you didn't want this, Dr. Felix and Mrs. Leone wasn't going to have that kind of narrow thinking.

EAR Is there anything else about the Training Committee itself that you would like to comment on.

EG The Training Committee - let me ask Minnie, - Minnie, do you need anything.

MINNIE NO, No I am fine.

EG If you want to go out and walk around, it can be done, the only thing is you can't get back in. They won't let you in without calling me to let you in.

MINNIE I am enjoying it here.

EG Fine. About the Training Committee, itself. Well, I didn't tell you how I shook them up. I gave you some of the criteria for deciding what to do with them and once we had to decide the number of years. We had to decide that it was a rotating Committee. Well, I guess I had been on a year, when we decided that. We had to shake them up, so what I had to do was have them draw and I can't remember how I manipulated that, but I manipulated that drawing in such a way that I kept on the people I wanted to keep on and I can't remember how I did it, Eli, but I certainly did it. I just remember that it had to be done because I could not be saddled with certain kinds of thinking. I think it was the thinking that I was troubled with, not the persons. The persons, everyone of them

EG(continued) were great, but it was the thinking, we could not move with it.

EAR In what way do you think that the people who served on the Training Committees, themselves, outside of the Training Committees, benefitted from participating. The answer in a way is obvious. You selected good people, obviously, people who did have creative thoughts, but I guess what I am really asking is could you say a word about how you think they benefitted from being on the Training Committee?

EG We brought some people on and they changed their programs, markedly when they began to look into other programs, even though we were doing all this conferencing all the time and sharing because we went through this time and time again. Each juncture when we moved in a new direction we had some more conferences, two or three conferences again, we did that in Child Psychiatry, we did it in Community Mental Health, we had top-notch people in Community Mental Health, we had three in Community Mental health, we had Mental Health and Public Health, we had two of these, then we had short-term training when we moved over into short-term training which is a continuing education and we had to name it short-term training because that's what the Universities would let us call it, but it was the same thing and that kind of thing. They changed and they also interpreted not only to their own faculty, but to the profession at large once they had been on the Committee. Now, they kept confidences. We had a few people that broke their confidence and that was in the Ruth Gilbert era and the people there went - carried her stuff right back to her and we got in all kinds of difficulties and I just said "where did you get this information" "how did you get this kind of information" - "who told you this" It hasn't even been to Council yet, where

EG(continued) do you get this kind of thing. Well, then she tried to back out of it and Pearl was getting mixed up in it then, but that is water under the bridge, but they were very helpful, as I said in interpretation to others and helping develop the field, pushing the field. They became really an ally of the Institute, always, except Lulu Hessenplug. Lulu did too, but Lulu was the kind of person that would want to pass the rules but didn't want to abide by them. She would give us all kinds of trouble and then finally I said "you know, Lulu, do you ~~recall~~ know that you want to make the rules but you don't want to abide them, do you recall that you are the lady that forced this through the Council?" and she closed up and never again did she mention that to me. She wanted money and to move in a direction and anything she wanted to do with the money but she said it could be done that way on account of education she wanted and then she was changing her mind and she didn't want to abide by it. It had to do with the undergraduate when we phased out, you know, those undergraduate programs, gave us 3 years with the 5 years to phase them out. We had them all phased out, it was no problem, it was all graduate education.

EAR Let me shift a moment because you just mentioned the Council and we really haven't talked about the Council at any length at all. What sort of thoughts did you have, do you have, about the way the Council responded to the Nursing Program and whatever comes to mind about that whole part of the total program.

EG We had some Council members that had no use for nursing and they created difficulty. Dr. Felix supported us always and interpreted to them the best he could. We had others that we were extremely supportive, but those years when we used to bring the various Committees together in the Training Committee and we had the

EG(continued) pre-meeting cocktail meeting and the number of meetings, group meetings throughout as we would come together and the rough problems we were all having in our Committee meetings. The professions began to understand each other. There was great interpretation of nursing to other professions and we gained a lot - got a lot of support there. A person that was particularly good at that always was Marie Farrow and that group in that area and if you talked to Marie Farrow, she would go to great length about this and if she were able to recall it, I think she would be. She would tell you this, we had great, great support from the Council. We would have to have, they reluctantly accepted certain things they didn't want us to do. They certainly didn't want us to have degrees in that early period and some of them certainly didn't want us to have doctoral education and what they were going to do with that. Imagine having a Doctor in the hospital and a nurse that was a Doctor you would get them all confused when they are all over the place, now. Not enough but we have got many of them in the various Institutions out here, particularly in the clinical \_\_\_\_\_.

EAR Can you recall any particular incidents that you think would help to illuminate the role that the Council played, some things that happened at a Council meeting that are vivid in your memory as it relates to the Nursing program?

EG When they tried to - Russell Sage men tried to take our money away from us, he ought to be supported.

EAR Lenoard Kottrell

EG Yes, don't you remember that? That was very crucial but there were many crucial periods. I would have to think a moment about that.

EAR But, your feeling all along is that Bob Felix was continually

EAR(continued) supportive

EG Always, always. I was thinking for a minute. Lemkow used to have to come to our support every so often, he was never on the Council unless it was in later years and I can't remember if he ever was or not, he probably was, but I don't recall that he was. He was on the Training Committee and one time he got up and said "I can get emotional too" when they were trying to do things to nursing that was in the earlier years and he settled it there and that stopped that for a while. He and Ruthie Kuehn and Ruth Kuehn - who was the Head of the Department of Psychiatry at Rochester?

EAR John Romano

EG Yes, John Romano every so often would take us apart, yet John Romano wanted nurses and liked nurses, but every so often he would wonder whether we were getting too much education and then they began a program at Rochester and began to work with them, he began to see and gave us great support. Although he was off and on, yet I think I never had a man that was warmer and friendlier and nicer to me throughout the years than John Romano and Whitehorn and then Whitehorn - remember when they had that Research Committee meeting, special meeting, were you there?

EAR I think so

EG And, Whitehorn after that Committee they fought so and got in such difficulties and nursing was one of the problems about training. Whitehorn left the meeting, he left the Committee and would not serve on again and left our Council

EAR I don't remember that.

EG Yes, he did, and Dr. left the Committee, maybe it was the

EG(continued) Committee and not the Council and Dr. Vestermark would never tell his staff why, he said it was confidential, he would not tell us why, but it had to do with the incidents in that meeting and I have often wondered what this was about. That was when Kimball came on that Committee and she was on that Special Group - did you have that report? The Research Training Committee Report, the Expert Committee on Research Training or the Special Committee meeting.

EAR You know Whitehorn was on the Council twice and I think you are talking about the first time he was on the Council.

EG It probably was the first time, but he went off, I think this is in the Training end of it, but Whitehorn was very upset about some of the problems we had and Vestermark wouldn't tell us. Now, were you there then?

EAR Probably not because

EG I wonder if you have that report because I think you would be interested in it. I think I do have that one. That's the Committee and Review Training policy, that has such an interesting lot of remarks in it, where I got that, I don't know, it is not my writing, but it will be fun reading the remarks they make about all the professions. Yours fared pretty well, but mine didn't. I found this when I was looking through the stuff. This is the Ad Hoc Planning Committee on mental research training and that's when they weren't going to let nursing in and I had the fights on our staff when they were deciding on writing the policy, writing the materials, the announcement of Research Training grants and research fellowships.

EAR Yes, of course, I was there.

EG And, Dr. Vestermark, they left nursing out and I fought and I fought. Were you there then, I think you were on the Staff then. When we were in T-6?

EAR Sure, I came in 1958.

EG Where were you in 58?

EAR I was there, I just didn't remember this.

EG Do you have that report?

EAR No.

EG That's a good one. You can take that home with you, but I don't want to lose it.

EAR I want to borrow some things and I will make copies and send it all back to you.

EG Well, some of them I may not need. If I have got anything here that you want you can have. I wanted to say one thing, the Community Mental Health when we came to that juncture, training in that one, we had a lot of problems in that area, getting started in Community Mental Health and we had conferences on it. We had three and I think that began to be the turning point when the people began to come together and would talk with each other a little bit more, and psychiatric nurses and the mental health consultant nurses began to talk a little a little more freely. I don't think the resentment, some of them did, some of them that came up together didn't have any problem but the others that lived through those very very bitter, bitter hard years never quite got and I can understand it, they destroyed their programs in schools because these made them second-class citizens and it was rough and it should have been worked out and it should have been, but I suppose I wasn't knowledgeable enough to know how to do that.



EAR Well, I think that a lot of things were beginning to happen at that time which made the earlier integrity of the total program much more difficult and I think if you want to, it might be worthwhile to comment just in very general terms about the difference between the program in those early years and later on. Now that is too vague a question, but for the first 8 or 10 years that the program existed, what you were doing was expanding on a fairly clear base of development. I mean you knew what you had to do

EG The first 10 years.

EAR Yes, the first 10 years

EG But that was very hard work, though

EAR Yes, it was very hard, but you knew in a sense

EG You were developing content and getting new training programs started.

EAR Right, but all within a clear-cut kind of conceptual framework and then when we began to move in Community Mental Health.

EG We called that new directions

EAR Yes, new directions, and when Stan Yolles started to produce a Center for Suicide Prevention, the Center for Drug Abuse and all the other things that were going on and we moved into pilot projecting more extensively than we did before, and we began in-service training and hospital improvement projects, all those things. I think that it's in that era that each of the professions had some difficulties in training because you were being pulled

EG We moved further apart

EAR We were being pulled in so many different directions at the time

EG We didn't have the personnel in nursing, we had an awful time. We simply did not have the prepared personnel that we needed that were qualified, not even to man our programs. We were constantly

EG(continued) in arrears. We used the other disciplines for a long, long time. We always used psychiatrists until we decided we could do our own teaching, but you brought psychiatrist for specialities and then for expert areas when you needed them, we used them for consultation, but we stopped the teaching. We taught in nursing. They would build on a firm base instead of teaching psychiatry and trying to work nursing around it. We developed our own nursing content. It was really a refinement in application of the psychodynamic concepts in nursing, so that it was a nursing operation and not some other professions operation. Now it's true we used some of the same - we used interviewing scales. Well, either one or three or four professions use these quite differently Nursing uses, when we do interviews we do it for a purpose in our frame-work, in the frame-work of nursing and the services to be provided that patient, specific philosophical content or base in content, base I would say, and direction.

EAR Let me ask you - of course, I don't want to make this go on too long, because it could go on for days and days and days, but is there anything else, perhaps, that we haven't touched on that you had perhaps some notes on that you wanted to specifically to touch on, anything we haven't really even addressed in any way that you think is important to put on the record.

EG I wonder if I had answered the earlier integrity of the program and about the differences in the two. Well, if we divided it into two eras, essentially two eras - the first ten years and the next ten years, and then it was beginning to taper off, you know, when I was leaving. I mean you were beginning things when I was leaving

EAR The other part of that question really is, and I have raised this point with some other people. Maybe what happens in the growth and development of an organization itself which is, after all we are talking about the NIMH. You come to a point in time when so many things have happened - perhaps the program has grown so large, you don't have enough personnel, there starts to be splinter groups here and there, so that is no longer possible to function in quite the same totality, let's say, that you did when you first began. It is obviously different in the beginning

EG Oh, yes it is, I agree we couldn't function in the same way, I agree with you. This is true. I always carried the graduate program in my right pocket. I always carried the graduate program, irrespective, when we moved into research and all these areas. I was always in the graduate, handled the graduate grants, all of them. Winifred came in and she liked undergraduate education and that was her choice, and she moved into that. She is an idealistic one, she was good for that one, but she was also it was over her head because it was so big - 120 programs, 20 grants we had when I left, I guess. Schools, and that is rough going. Gertrude came in and she was for pilot and special projects and the area of Community Mental Health, in particular, public health, and that was very rough going and the other girls often could not see what kind of creative work she had to do and the kind of ground work she had to do and the kind of planning and how many other people she had to talk to, and how much of this kind of work she had to do, and how time-consuming it was, so she was always kind of seen as the pet or the when over here that gets

EG(continued) her own and Winifred was running like mad in her program and Rose when she was sober enough, and I didn't catch up with for a long long time, poor Rose, was doing the other. Rose was top-notch, you know, until she took off on this crazy tangent she took off on, whatever that was.

EAR Perhaps, just on last point - is there anything else that we haven't touched on at all, that you wanted to mention.

EG Let me just look through my notes quickly that I have jotted down here. Well, I think we have talked about the development of the field and the use of the consultation always from other disciplines and the conferencing approach, and our visit to other programs - we encouraged programs to go "why don't you go look for so and so's program and see what they are doing over there, you got money in your grant, why don't you go over there and see what they are doing, write and ask them if you can come visit them" and then we would move into the other that sort of thing. I will give you some notes that I have here that will tell you all the development. This is stuff that I wrote up, you have it some place, very likely, but I will give you this one, anyway because I have several copies of it and you may have it. I have had to give it to so many people because I worked with them on their dissertations. At the University of Utah, this girl did a dissertation and I worked with them at great length, \_\_\_\_\_ psych nurses and I worked with a couple of others who were studying in the field. We haven't talked much about the doctoral education, preparing people at a doctoral level and that, but I think that's here and there.

EAR I really didn't want to get into substantive areas.

EG You didn't really want to get into substantive areas of this kind,

EG(continued) but they were points in - there were junctures at which there were great changes in the field.

EAR Absolutely.

EG And great, especially in nursing because we had so far to go. We had so much to accomplish and we are still so far behind in many ways, but in many ways we were ahead even of psychiatry in our thinking in terms of behavioral pulling in the social and other sciences in the nursing. We have been doing this for years Vesty talked about it and we said "Vesty we have been doing this and the girls would come back and say they don't listen to us. It's there and they don't see it on paper, psychiatry didn't do it. Social scientists, they were social scientists, but it was a straight line sort of thing. Yet, they subscribed to the notion that this was had to be done, this was an ideal, and this is among their early concepts, but still the meaning of it, I suppose again \_\_\_\_\_ to experience again, the same old thing. I talked about the significant changes with the lengthening of the programs in nursing, we had to lengthen them to get enough psychiatric content in them, that was important increase in the theory, theoretical and scientific contact from the social behavioral centers we talked about that and the increase in the psychoanalytic theory that we got into programs, because before it was a custodial sort of approach to it and it was physiologically, biologically based in the early years and then we moved over into the psychoanalytical approach, behavioral social science approach. I think there may be words about this in what I will give you which you can draw from if you need to without at the tape - save poor Minnie work. We

EG(continued) talked about our increasing emphasis on work with families in collaboration with other personnel and agencies, you see in the field, we did a lot of that. I think undergraduate support - you will find out all that you want in there, there is a number of publications. I think I talk about the unity of nursing, you remember that first research project down at North Carolina. That was one of the most useful projects we ever had in the field, was that one. Not only used by psychiatric nursing but other people. The unity of nursing and it was for the integration The social scientists began to work on that and that was that 5-year study down there. Was it 5 years or 3 years - 3 years, it took them four years to get it out, but they had second and third publications of this and finally they had <sup>to say</sup> no more money, we had no more money we could put in it, so they had to let it go by the Board, it hadn't been a publication in the University, but they could buy it from the University as you can in California, it may now, but they didn't then or most large Universities, NYU or Teachers College - make money off them as a matter of act, it is part of their revenue. I think you can get whatever you have from that, but those I just wanted to especially mention research and our difficulty in getting even our names on the board and doctoral education we had a hard time. And, that I went directly to the University and began to work with that one and develop doctoral programs. I went first to Esther Lucille Brown was there and we had Simerad was on our Committee then and they were interested in nursing, they had some good clinicians up there and they had been doing research up there for a long time the nurses had been involved in it, York and some of those others, social science and psychiatry they had been working

EG(continued) together, so we decided that we ought to move and Esther Lucille Brown was there then as social \_\_\_\_\_ - she is an anthropologist, she lives here by the way and so any way I went there and Marie Farrell was always in the forefront, you know. If I wanted something done special, I would go to Boston University Wayne State University, occasionally to Catholic University, little bit to Teachers College, but there were only certain things that Teachers College could do and the National League and on the West coast then, we went to the University of California. We got one or two things done at Colorado but it never panned out very well. North Carolina did this unity of nursing, so you see we had certain - Pittsburgh did a lot of things. Pittsburgh was a great leader in the beginning. I think that maybe ought - now you want to take this home with you. Have you got a folder?

EAR If you have an extra folder, I have one