

Goldston, Stephen 1999

Dr. Stephen Goldston Oral History 1999

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Stephen Goldston
October 5, 1999

This is an oral history interview being conducted with Dr. Stephen Goldston by Dr. Wade Pickrin on October 5, 1999.

Pickrin: Dr. Goldston, would you state your full name and where and when you were born.

Goldston: My name is Stephen Eugene Goldston. I was born in New York City on April 19th, 1931.

Pickrin: Thanks. I want you to begin by talking about how, what kinds of things may have led you to think about becoming a psychologist. Kind of start, go way back.

Goldston: As I mentioned to you earlier, I was originally trained in public health and I was looking for something to attach that public health to. I'd been very impressed with a book that had been written about a workshop in the early '50s where a group of health officers were brought together with some mental health people to talk about human relations aspects of public health, and the book was called *Public Health is People*. And it just seemed to me that that's where my interest was. Public health gave me the focus, the values, but it was attaching it onto psychology that really gave it direction.

Pickrin: Talk real briefly about your undergraduate, where you were educated, graduate school, etc.

Goldston: I went to New York University and got a bachelor's degree. I had a minor in psychology and sociology and a major in biology. I then went to Columbia University School of Public Health and got a master's in science degree in public health. That was followed by two years in the Army. When I got out of the Army, I went to Teachers College at Columbia University to do doctoral work. I was very lucky to be able to combine my public health interest, my psychology interest. I got my degree in, my Doctor of Education in 1958 and then went out in the big world directly into mental health.

Pickrin: Was there something, when you went back for your doctorate that really attracted you then to mental health? You had this public health background. But what, then, led you to mental health in psychology?

Goldston: Well, I think it was the possibility of being able to implement public health principles within the context of mental health problems. Very little had been done in the field. There was virtually no literature at all, and it always seemed comfortable to me to be the first one to go into something.

Pickrin: Be a pioneer.

Goldston: Yeah. There was something syntonetic with my own craziness. That's okay.

Pickrin: Anybody, any of your mentors in graduate school that really stand out to you now as you look back?

Goldston: Shaffer, Lawrence Shaffer was one of my major professors. Ed Shoben also, Ernest Osborne and Goodwin Watson also.

Pickrin: Oh, that's interesting that you had experience with Goodwin Watson.

Goldston: What a teacher.

Pickrin: Yeah. Talk just a little bit about him, because I know about him from another perspective altogether. He was, I think, kind of almost blacklisted at one point.

Goldston: He would have been considered very radical, in the '40s, very radical. But what I remember most about him was that the lecture that he gave before Christmas where he explained the, from a social psychologist's viewpoint, the significance of lights vis-a-vis Hanukkah and vis-a-vis Christmas. And, he was the one who said – this was mid-1950s – who said, "The day is coming where people will be watching movies in their homes on their television sets, be renting movies." He talked about the era of VCRs and all. I'm sure he had read a lot to know that that technology was being worked on, but back then it seemed, you know, wow, and what that meant from a social psychological viewpoint. So, yeah, he was very important. And politically he was – I believe he was a very brave man. But the climate of Teachers College was such that this was a place where ideas were welcome. It was a wonderful place.

Pickrin: I wanted to ask a bit about that, the political climate, I mean, the kinds of things that were acceptable to talk about. This was the '50s, a very conservative era in many ways.

Goldston: The school was very open to newness. Professor Shaffer liked me because I had a public health degree. He said, "Oh." He saw what the potential was. But the whole school was like that. I mean, there was a humanistic quality to Teachers College. At least that's how I experienced it.

Pickrin: Was Klineberg there then?

Goldston: Yes, yes, off and on between Paris.

Pickrin: Right. Is this the time when Kenneth Clark was there?

Goldston: Well, Ken Clark was running the North Side Center with his wife, Mamie. Funny, I'd met him a couple of times when he was in Vermont, at Vermont conferences. Lovely man.

Pickrin: Yeah, interesting person.

Goldston: Yeah.

Pickrin: Yeah, sure. One of the more indifferent people to be an APA president as well. So in '58, you finish your doctorate.

Goldston: Right.

Pickrin: What do you do then?

Goldston: I went to work at the Westchester County Community Mental Health Board as the assistant to the director, and the work was basically handling matters that the director assigned to me. As I think back on it, probably the most important thing that I did was evaluating the clinics that the county ran and that the counties provided support for. These were contract clinics. And I recall at that time that it was astounding, when I collected all of this data, that patients in publicly supported clinics were being carried for a year, two years, three years. It just didn't make sense. And what seemed to be happening was that the clinicians in effect were carrying on practices of a private practice in a governmental setting where the electricity, the air conditioning, the space was provided by the public dollar, but yet they were practicing as though they had a private practice, and this was not what I thought public health mental health should be. But those were the values at the time because the psychiatrists at the time, the psychoanalytic practice, going to a psychoanalytic institute, graduating, was considered for psychiatrists the appropriate thing to do, the most valued education for psychiatrists, and that kind of thinking permeated clinical work.

Pickrin: Were they actually charging these folks for other than...

Goldston: It was a county schedule, fee schedule, but treatment was interminable. So, fewer people were being treated for longer periods of time, and most people, many people who needed help weren't getting help at all.

Pickrin: Any emphasis at all on prevention?

Goldston: None.

Pickrin: Working in the community?

Goldston: None at all. Very, very little consultation and education kind of work, minimal, very, very minimal.

Pickrin: Well, after this place... Well, how long were you there?

Goldston: I was there about three years, two and a half to three years.

Pickrin: And did you go from there, then, to your first stint at NIMH?

Goldston: No. From there I went into New York City, with the Community Mental Health Board in New York City, as the director of consultation and education, and stayed there for about two years. There was more of an opportunity for consultation and education activities because at that point in time, the city government, because of the – the mayor had a program for the aged, and so the mental health part was hiring consultants who would periodically go to homes for the aged, community mental health centers for the aged, community centers for the aged, and provide consultation to staff, and that lasted for a little while. That was about the time, also, early '60s, where Gerald Caplan's work on consultation became more well-known and consultation became an okay thing to do.

Pickrin: Define what you mean by consultation.

Goldston: An expert who shares his or her knowledge with key caregivers in order to enable them to do the mental health aspect of their jobs more effectively, which is really the way Caplan saw it. However, this, too, got distorted clinically over time into clinical consultation, focusing on an individual case, an individual's problems, rather than on institutional problems or educational issues, etc.

Pickrin: Was it from here, then, that you did go to NIMH?

Goldston: From there I went to...

Pickrin: Talk about how that happened.

Goldston: When I got out of the United States Army in 1955, I vowed that if they ever wanted me again, they would have to find me in the mountains somewhere, because I was an enlisted man during those two years, and at least one of the years was as a medical statistician, the second year was running a medical film library, and I applied for a commission in the Public Health Service, active reserve Public Health Service, and did get the commission. The inactive reserve was very poorly funded, but each year they would send you a questionnaire saying, "Would you be interested in a short-term assignment?" In 1961, I said yes, I would – '62, '61 – I would. And I guess they would circulate these around. I said I was interested in something in mental health, and there were people at NIMH who, I guess, saw the papers and thought, "Gee, it would be a good idea." So, I was sent there for a little over four weeks and worked with Bill Hollister, who was a psychiatrist interested in education. We were walking back and we were talking about strength. He developed the word "strens" to point out people's strength. I worked with him on developing a, oh, I guess it was some kind of nomenclature for emotionally disturbed children, what the teachers should know. I know it got published in a couple of places. At the time, I made contacts there. I also met my first wife there. So, when I went back to New York, I was eager to come back to Washington as soon as I could, and by March of 1962, I did. I came back full time at NIMH as the staff assistant to the associate director for extramural programs, who was Stan Yolles, who in effect really was the deputy director of NIMH.

Pickrin: Was John Eberhart around then?

Goldston: Oh, sure. He ran the intramural program. And – I'm trying to remember. The one who ran the, who was the deputy psychologist – it started with a B.

Pickrin: Joe Bobbitt?

Goldston: Joe Bobbitt, who should have been treated nicer.

Pickrin: Yeah. Early impression of that time. I mean, you're pretty young yourself, but not wet behind the years, back then. You're 30 or so, something like that.

Goldston: I was 31. I was sometimes referred as the bright young man. It was a very exciting time. Intellectually, it was a very exciting time, because when I got to NIMH in 1962, the institute had been given the task of responding to the Joint Commission report, of coming up with a response, and I was part of the inner group. It was thrilling for a young person. I was part of that inner group that did brainstorming and then wrote position papers and went to some of the meetings both within the institute and in the department, then HEW, where now Senator Moynihan was representing Secretary of Labor Goldberg. I forget the name of the economist from the, what was it called, the Joint Chiefs of Staff or the economics, the group in the White House, an economist; the head of the mental health part of the VA. It was tremendously exciting. I mean, here we were planning a national program, and they were talking about doing it in the Public Health Service. And I think that it was very fortuitous for me that I was there at that time. If I hadn't been there, they probably would have put in education and consultation, too, but I pushed all of that. And I had a skill back then that was looked on positively. By that mean, the strategy of trying to get this proposal for the community mental health centers program, in order to get that approved through the Public Health Service so that it would then go to the officials downtown in the department for approval, the strategy was building this program, we must out-public health the Public Health Service. And I came in with those skills, so it was exciting for me. In fact, I had the oldest public health degree in the institute. I got my public health degree in '53. Bob Felix got his, I think, in 1958. Stan Yolles got his in '59, Alan Miller in 1960. So, it was a kick. It was a kick, and the people, NIMH was the who's who of the people. These were my heroes. It was really the who's who. It was tremendous.

Pickrin: Among both psychologists and psychiatrists.

Goldston: Yeah.

Pickrin: And social workers.

Goldston: Yeah. It was the cream of the cream. It was tremendously exciting.

Pickrin: Over lunch you were talking about kind of a can-do thing, but was this a group of kind of can-do people? We can do it.

Goldston: Oh, absolutely. People who weren't afraid of newness, who welcomed it. It was a challenge. It's what got people's blood going. When I came into NIMH, there was one man, Carl Anderson [sp.], who had the portfolio for alcohol and drugs, one guy for alcohol and drugs. Today there's an alcohol institute, there's a drug institute. There really had never been within the Federal government a mental retardation program but it began within NIMH and then went over to NIH. Child mental health part, NIMH was covering, and a big piece of NIMH's portfolio went over to NICHD. It was a tremendously exciting time, and President Kennedy was in the White House. I mean, that was part of it, too. We were all caught up in this.

Pickrin: Kind of a public-service approach.

Goldston: Public-service approach. The boss was working, the boss had these values, we're doing this for him, with him. Yeah, there was that feeling. There was excitement. Government was good.

Pickrin: It was a sense that government can do something good for its citizens.

Goldston: It was tremendously exciting.

Pickrin: It can be argued that prior to the community mental health centers or mental retardation facilities in Community Mental Health Centers Act of '63 that came out of the joint, or the Joint Commission actually contributed to it, maybe not absolutely in a direct way, but there really had been no true national mental health policy before that. And yet you're in among this group of people who, from the way you're describing it, it sounds as though you all were forging a national mental health policy.

Goldston: Yes. Before, there were a lot of conferences, workshops, publications going out, technical assistance to the states. NIMH, like other parts of the Public Health Service, had very active offices, regional offices, in nine districts throughout the United States. The regional offices had direct contact with the state mental health programs. There was a lot of sharing of information. But you're right. There really wasn't a policy. Well, in my years in government, policy was few and far between, really. Policy is what you said something, you know, this is the way we're going to do it or this is the way I do it. Planning was perpetual. I never threw any documents away, planning documents, because I knew sooner or later it's all going to catch up. You just pull it out of the file and you update it. But policy, as I recall, formal policy, no. There was a lot of helter-skelter.

Pickrin: So even in this group that you were first part of, you had to respond to the Joint Commission, to report, and I think part of that led to the community mental health centers movement. There's no real sense, the group of you weren't thinking, "Gee, we're really forging this national policy here." You were just doing what needed to be done?

Goldston: Well, the idea of getting legislation passed was a very big deal. We were talking about big money. And, then again, the President had made the commitment that he wanted something done in this area. There was a feeling that we were doing something very important.

Pickrin: And working at the highest levels.

Goldston: We had to lock up the planning documents at night. They were numbered. There were maybe 10 or 12 of us who were in on this, and the papers that we had, the drafts, they were all numbered, and we had to lock them in our desks at night. I guess the powers that were in the Institute didn't want these to get out. Had they gotten out, certainly the states would have been very angry because the way the plan was going, it was going to be a federally administered plan rather than a "here's the money, go do it" kind of operation, and they didn't want anything in the newspapers. I think there was also a feeling that the potential of this was so big, it had to come out of the White House. If there was going to be any news about it, that's where it had to break and had to be part of the administration's program. I remember that lent a certain excitement to the work as well.

Pickrin: Yeah. It was really moving mental health issues right to the forefront.

Goldston: Yeah. It was amazing. That's why I said I was very lucky. It was a wonderful time. If it had been five years earlier or five years later, it wouldn't have happened.

Pickrin: This group that you were meeting with, the psychologists and psychiatrists there, did the issue of professional kind of turf come up?

Goldston: It did within the Institute in the sense of some people at the director's office level had difficulty with people at lower levels. I recall the chief program analyst at the director's level would be having troubles with the chief program analyst of a branch because the branches dealt more with substance and the director's office dealt with politics, policy, as it was, innovation. But I think you were asking the question in terms of discipline.

Pickrin: And specific to this group you're working with. Okay? You're responding to the Joint Commission's report. It's going to eventually lead to this major legislation. So were there discussions in this group. Okay, psychiatry's interests have to be protected, etc., psychology's interests. Was there any of that?

Goldston: It was a given that psychiatry's interests would be protected because, by then, NIMH had built up the departments of psychiatry in the medical schools to such an incredible level of clout within the medical schools. Chairmen of departments of psychiatry became deans of medical schools, became presidents of universities, like, who was it who became president of Duke. Psychiatry was in its salad days. So it was a given that psychiatry was going to get the benefits of these programs, and the collaboration, the political collaboration with the American Psychiatric Association was very close. But it always was over time. It was always clear that the American Psychiatric Association... I don't know if I want to say this on tape. Let me say it to you. I thought you were going to ask me, last night when I was thinking about our time today, I was thinking if you were going to ask me how the training-pie budget got broken up. How did the policy come to be as it was? Am I digressing?

Pickrin: No, go ahead.

Goldston: Because my memory may be a little off, but it seems to me that the training budget got broken up in the following way: 40 percent went to psychiatry, maybe 20 or 25 percent to psychology, maybe 15 to 20 to social work, about 10 to 12 or so to psychiatric nursing, and other. But it was always clear psychiatry was going to get their 40 percent. So that was a given, an absolute given. Psychiatry, the profession of psychiatry, was the chief lobbying agent for NIMH. And the powers that be within the Institute played ball. That was. One hand washes the other. They were in it together.

Pickrin: So that was just a given as all these discussion – that wasn't negotiated, it wasn't...

Goldston: These were givens, because when I think of those of us who were around the table within NIMH, of the 12 of us who had the documents that were kept locked, Felix, Burt Brown I'm trying to think of who the other psychiatrists were. Half of the group were psychiatrists who had powerful positions within the Institute. Phil Sapir would be one of the other people in the group; Joe Douglas, who was the chief program analyst in the Institute, Harvard sociologist. It was a given; it was an absolute given. And from my experience, not only did I come with a public health background, but what was surprising to me when I came to NIMH, I had had about five years' experience at a large county level in New York City, and I knew a lot about how local facilities operated. None of these guys did because they had all been trained at Lexington as part of the Public Health Service training, and they didn't have that kind of experience. It was amazing to me that they were feds; they were feds. And I think that colored a lot of how they saw life. don't know how I digressed onto that.

Pickrin: No, no. You're talking about this group that's responding to the Joint Commission's report.

Goldston: Yeah.

Pickrin: What eventually happened to that group? You developed these kind of, I assume they're papers that you're preparing. What happened to those?

Goldston: There would be periodic meetings downtown chaired by the assistant secretary of health, who was, who was a Coca-Cola executive who had come in with the Kennedy administration. And the task force, President Kennedy's task force, nominally was the Secretary of Labor, the head of the VA and others. The NIMH people. And the economist – what was his name? I forgot. NIMH would report to this committee and bring the documents down. I went to a couple of those meetings. And the most memorable one of all, Moynihan represented Secretary Goldberg. During one of the meetings, a clerk came into the room, handed Moynihan a piece of paper. His face went white, and he said, "The President has just appointed Arthur Goldberg to the Supreme Court." Moynihan was probably wondering what his future was. He did not do badly subsequently. I remember that well. Once the reports got approved throughout the committees, Moynihan would make some editorial changes. I remember one very long conversation with him, which I never should have had because I should have said, "Dr. Yolles isn't here, but he'll be back soon. I'm sure he'll call you," but I wasn't mature enough and I went over certain things with him. Dumb thing to do. I didn't get reprimanded for it, surprisingly. Once the President's task force had agreed on the direction that this program would go, and the proposed legislation and it was approved within the department, then it became part of the political process.

Pickrin: It's out in the larger arena being negotiated.

Goldston: Yeah.

Pickrin: But they used this group's kind of working papers to forge that.

Goldston: I still have those papers.

Pickrin: That's terrific.

Goldston: It's really amazing to look back.

Pickrin: It must have been, as you said earlier, just terrifically exciting. You're pretty young, you're at the beginning of your career. Well, how long did that group last? How long were you participating in that?

Goldston: That group probably lasted till very early 1963, probably February or so of '63, because I think it was in February '63 that President Kennedy made his mental health message to the Congress. And then it was all part of a bigger powers that be for enacting legislation.

Pickrin: What did you do then?

Goldston: I went into training with Ray Ballister [sp.].

Pickrin: Now, when you say you went to training, there are different training branches.

Goldston: There were – it still gets confused in my mind. When I got to NIMH, there was the training branch, and there were units of the prevention branch. As things got bigger, it became prevention division and the other divisions, and the units became branches and... But when I went there, it was a training branch, and I went into the experimental and special programs unit, whatever it was, and was in that for a couple of years and went back to the director's office in 1965 or so.

Pickrin: Who else was in this experimental and special programs unit?

Goldston: There were two parts. One was the mental health training grants in the School for Public Health, which had two objectives. One was to provide mental health training for all the students who were getting a master's in public health, and the other was to train mental health specialists, what Kaplan was doing at Harvard, training people to be mental health consultants and the like.

Pickrin: But this one branch you just referred to, it's not training like psychologists or psychiatrists. It was training...

Goldston: These were... The public health training? The public health training was of people who already had their Ph.D.'s in psychology, their psychiatric residencies were completed, their MSWs, and they went off to get more graduate training, for post post training.

Pickrin: So that's one side of it. The other side is the, is what group?

Goldston: The public health part?

Pickrin: No. You said there were two sections, the mental health kind of schools of public health...

Goldston: The other section part of it was developing innovative mental health training programs to develop new kinds of mental health manpower.

Pickrin: I remember reading about that.

Goldston: We still used the term manpower back then. And this was various training, urban planners, school administrators, training teachers of emotionally disturbed children, training recreation workers who work with disturbed as well as normal children, training clergy in the principles of mental health to make them more capable of doing more effective counseling and knowing what their limits were. That was a great deal of fun, trying to develop that. The potential was tremendous at the time.

Pickrin: Who was the head of that, of the training branch?

Goldston: At that time?

Pickrin: Yeah. That you were working under.

Goldston: I was working under Ray Ballister [sp.]. Ray and I were the branch or unit. The person who ran the whole operation at that time was a psychiatrist, Ray...

Pickrin: Feldman.

Goldston: Feldman, who was a very nice man.

Pickrin: Yeah. Eli Rubenstein [sp.] was his deputy.

Goldston: Yeah. Ray had a sign in his office that said, "It's nice to be important, but it's important to be nice." He was a nice man, a nice man.

Pickrin: How successful, looking back on it, how successful was this program to train these other professionals, these innovative, new kinds of mental health manpower?

Goldston: With some of the programs, it was incredibly successful. The Office of Education took over the program to train teachers in mentally retarded children. The three grants to the Catholic, Protestant, and Jewish seminary were very influential in developing training materials that to this very day are still used; in training clergy. I think the urban planning approach, the mental health aspect or humanistic aspect of urban planning, I think that one was successful. The recreation one, training, got taken up in other places. Another program was training journalism students to be mental health science writers. This was a grant to Syracuse School of Journalism, and subsequently I think there were two or three other schools. I recall that one of the graduates of that program became the science writer for the *New York Times* 20 years later or so. That was quite successful. There was an interesting twist of what we were trying to do. For example, that wonderful developmental psychologist who was at Vassar who wrote one of the best developmental textbooks there were and made these fantastic movies about childhood in the '40s or so. God, I forget his name. He also was a very, very nice man. He put an application in to NIMH. He wanted to train psychologists to be mental health film makers as opposed to the approach of taking film makers and making them experts in mental health film making. We never were able to get that through the committee.

Pickrin: It didn't get funded.

Goldston: One of the psychiatrists who was a very well-rounded guy who had been a radio announcer in his days, I thought for sure he would say this is terrific, and he damned it in classic psychiatric terms, just as he damned training art therapists. Some of those programs were successful. The Institute's commitment wasn't long enough.

Pickrin: How long?

Goldston: Oh, probably early '70s at most, '72 maybe.

Pickrin: Maybe eight or 10 years, then.

Goldston: Yeah, about eight to 10 years. The potential was tremendous, but they dropped it, unfortunately.

Pickrin: When funds began to be scarcer or...

Goldston: NIMH directors always talked poor mouth, or as I used to say, an old Jewish expression, "They're crying with a loaf of bread under each arm." It sounds better in Yiddish, but my Yiddish is not good. They always were crying poverty. But I learned, when I got to be a program director with money, that any program director who didn't have at least \$100,000 in his back pocket didn't know how to run programs. There was always money. Nobody went hungry.

Pickrin: So it made a difference in terms of at least initiating this training of other people to work in mental health.

Goldston: It was the concept, the notion that mental health was bigger than hospitalization and shock treatment.

Pickrin: And bigger than the four major disciplines...

Goldston: Right, right.

Pickrin: That would have been involved.

Goldston: Absolutely.

Pickrin: Sure. How long were you there? You said you moved back to the Office of the Director, and a couple of years later, you said two years. What did you do when you moved back to the Office of the Director?

Goldston: Let's see. I moved back... That was when I went to the director, Stan Yolles, who I knew quite well personally as well as the fact that he'd been my boss and had brought me into the Institute. And I said to him, "Stan, I would like to take the prevention portfolio because nothing is being done here, and I would like to develop that as your special assistant," because he had a number of special assistants at the time. And he said to me in his most avuncular way, he said, "Don't do it." I said, "Why?" He said, "You will never get the top researchers to want to do research in the area of prevention. It's too imprecise, we don't know enough." I said, "Let me try." And so I banged my head against the wall trying for a number of years, had no budget, sometimes would be given a couple thousand dollars for something because I nagged and nagged. It was a very, very frustrating time. I'd get into the elevator in the morning and someone would say, "Hey, Goldston, what are you preventing today?" It was a bad time, it was really a bad time. And that went on for a long period of time.

I occupied myself by, in collaboration with a friend of mine from New York, an anthropologist. We did a large piece of survey research on graduates of schools of public health, how much mental health content they got or didn't get. We put it together as a book. It was published by the government. We then had a big public health conference. And little did I know that all of these efforts that I'd done, which were aimed at trying to improve the mental health training in schools of public health, when Yolles looked at what the defects were of the existing programs, he said, "We're not funding them any more." Cut off there. I was very upset about that. It was unfair. It was terribly unfair because we could have made the schools do better, because what was going on was a – they saw it as an entitlement program, and it wasn't an entitlement program. They were supposed to do very specific things with that money and they weren't doing it. And if they had been nicely forced to do it, they would have done it; most of them would have done it. But he used a hatchet. I got a very bad reputation as a result of that because, of course, it was seen as I did that, that I was Yolles hatchet man.

Pickrin: About what year was that? Do you remember?

Goldston: Seventy-five, '76, roughly. I was sent me a Xerox of the pages from the *American Journal of Psychiatry*, a recent issue that had articles by each of the directors.

Pickrin: Yes, I have that.

Goldston: And I read it and I wrote my friend and I said, "This is not the Institute that I remember." It's so foreign to me.

Pickrin: It's what's called revisionist history.

Goldston: Oh, yeah. And then I thought, the reason it just came to mind was, Burt was the director for eight years then. I didn't remember Burt being director for eight years, but I guess he was a director for eight years. Because Pardes came in about '80, I guess, something like that.

Pickrin: Yeah. It seems like Bertram Brown left around '78, didn't he?

Goldston: It would seem something like that. And then what's his name from St. Elizabeth's came in temporarily, also a very nice man but not much of a leader, a psychiatrist. I do not recall his name.

Pickrin: Kind of as acting director?

Goldston: Acting director, yes. A very nice person, very nice man, but...

Pickrin: You took the portfolio for prevention in the '60s and had it until...

Goldston: Till I left.

Pickrin: Oh. So even...

Goldston: Well, no. I didn't really have it until I left. There was a lot of dirty stuff that went on.

Pickrin: Yeah, I want to get to that, but I'm just trying to establish the time line. So probably somewhere around '66, you got the portfolio.

Goldston: Right.

Pickrin: Somewhere in the early '70s maybe, all of this occurred.

Goldston: For the record, it's the empty portfolio. I got the portfolio, but it was empty. Okay?

Pickrin: Somewhere in the early '70s, was it Yolles that cut the funds to the graduate schools of public health?

Goldston: Yeah.

Pickrin: So before he left, so somewhere in the early '70s that happened. What happened with Bertram Brown? I mean, what was his attitude?

Goldston: I was in Brown's office once, and he said to me with absolute candor, he said, "What are you talking about, prevention. Tell me, what is it that you mean?" I was astounded. Here was a guy with a public health degree asking me. And I lectured him for five minutes. I thought that was the limit. And it didn't make any difference because there was no consistency for prevention back then. And it impressed me – I made note, when the day comes, to develop a consistency.

Pickrin: Well, isn't that an important thing to know, is that without, a consistency, some group of people who are out there pressing the agency for funds, for attention, that it doesn't matter really who's on the inside. You've got to have some pressure from the outside. Is that a fair observation?

Goldston: Absolutely. When people used to say to me, "Oh, the Democrats just won, thing will be better for prevention now," I would say, "Hey, look, it doesn't matter who's in the White House. It's who the director of NIMH is." They found it very hard to understand that, so I'd have to explain this. And that was the truth. When did the first money for prevention come? It came in 1980, when Reagan was President. But it came because Congress was a Democratic Congress and there were a couple of good guys there who made it happen.

Pickrin: Where were the funds? Before then, where were the funds for prevention coming from? Just from the director's budget?

Goldston: The little bit that there was would come from wherever I was assigned to. Along with the prevention portfolio, I was transferred into the child mental health unit. However – that was about 1976 or so – that was at a time when the rest of the Public Health Service was waking up to the idea of prevention. That was the time that the Lalonde report became public in Canada and that the powers that were in the United States Public Health Service woke up and said, "Hey, we've got to do things in prevention." NIMH turned their back on this. NIMH wasn't going to do anything in prevention. But the rest of the Public Health Service was. So there were – it was the beginning of, not a constituency, but the beginning of people saying, "Hey, what about mental health prevention?" And it was also the time, that year, that Don Klein and I put on this great conference and turned out this classic publication called *Primary Prevention: An Idea Whose Time Has Come*.

Pickrin: Was that an NIMH publication?

Goldston: Yeah. And I used that, the publication of that, to begin the primary prevention publication series, and over the years was able to turn out, over the next nine years, was able to turn out about 15 or 18 documents, because it also became clear to me, it didn't matter what it said on the pages, it just mattered that the cover said *Prevention*. So when I walked into the director's office, the director of ADAMHA, I had all of these publications, that I wasn't talking about – what was one of the phrases – prevention as a cloud. The head of ADAMHA referred to prevention as a cloud. Someone in the literature referred to prevention as more cost than benefit. There were a lot of these ugly terms coming out. They were kicking somebody that wasn't even, that was barely alive. I mean... But yet there were some people out there who were doing consultation and education work. Some of them were doing very nice work. A couple of the community mental health centers, particularly the one at Hahneman in Philadelphia. It was wonderful, wonderful work. And their work was getting publicized. There were researchers who were doing relevant research related to prevention, like Steve Ackensure's [sp.] work with interpersonal competence training, ICP, interpersonal competence personal skills, something like that. It was – out of the slime, it was starting to emerge.

Pickrin: By the late '70s.

Goldston: Well, '76, '77.

Pickrin: Okay. Somewhere in there. The second half of the '70s, it begins to finally catch hold.

Goldston: Right.

Pickrin: Now, I want to come back and ask a question that has to do with prevention, but I want to relate prevention to the attitude among psychologists that you may have encountered. Granted, the Institute wasn't terribly interested. I mean, they kind of shut you off to the side in some ways, it sounds like. We talked just a bit about the lack of constituency. What was with psychologists? I mean, why weren't they forming a constituency, in your view?

Goldston: This was very puzzling. I had virtually no connections to Division 27 beyond being a member of Division 27. The founding fathers of the Division, like Kelly and Isko and Spielberger and Bloom and Don Klein, they were all doing their thing, but there were no political elements to it. I had nothing to do with them. They had nothing to do with me. It always puzzled me that the – what was the conference in Massachusetts?

Pickrin: Swampscott?

Goldston: Swampscott. Thank you, thank you. The Swampscott conference, when was that, '63 or so?

Pickrin: I think a little later.

Goldston: Maybe it was '64, '65, '66. Audrey read that document so many times. That was right on target. I mean, there was so much there, and there was also so much good stuff. Division 27 was turning out some nice publications. But none of them, nobody was political. Nobody was political minded. I was still a babe in the woods politically as well, but I was sitting where the action was. I think most of these people must have seen NIMH as a lost cause in many ways. Certainly, community psychology was outside the mainstream of psychology, certainly outside the mainstream of clinical. The issue of is community psychology a subset of clinical psychology or is it a field in and of itself, that had never been resolved. Isko, I think, started the first program in Texas of a separate community psychology program. He said that having clinical training was a deterrent to being a good community psychologist. But I think the basic problem was that – over the years, I've thought about this a lot – the basic problem was factor was, all of these psychologists, all of them good people, were academicians. They weren't working in political settings; they weren't working in community settings. They were working in academic settings. And even given the omnipresence of politics in universities, it was *kinderspiel* compared to what went on in the real world politically. It was ugly and dirty, Anthony Graziano was at Syracuse, an article he wrote in the '60s. He was published in AP, where he told about how political values become the master of scientific values. It's a brilliant article. I usually have my students read it. But I'm pretty sure it was in 1966, Anthony Graziano.

Pickrin: I'll look it up.

Goldston: Brilliant article. Yeah, I'm sure you've got it. These people were not tuned in politically. I used to keep praying, please send me someone who can get into the director's office and tell the director money has to go into prevention, and here's what we should be doing, here's what the Institute should be doing. Well, that person didn't... The closest we came to that person later in the '70s or mid-'70s was Beverly Long [?]. Her name has come up in your discussions?

Pickrin: Mm-hmm.

Goldston: So you know who she is.

Pickrin: Vaguely. I haven't really done much research on her yet. So talk a little bit about her if you feel like it.

Goldston: Beverly Long is a wealthy woman in Atlanta who has a master's in psychology, who at one time was the president of the mental health association in Georgia. She was friends with Rosalyn Carter. So this was pre-'76. Carter won the election in '76, so she came on the scene maybe in '73. She became a political advocate, but... Beverly Long did become the nucleus around which a constituency evolved. She was on Jimmy Carter's presidential commission. She fought for there being a task force on prevention of the president's commission. George was the chair of that _____.

Pickrin: That's what I was going to ask you next. _____.

Goldston: How did that happen? That happened because, for one of the first times, I was asked, I was asked who I thought should be the chair of that committee and who should be on that committee, and lo and behold, I think eight out of the 10 people that I recommended, or eight out of who eventually became, were on that committee. I said, "Look, George is on sabbatical this year. George is *the* perfect person, absolutely the perfect person for this." Yeah. And George did a wonderful job. That's what I mean. He always does. He took command. George knows how to deal with politicians, too. He should have been in the center. So instead of _____.

How did I digress onto that?

Pickrin: Well, we were talking about psychologists, and psychologists really weren't, they weren't coherent around the issue of prevention. And yet...

Goldston: That _____.

Pickrin: ...you knew many of these people. You had met George Alby [sp.] before and become friends, and George was already working in prevention, I believe.

Goldston: Yes, but a lot of George's work, until he established the Vermont conferences in '76, was an independent operator. I mean, he wrote wonderful papers, he would give lots of talks. George was Mr. Outside, I was Mr. Inside. I mean, the two of us carried the banner around, kept the spark going. But George never had any clout at NIMH. I don't think George considered it... George was too good to associate with some of those _____. I mean, that's the best way I.... I don't mean that in a pejorative, but George was just too goddamned good a person to have to go hat in hand or anything like that. George had contempt for most of those people, or at least the NIMH powers that be.

Pickrin: But you had people, as you were mentioning, in the community psychology movement, Henry Cowling [sp.] and Jim Kelly and some of the others, but they were just too academic. They weren't focused on the politics part of it.

Goldston: Not on the politics part.

Pickrin: Yeah. Would things have been different if they, for you, if they had been political?

Goldston: Oh, yes, oh, yes, because when... What happened... After the president's commission report came out in '78, and it became apparent that the Congress had put money in for prevention research, I had expected to be the person to run that program after wandering in the desert for 40 years. It was not to be. Tom Plow [sp.] was made head of that program. It is said that Partis [sp.] made Tom the head of that program because, officially, Partis [sp.] could not dethrone Tom as the deputy director of the Institute, and Tom said, "Give me the prevention portfolio." What Tom did... Am I digressing?

Pickrin: No, go ahead.

Goldston: What Tom did was to, in effect, take that \$4 million and to dole it out to the existing operational divisions for what they wanted to do.

Pickrin: Within NIMH.

Goldston: Within NIMH. This made him palsy with the likes of Lou _____ski and others. Tom also had a staff of three other people, two or three other people.

I was shipped out to the mental health study center and given a prevention title, another prevention title.

Pickrin: This was about '80 or so?

Goldston: Seventy-eight, '79, '79. After a year went by, it became clear to Partis [sp.] and to Larry Silver, who was his deputy, who was also at the time my friend, that Tom hadn't done anything, and Larry said, "We're going to transfer Tom out of this, out of prevention. We're going to bring you in by giving you a reputation. Larry will be the acting director of this program, but it's your program. And we'll see how it goes around the Institute as time goes by. If it goes well, Larry will back off and you will officially be the head of the program." Okay?

And I was in the driver's seat with the money, and what I decided was the most important thing to do was to develop this constituency, but was to develop it according to the ground rules that were being played all around me, meaning I was told 15 years before that the top researchers would never want to play in the prevention playpen. What I did was to take a model activity that a colleague in the Child Institute had used with sudden infant death syndrome. They're called research planning workshops, the structure being, you get 12 consultants. Why 12? Thirteen made it a conference. Conference means it had to be in the budget a year in advance, but a workshop, 12 consultants together for three days around a specific issue, subject, to determine if the basic research on that subject was sufficient to move into preventive intervention research, for example. A lot of research had gone into the impact of divorce on children. Were we now ready to put money into interventions to reduce the harmful consequences of divorce in children by intervening with parents in various kinds of ways, by having groups for young adolescents and pre-adolescents in order to, groups of kids who were also having this in their families, so that they would see that what they were experiencing, others were experiencing and could act out their anger in the group. They didn't have to act it out at home, etc., etc. That was – the first pile of money went to that. And over a period of three years, I put on 30 of these _____. It was the greatest thing.

What happens most frequently is, I would contract with an expert, usually a psychologist, at a university to organize these workshops, because it takes a lot of time to organize them, I would pay them \$10,000 to organize it. Out of that \$10,000, he would pay for space, the coffee, _____, and we would get together at the university. People at that university, certain experts at that university, also participated, unbeknownst to our administrative officer, who would have said, "You're putting on conferences. You can't do that." Papers were prepared in advance for most of them, and we'll come out with a publication. For example, there was one on loneliness, reducing the harmful consequences of severe and persistent loneliness. It took me forever to convince my bosses that we were talking about loneliness, we weren't talking about not having a date on Saturday night. We were talking about what drives people up the wall and jumping off bridges.

I developed that constituency. I got the researchers. The top guys in the country would come here because, to be crude about it, these guys were top researchers because they could smell money a mile away. They knew what's going to happen. These little conferences, whose purpose was to lead to preventive intervention research grants, well, they wanted to be in on the ground floor of it. So I got the top researchers in the country coming to these workshops. And at the end of three years, 30 of these conferences, there were over 200 senior researchers who were saying nice things about prevention, who weren't badmouthing prevention, who, when the director of NIMH would say, "Look, I've got to go to a neurosciences conference tomorrow, and they're going to say to me, 'Why are you throwing this money away on prevention?'" And I said, "Look, so-and-so is also going to be at this neurosciences meeting. He has put on two of these conferences, workshops, for us already. You talk to him." So it was a broad kind of thrust.

The vision that I had was, you remember the old movies of World War I, the bugle blows out of _____ and everybody goes forward. Well, the strategy that I was trying to use was, we're going to get the constituency, we're going to get these preventive intervention programs going, we're going to get these prevention centers going, we're going to effect training program, we're going to do all of these things bit by bit, not sequentially but together, because everything is tied in together. Until they shot me down, that's what we did.

Pickrin: Talk about how that happened. I mean, you're developing a constituency.

Goldston: Well, I thought things were going quite well, and there was a plan to enable me to, in effect, wear two hats. One was to continue being the director of the Office of Prevention in the director's office, and the other was to be the branch chief for the Prevention Grants Program, Research Grants Program, because they said, "We can't have an operating office in the director's office, but you can take these two pieces." So I said, "Okay, all right, fine." I even moved my, one night moved all my furniture down to that new office I was to have. And the next day I was called in to Partis's [sp.] office, with Larry Silver there, and I was told that at one of these workshops that we had just had in California a couple of days before, that I had done some very bad things, none of which were true. Partis [sp.] started off by saying that Winkowski [sp.] and – oh, God, what was the guy's name who ran the biostatistics – Rigere [sp.], truly an evil person, Daryl Rigere [sp.], had been to see Partis [sp.] and had said that I had done X, Y, and Z and that I had embarrassed the Institute and all. And I listened to him and I said, "None of these things are true." And Partis [sp.] said, "I'm not going to let you run the Prevention Research Program." Okay.

What they did was to give that program to a young psychiatrist, Mort Silverman, who didn't know one end from another. What he knew was that he didn't want me interfering in anything that was his. Some very ugly politics went on at that point.

Pickrin: We're in the early '80s, you think?

Goldston: Yeah. We're in about '83, I guess, '84. Part of it was this enlargement of the definition of prevention, which _____ was fraudulent. Part of it was the antagonism from other people in the Institute.

When I look back at it, I made a fatal mistake. I made many, but I know at least one fatal mistake that I made early on in the '80s, when there was money there. It's when Lou Winkowski [sp.] sent down to me for my review two grant applications that had been approved and awaiting funding, asking me to review them: Did I think that they could be funded under the prevention program, the new prevention money? One of them was from the transcendental meditation group out in Iowa that, they took over a college or something in Iowa. I read the proposal and both of them – they weren't preventive intervention research projects, and I made the mistake of telling him, and that was my death knell. He knew he had to get me. I wasn't going to pay his bills.

NIMH character assassination was a very frequent occurrence, very, very frequent.

Pickrin: Among the staff.

Goldston: Huh?

Pickrin: Among the staff. I mean, the staff would often do _____.

Goldston: Among the heads, the heads directing it at the staff. There was a long history that Yolis [sp.] had shot down anyone who threatened to compete with him for being the heir apparent once Felix stepped down. It was a Byzantine place. It was – getting people was the major activity of several people who had very senior jobs.

As a consequence, I remember one incident. I was accused – George was accused of bribing me because I had funded a Vermont conference. There is no way that he has bribed me. I had nothing to do with the review of the application to fund one of the conferences. It was ugly; it was ugly as hell. But what it meant – this wasn't the only time I experienced it – I had to go out and get a lawyer. This little incident I remember well because it cost me \$6,000 in lawyer's fees at the time. By then, it was very clear to me I had to get out of there. They were going to kill me; they were going to kill me. And that's when I started talking to the chairman of psychiatry at UCLA, and then in September of '85, I left. And for the first two or three years, I felt like, I guess, a lifer feels who gets out of prison, a wonderful feeling. I didn't have to go back into that building or associate with those people.

I made peace with everybody as well as I could. When I got the APA prize, Partis [sp.] was gone by then and I sent him a letter saying – it was kind of a cute little _____ – I sent him a letter saying, “I have just been advised that I won this prestigious award. I want you to know that I won it because of the activities that I did while you were still director and that I hope you will feel a sense of da-da-da-da.” And I got back a sweet little note from him.

The same year I won that prize, the acting director of the Institute, who was then Larry Silver, who surely was no friend of mine, wanted to give me an unsatisfactory annual report and somehow was persuaded to just make it satisfactory. And when I reminded him the year before, he had said to me that he couldn't give me a prize that year but that he would give it to me the second year, the next year, when I reminded him of that, he said, “Yes, I did say that, yeah.” Ugly, ugly place, very, very ugly place.

Everyone experienced there. It was rare that anyone didn't experience unpleasantness there. It was an unpleasant place. I don't have a good reputation among a lot of people. But a man is known by his friends. I have the most wonderful friends, and my children love me.

Pickrin: There you have it.

Goldston: _____. So those were my days at NIMH. Okay?

Pickrin: What's the status, or perhaps maybe I should ask, the legacy of the Office of Prevention?

Goldston: Sad. Part of what makes it sad is that, ironically, the legislation subsequent to the Carter Commission, the legislation that was passed in October of 1980, provided that there would be an administrative focus on prevention within NIMH and that it would have the following responsibilities. Well, in November, Reagan won the election. In February or March, what was called the budget something something act, reconciliation act...

Pickrin: The omnibus Budget Reconciliation Act.

Goldston: Budget Reconciliation Act, yes, was passed. And when all the dust had settled, of that piece of mental health legislation, there were only three pieces that survived. One of them was, there will be a rape center within NIMH, and that you'll do X, Y, and Z. Another one was, there will be an associate director for minority affairs, who is... What's her name?

Pickrin: Dolores.

Goldston: Dolores. And the piece about prevention survived. So I went back and looked at the legislation. The common denominator for these three pieces was that none of them had a budget figure attached to them. So apparently, the Senate young lawyer who was told, “Look, go through this and line out all the pieces that have to do with money,” when it came to these pieces that didn't have to do with money, they were left in. But I had a piece of legislation supporting my activities, to which the official response of the Institute was, to quote Larry Silver, “If the Congress wanted these activities to be done, they would have appropriated money for it.” _____. I thought that there was a piece of legislation. I mean, nobody could have been more concrete about it. There's a piece of legislation here. What I am doing is consistent with that piece of legislation. People like Beverly Long wouldn't go fight _____ that. She was responsible for _____ piece of legislation she wouldn't go fight for being implemented.

Okay. The years go by. There is an Office of Prevention in NIMH, in the director's office, that is headed by Juan Ramos [sp.]. Has the name come up?

Pickrin: Mm-hmm.

Goldston: Okay. Let me be kind to Juan. Juan is an unimaginative... Juan is the only person I've ever known who, you walk into his office, and his desk is completely clear. And I used to joke, because if the papers got too near him, some ideas might penetrate into his head. He does nothing.

At the same time, they set up a prevention and special projects unit within the Institute, which Morrie Lieberman [sp.] headed up. Morrie's a good guy. When Morrie left the government a little over a year ago, Morrie was left with implementing the law part. He was left with no money, no staff. They threw other people who were doing other activities into there. For example, I tried to get the states... The dream that I had was every state will have a prevention office at the state level in the department of mental health. At one time a couple of states did. I would bring these prevention directors together twice a year so that they wouldn't lose their sanity. They had to talk to somebody, to each other. I got them to be a little bit of a constituency. I went around to states to try and encourage other states to develop offices. None of that happened for 10 years, 15 years, gone. In fact, I did a piece of research that was published in, what's it called, *Professional Psychology*. It was a survey of the states. Did it make a difference if the state had a prevention office? Oh, boy, did it make a difference, one hell of a difference! So that's one thing that was never there. What's there now? Now, prevention isn't even in the title. It's an Office of Special Projects. To illustrate how downhill things have gone, three years ago – it was before I left for Israel – almost four years ago, Morrie Lieberman [sp.] put out an RFP for a study to be done on cost effectiveness of prevention programs, a review of the literature and an analysis. I got a call from one of the clerks at NIMH that my name was on the list, was I interested. So I called Morrie up, an old friend, and I said, “Morrie, is this wired?” He said, “Yes.” I said, “For who?” He said, “For you.” I said, “Really.” He said, “Yes. Make application, apply.” I did. It was a good application. I got the money. I did the study. I started out not knowing anything about cost-benefit, any of the economics of it all, read a lot, learned a great deal, and after about eight months, handed in a 171-page report. It wasn't published. A year ago I went to the Institute and talked to somebody who was there in prevention back then. I said, “Aren't you going to do anything with the report?” “Well, we haven't decided.” I said, “Look, when you do, I wrote the report. It's NIMH custom and has been policy that the author's name goes on the report.” They had taken my name off. The report is still floating somewhere. About a year ago I got a call saying, “Would you write an executive summary to this?” I said, “Sure, if you'll pay me.” She said, “A thousand dollars okay?” “Okay, all right.” I wrote the executive summary. It's still floating. When I was there, to use an Israeli expression, we did [unintelligible]. You've got to get the stuff out. That's what keeps the sparks going.. That's what's so sad, because when I left, I was truly able to say I started something that is here. Well, the preventive intervention research centers around the country, about a half-dozen or so, are still there. Okay? And some of them are better than others, but they're all getting a hell of a lot more money than I ever thought they would get.

Pickrin: Were those started under your banner?

Goldston: Yeah. And there is no focused research program, there is no planned research program in terms of the planning workshops, there is no publication program, there is nothing to help states, and nobody cares. And the laws are being implemented and nobody cares. I mentioned in the honor paper, the that I wrote, that it was my observation that innovative units in government are somewhat like shooting stars. They're tolerated for a limited period of time, and then pressure is brought on to eliminate them. And I wasn't the only one. The suicide center prevention suicide center, the same thing. I mean, it killed it. Why? Because it had suicides. Had the figures gone all the way down? Was suicide no longer a problem? No. It's not politically correct. The same with the metro center. Are there no mental health problems in big cities? No. They wanted to kill it. Power corrupts...

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