

## Klaus Minde

- Born in Leipzig, Germany
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## Major Employment

- Professor of Psychiatry and Pediatrics, McGill University: 1989-Present
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## SRCD Affiliation

- Child Development Editorial Board (1990-97)

## SRCD Oral History Interview

### Klaus Minde

Interviewed by Joan Grusec  
In Toronto, Ontario, Canada  
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Minde: Okay. I'm the first born of two children, two boys and was born in Leipzig in Germany. My father was the technical director of the broadcasting system of one of the provinces in Germany at that time. But he was let go already on the 1<sup>st</sup> of March, 1933, within -- or let's say within six weeks after Hitler came into power he was out because he was not a party member. So I think part of my life has been dominated by the fact that we were, in some sense, that my family was not a family which was really welcome in Nazi Germany. I mean they were Germans of course but they had many Jewish friends and they knew about the Holocaust, even during the war, so this was not the kind of family where you didn't hear about those things. And I think that the fact that during my childhood we never had soldiers to play with, and when Hitler spoke the radio was turned off. And in fact there's a story about me in grade one where I had a male teacher who was a very, very lovely man, an older man in grade one, which was quite rare at that time, and during a discussion at school I stood up and said, "I know that what is in the newspapers is always lies, it's never true." So this teacher he called my mother and said, you know, "You make sure that you do not talk like this with your children because this is not working so well. If they say that to other people, it might get you in trouble."

So there was that part, which I think was important. But I think it also meant -- it also created something else. We had a very, very musical family. Everybody played instruments and everybody loved music. And my grandfather, my grandfather had a factory that produced parts for BMW and he had been in America and he had talked to Henry Ford. And even my auntie had -- my mother's sister -- was already a high school exchange student in the U.S. in 1936 at age 14 and brought an American girl in 1937 for a year to Germany. So I mean, even that -- so they had a kind of outlook of life which was maybe, I don't know -- so today I would say more than maybe other people would have had in terms of a vision.

And so I was also very interested in music and started to learn piano at six or so. And people say I used to stand -- and I can remember that -- in front of the radio and I had a baton, I would conduct the music--

Grusec: Um-hmm. [laughs]

Minde: So they, in fact, suggested that I should go and audition at the St. Thomas School and the St. Thomas Choir in Leipzig, which was founded in 1212 and Johan Sebastian Bach was its conductor for 27 years and had written lots of music for it. And this choir was -- they had three concerts per week in the church, one of which was a cantata every Sunday with an orchestra. And the school had a strictly classical program where ancient Greek and Latin were taught. And because of its long tradition it was a haven which had not yet been pinched by Fascism, certainly. And I think, you know, Fascism was only in power for twelve years, it didn't have yet the power to dominate, it didn't manage to get this one. So I got in and you had to realize, you had to be, you know, you had to sing a new program every week and learn that and you had to be quick in terms of your music. But also you would go on trips and sing in all different countries and maybe be two months a year away and that meant that your classmates would go on in school so you had to be able to pick up when you came back. So it was a lot of work, a lot of work all the time.

Grusec: So what years were these?

Minde: I entered the choir in 1943 and graduated in 1951.

Grusec: '43?

Minde: Yeah, so I was then nine years old. And I enjoyed that life. And then, however, about six months after I joined that choir there was a very special bombardment of our city on the 4<sup>th</sup> of December and 35% of the city was destroyed at that time. And the bombardment was special because it happened at four o'clock in the morning and people stayed in bed because they thought the planes were on their way back to England, but they were in fact coming there and lambasted this whole thing. And our school -- our boarding school -- was also bombed out. We were in the basement in another school for three days before some way was found that we could get out of the city and to another small town 40 kilometers away. And that event was, I think, very crucial for me because, first of all, we were in this bomb shelter and people came in from houses in their nightshirts and they had nothing else on, their feet bleeding with splinters from glass as they had no shoes. And then later, two officials, wearing some kind of helmet came and asked one of the men to start extinguishing the fires outside the school, and this a man sat just behind me with his wife and two girls -- and they had one girl maybe -- and they had these white, long nightgowns on, and him too. And the helmeted men said, "You get out and extinguish." And he said, "I can't do this because I'm here with my family, I have no clothes to do this." And they said, "The Fuhrer orders you do that." And he says, "%%#\* Hitler." And he shot him right there, in front of me. And the brain went just all over the place. And it was tremendous experience for a nine-year-old child to see that. And so I think, from that day on, I think what it's done to me, it has -- I remember every day from then on, so it was kind of a demarcation of being consciously alive and--

Grusec: Yes.

Minde: -- understanding what was going on, but also sort of sensing this kind of sense of horror, brutality, terrorism, all these kind of things. But this was very different from the way our family lived, but it came home to me. Following this bombardment there were people whose houses had been hit by phosphorus bombs and they had burns from the phosphorus on their skin which would not stop burning. And nearby our boarding school was a park and there was a lake and it was the 4<sup>th</sup> of December but people jumped in the lake to stop the

phosphorus from burning, but as soon as they came out of the lake the skin started to burn again because of the available oxygen and they had to go back into the water. And there were maybe 30, 40 people in the lake holding on to branches from surrounding bushes and then many finally sort of let go and drowned. So that was all part of these terrible days.

**Grusec:** So you watched that too?

Minde: Yeah, sure. So it was you could say sort of traumatizing. Then we were transferred to another boarding school which had, which was about 30 kilometers away in a small town. And there part of the boarding school was inhabited by children who were these super Nazi kids who were bred by Nazi women and men and who were growing up there. And we came and they would terrorize us. They would come into our rooms at night, two o'clock in the morning and we had to go and go and crawling on the floor in the forest nearby to practice defending the country, you know, because it was '44 then and the fronts came closer and it was the Russians coming and all this kind of stuff.

**Grusec:** So at this point, you're how old?

Minde: Then I was ten.

**Grusec:** You're now ten?

Minde: Yes. And there was less and less food and there were only two meals a day. And to see all that was quite hard. And I think also we had at the boarding school, I mean, there were two teachers with us who took care of 70 children. Many of the sixteen-year-old ones would be drafted into the army and some would be dead in six months because they were kids. Every week there was a meeting, they would read the names of previous pupils who had died and also whose parents had been bombed out. So this was the kind of Saturday news conference to us, ourselves. So there was always that fear of having to hear bad news about your family. But there were also people there who had to, identified with SS as they had an uncle who was an SS officer so-and-so and they would push you around. And there was nobody to go to as there were only two adults who would look after us. The boarding school had a structure which worked very well in peacetime; the older children looked after the younger ones and there was a kind of a gradation of authority given to you. For example, when you were grade ten you could punish the younger boys, you could give them disciplinary measures. But I think the war made this much more cruel. So for instance, I remember having to look into the river for an hour and not move my eyeballs for an hour and there would be someone behind you and hit you when you moved your eyes. Or counting cobblestones in a churchyard. Or eat ten pounds of dry potatoes and this kind of thing.

**Grusec:** Were your -- where were your parents?

Minde: There were -- they were in Leipzig at that time.

**Grusec:** Okay.

Minde: But they had also bombings and bombings and so they were glad that where I was safe in this smaller town.

**Grusec:** I see. Right.

Minde: But it was a very rough and a very cruel time. And then -- and I think when '45 came the Americans moved in there first. For the first three months it was the most eastern part of the American occupation, but then the Russians came three months later. But when the Americans came, they brought liberated people from a nearby concentration camp with them.

And as the kids from this Nazi outfit had all disappeared there was space, and these people who had just come out of camps were placed on floors above us. They were also given food, which the Americans had found in Nazi Germany military depots. So they would cook all the time on open fires but they needed wood and would throwing out all the windows and take the wooden window frames to make fires with it, and the wooden staircases. There was only one staircase left in the building which was made of stone, the others were all made into firewood. So the whole building was dismantled by these people in some sense. Yet there was also, for instance, a woman who said to me -- and that's my only witness of somebody who survived the camps -- she said, "You know, I had a boy like you, he just looked like you." And so I said, "Oh." And she said, "Yeah, and you know what they did with him? They made him -- they tied a rope around his body, his legs, like this, and they played soccer through the fire with him until he was dead." So, so this is my only sort of first line information about what happened there. But I mean, I thought to myself, this could have been me. So, and this -- there was a lot of that at that time. And we even had games of catching flies and building concentration camps for them where they were tortured. And there were all kind of things happening in this school -- in this boarding school -- which were not always so good. For example, we were sent to a farm outside of the small town because the farmers were in the war or were POWs and nobody planted the potatoes in May '45. And so we planted potatoes and they would give our school milk as payment, but the big kids would drink the milk and not give it to us. And we would have to sit around and watch them drink it and not get anything like that. So that kind of stuff. So there were quite sadistic things happening to us. And it took about a year to sort of calm things down. But we also, we would find ammunition and we would open it up and build planes where you put the powder in them and then we ignite them and they went whoosh like jets going off. So there was war gaming and all this going on.

**Grusec:** Cause--

Minde: I think--

**Grusec:** I just -- so a lot of the kids who were at the school were these Hitler babies?

Minde: No, no.

**Grusec:** -- not in your school?

Minde: In my school, there was none of that.

**Grusec:** Oh, none of that.

Minde: These Hitler children had lived in the school we were sent to after the bombardment, but we were the saintly choirboys. The real, the--

**Grusec:** So really there were two different worlds--

Minde: But I mean, I think we saw that. And the children became -- I think maybe the stairway story is a good example and true.

**Grusec:** Right.

Minde: Because there was, it was a very bad time. There was even -- they even killed one of the two teachers who were with us. Didn't kill him but they locked his room and then chopped off part of this one staircase which was left, they chopped off a marble ball on top of a column, a round thing so the marble could roll but then it would always stop because it had the flat part and then roll again. And they mimicked an alarm, and then rolled this thing and the

teacher tried to get out of his room and he couldn't, he was locked up. So mimicking a bombing attack.

Grusec: Right.

Minde: And he was dead two days later. So I don't know what he died of, but certainly everybody knew that it had something to do with that fake attack.

Grusec: Right.

Minde: So you could see how tough things were, you know. But then I think when we came back to Leipzig in '46 or so, I think then things got better. And I think the -- some stabilization of these things of course. And then I think our -- the next four years or five years, were very important to me also because we lived then in the East German system, which was just as bad as the other one in many ways, although we were privileged like the members of the Bolshoi Ballet. We were the singers who had ancient Greek and who had to learn Latin and who were singing all these wonderful songs. And they sent us to all these countries to document that Soviet Germany is in fact a cultural haven and so on, so on. And that was very important because we would have these concert trips, go to Denmark and to France and to, you know, all these places where nobody could go from the East. And we would be staying in private homes and so we would meet families who were in Switzerland, and Austria, West Germany. And you learned about people's lives. You sat there, and you -- and they became sometimes -- and you stayed for two days -- you know they became friends. You met them and you talked to them again and wrote them. So I think my world expanded because of all that.

Also I was -- I sang soprano and I was the soloist of this group and there would be people who sort of admired me as well. There would be people who come after a concert and said I was like an angel and was doing all this beautiful singing and they give you some pieces of -- you know, we had rationing cards and you could get butter only with a coupon -- and they would give me a coupon for 50 grams of butter. So the rationing cards that I could -- I wouldn't have to be hungry and all this stuff.

So there was that. On the other hand there was also, of course, the danger that you thought that you were sort of, you know, God's incarnation, because there was photographs and then calendars, there was all that stuff. And it's interesting that in my class there were six choir boys among 25 others. Only four had their fathers left after the war. So it was quite normal to have no father, it was in fact a majority. But also two of these six classmates have committed suicide, you know, so the stress was there and they were partly suicides because of the Soviet system. One was a clearly visibly homosexual, was very gifted in languages, became an interpreter for the European Union and so -- but he would accompany artists to Russia, as a Russian interpreter when they would do concerts or whatever. And the Russians wanted him to spy for them because they had films of him doing things with a man. And so he hung himself.

Grusec: Oh.

Minde: You know, they're not things which maybe had to do with the politics but I think part of the politics was still there. You see? So anyway--

Grusec: So even in Communist East Germany though you did have church choirs?

Minde: Yes.

Grusec: So--

Minde: But it was -- and in fact it remained -- I left in '51 and it was-- it got worse after that because in fact, the Communist system was much longer in control than the Nazis. The Nazis were 12 years and they were about 40 years.

Grusec: All right.

Minde: So they had more time to erode this whole thing. And I think it was more eroded. They had to sing for the Party. Later they were not allowed to stay in private homes during their trips anymore. We never had to do this, never, ever, never.

Grusec: Right.

Minde: So in our time there was some, still some civility left over from the pre-Nazi traditions. I think it protected us so that I never needed to join the Hitler youth, I never had to participate in these kind of experiences, but still you knew about that. And I think that gave me a very -- how would you say -- a very strong social conscience, very strong conscience. I mean, I was very committed to freedom, democracy. I would give out, you know, handouts which I got illegal from West Berlin to people and who had Stalin on them having his foot on East Germany and the police would come and pick them up. So we were sort of sixteen-year-old kids doing our delinquency in the name of freedom.

Grusec: Right.

Minde: But I think it was -- in fact, now I think it was quite vicious of these CIA guys who brought these things in for us kids to get that stuff, because two of my classmates got 25 years imprisonment, one of them was shot on his eighteenth birthday because he had written on an election poster, 'don't believe it'. And the police caught him and he was seventeen and he ran away. And the fact that he ran away, and they had to grab him, made him get the death penalty and he was executed when he turned eighteen.

Grusec: Wow.

Minde: And on his eighteenth birthday he was shot. So you know--

Grusec: So it was very dangerous. Did you realize how dangerous it was?

Minde: I don't think so. I didn't tell my mother about it, you know, what we did. She didn't know. I knew it was something crazy. But I think now I'm also saying, how could these adult institutions--

Grusec: The Americans?

Minde: Yes, do this to us kids, you see.

Grusec: Yep. Um-hmm.

Minde: So. And so to children who they knew were sort of dramatic freedom fighters, you see--

Grusec: Right. Who didn't realize--

Minde: No, no.

Grusec: --what they truly were into.

Minde: So. So in that--

**Grusec: Was your father still alive?**

Minde: My father was still alive because he was -- despite his being let go because of his political opinions -- he had a sort of expertise which very few people had. And there was a category of people who were not allowed to be drafted because they were essential for the homeland, so to speak, and that was his salvation. On the other hand, there were little other things. For instance, he would know when enemy planes came and when there might be an alarm in advance. And he went to the bishop of the church where we would sing because they only had one door open during our concerts -- there would be 2,000 people in there -- and he said, "If the planes come within seventy miles, can I let you know so that you can open the doors? Because if things come, you better let people get out." And the Bishop said, "God has already decided when we're going to die. We don't have to do that." So that kind of predeterministic way of thinking even shocked me as a ten or twelve year old. How come they won't let you do this? So even that kind of source of strength had its flaws.

**Grusec: Right.**

Minde: So the world is full of feeble and fearful individuals. I mean, that's just the way it was. So then after high school they rejected me at the University because I was not politically active. So I had to run away to West Germany.

**Grusec: Which university? This is--**

Minde: Leipzig.

**Grusec: Leipzig?**

Minde: I wanted to be a doctor because our pediatrician had been a wonderful person to me and he had always treated me, even as a very young child, I remember treated me as, I would say, as a true partner. So he would come to me, he would come to make home visits and he came every six months to visit my family. They have tea and he would look in your throat. That's the way it was.

**Grusec: Not anymore.**

Minde: But you would go there when you were sick, but they would come to the house for their well-baby visits, you know?

**Grusec: Right.**

Minde: So when he got to me he would say to me, "Well Klaus, with you I know that I don't need a spoon, nothing because you open your mouth so fantastic, as good as anyone." And of course I did. So in that sense, this impressed me even then. And so I wanted to be like this man because I think the way he was with kids is something that's just really quite special. And so -- and then he had three sons and they all had died in the war. And then he gave me this -- he gave me his -- the knives which he had used in anatomy and so he was a bit of a mentor in that sense, even though he was just a regular pediatrician. But he was called Uncle Dünzelmann. So uncle -- we called him uncle. So that's the way it was.

And I think he was also doing other things even more advanced for his time. For instance, as I said my grandfather had this factory and there was a man who worked there in the office whose wife apparently was not very good with her one newborn baby. And so Uncle Dünzelmann decided that this child didn't gain any weight at home and he had enough to eat

so he should be moved to the Minde house for three months and my mother to look after him, because she is good with that. And then he decided only the father could come to visit the baby in our home once a week and the mother could not, so there were all these decisions made. And so that was the fostering by pediatricians, you know?

And so -- and then my mother would always do that, always listen to him. He was a very important person for her too, because she was young. She married at 19 and my father was 39, so they were 20 years apart. And in that sense she also looked up to his medical authority I think. So that all happened then. And then I went to the West and to study in Munich and got accepted there. And had -- went to medical school and had a, in a sense a very -- in the beginning -- a very difficult life because I had no money, no support, nothing.

**Grusec:** Was there a problem getting from the East to the West?

Minde: No it was before the wall was up.

**Grusec:** Oh right, of course.

Minde: And--

**Grusec:** So you could just move freely?

Minde: So no, you didn't move freely, you sneaked across the border, but you could get there. You could see the Russians sitting there and waiting and watching, so you just waited and when they had shift change, you continued.

**Grusec:** Okay.

Minde: And there were all kind of minor delinquencies which were committed. They were all related to the fact that you didn't have any money to go to Munich from your wallet. So I just go to the mayor of this place near the border and told him, "You know, I want to go to home and my mother lives in Frankfurt." He said, "What's your address." And I thought Goethe, everybody knows Goethe, there must be a Goethe street. And so he gave me a ticket to Frankfurt.

**Grusec:** Oh, okay.

Minde: And I would just stay in the toilet in the train until Munich to get there for nothing. So it worked ok. So the survival skills--

**Grusec:** Yes. Yes.

Minde: --and so it's quite interesting how this all happened. But -- so then in Munich there was, somebody took me in and I stayed a little while. And then I started to work in a brewery the first two years of my studies. I think I worked maybe 90% of the time and went to school very, very little because there's not much time left. And there was very little money. And then my brother came and followed me. He was finished two years later and he followed me and he came to Munich as well. He was going to be a conductor and study music.

And so he came and I couldn't -- it sounds awful to tell this story, but I couldn't -- what you could do at that time, if you didn't go to school, but -- if did an exam of your subjects at the end of your term and you got an A, you didn't have to pay tuition for that next term, you see? So what I would do is I would not work and cram for two weeks before the end of the term and do this exam and give myself more money during these two weeks of cramming than if I would've worked somewhere for two weeks. So at that time, however, my brother came and I

didn't want to go because he was also in need of support. And I sent him to say I'm sick, I can't go. So, but that allowed me to make up the -- to do the exam before the next term started, which was nine weeks later. And I did it in the home of the professor, and it was not with a hundred and fifty people in an auditorium, and this man was a physicist. He was very much against nuclear war and the bombs at that time, and I knew that. And I was in his living room and there were two grand pianos and I told him a little bit about me and he said, "Well Klaus, why don't you play for me?" So the exam became sort of a family affair. And he thought that I was worth getting -- it was a national scholarship where you couldn't apply for but had to be suggested by a faculty member, at that time maybe a hundred people in Germany had it. And you had to do more than being good in your field, not just be interested in what you're studying but in other things like this, like theatre or reading, all kind of stuff. And you had to write an annual report about this aspect and what you had done, which was not related to your actual studies. And they paid you an enormous amount of money for that maybe, something like a hundred dollars a month, which was a phenomenal amount of money. And you could in fact enjoy life and live like this. And I was in fact accepted into this and stayed there for my last three years of medical school. And because I started at seventeen, I was also the youngest student and I was always a bit afraid of these adults, so that's one of the reasons why I think I went with pediatrics. For example, I started shaving at sixteen and a half and people would say, oh you probably just open the window when you shave, and the draft does the shaving. So there was this kind of thing, made mature you call it. But it worked in that sense, in that I -- so that helped me a great, great deal.

And also these hundred people would have mentors and they were from -- mine was from history faculty and we would have all the students who were in that, had this scholarship in Munich would meet every month and talk to each other. And I was the only medical person because medical classes were so big, the professors usually never got to know an individual student. So I was almost an abnormality. If you studied Tibetan dialects you had a much better chance because there were only two students and the professor and everybody knew you.

**Grusec: Right.**

Minde: You see? So it was a bit unfair in that sense that the big faculties didn't have such a good chance. But you also learned what other people did and it was a very good thing for me as a human being to see because I was young and I was not home, you know, which is not so easy. So -- but then -- even then somehow--

**Grusec: Yes.**

Minde: Then came the uprising in Hungary and the revolution and there were many, many East German students fleeing East Germany and Hungary had happened as well. And people had recognized that about thirty percent of them who didn't make it would go back to the East because they couldn't adjust. They had -- they were lonely. So the university set up a center to help kids to mostly adjust to a new life, new concepts. And I was the man who ran that in Munich. I had no experience, never had a course of behavior in psychology, nothing. I had no idea. So they gave me an apartment with a room to live in and there was a library I could buy the books, and I had a budget. And I would meet -- these guys would come at night and they talked to each other. Rap sessions and talk and I tried to find them a place to stay and, you know, do all the kind of social work stuff in addition to my medical studies.

**Grusec: Did you have any psychiatric training in your medical studies?**

Minde: Well, very little.

**Grusec: Okay.**

Minde: Very little. I think the psychiatrist -- the Chairman of Psychiatry -- was a very, an unusual person. He would come in this hunting outfit in greens with a hat to the lectures and so he would say, "I'm going to go hunting after the lecture," and he had his gun, put it there. So he was very unusual. Oh, it was very poor psychiatry. Not good so ever. But I learned from being with patients and being with children in pediatrics and people being worried about things and talking to a student. I remember one of my most shameful moments in my life, I think. There were two women who had deformed children and I had delivered them. One baby had only one arm and the other none at all. And the mothers talked about having been so worried during their pregnancy and their doctor having given them something to calm them and that was Thalidomide.

Grusec: Oh.

Minde: And I didn't connect the two, you see. So I never did. And I sort of tried to talk to them, but I mean, obviously I was just in my fourth year of medicine. And then about three months later somebody said hey, there's a connection between the pills and the babies' abnormalities and I said oh, I saw -- I didn't think of it. So I mean, that shows you how limited my poor brain was. Now we think about these things, but I didn't -- certainly didn't -- think about that. Anyway, and so we didn't think of these things at all. So I think that happens. But then also I was offered -- because of this scholarship I had people said to me things like, "Don't you want to go to London for a year and study there?" and I said, "Sure, if it's possible." There was King Edward the VI, he had some kind of a scholarship, so I had a year in London as a student at the London Hospital. And I had not learned English, of course, in school. And I learned it there, so I learned to get to know that. And then after I finished university, I was then just 22 and I thought I would be a pediatrician.

And then my pediatric professor said to me, "You know, there is something called a Fulbright Scholarship." I said, "What's that?" He said, "Well you can go to America and study there and go there." And I said, "Oh, that's interesting." He said, "Do you want to go?" And I said, "Well I don't know." So he said, "Well you have to go next week, there's an exam in the American Embassy or Consulate and they ask you questions and then you answer what you know and that's it." So I went there and I had no idea, there were at least 24 people sitting up on the podium in a big auditorium and I was down in the spectator area all alone, and they took me. I don't know why. They asked me what I knew about Puerto Ricans in New York and that they were people who were shortchanged in social services and couldn't speak English and so on, that when I was going to go to Bellevue Hospital and that was in the Puerto Rican area. And I knew a bit of some other kinds of things that were poverty related because oppression was something which I was very aware of.

So they took me and I went there for two years. And I went and I studied. And after a year of pediatrics at Bellevue it was so depressing. There were so many children with terrible diseases who had, for example, tuberculosis meningitis. There were kids who would come and they would have tuberculosis meningitis, and their father came two days later and said, "I got a job picking apples in New Jersey." And I'd say, "Oh that's wonderful." And he would say that he had to take the child home. I'd say, "Why?" He said, "Well, my wife doesn't know how to read and write, she could never visit, so my child has to be home," so things of that nature. Illiteracy had never been an issue in my life. And you could still visit the slums in your whites - - we had white uniforms on as residents. You couldn't make home visits without being dressed in whites in New York at that time in the East End, you know, Lower Manhattan. So in my whites I would go and find a woman next door who could read and write and connect them with my patient's mom. So it was like social work in pediatrics. But the kids, you would see that -- you could see the kwashiorkor sometimes they would have -- they would have stripes of white hair then there was gray-black again, then there was another yellow stripe, see. So you could almost see when they had eaten little or no protein, for example, as there was a bit less black

hair which had grown in June and July, and then in August it stopped again. So nothing got ever better because we just sort of powdered them up but did not help the families to know how to provide them with their nutritional needs. So my grandiose idea was that if I learned something about how to prevent the people concerned to throw these babies in the river, I wouldn't have to pick them out of the river. That's what I did there all the time. So that made me think it had to be child development, as I knew nothing about children. No knowledge of -- because I saw only these kids in Bellevue Hospital suffer.

I enrolled at Columbia into a master's developmental psychology program with somebody by the name of Jersild who was a well-known -- at that time very well known -- person. And he was a wonderful sort of -- you know, I'd say today -- securely attached person, very tolerant of people, very warm-hearted to people who knew nothing, gave you a sense of what life was all about, which I thought was very nice. And I had a good friend who was a very handicapped person at that time as well. And she was in a wheelchair and so I learned about this through her. And so I think that was a very good year because it also taught me statistics and everything else psychologists have that we never learned when studying medicine. We usually had professors who told us, "That's the way it is." And that's the way it was. You know? I know that has changed since then. But I think psychology had not such narcissistic teachers and I think it made me love psychology. It made me do -- all my later research work has always been together with psychologists. It's never been only medicine at all. Never. And so I think that was very helpful.

At this time I also wanted to go into child psychiatry after my master's because I thought maybe that's the place to prevent later troubles, not in adult psychiatry. And child psychiatry was very new at that time. There was almost nothing in Europe at all. And I -- but I would go and try to -- maybe I was always a bit stubborn -- I'd try to find people -- I'd sit and visit. For instance, Leon Eisenberg, I would go to see him in Philadelphia and talk to him. What is the best way to train for child psychiatry? And he'd send me to somebody in New York and I'd talk to them. So I convinced myself of that and wanted to learn more. And then I couldn't stay in the States because of my student visa. But then I applied and I got into the McGill residency program and that's why I came to McGill. And Nina, my later wife, was doing her PhD and she was not in America at that time. And she did her -- she comes from a family where there are five children and her father died in the war, and her mother was from an upper middle class family. She had had no professional training, people like her didn't even have to cook, so they didn't learn how to survive easily on their own.

**Grusec:** So where was--

**Minde:** She was also born in Germany.

**Grusec:** She was born in Germany?

**Minde:** And so her dad was dead and she was in twelve different schools, every year another one. And she had -- and she wanted to save the world by bringing the West and the East together, so she studied Slavic languages to talk to the Russians so that they could talk to the Americans and to the Germans. And so she spent six years of her life doing this. And so we got married after I had finished my Fulbright time and my studies were over and she came here. And then we immigrated to Canada.

**Grusec:** So where -- what year are we up to now?

**Minde:** What year are we now? In the '60s -- in 1961, 62, something like that.

**Grusec:** Okay.

Minde: And so we immigrated here. And I picked a four-year residency at McGill in child and adult psychiatry. Nina was then being a German teacher because you couldn't -- there were so many native Russians here that you couldn't really do anything with Russian. She was a teacher of correspondence courses for people who were on farms, in jail, and some of them were even lifers. And they would write little notes to her in German that the guards couldn't read, so it was quite interesting.

And at that time, of course, it was in the 60's, in Montreal certainly there was an upheaval of social -- you know uproar. My medical students said, "F--- medical school," and they would not -- they would just say, "F--- you," and not hand in their physiology test. Some were finally kicked out because they had talked about burning down the anatomy building, burn down the faculty. And I had to teach all these kids.

**Grusec: Right.**

Minde: So it was very exciting. And there was a poor area right next to the Montreal Children's Hospital where I trained and I took that area on as my community. They were new blacks and old blacks from the railroad times -- the railroad station was nearby -- and new blacks who came from Jamaica. And they were fighting and they were also French and English populations. So it was a very interesting era. And I spent -- let me think -- four years of my time there doing what you call community psychiatry. And it was difficult and so I think I was rarely home because the community meetings would go on at night and demonstrations against the rats in the homes and this and that, and I mean you have to be with the people. So I stopped that after 4 years, but also because I got involved in something else.

**Grusec: What was that?**

Minde: My supervisor was John Werry. And John Werry was a very well known person who did the first study on hyperactive children together with Gaby Weiss, the first prospective follow up study. ADHD was not even a known word at that time, and they started it. And since he'd seen on my CV that I had a psychology degree from Columbia, he said, "You're going to have to work on this study with me," because he thought I would maybe have some kind of knowledge about how to perceive things in an epidemiologically correct way. And there was Jenny Douglas who was a psychologist, I mean, she was the psychology partner. And there was a gang of PhD students from McGill who did work there. And it was wonderful, you know, and we met every week and discussed and arguing, and just -- and did the first longitudinal study of this sort. And I think that got me into research. And I've never stopped, and it's gone on, and on, and on, and on. And then you get results and you see more questions. So from that point, this experience was, I think, very helpful for me. And after I finished my residency they took me on staff right away, which was nice.

But then I also felt that I had always been the one who had done things and my wife and her Russian was sort of trying to, you know, to do the best she could. But she was a mom and there was -- we had two children at that time -- and I thought well now we do something for her. So we wanted to go to Russia for two years that she can learn something extra. But Russia didn't want us. Russia never wanted us to come, never wanted to do anything, nothing. There was no way to get in, they would not give us a visa.

And then I had a -- I was also in psychoanalysis then, I finished my training to become a psychoanalyst. And my supervisor, my analyst, was a German Jew. His name was Eric Wittkower, very famous person, psychiatrist. He created this new sub-specialty of transcultural psychiatry for adults. And he -- and it's also very interesting that he hadn't spoken German since 1933. He'd gone to England in 1933 and had escaped the Holocaust and was safe. But then I had my dreams and my children's songs and all this. And I think I couldn't just do all this in English. And he started to speak German to me, which was the first German

he spoke in 30 years. So our work was for him also a big move. And it went so on that he didn't -- even when I finished -- I mean, you have to have eight hundred hours of analysis otherwise you're not considered to be properly trained. So it has to be at least eight hundred hours. Totally insane. Anyway, toward the end of my analysis he was invited to give a lecture in Berlin in the same lecture room he had lectured as a young assistant professor. And he wrote, in fact, the speech in German. And he had my wife correct it and paid her for the corrections. So even though I paid him, he did this. So he was quite open in that sense. He was not as narrow as many other training analysts. So that I think that was a very important part of my life, obviously.

But then also there was this announcement from WHO that they looked for a consultant in Africa. And they were thinking of starting up a child psychiatry department in East Africa: Kenya, Tanzania, and Uganda, those three countries. They were the East African Union at that time and they had only one medical school which was Makerere University. So after the Russian thing didn't work out, I said, "We're going to go to Africa because we've been here for 6 years, we're going to do something else." So we went to Africa for two years. And that was of course again -- I mean, in a way when we came it was wonderful timing. It was -- the dictator named Obote had just been kicked out and Idi Amin came in and seemed so much better than what happened under Obote before we came. But then Idi Amin became the well known tyrant.

Grusec: Yes.

Minde: So in the last six months of our stay there my chief there, who was British, but he had a wife from the Seychelle Islands. She was told that she would be shot in the street if she goes out because she looked like an Asian, she was a bit brown. He ran away to Perth, Australia, and I was the head of the department. I was, you know, not ready for that. But all these people came, these medical students, some even putting gasoline over themselves, being so upset that some even emulated themselves. It was terrible, people being killed all the time. And then the Canadians came to take these new -- allowing many of the Indians to come here, especially the Indians of a particular religious group, the Ismailies. Because Ismailies are a Muslim people where the Aga Khan, their leader, had told them after the independence of Uganda don't remain British, you must support your country; you cannot stay an alien. They had all given up their British citizenship and taken Uganda citizenship and for this reason couldn't move to England when all the Asians were forced to leave. There was nowhere, nobody would take them. So they were in the way and there were about fifty medical students like that. And I think I was then -- and I wrote to the dean, the director of the deans of medicine here in Canada, at that time the one at UBC. And said there are these people, they're smart, they're good. What about accepting them into our medical schools? And they accepted them all.

Grusec: Oh no.

Minde: And they went -- they didn't even have to repeat a year. They were -- every -- all of them passed. And so it was a wonderful thing by the deans to do this at that time, this was a good time, you know, there was still openness to anything being possible. And I remember five years later that dean was then the vice principal or whatever, came to Sick Kids when I worked here in the psychiatry department as a researcher. And they were reviewing certain research programs every year. There were three or four people coming. One of the reviewers was this dean and now vice principal. And we had a dinner and he sat next to me. And I took this chance to thank him for what he had done for the Ugandan students, and he said, "Well, I haven't had a chance to say thank you too, because during my time of being a dean this is the only thing in my five years that I felt I did something useful, otherwise I was just fighting other people off. But now here, I could create something positive. It's been the biggest experience

for me." So it's very funny how people see something from a different perspective. So it was quite an interesting thing.

Anyway and after -- so as I said we -- after our two years there, which were very emotional, very, and I did a lot of work in transcultural studies. And it was very -- I could talk for ages about Uganda. And about all the people who helped us there and all them, they're still there and they still write and I still send them money. It never, never, never stops. The daughter of our house girl writes, "You know we're getting married and so can you help us?" You know, it goes on and on. And when I had my last sabbatical it was in South Africa last -- three years ago, I took a year off. We went back to Uganda and saw all those people there for a week or ten days. So it was quite moving to see how all this works.

Anyway after the time in Uganda I came to Toronto Sick Children's Hospital and became the Director of Research there. And that -- and so I have stayed here for thirteen years. And when I came -- and again you see how life is so strange -- I was interested in doing research which would somehow combine pediatrics and psychiatry, and our first-born was a premature baby. And he was born and the obstetrician who delivered him was the second in command at the university, he was the deputy chief of the obstetrics department, but he was apparently a very bad alcoholic and he caused one woman's death on the operating table. He had walked out of the OR and was found drunk in the basement when she died. So Thomas was a preemie and at that time you couldn't visit preemies. And we would come every day and look at him through the window in that little box. And he was so small that the blanket they had over him seemed to have no elevation at all. I mean you could see the tiny little head, but there was no body almost. And so every day we came and every day Nina cried and it took -- and he was not 1800 grams, he was something like 1250, which I consider today not so bad, you know. But they also allowed me, because I was sort of a resident and I was trying to get something done, and they allowed me to take him home when he was only maybe, oh, 1900 grams - no, 2000 grams. So at that time he was feeding every two hours and each feed took one hour. So this was a full day thing. And I remember one day coming home and Nina crying, and he was then maybe eight weeks old, and she said he doesn't smile and he doesn't do anything. And I thought my goodness, what's going to happen? But he was delayed of course. You know we never thought it -- and the next day he smiled and it was like a miracle. But I personally felt -- so I had a lot of empathy for parents of preemies. And then Marshall Klaus and John Kennell had sort of started writing about these crazy patterns of not letting people visit. So that event plus the Queen of Belgium made me a researcher in prematurity.

The Queen of Belgium was going to make a state visit here and she has a lady in waiting, or whatever, and the lady in waiting, her son was a fellow in neonatology here, at the Children's Hospital. And the Children's Hospital said we have to be modern and we are going to show them that we're doing modern things by assessing the emotional care these babies get here and you're going to do it and the Queen will see it. So that was for the Queen, you see? So there was an external event, but it got something moving which would probably not have happened otherwise. And so that allowed me then to work then for seven years with these neonatologists and do a lot of studies about premature babies. And it was wonderful because I got along with them very well, except you had to be at rounds at seven o'clock in the morning or seven-thirty and you would do your neonatal rounds because you had to become part of their team, and they never came to me, I always was there. So I learned a great deal about children and about handicaps and all these kind of things. Very, very much.

And I think I had once before -- when I was a resident, and my first staff years in Montreal -- I had been interested in physically handicapped children since I didn't know anything about it. There was a school for physically handicapped children in Montreal I went to every week for a day and a half and followed 70 children from when they came at age six to fourteen. And learned something about transactional phenomena and how different developmental stages create new problems for these kids when they're not mobile and how you and the families

negotiate all these things. It's never finished, it's a process. See that never came to me until I got this work. It became quite clear that you don't totally accept things, you can accept maybe, you know, when they're six it's very important for parents that they can walk, but then two years later you also get this parental issue about their future and whether they can. It's always new things, for sure. And I think even our children see this, that there was, for instance -- and this was a very interesting paper, I thought, when we wrote that -- that when you asked the children what happened to them at six, they were invariably saying, "Well, my sister hit me when I was a baby and that's why I'm not walking, but it's going to come, I'm going to walk next year." But by age eight or nine, they saw kids at fourteen in the wheelchair and they realized, that's me in six years. And that was not there before. And it gave them an amount -- an amazingly strong wave of depression. They would say, "I've done physiotherapy since I'm a baby, it's not doing anything for me, I'm going to be a cripple, I'm going to be handicapped." They didn't want to have a birthday. They didn't want to be nine years old. They thought maybe if they stay young it's easier. So it was quite interesting to have these almost developmentally triggered psychological upheavals which were quite normal. I mean they were pathologically understandable, but you had to live with that and deal with these things. Anyway, so I had a bit of experience in that field before I came to Sick Kids. So I think that was good. And I had a wonderful team. And, you know, I did grand rounds today at Sick Kids and some of them were there, and I stayed with one of my old research assistants last night and so, I mean, we're still a family in that sense. My wife Nina also should be mentioned. She took up a second study after we came back from Uganda -- this time psychology -- so that we could do more things together. We have now written a book together and a good number of articles as well, and she critically reads all my papers which is wonderful as her Slavic language tradition makes her a phenomenal linguist and writer.

And then of course from here then I got a call. They wanted me to be the head of the Department for Adult and Child Psychiatry at Queens. And as I had been here for twelve years I thought I was ready for that. And I thought, I'm going to have this grandiose idea. I'm going to form the first developmental psychiatry department in Canada. So developmental psychiatry, implying that development doesn't stop at eighteen and goes on to a hundred and you have to think developmentally all your life. Well, I came to Queens and that dream, poof, it went out the door. People were not impressed. They were very biologically oriented, neurologically oriented, and all that stuff about bio-psycho-social things, those sorts of interactions seemed not to exist. They often didn't even see the wives of the depressed men or the husbands of the depressed women. This is, why should we do that? There is a depressed brain and that's all there is to it. So this was very hard. And I think that it was very hard for me.

**Grusec:** They don't have an inkling when they offered you the position that you didn't think that--

**Minde:** Well I think I told them. The dean was quite for me, it was not so much the dean. It was more maybe some of the people in the department. And I didn't even do anything. I worked with the breast people -- breast cancer people there and I loved it. But I was a child psychiatrist and a child psychiatrist is not really a real psychiatrist, you see. And so that was something which they did not go for. And there are, in fact, very few -- Eisenberg was one who was child psychiatrist who became the head of Harvard. There are not that many child psychiatrists who have become chairs of an adult department, you know.

**Grusec:** Right.

**Minde:** David Mrazek is one. So I mean, I knew them all, because we would sometimes sit together and sort of cry a little bit together, you know, so--

**Grusec:** I see.

Minde: --but not too often. And maybe I was just also too -- I felt there was something we could do and it didn't work out. Anyway, then they offered me -- that was at McGill -- they created a chair for child psychiatry. And so they wanted somebody and they asked me whether I would come and I went back there. So that's what I've done.

Grusec: So that was what year?

Minde: In 1990 -- in 1989.

Grusec: 1989?

Minde: Um-hmm. So I went back to McGill and then I just gave up this job two years ago when I went to Africa. I thought I had enough now after twelve years with that. And they have a new person now and I have a new -- my latest thing is that I'm using my knowledge of babies that I've developed in a program for young, anxious children and try to teach three and four and five year old ones cognitive behavior therapy. So, and I have these anxious children that have severe anxiety conditions, it is a tertiary care anxiety clinic for young children two to eleven. Eleven--

Grusec: And this is in Montreal?

Minde: Yeah, yeah, at McGill. And you know, we have a tremendous waiting list and the kids come and I'm getting known as a therapist there. There's not much, not many other people who know how to deal with these young, anxious children. There's a psychologist by the name John Abella who was teaching some of the residents now CBT, but even he does not deal with really young children. And, you know, but they're -- it's not so easy. And since I know a little bit about young children, it's easier maybe for me to get into their minds and get them to change their cognitions, and use strategies which they may have already a little bit. And so that's what I'm doing right now. And I'm still writing and still doing things like this. So, I mean, I hope that gradually I can sort of fade into a sort of benign disappearance.

Grusec: [laughs] I doubt that.

Minde: So I've answered a lot of these questions which are not saying much about actual research and science--

Grusec: All right.

Minde: Let me try to say a bit about this now.

Grusec: Let's--

Minde: Now the strengths and weaknesses of my research, both theoretically and practically. I think I would say the idea of the hyperactive study at that time was of course to give children medication, and see how it works over a long period of time. What we didn't know, that's not, nobody really knew but we certainly didn't know was that children we got at that time were carefully selected. Every hyperactive child was sent to us because it was a completely new thing. So about eighty percent of these children had no comorbidities or learning disabilities or oppositional behaviours. They were, in fact, just regular hyperactive kids. Didn't have conduct disorder, didn't have oppositional disorders. Today when you do a study on hyperactive kids, most of these "regular" hyperactive kids are treated by a pediatrician and by a family physician because they just need Ritalin and they're fine. And the other ones come to us. So the comorbid aspects of this group, we were not as aware of it as we are now. Maybe it was kind of natural that we couldn't be because it was just a -- time was not quite right for this. And then we still thought that this disorder would somehow peter out when the children

are older and when they're teenagers, which, of course, was wrong again. And I've -- just this year we presented in London - no, in Paris -- a major study where we, in fact, looked at adult hyperactives and what it is like for a child to live in a family where the father or the mother is a hyperactive adult. What does it do if the child has the hyperactive gene or if it does not have it living in such a family? So that kind of thing.

**Grusec: Right.**

Minde: So you can see how these things become much more complicated. But they were still important studies, especially since we followed the children for 15 years. The other thing with the premature babies, I think what we did, which I think was something at that time novel and interesting and I think it still is but, I mean, we don't do it anymore today, that we had observers who watched these children during their stay in the ICU for at least an hour a day and would record how many arm movements they make, how many eye movements they make, how many this and this and this, and what mothers did when they came, did they touch them there, smile, talk, how much. So we had event recorders and we would record all these things. So this was a very, you would say, detailed observational method discovering individual interaction patterns. Today you would say let's just think about the sensitivity. Let's just think about her, how attentive mom is to the behavior of this child and how effectively she responds or something like this. So you don't do these more mechanical things anymore because you have more global assessment tools, which we didn't have at that time. And I think, so today I wouldn't do that anymore, even though I think I'm coming to things which are important here. We wrote a number of papers which I think still are very, to me, very important because they described phenomena in these children and families which nobody had ever recorded. You know, we have our centennial celebration at the Montreal Children's Hospital next year and I have to organize the centennial presentation of psychiatry. And they want to have things which happened within the Children's Hospital which--

**Grusec: This is McGill?**

Minde: Yeah, at McGill. Which have had some permanent effect on science and society. And one thing which I thought was important was that we looked -- we had 150 or 140 very small premature babies and we watched them for four years, followed them for four years. And there were also twins among them, 60 pairs of twins -- 60 twins or so, 30 pairs. And when these children were two or three years old, we knew which ones were retarded, which ones were mentally handicapped, or had cerebral palsy, and we could go back to the mothers and how they had reacted to these children when they were born. And what we found -- and this was very interesting -- when you matched these children, let's say in terms of birth weight, socio-economic class, and a very detailed way of assessing their medical complications with children without such handicaps, and we found that, let's say when you've matched fifteen who were later retarded with fifteen who were not, matching them on their obstetrical history -- birth history, birth trauma, and so on -- we discovered that none of these handicapped children were diagnosed as being abnormal at the age of six months, because you just couldn't even reliably detect it, but by six weeks the mothers were already doing different things with those who would show the handicaps. They were already stimulating them more. And they didn't know themselves, but they did it unconsciously because these damaged children were already much less responsive than those who turned out well. And then, even more important was the fact that when they had done this for three months, they gave up. So you could see how they initially did more talking, more touching, but then "choo" there was a stone and the stone didn't react, leading to the mothers withdrawal. And this began months before there was a diagnosis made, and to me that's very important because it shows you that there is something different going on in these small babies even at that early age. And then the moms would often say to me -- for instance, those who had twins of whom one was retarded and one was not -- and these mothers would say, "When I came into the room in the morning John didn't look at me, while Paul always did," or the retarded one would have feeding problems or

whatever. These mothers were able to make sense of their early behavior after the fact. So I think that one was important.

The other thing which I consider important is that we developed a very detailed assessment of daily ratings of the complications these infants had and how serious they were. And there were sick babies who were sick for two or three weeks, we called them the "short sickies." And there were kids who were sick for six or more weeks, and then they recovered, we called them the "long sickies." You could see that the children would change their behavior as soon as their complications went down. But when you looked at the mothers and the short sickies, when they got better after three weeks the mothers would respond and also be more interactive with them, talk to them, more attention. But the long sickies when they got better, they also reacted more but the mothers didn't respond to them, because they had already in their mind decided that these children were not going to change. And there was another group of kids who were sick for let's say 2 weeks, then got well, and got sick again for 2 weeks, and then well again. The mothers also did not change their behavior when they got better, as if they were not going to be fooled again. And that didn't change certainly for the first eight or nine months of life. So to me it showed you how these complications can make a difference in terms of what you internalize in your mind and how this can prevent you from seeing the reality anymore. Now that's important. I think that is really something because it's relevant probably for other things as well, such as other chronic illnesses or adversities. So that's one aspect. The other is all the attachment research which came out of this, of course.

And I think I should -- maybe I forgot to mention that I had a year of sabbatical when I was here in Toronto, and I spent six months with John Bowlby in London. And since I was a foreigner, I could go to -- Anna Freud was dead by that time, but I could go to her institute. I could go to the Tavistock Clinic, I could also go to the Maudsley Hospital, and it was okay. Local people were curtailed by the philosophy of their respective institution and could not go to the other places, but as a visitor you can feel free and do the rounds. And John Bowlby was wonderful to me because he gave me about three hours every week to talk to him while I was there. And consult about our studies and his thinking and his life and so and how he had come to this or that conclusion and where he would stand -- not that he would stand still, I mean, he died in '88, three years later. So he was at the stage where he had been recognized as what he was and so I think that was a very profound time for me to get to learn from him.

Now what else about foolishness? Well I would say, I mean, to -- there were naive measurements of how you try to assess mother's caring. There was a lot of intent to do sequence analyses which were very difficult to do and statistically this or this and that, and we spent an enormous time to do this. And I think you could say today you wouldn't do that anymore. You would just say you might measure the mother's internal representations.

**Grusec: Right.**

Minde: So I think from that point of view I would say I've done and I have gone back, in a way, to my infant psychiatry work. I think it was very helpful to me to learn what these babies are all about and I thought maybe foolishly that there's more predictiveness in what mothers do with their infants. Today I know it is not. So I think when you study an issue you are more geared to think there were behaviors that you could read now which predict what will happen later. And I would say no, this is not so today. And so I think that was a mistake and I would frame things very differently today. I would have to do it, even though I would still maintain that attachment patterns you have will determine how you go at relationships later. So for these reasons they may be important. Even if they don't change, those children who experience very problematic life events later may be given some kind of protection against such events later by an early secure attachment, whatever they might be. So I think -- and then maybe some other kind of things which aren't related to attachment, such as ways of solving new problems are important, and we know that as an adult you can certainly do a lot to

change your cognitions and attachment pattern and attachment security, and all these kind of things. And when I think about your work and the parents who know their children well, and I think that, as you say, not every child responds to the same disciplinary strategy. You know, you have to factor that in. And some response patterns have been shown to be very difficult to modify in some children and it is hard to do the right thing for them because there's just -- nobody knows what to do.

**Grusec: Right.**

Minde: You know you just sit there and hope for the best. So in that sense I would say that's important, to see the strengths and weaknesses of specific attachment patterns.

As far as research funding and apparatus is concerned I sat on some of these review committees like the Ontario Mental Health Foundation and the Medical Research Council. I never -- I was never the chair of something there. There was not something in such jobs that I was ever terribly interested in. I would say the funding we got was always fair. You got rejected once and you have to do it a second time so that you almost expect that, you know, you get taught not to get haughty right there. And--

**Grusec: Did you get most of your funding from Canadian sources, or--**

Minde: Yes. But all the hyperactive stuff came from NIMH.

**Grusec: I see.**

Minde: But the other ones all from Canadian. But then I've never been -- now we do these multi-site studies and they cost in the millions and millions, and I've never been one to participate in that in the past. So I'm old fashioned. You know we had \$80,000 a year, \$100,000 a year, \$120,000, but never millions; this never was on that level. And I can see that today it must be different, you know. And I can see that, but it still makes for a very different research process, telephone conference calls every week for three hours, all this stuff. We do it a little bit now with our selective mute study, but not as much as we did it in the hyperactive research, multi-site study where our institution was in as well.

So I think in that sense -- there was one other thing that I thought is interesting which we did. I did a sleep study as well -- a number of sleep studies -- to learn something about sleeping of children and what is it all about that makes them not sleep. And I think we were the first people who did, in fact, discover it and I think it came about not because I wanted it, but an initial reviewer of the grant said, "Well, if you just let mothers tell you what the kids do to the sleep of their mothers, that's not good enough. You have to have solid evidence of their actual sleep patterns." So we had these ultrasound -- not ultrasound, but infrared cameras -- in the bedrooms. And they had a kind of -- what you call -- time lapse photography. So they filmed one second out of eight. So you had an hour of movie for eight hours of sleep which was easier to analyze, and could see what happened in this bed. And what we learned, of course, is that the children who were the good sleepers woke up as many times during the night as the bad sleepers. But the bad sleepers didn't know how to get themselves back to sleep whereas the good sleepers did. And the bad sleepers cried and demanded their mothers. And that's the only difference there. There's not much more waking. And I think that helped me in the treatment because I realized you have to teach moms how to teach children to soothe themselves, the soothing aspect. And that would not have come if we had not had these films of the mothers. But I also learned that the sleep records the mothers filled out of their children, of the poor sleepers, were quite accurate because they cried and the mothers had to go. Whereas in the good sleepers, they're very inaccurate because mothers don't even know that the children were up. You know they might sometimes say oh well I hear a little singing, but it's gone in a minute so, or two minutes, or that kind of thing. So that was helpful. But

now I think people have also gone further with saying that there may be some more biological things there, which I think might be true, certainly for certain conditions -- certainly cerebral palsy and autism and there might be problems there with teaching children to fall asleep which are difficult. So we don't know how that goes.

Let me see, what else? So I've reviewed a lot of grants and I think that's a good experience, especially -- and I've been on quite a number of editorial boards and so I like that, in a way, because I've never forgotten how important it can be for your career that you get things published. And by reviewing you sort of try to find a way of letting people know what's good about their work and are not just critical and cut down things, but try to do it in a positive way. So that's how I would like to be treated. So my frustration in these things was -- when we started with the infant thing -- nobody seemed to understand that maybe that was worthwhile. It took about two years, but I think here again was just maybe another problem. Once we had the first funding, everything worked because then you're sort of established with the topic you study or with how to get into it. I mean you have a new idea which others haven't yet explored. Initially, nobody believes it, you see, and they say there's always something to bitch about, bicker about. And I know how one can overcome these challenges since I can see people being reluctant. But I can also see these criticisms being a handicap for young people who may have very good ideas. And I don't know whether it's -- now I'm -- there's so many MRI patterns and this and that brand genes and hormones. And these are very difficult things for me because I look at these scans and I don't always understand them. I don't quite know what it means. And then the language is very hard to understand. So I feel that part I think is just is not for me. I cannot be sure, I'm too old for that. I understand that there is the brain and how it works, but whether it's really a good idea to use this or that kind of scan is beyond me.

**Grusec:** Right. Okay. Welcome to the club.

Minde: Oh yes, now let's see what else we have here.

**Grusec:** You were--

Minde: The issue about teaching child development, and my challenges there have been that in some sense I thought I was very blessed of being a child psychiatrist because many of the problems I studied had been critical issues that I had met in my day-to-day clinical life. And I sometimes have -- we as physicians get trained to be nosy about things and go after small details, find out about little things and look at people's past, which sometimes some psychologists don't do that, they just want the data, bom, bom, bom, bom. And I think sometimes it gave me, in fact, an advantage, especially when it comes to clinical rather than theoretical problems. So in that sense I feel it's good that I have had my medical and psychological training. The details, certainly in terms of statistical analysis is very complex, and I am no expert here, so this is something I leave to somebody else; I can't do this. I can think of things to study and obtain good data from parents and others, but I mean the other things, God bless them, somebody else has to do. And I'm just not going to learn how to do complex statistics, such as path analyses, anymore because I think that's for them. It gets more and more complicated. But that's in fact good when you work in a team. There is maybe somewhat -- things have changed somewhat today because the multi-site things and people's careers are so much more dependent on having published things, which was not such a big thing in our time, that competition maybe is harsher, and people look at each other more. And so I sometimes wonder whether simply you have to do more things today. You know, everybody has to have so many papers. I never had a job where it was implied that if you don't publish something every week, every year, then you're no good. That never happened to me, because I have -- in a sense by having a psychoanalytic part of me -- I still see two analytic patients -- and a clinical psychiatry part, and a research part I was never dependent on only one. Because if one part of your career doesn't work so well right now, you can concentrate a

bit more on the other one, so you have that kind of flexibility. And that worked well for me. And it might -- but if you have only one strength then you're really much more dependent on fighting to win all the time, I would argue.

Now as I'm thinking I remember very well that it was in fact Berry Brazelton. We were sitting in a pub somewhere in Colorado, and he said, "Are you a member of SRCD?" and I said, "Well, I've heard about it but I don't know very much about it." He said, "You should learn more about it. They have so few doctors and they like people like us and so you should join them." So I joined at that time. But also I knew, because I had organized here when I was a resident, a meeting where we discussed long term follow up studies of children, where Stella Chess came and the previous director of SRCD, a lady from California--

**Grusec: Eichorn**

Minde: Yes, Dorothy Eichorn. Yes, she came.

**Grusec: Nice.**

Minde: But she also had participated in a historical follow up study of normal children from birth to adulthood. And she became quite friendly with us and you know she had a husband who was a minister of the church and she talked very -- she was quite an interesting lady. And so I think she was also important to give a human face to the SRCD and the structure because she was a very nice person. And so I think that these two people, Berry Brazelton and Dorothy Eichorn, got me into this.

Now I must say that I have - oh, and I have not -- I've published only two or three articles in Child Development out of some 170 because most of the things I do are more relevant for clinicians. And so I don't -- I have never even sent things there, I have not tried. But I read the journal all the time. I have had it for the last 25 years. And you know, I admire all the good ideas which are in there and how people test them. But I've presented in some -- at SRCD meetings at some times, but sometimes not because I sometimes fear that some of the issues which are discussed there are so theoretical that people like me don't have a contribution to make, it's much more theoretical and my things are more practical. And so in that sense, I would say that the American Academy of Child Psychiatry has been the more important venue of my administrative activities like chairing committees and so on. But I have been sometimes on the Program Committee of SRCD, but there's always been someone in particular whom I've got to know or whatever, and who picks me for these jobs because he remembered or something like this. I was also on the Editorial Board for six years but then they sent me mostly attachment papers because I know a little bit about it. And so that was very interesting and I liked this. So my -- and I have -- and I still go every two years to the meeting to sit with people and talk to them. And there are many people from that part of my life, be it Tiffany Field and some of the oldies who are part of my life or have been part of my life like Marian Sigman or Mary Main, Susan Goldberg and all those working in the attachment area.

I, you know, despite the multi-disciplinary concept of SRCD and the rule that a physician and psychologist should be the president in rotation, I think that's now been changed. That's not there anymore. So now they can -- there have been two consecutive PhD presidents since Mike Rutter was president, so the change between MD and PhD has been abandoned. Now it's more of a PhD thing. And I don't feel that the mainstream of that organization is -- and maybe I'm wrong there -- very curious about clinical issues and how one can deal with them. So maybe I'm wrong but that's -- and I am not against theoretical issues and I'm very keen on that, to understand that. But there is, on the committees which manage the organization, pediatrics or child psychiatry is not represented in a way that it can be recognized in these programs. Now maybe that's unfair, I don't know.

Another challenge of our whole field is the word I call the multi-site studies, which in a way are reasonable, because if you study premature babies you want to study a representative sample. You know they may be cared for in a different way in different settings and studying them at one hospital may not reflect what happens to these babies overall. So multi-site studies are useful and they also have taught us many things, as you may have to meet 100 or 200 subjects which can't happen locally. On the other hand, each of these studies cost five million dollars. And you say to yourself, if you have \$100 million grant money available you can get 20 of those, versus 150 if you had smaller studies. And then that -- and the other thing which is a problem there when you look at the publication list -- I know that from my involvement in our recent multi-site study with hyperactive children -- you will find that only the big guys ever get their name in on the resulting publications. And many, many other people have helped. Younger people have helped and contributed ideas and for them such studies are not very much career enhancing sometimes. So I think there are these challenges and things get bigger and bigger all the time. But I sometimes have a bit of a sense of lacking something. There is something lacking.

And I am right now involved in something which is very unusual in that we're having a study of children who have selective mutism, who don't talk. They don't talk at school, may not even talk to their friends or their grandmothers, no. And people thought it has to do with anxiety but, no, it's not all anxiety. Since there are not many selectively mute children we have three centers together do this study: McGill, U of T, and UBC. We do it together because nobody has really looked at this whole population. And maybe there's -- when you look at the interactions with these children, you have this sense that some of them are not anxious but very controlling. I have a little boy who is not speaking and is now seven, but he had a babysitter from age six months to four years and she came every day, all day she was there. A nice woman, according to mother. The boy never said a word to her in three and a half years, from the age of six months on. Now this is phenomenal. No verbalization to this woman, ever. Now you say to yourself, this is more than anxiety, there has to be something else going on. He never made a mistake and accidentally said even one word to her. This is not just environment, it has to be something biological, but what is it? Then you say you have to measure it and how do you do this? You may have to try to assess right-left brain connections. Then you may not be able to answer the questions anymore on our level. I don't know. We're looking at language issues because some of these children have language disorders. When they finally talk you can see it, but they're hidden by this mutism. And sometimes parents are not good diagnosticians of minor language disorders because they don't know themselves. But that may not be the total answer either, because I can foresee how they sort of shut down their whole perceptive system and even when you try to play with them they withdraw and you have to find ways to talk about it. And they don't talk but if I say how are you today, is your mommy happy? And they go like this (nod) yeah and then the curtain comes down. So is there some kind of shutting off of the whole perceptive system? I don't know. So to investigate this you probably need various specialties which are outside psychology and psychiatry. I don't know. Maybe you need a specialist in particular brain functions. So by the -- in these times I think maybe the time of solo performers is over. You know, it's not that way anymore. It's multi-site, multi-something. And it's all a bit more impersonal. And the person to person relationship developed in these studies in the past is harder to establish because we all work at different sites. I was today at Sick Kids and wanted to get to know the research assistants from their site for the selective mute study, but then they told me that they're off or something else today, so I couldn't even get to know them. I mean, it's not essential but it's still nice to know their faces, because that's the kind of thing which makes research fun.

Grusec: Right.

Minde: But then maybe that's old fashioned. So let's stop there, okay?