

*The Rise and Fall of Medical Psychology at M.D. Anderson, 1951–1958**

By James S. Olson

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"The Oaks," Captain James Baker's home at 2310 Baldwin St., housed the new M. D. Anderson hospital from 1942 to 1954 until a permanent facility could be built.

In 1946, when R. Lee Clark arrived in Houston as the new head of M. D. Anderson, the five-year-old hospital was still in its infancy, occupying temporary quarters at the old Baker Estate and barely known anywhere, inside or outside Harris County. In selecting Clark as surgeon-in-chief, however, the Board of Regents of The University of Texas had found the perfect person to build what in a generation would become the premier cancer hospital in the world. A native of Deaf Smith County, Texas, Clark burned with ambition and oozed energy. He once told a friend, "I have ten new ideas every day, and if I can get just one of them done, I'm happy." On his first morning at the office, Clark informed the staff, "We have two jobs here: to cure cancer and, until we do, to care for Texans with the disease. Achieving both will require the best hospital in the world."¹

Clark came by his ambition honestly.

His grandfather helped found Texas Christian University in Fort Worth, and his father orchestrated the beginnings of Midwestern State University in Wichita Falls. For decades, at family gatherings or at night over the kitchen table, the Clarks



R. Lee Clark sitting in front of the hospital in 1959. Courtesy Historical Resources Center, The University of Texas M. D. Anderson Cancer Center

talked about higher education—raising more money, building more buildings, recruiting more students, and hiring more faculty. Poet Rainer Maria Rilke may have observed, "Oh how children dance to the unlive lives of their parents," but Lee Clark out-danced them. Within five years, he assembled a fine department of surgery and launched pioneering efforts in radiotherapy. It came as no surprise, then, that Professor Carson McGuire, chairman of the psychology department at UT Austin, piqued Clark's interest in 1951 when he described the work of Beatrix Cobb, a graduate student exploring the psychology of cancer patients—why so many skipped appointments, postponed treatment, rejected certain protocols, or opted for the care of alternative practitioners. Shedding light on the emotional underbelly of cancer patients seemed an eminently worthy goal, Clark thought, and it would cost no money. Cobb enjoyed funding from the

ABOUT THE AUTHOR: James Olson is Distinguished Professor of History at Sam Houston State University. He is the author, co-author, or editor of over twenty books, including *The Ethnic Dimension in American History*; *Saving Capitalism: The Reconstruction Finance Corporation and the New Deal, 1933-1940*; *Catholic Immigrants in America*; *Winning is the Only Thing: Sports in America Since 1945*; *Where the Domino Fell: America and Vietnam, 1945 to 1990*; and *Bathsheba's Breast: Women, Cancer, and History*. He is currently finishing a history of The University of Texas M. D. Anderson Cancer Center.

Hogg Foundation for Mental Hygiene in Austin. Clark agreed to serve on her dissertation committee and provide office space at M. D. Anderson.²

In February 1951, after graduating from North Texas State College and toiling fifteen years as a secretary, public school teacher, counselor, and UT graduate student, Beatrix Cobb arrived at M. D. Anderson. At first, she felt intimidated. Knowing little about cancer, Cobb found herself surrounded by people who knew a great deal on the subject. "Within six months I should know a lot more than I do about cancer, which is certainly mandatory," she wrote to her doctoral advisor. But she was not unduly concerned. "There are many challenging problems here...[but] the people are wonderful...already I feel myself falling in love with M. D. Anderson." Cobb made good use of her year in Houston, finishing the dissertation—"A Social Psychological Study of the Cancer Patient"—and receiving the PhD.

At the time, Clark needed a new psychologist. His first hire had not worked out. In fact, Ross Cumley, head of scientific publications at M. D. Anderson, and Edna Wagner, director of social work, described the first psychologist as a "dud," a psychologist with such virulent cancer phobias of her own that she would invent reasons and excuses not to interview patients. Cobb was just the opposite, a woman who relished being around patients. When the Hogg Foundation agreed to fund her \$6,000 annual salary, Clark hired Cobb.³

He charged her with providing psychological services for patients; developing a graduate and postgraduate training pro-



Beatrix Cobb working with a patient who's looking at a Rorschach image, 1953. Courtesy Historical Resources Center, The University of Texas M. D. Anderson Cancer Center

gram for psychologists interested in medical settings; directing a research program that focused on the emotional impact of hormonal treatments; and explaining why patients missed appointments, delayed or refused treatment, and sought non-medical sources for assistance. Cobb established an advisory council consisting of M. D. Anderson physicians, UT Austin psychologists, and representatives from the Hogg Foundation. With their advice and counsel, she designed a training program consisting of a twenty-five lecture survey of cancer by types and treatment, a fifteen-lecture sequence on the anatomy of the central nervous system and role of stress in its functioning, and a series of twenty-five lectures on endocrinology.⁴

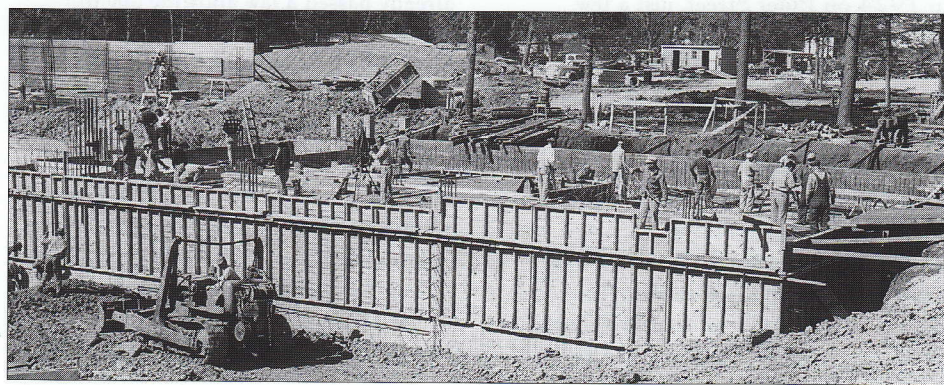
Beatrix Cobb's career shot up like a bottle rocket on the Fourth of July. Psychologists throughout the country had become infatuated with the psyches of cancer patients, and science writers had

picked up on the interest. Suddenly, Cobb's research enjoyed real cachet. Lee Clark craved media attention, not so much for himself as for the hospital, and Cobb delivered, boosting his campaign to put M. D. Anderson on the medical map. In April 1953, she addressed an American Cancer Society conference of science writers, discussing the economic, gender, and educational variables affecting patients and their treatment. The AP and UPI picked up the story. Within days, Cobb's name, and M. D. Anderson's, surfaced in newspapers throughout the country; *Newsweek* and *Time* covered her; prominent psychologists trekked to Houston to meet her; and the American Cancer Society and National Cancer Institute took notice.⁵ Chauncey Leake, head of the UT medical school in Galveston, wanted in on the graduate training program. Cobb seemed destined for a brilliant future.⁶

Edna Wagner thought differently. She read human nature like Albert Einstein fathomed the cosmos, and in Beatrix Cobb she saw a disaster waiting to happen. According to Wagner, Cobb was "neurotic" and potentially "dangerous" when working "directly with sick, helpless people, because, sooner or later, she [will not be able] to resist the urge to use and exploit these people to satisfy some of [her] neurotic needs. Miss Cobb's neurotic need for attention is so terrific that she even entertains the technicians, stenographers and clerks with lurid stories about her cases." Also concerned with Cobb's behavior, Cliff Howe, head of the Department of Medicine at M. D. Anderson and one of her early supporters, confessed that she was "hopped up on the subject of sex." Early in 1952, a patient remarked, "Me and that red-headed woman shore is talking about familiar things...but you know these red-headed women."⁷

Cobb was a unique individual, flighty and unpredictable, a professional woman who sported unfashionably long hair for the 1950s, tinted its streaks of gray with regular applications of deep mahogany red, and occasionally, for effect, released it from the constraints of berets and bobby pins. She was a diva who could not sing, a woman given to grand entrances, grand exits, and grandiloquence—flourishes that

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The M. D. Anderson Foundation fulfilled its promise to provide the cancer hospital with a new facility in the Texas Medical Center, with construction finally being completed in 1954. Since then, they have treated nearly 500,000 patients. Courtesy McGovern Historical Collections, Houston Academy of Medicine-Texas Medical Center Library

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made her popular in the pediatric ward but often a spectacle in other settings. For all of Cobb's psychological training, she was blissfully ignorant of how others perceived her. In 1956, for example, she addressed a group of science writers that Ross Cumley had assembled in Houston. Intended as a serious presentation of current psychoanalytic theory, her speech dripped "Freudianisms" like a wet sponge, and the writers found it hilarious and impossible to suppress laughter. In the agony of stifling themselves, they grew red-faced and teary-eyed, emitting raspy, roof-of-the-palate nasal grunts. When Cobb finished, left the room, and was out of sight, they unleashed waves of spontaneous, uproarious guffaws that rippled down the hall. Cobb heard the noise, misinterpreted it as applause, and returned for an encore.⁸

Although Cobb was well meaning and big-hearted, sincere as well as silly, floating through the corridors looking for good deeds to perform, she also possessed an innate, unintentional talent for annoying some people. Like a schoolgirl with a crush, she buried Clark in letters, memos, and requests, demanding more and more of what little time he owned. She showered him in praise, earning a reputation among the staff for syrupy sycophancy. In a 1951 memo, Cobb told Clark, "I do wonder if you realize just how deep and sincere is the love and reverence with which the people of M. D. Anderson regard you and your leadership...You have the very rare ability of inspiring people by just being yourself." Clark had little need for ego transfusions, and her excesses soon wore thin. "A little bit of Beatrix went a long way," remembered a colleague. In October 1954, when Marion Wall, Clark's executive assistant, passed on the latest of Cobb's requests for an appointment, Clark curtly noted, "Make it pertain to cancer." At first, Clark and the staff tolerated Cobb's idiosyncracies; some even found them endearing, affectionately referring to her as "Bizz" or "Beazy." And the training program she envisioned for psychologists seemed pregnant with potential.⁹

Soon, however, Cobb lost political traction. A frustrated Clark told her to "show a good performance of activity under the present administration [and]

complete [your] old research projects." Clark loathed the jargon in her proposals, complaining on one occasion that "the language and viewpoint is that of psychology rather than medicine, biochemistry or physiology. As a matter of general reaction it is too much so! With excess 'wordiness' and verbiage that seems to be an attempt at elaborateness rather than a simple explanation of what is proposed. The [proposals] are obscure and the definite goals remote." Eleanor Macdonald, head of epidemiology at the hospital, complained that some of the proposals coming out of medical psychology suffered from serious design flaws. Edna Wagner claimed that Cobb had mastered "the psychological phrases and terminology, but applying them is a very different proposition." Not surprisingly, when Cobb scored with an article in *The Journal of Pediatrics*, she left no stone unturned making sure Clark knew about it.¹⁰

In addition to research shortcomings, Cobb's medical training program for psychologists never blossomed. She failed to secure final approval from the psychology department at UT Austin. Widely known across campus as a political quagmire, the UT psychology department would have tested the skills of the most consummate politician, and if anything, Beatrix Cobb was not a politician. She had made enemies there over the years, not the least of whom was Carson McGuire, her thin-skinned PhD advisor who had tired of her and concluded that the physicians at M. D. Anderson had treated him badly during his service on the advisory council. Cobb told Clark that McGuire's opinion of M. D. Anderson had degenerated into a combination of "wounded innocence and biting hostility." To salvage the program, she tried to work out an arrangement with the University of Houston, even though she knew that there was a "time when we were opposed to aligning ourselves with the University of Houston because of the newness of our own program and the caliber of work there." Nothing came of the proposal, and in her 1957-1958 report to Clark, Cobb confessed that only one post-doctoral fellow had participated in the educational program, bringing the seven-year total to three pre-doctoral and two post-doctoral fellows, hardly enough,

in Clark's opinion, to even justify use of the term "program."¹¹

In other ways, Cobb's hobby horses struck Clark as lunacy. In December 1955, she urged on him an "executive development program"—weekly Cobb-led group therapy sessions for the hospital's leading physicians. She wanted Clark, Cliff Howe, Gilbert Fletcher, Bill Russell, J. B. Trunnell, Ed White, and Grant Taylor to constitute the first group, with Clark taking the lead: "You are strong enough and well adjusted enough to start the ball rolling by accepting some responsibility for the situations which have caused some frustration...with the leadership of a skilled group therapist, you would very soon get to the reasons that underlay the excuses often given for failure to cooperate or follow through." Clark could think of better ways to kill a few hours a week than plumbing the catacombs of Ed White's Id and uncoiling the tangles in Gilbert Fletcher's Superego. He rejected the proposal.¹²

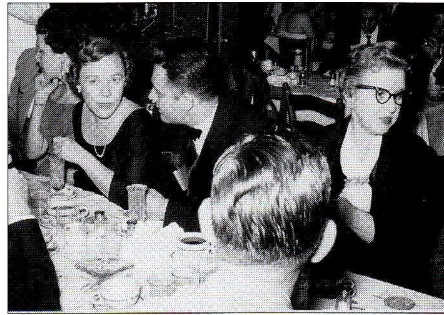
Cobb also promoted the virtues of psychotherapy and psychoanalysis in clinical settings. Cancer patients, she was convinced, suffered from a variety of emotional maladies, including a "loss of self-respect," "self-pity," "fear of death," and the anxiety disorders and depression accompanying them. All but peripatetic in her clinical energies, Cobb would, in Edna Wagner's words, "lie in wait for new patients that are admitted...[she] goes to see them immediately, although she has no idea what plans have been made." Without addressing psyches, Cobb insisted, the hospital would never fulfill its mission of treating the whole patient. In 1954 and 1955, as patient loads increased, Clark acknowledged her as the hospital's chief psychologist and hired new professionals to augment the staff. He even permitted some initial forays into clinical, in-house psychotherapy.

Complaints from clinicians soon derailed the program. Sigmund Freud, after all, had spent nearly a decade in weekly sessions psychoanalyzing his own daughter, Anna. Weekly psychoanalytic sessions for thousands of patients would overwhelm institutional resources. Clinicians also complained that the psychologists were consuming too much of

their time trying to get an emotional handle on patients, exacerbating the traditionally strained relations between the two disciplines. Finally, to many it appeared that Cobb was trespassing on sacred ground, blurring the fault line dividing psychologists and physicians; some even accused her of masquerading as a "real" doctor. "Miss Cobb has consistently and grossly misinterpreted her role," complained Edna Wagner.¹³

Cancer personality theory, however, drove the real wedge between clinicians and psychologists, revealing the true source of Carson McGuire's animosity and spelling doom for Beatrix Cobb's career at M. D. Anderson. In the 1940s and early 1950s, the rage in psychotherapy circles was the New York-based, Austrian-born, and Sigmund Freud-trained Wilhelm Reich, who claimed to have identified a link between "orgastic potency" and personality disorders. Men and women who had experienced difficulty moving through the "genital stage" of childhood, Reich claimed, were more likely to find themselves deficient sexually, unable to achieve "orgastic potency." After immigrating to the United States, Reich claimed to have discovered "orgone energy," an ethereal force in the universe that animated the movement of subatomic particles and manifested itself in human beings by controlling sexual drives and governing "orgastic potency." Such sexual forces, if lost, could trigger chronic illnesses; healing could only come through Reichian therapy, which restored orgone energy. Conveniently for Reich's pocket-book, patients had to purchase time in his "orgone accumulator," a simple, cardboard contraption that looked more like a rickety outhouse than a laboratory.

Cancer patients occupied center stage in Reichian theory. Cancer appeared, he claimed, in the lives of people experiencing "deep anxiety, deferred hope, and disappointment." Cancer patients had a "bio-emotional disposition to cancer" because of "orgone depletions." They possessed mild emotions and lived in a state of perpetual resignation and "painful acquiescence." They had no hope about life. At the core of their being, they suffered from "chronic emotional calm," which depleted orgone from their cells and triggered malignancies. They were sexually repressed and dysfunctional, unable to



Edna Wagner, director of social work, at the annual research conference dinner, ca. 1958. Courtesy Historical Resources Center, The University of Texas M. D. Anderson Cancer Center

achieve normal orgasm. Aversion to sex, he argued, was carcinogenic. Reichian psychotherapy would liberate cancer patients from the bondage of sexual repression, and orgone-replacing stints in his accumulators would help cure them. Most physicians considered Reich a nut, labeling him the "prophet of the better orgasm" and the "founder of the genital utopia."¹⁴

In 1954, the Food and Drug Administration went after Reich. When FDA scientists asked him to explain the biology and physics of orgone energy, he petulantly responded that they were not sophisticated enough to understand his work. He refused to defend his treatments or provide data proving their efficacy. The FDA secured a court order prohibiting Reich from selling accumulators, but he ignored the injunction. Federal courts found him in contempt and sentenced Reich to two years in the federal penitentiary in Lewisburg, Pennsylvania, where he died in 1957.¹⁵

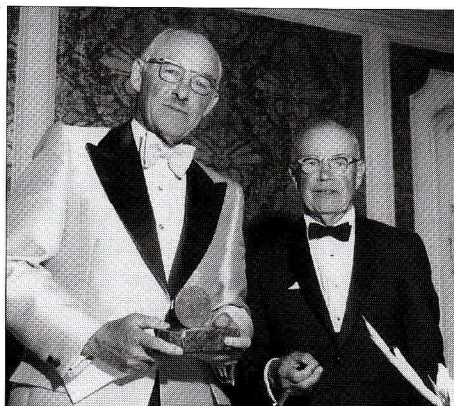
The notion of a "cancer personality," however, survived in Beatrix Cobb's medical psychology section. "In her neurotic desire to please," argued one staff member, "she has a tendency to make patients fit the theory." Following the trend like a true believer, Cobb had moved beyond assessing the emotional impact of cancer patients to divining the psychological etiology of neoplasms. If the causes of cancer were emotional, Cobb had concluded, then every M. D. Anderson patient needed psychotherapy, a prospect that terrified Edna Wagner. "The fact that a patient comes to Anderson Hospital for medical care," she complained to Clark, "does not assure he has an emotional conflict or that he wants to discuss it with anyone. In fact, he will be prone to resent the idea that he must turn himself inside out and discuss the intimate [sic] details of his

life, as the price of medical care."¹⁶

Cobb and her staff pursued cancer personality theories relentlessly. At an advisory council meeting on April 9, 1953, they raised the possibility of studying "precursor psychological stimuli" to cancer. In another memo, Cobb talked of the need to explore the "interaction between the psychological aspects and physiological aspects of an individual which might give a clue to the instigation of cancer growth." She circulated claims that "stress and separation anxiety," along with feelings of "hopelessness," "helplessness," and feeling "lost" triggered leukemias and lymphomas, and that cancer patients in general appeared to possess personalities that "thrive on dependency."¹⁷

Smoldering tensions ignited in 1953. Cobb had organized a session—"Medical Psychological Study of the Cancer Patient"—for the San Antonio meetings of the Southwestern Psychological Association. McGuire delivered a paper entitled "Behavior Research Theory and Investigations Under Way." John B. Trunnell, head of experimental medicine at M. D. Anderson, also presented at the session, as did Dorothy Cato, an Anderson psychiatrist. Both knew McGuire well because they had served together on the advisory council, but they took exception to his cancer personality theories.

Later in the year, McGuire turned his presentation into a prospective article and grant proposal, listing R. Lee Clark as second author and Beatrix Cobb as third. Trunnell, Cato, and Cliff Howe warned Clark about the paper's weak, controversial hypotheses. McGuire suggested that "overt 'personality patterns' appear in set[s] of patients with a common cancer syndrome... For instance, some men hospitalized with cancer of the prostate seem to be non-aggressive, compliant, co-operative, almost effeminate." Melanoma patients, he elaborated, tend to be "hyperactive people either emotionally or mentally." He argued that "precipitating factors which bring about a neoplastic transformation involve psychological processes as well as phenomena usually studied by experimental and clinical medicine." He even postulated that "repressed emotionality and its concomitants encountered among cancer patients could be one of the elements underlying the self-propagation of neo-



Dr. R. Lee Clark, President, M. D. Anderson Cancer Center and W. Leland Anderson, M.D. Anderson Foundation. Courtesy McGovern Historical Collections, Houston Academy of Medicine-Texas Medical Center Library

plasms." McGuire graciously offered co-authorship to Trunnel and Howe, but they begged off, wanting nothing to do with what they considered to be a hodge-podge of clinically unsupportable jargon. Clark too backed away and left to Cobb the dirty business of mending fences with her mentor. "The consensus of opinion [at M. D. Anderson] is against release of the paper, or any other promulgation of theory at this time," she wrote. Clark then made his feelings about cancer personality theory abundantly clear, telling Cobb to change the name of her section, dumping the title "Section of Psychosomatic Medicine" for "Section of Medical Psychology."¹⁸

Early in 1957, Clark began sorting out the relationship between the section of medical psychology and the Department of Medicine, and in June he issued a blunt memo to the hospital's professional staff. Psychiatric or psychological evaluation of patients would take place only at the request of a referring physician; psychologists would confine themselves to testing and evaluation, not diagnosis, and would only treat patients under the direct supervision of a psychiatrist. "Intensive long-term psychotherapy," Clark continued, "is not considered appropriate in this setting." Patients needing long-term psychotherapy would be referred to "appropriate individuals or agencies as recommended by the Psychiatrist." Finally, he set new limits on medical psychology; henceforth, staff psychologists would help patients adjust emotionally to their illness and its treatment and manage "immediate personal problems arising from, or complicated by, one or both of the above," but nothing more.

Finally, he insisted, to the delight of clinicians, that "medical diagnosis, final disposition and management remain the responsibility of the referring physician."¹⁹

Both Dr. Dorothy Cato and Cobb chaffed at being part of the Department of Medicine and yearned for independent status. Psychiatry, they recommended to Clark, should be liberated from medicine and given its own departmental status, equal to medicine, surgery, and radiology. Psychology too should secede and enjoy autonomous departmental status as a basic science, on a par with physics, biochemistry, and biology. "I would not continue to request this status with the knowledge that you do not want to grant it," Cobb said, "if I could see any way at all of operating an effective program the way it is...physics, biochemistry, and just recently biology operate with administrative autonomy, not under clinical supervision."²⁰

The proposal collided head-on with a brick wall of entrenched attitudes among scientists and clinicians, and Cobb knew it. "I am aware of your administrative problems in making a decision on this score," she wrote Clark. In the eyes of M. D. Anderson's most influential physicians, especially the surgeons, the only thing worse than a psychiatrist, or a cockroach, was a psychologist. At Clark's request, surgeon Ed White minced few words expressing his disdain. "It has been well stated," he told Clark, "that ten minutes of the treating physician's time spent in answering the patient's questions and bringing assurance to him is worth more than hours of psychiatric study or psychological testing." M. D. Anderson's "money, time, personnel, and space would better be devoted to other fields." Finally, he contemptuously dismissed psychology and psychiatry, citing the "wholly unsatisfactory position of this field as a science and as an art in medicine to-day."²¹

Weary of the bickering, in July 1958 Clark delivered a death sentence to medical psychology and psychiatry, terminating hospital services in both areas. In a damage control letter to Robert Sutherland of the Hogg Foundation, he explained the decision, citing Cobb's failure to secure backing for the medical training program in Austin and the fact that "support from our own medical staff, which would have made Cobb's program productive in spite

of the lack of graduate affiliation, began to decline, due perhaps, most of all, to personality differences." Ever the optimist, Cobb's last letter to Clark expressed "appreciation for your many courtesies during the seven years we have worked together... especially your backing during the past two stormy years." She then left Houston for the psychology department at Texas Tech. Other members of the staff landed on their feet as well. Robert Lansing joined the psychology faculty at UT-Austin; Fred Damarin headed off to the University of Illinois; and Alan Krasnoff accepted an appointment at the Washington University School of Medicine in St. Louis.²²

Annihilating the program, however, did not mean that Clark had abandoned interest in the emotional needs of cancer patients. "We believe," he wrote in 1958, "that the cancer patient must be considered in his entirety, and the impact on the mental attitudes of both patient and family... We would be most remiss if we did not consider that the patient had a mind, as well as the possibility of fatal disease." What he had done was eliminate a dysfunctional department. Clark promised the Hogg Foundation that he would eventually jumpstart the program, this time under the supervision of a medical doctor trained in psychiatry and neurophysiology. "We could then obtain the necessary cooperation from the clinicians to re-implement our program gradually, bringing in the psychologists as the need developed."²³

A generation would pass before anybody at M. D. Anderson again perceived the need. Not until the 1970s, when improved cancer survival rates left many people with full lives to live, did Lee Clark and his successor Charles LeMaistre reconsider the merits of medical psychology as a significant component of patient care, and then only in the context of rehabilitative medicine—how, for example, a child with an amputated limb or a woman with a mastectomy could restore a sense of normalcy to their lives. In the 1980s and 1990s, medical psychology at M. D. Anderson would reemerge, focusing not on mystical notions of cancer-prone, debilitated personalities, but on the behavioral dimensions of cancer prevention, rehabilitation, and improved survival time. ■