Bob St. Peter: Hello, I'm Bob St. Peter. I'm a pediatrician and the former president of the Kansas Health Institute. Today is June 23, 2026, and I'm in Topeka, Kansas to interview Dr. Walt Menninger. Dr. Menninger recently published his memoirs covering his own impressive career, the expansive impact of his family on the field of psychiatry, as well as the evolution of the field of psychiatry itself over the last 137 years. Dr. Menninger—

Walt Menninger: I'm not that old!

BSP: But your book covers that period. Thank you for being here with us today.

WM: It's a delight.

BSP: This interview is part of the Kansas Oral History Project, exploring health issues in Kansas. The Kansas Oral History Project is a nonprofit corporation that collects and preserves oral histories of Kansans. This series is supported by donations from generous individuals and a grant from the United Methodist Health Ministry Fund. Our videographer is former State Representative Dave Heinemann. Dr. Menninger, again, thank you for being here today.

WM: I'm delighted.

BSP: I usually start off asking people to give me a little bit about their background, but this whole interview is going to talk about you and your life. So, I'm going to skip that for today, but I want to start at the beginning, the name of your book. It's a very interesting name, *Like What You Do: The Memoirs of Dr. Walt Menninger*. Tell me about the title, how you picked it and its meaning to you.

WM: When I was in medical school, I had a mentor in my second year, my first clinical year of seeing things, who was a general physician who was working with the employee health at Kettering, the Sloan Kettering Medical Center adjacent to the Cornell Medical College. He had all kinds of witticisms. One of the things he said is that the important thing in life is not so much to do what you like, but like what you do. It reached him in the sense that his father was a research chemist, and his father wanted him to go to medical school. He dutifully went to medical school and hated it and then was drafted and didn't learn to like it until he was a general physician at Fort Dix, New Jersey and worked with family practice and so forth.

But he really wanted to do research. He ultimately got a job as an employee physician at Sloan Kettering on the provision that they would give him lab space. He, ultimately, I in his lab with another fellow developed a blood test that measured the breakdown of heart muscle. Before [that] there was [not] a blood test that showed indeed your heart muscle had been damaged if you had a heart attack.

WM: A test for a heart attack. It was known as the Wróblewski-LaDue test. So, as I have gone through my life, while a lot of the things that I did were things that I negotiated and wanted to do, not everything was. There came a point in my life when I was invited to leave Menninger. My brother had volunteered me to go over and help the state hospital, which needed more staff,

actually, more teachers. So, I went over to be an instructional psychiatrist in the training program at Topeka State and ostensibly went for a year or two, which turned out to be a decade.

BSP: Ten years, yes.

WM: And at one point, I was never sure I would ever get back to Menninger. I felt like I'd been exiled by my brother. So, as we went through the story, Todd pulled things together. We were thinking, "Well, we've got to have a title for the book." I suddenly felt, "That's the title. The important thing in life is not so much to do what you like, but to like what you do."

BSP: That's awesome. And Todd is the author, writer—

WM: Todd is the co-writer.

BSP: That put the memoirs together, right. I knew it was meaningful to you because it comes up several times in the book. You brought it up in a speech that you gave at your alma mater, the Topeka High School, and if I remember, the last line in the book is that, also, just reminding people to like what you do. Thank you for that story.

Speaking of your Topeka High School, we were just looking at a yearbook from 1949, your graduating year from Topeka High, and going through some of the signatures and stuff. You had quite a remarkable group of people in your high school class, including Dean Smith, the former basketball player at KU, then coach, and a famous general in the Marines were both members of your class and inducted into the Hall of Fame. Talk about your senior year and your class.

WM: I was blessed. I was blessed. It was a year in which I was able to do pretty much what I wanted. I got involved in debate in the first part of the year, and I was also for half the year editor of the high school newspaper which doesn't exist anymore based on the—not like it was. Newspapers aren't like they were. Then I was Thespian of the Year, the lead in the play. The most glorious thing about my play, my father was traveling all over the country. He was president of major professional organizations, various psychiatric associations, and he had to go to meetings. He didn't get to my high school graduation because he was president of the American Psychiatric Association, and he had to be there. But he got to my high school play. To me, that's one of the most satisfying evenings, that my dad was there for the play.

BSP: And he kept a printed copy of some of your lines from the play on his desk.

WM: Yes. The play, *You Can't Take It With You*, is two acts. Both acts end with Grandpa Vanderhof giving a prayer. It's a crazy kind of household with shooting off fireworks in the basement and all kinds of crazy things. The whole theme is related to this crazy "do what you want to" household. The granddaughter of Grandpa Vanderhof was introducing her new fiancé and was worried how he would respond to all of these crazy people in her background. That's kind of the theme of the play.

BSP: That's awesome. You commented that those three activities—debate, theatre, and the school newspaper, journalism, are skills that you developed and used over your entire career, each of those aspects.

WM: Little did I appreciate, but it really was. I was able to trade on those things and expand on them as I progressed.

BSP: Let me go back a little bit to how the Menningers first got to Kansas, a very interesting story about your grandfather. He was Charles Menninger. He went by C.F.

WM: C.F.

BSP: Tell me how he ended up in Kansas and how he ended up becoming a physician.

WM: Well, he was I think fifth of seven or something [sixth of nine]. He was not needed in the family business.

BSP: There were older siblings.

WM: Older siblings.

BSP: They ran a sawmill is my understanding?

WM: Yes. It was on the Ohio River in southern Indiana. He was free to explore other things and more academic things. He thought about becoming a lawyer but instead ended up becoming a teacher and left Ohio [yes, it should be Indiana, but he did say Ohio] to come to Kansas. There was in Holton a college, Campbell College. The building I think is still there. The school is long since gone. He came and became a member of the teaching faculty out of college, whatever. Four people or five people wanted a course on this or on that. At one time, some boys wanted training for pre-medical studies. So, he put that together, and then he decided he could probably make more money in medicine more securely than as a teacher.

BSP: And he'd already put all the education he needed.

WM: He taught himself. He put together a course, pre-medicine. He couldn't afford—there were two things going on. One, he fell in love with a student, heaven forbid, a student romance.

BSP: Although they weren't very different in age, only a year or two, it seems like [5 months].

WM: Yes, she was with a pioneer family out in Industry, Kansas, and she was coming, she was more book learning. So, they got married, and they discussed it [getting medical training]. He then decided he would go to—he couldn't afford the better medical schools, so he went to Hahnemann Medical College in Chicago [in 1887], which was a homeopathic medical school, which has been largely disavowed in terms of the logic of it.

BSP: This was well before a lot of the regulation of the medical industry.

WM: There's another story about that with his getting a license. Anyway, he went off, and they decided that it would be better having a medical practice a Topeka than in Holton. So, they moved from Holton to Topeka, and he put up his shingle on 727 North [sic, should be South] Kansas Avenue and had his medical practice there. Then in due course—the story that's told is that Grandfather—he knew his education was insufficient. So, he constantly was going off to learn from others.

BSP: A lifelong learner.

WM: He one weekend went up to Rochester, Minnesota where a doctor father and two sons had a clinic. They were practicing. It sounds apocryphal, but when he came home on Sunday, he said, "Boys, I've seen a wonderful thing. You all are going to become doctors, and we'll set up a clinic like the Mayos, here in Topeka." In the process, as things progressed, the middle son had an accident in college. He was carrying some nitroglycerin or something. Anyway, he lost an arm and an eye.

BSP: This was your uncle, your father's brother?

WM: Uncle Edwin. He went into journalism. But the oldest son, Karl, and my father both went to medical school. Karl at Harvard came under the spell of a professor of psychiatry, Elmer Ernest Southard. So, he came back studying neurology and psychiatry, which was not too well developed at that time. It was mostly asylums. While they could maybe slip in one or another of Karl's patients, they needed to have a place of their own to be able to provide care for psychiatric patients.

BSP: Yes. So, your father's [sic, should be Karl's father's] practice was more of a general medical practice, but with Karl's interest and training in this new field of neurology and psychiatry, when he came back to Topeka, which I think was around 1919 when he came back?

WM: Yes, he came back in 1919.

BSP: So, his [Karl's] interest in psychiatry and neurology began to influence the kinds of patients that the whole clinic saw.

WM: Grandfather still supported them with his general practice. My father had a medicine surgery eighteen-month internship at Bellevue. Grandfather or I guess Karl, Karl said, "Come back. We need you." [to my father]

BSP: "We need help."

WM: So, he [my father] came back, and they put him in charge of the sanitarium that they just established, and then Karl went off to some meeting and Dad had to become a psychiatrist sort of by hook and by crook along the way.

BSP: Reading in the book, you talk about how your grandfather, even though he wasn't a psychiatrist, realized all of the behavioral and mental health sorts of issues that were affecting his general medicine patients. He found it very natural for the things that Karl was interested in, to incorporate into their practice, unlike a lot of the practices which may not have been so embracing of that. It really affected the type of practice obviously that grew out of the general medicine side grew into the psychiatric side.

WM: C. F. still was a general practitioner.

BSP: All those years supporting—

WM: And it's fascinating because when my wife went back to get a degree in historical administration of museum studies in her fifties, early sixties, she came across a record. She processed correspondence of the KU chancellor, the dean of the medical school at that time, and in the correspondence—at that time, KU sent [to] alumnae of all these various medical colleges, "Send your degree in and $5, and we'll give you a KU diploma for more credibility." One of the doctors in Topeka wrote Chancellor Strong and said, "We have this wonderful physician" and so forth, "but he doesn't have an MD." Strong wrote back saying, "We don't give honorary degrees." A little bit later in the correspondence, there's a letter from Chancellor Strong back, "Have Dr. Menninger send his $5."

BSP: "And we'll give him that degree," not an honorary degree, but an actual degree.

WM: It doesn't say honorary at all. And Connie [Dr Walt's wife] put together a little exhibition about it. It doesn't say "honorary."

BSP: And she just happened to come across that information during her research, or was she looking for that?

WM: It was the correspondence of Strong, that she had been assigned as part of her master's degree work. She got a master's in historical administration of museums. We razzed her, MHAMS, a Mom's degree.

BSP: That's great. So, Karl came back and brought his interest in neurology and psychiatry. Then eventually your father came back in 1925—

WM: Karl said, "Come back. We need you."

BSP: The clinic was growing.

WM: Yes, they'd bought the farm out on the west side of Topeka. My mother and father got married. Dad finished his internship, an eighteen-months residency [at Bellevue]. He came back. He was put in charge of the sanitarium, and Karl—Karl went somewhere. He [Dad] had to self-educate himself in various aspects. There not psychiatric training books, yet but basically, he did it by hook and by crook.

BSP: I'm going to summarize, feel free to go into more depth around this. During those early years that Karl was practicing here, he was really along with the whole field of psychiatry, he was learning new skills, developing new theories and approaches to treating mental illness and was a leader nationally in helping—

WM: One of the first things that he [Karl] wanted to know more about was psychoanalysis.

BSP: Yes.

WM: They sent a business manager up to find out about it in Chicago. That was the nearest analytic institute. Karl then went back and was analyzed in Chicago, and Dad was left in charge.

BSP: That was like a two, two-and-a-half-year commitment to that.

WM: Then Dad started [psychoanalysis]. I'm not sure of all of the details, but Dad, they were a little looser [than] by the time things were formalized when I became an analyst.

BSP: Yes.

WM: You have a personal analysis, and then you also study, read the papers, Freud and so forth. They had to kind of mix in maybe go up for three weeks or four weeks, except I think maybe he [Dad] had four sessions, and then he'd come home for the weekend.

BSP: It was a big-time commitment to undergo that. So, Karl was really one of the people who really developed that field. I read in your memoir there were a lot of political pressures in Europe. A lot of European trained psychoanalysts were relocating, and many came to Topeka and the Menninger Clinic.

WM: That was later on in the thirties.

BSP: Yes, a little bit after your dad had joined.

WM: Dad came back in 1925, and Karl left to do various things. I don't know. Dad was charged with developing the Menninger sanitarium and setting up the ground rules. One of my papers that I included in the book tells the story of my father's unique characteristics. One of them was basically his being able to conceptualize and integrate psychoanalytic theory in medical practice, in a hospital practice. He developed a Guide to the Order Sheet, which prescribed activities and attitudes and things that you don't necessarily think of when you're prescribing something.

BSP: But your dad introduced this concept of the milieu therapy and the involvement of everybody that encountered the patient, realizing that the physician, the psychiatrist might only see the patient an hour a day, but everybody else in the facility was with them day and night.

WM: Yes, it was a matter of also recognizing that there are different therapeutic attitudes to take for different conditions. There's a rationale developed from psychoanalytic theory. If the person is depressed, it means their anger is being turned on themselves, and how do you get them to

redirect that anger instead of being on themselves to work it out whether you're paying penance in a way or whatever.

BSP: Do you think the development of that approach, that milieu therapy and the involvement of everybody and considering the whole environment, was that the secret sauce of the Menninger approach to mental illness in that period of time? What led to Menninger growing so much, becoming such a magnet?

WM: One of the very important things was Karl's writings. He published his first book, *The Human Mind* that came out in 1930, I think. All of a sudden, he was a national figure. He did an advice column in *Women's Home Companion* or one of them. [Household 1929-1942 & Ladies Home Journal 1930-1932] Karl's capacity to articulate in -- I say -- plain language, understandable language -- the concepts of love and hate and how we misdirect those emotional drives was a challenge. Then it became an advice column. I think *Women's Home Companion* was one of them. Karl was off writing a book or something like this.

Karl was mercurial, bright, and had that capacity to articulate, but he could be—what's the right word?—he could diss you very well. [laughs]

BSP: He didn't have some of the people skills it sounds like that your father had.

WM: That's right. Dad had the capacity to connect with people. Karl was not always—what do I want to say?—as tolerant at times.

BSP: So, Karl was writing papers and books and off making a name for himself and for the field of psychiatry. Your father is at the Menninger Clinic, really developing the therapeutic approaches.

WM: Yes.

BSP: The facilities, the programs.

WM: Right.

BSP: Back at home. Then around the time that your father went into the military, you describe in your book a rather dramatic shift in the profiles of the two brothers, Karl and your father. And your father, I don't know if we've mentioned his name, William, Will. Describe that transition and where your father's life and career led after that period of time.

WM: Dad was in charge of the hospital, and Karl was kind of the gadfly. World War II came about. They discussed it, and they decided that Dad would be the one to go to war, and Karl had to hunker down and keep an eye on the Menninger Clinic, the Menninger Sanitarium and so forth. Dad went off to ultimately become over all the psychiatric services in the US Army.

BSP: Wow.

WM: He had a greater impact than that in the sense that in his tour, the problem was having a good diagnostic and statistical manual at the source.

BSP: What constituted a mental illness versus a normal challenge?

WM: No, just your diagnostic nomenclature and categorization of illness. That was worked out while he was in the Army. He brought all the psychiatrists together to develop the first diagnostic and statistical manual. That came from that.

BSP: And that DSM, as it's referred to, is still to this day the bible of categorizing types of mental illness.

WM: It's gone through a lot of reformations along the way.

BSP: Six, eight, I've lost track of where it is.

WM: That's true. The challenge—I put a chapter in my book because of the remarkable capacity for Dad to bring people together. His ability to connect with people just was remarkable for the time. After World War I, psychiatry was removed from the frontline. They lost a lot of casualties because lots of times, you could have an acute crisis when somebody was just overwhelmed at the frontline. Just to take them back from the frontline, give them a hot meal, give them twenty-four hours of rest, and they could return. But for anyone with a psychiatric diagnosis initially, they were sent all the way back to the hospital. If they went all the way to the hospital, most of them didn't get back to the front. He had to go before the generals of the Army to explain that this was a great loss of manpower that didn't need to be.

BSP: I read in your book that he estimated 40 percent of the men who were discharged from the frontlines was due to a mental health issue rather than a physical casualty.

WM: Right.

BSP: Forty percent.

WM: Overwhelmed.

BSP: Yes. Your father, and when I read about all the things he did during his service in the military, I couldn't believe it was over a period of only four or five years. It wasn't that long of a period of time that he really fundamentally changed the way the military views mental health and mental illness and their approach to helping soldiers and other civilians and nonmilitary people deal with the trauma and the stress of conflict and war.

WM: In my time with the Peace Corps, we became aware of a predictable morale curve. You see the same thing. It took the military a long time to acknowledge that you can anticipate and break that cycle if you give them a break in time before they break down.

BSP: Yes.

WM: We all have our limits, and we need a break.

BSP: His contributions, both within the military in understanding how to deal with mental health issues and this diagnostic and statistical manual development to understand and give a vocabulary to mental health illness were major contributions.

WM: I think the other thing is that he was an ordinary guy. That is, he knew how to relate to people.

BSP: Yes, that's obvious in the doors that opened and that he opened.

WM: Whether it was—in his book, he writes about his interview with President Kennedy. A lot of the mucky mucks of psychiatry, heads of organizations, and so forth felt they should be going to the president. It was a personal connection that President Kennedy's sister was on the board of Menninger.

BSP: Yes.

WM: So, Kennedy said, "Well, I'll see Dr. Menninger."

BSP: And Shriver, her husband, was very involved in developing several initiatives for President Kennedy. So, that connection was helpful.

WM: Yes.

BSP: We talked about before the war, Karl really having this national presence and impact on the field of psychiatry. After your father's service in the war, well, first he was given the Distinguished Service Medal, and as you said, became the president of the American Psychiatric Association and the Psychoanalysis Association [American Psychoanalytic Association]. He really became a household name in the area of psychiatry. He was on the cover of *Time* magazine in 1948 and was called the preeminent voice of psychiatry in the United States by many people.

WM: *Time* magazine sent the writers here to pan psychiatry, and he won the writers over. They wouldn't allow that to happen.

BSP: Yes.

WM: It happened on the cover. [laughs] They had an Artzybasheff's cartoon of somebody pulling all kinds of mucky muck out of a person's head.

BSP: When you think of the contribution of those two men under the tutelage of your grandfather who was keeping the practice going back in Topeka, and all during this time, the Menninger Foundation, Clinic, Sanitarium was developing and growing. One of the interesting things that I read in the book was the realization after the war of the incredible burden of mental

illness that many, many soldiers returning to the United States were going to face and the shortage of professionals, not just psychiatrists, but lots of other professionals to help these soldiers who were returning. Again, the Menninger family, the Menninger Clinic stepped up. Talk a little bit about the development of the training program.

WM: I think again how a series of contacts, events lead things to go a certain direction. The fact that Karl articulated in his writings these concepts that are so basic but put them in terms that make it easy to recognize. He starts his first book, "When a trout rising to a fly gets hooked on a line and finds himself unable to move about freely, it begins a struggle with splashes and sometimes an escape. Often, of course, the situation is too tough for him. His struggles are all that the world sees and his fellow fish don't know what's going on. But in the same way, the human being struggles with the hooks he catches."

Karl's ability to put concepts in clearly understandable terms—I don't know what Grandfather's—he was obviously a good doctor and connected with people and principled. He was a good father to his sons who held his horses. He was a horse-and-buggy doctor, and he went to rounds.

BSP: A story in the book that brings that home to me is when the clinic was growing, and they needed space, they didn't have the resources to buy the land necessary to house the patients that they wanted to be treating, and the community actually came together to purchase that land.

WM: They bought stock in the Menninger Sanitarium Corporation.

BSP: That gave them the funds to—

WM: That gave them the funds. Someone else was willing to buy and do it, and Grandfather said, "No, it will be under our aegis." So, they were in clear control of their destiny.

BSP: This was a piece of property, not the most recent place that Menninger was, right?

WM: No.

BSP: A different location.

WM: This was 6th and Gage between 6th and 7th, from Gage Boulevard east about four blocks.

BSP: And that was roughly in the thirties when that property—

WM: In '25. It was April of '25 that they—

BSP: About the time your father returned.

WM: No, he came home that December. Karl said, "Come home. We need you." They sold stock in the Sanitarium Corporation to be able to buy the land.

BSP: That was ’25.

WM: And that was why they selected 1925, 2025 as the centennial year for Menninger.

BSP: I got you. Okay.

WM: Grandfather opened his practice in 1890, but this was twenty, thirty-five years later.

BSP: Let me come back to this issue of training psychiatrists and the need for mental health providers in our country and the role that Menninger School of Psychiatry, MSP, played in that. I read somewhere in your book that something like 1 out of every 6 to 7 psychiatrists at that point in time had come through the Menninger Foundation at some point in their training.

WM: The largest training center was—maybe they had eight or ten at Bellevue training.

BSP: It’s in New York.

WM: Yes, Bellevue Hospital in New York City. The VA, seeing the number of casualties that they had, “We don’t want you to train ten. We want you to train a hundred,” which was mind-boggling. It meant they had to write a textbook, develop a textbook for psychiatric training for them, a whole new conceptualization of how you train this specialty.

BSP: And the training here incorporated the Menninger Clinic, the VA Hospital, and the state hospital, right?

WM: Yes. The VA came and took over Winter General Army Hospital. That became the VA hospital. Then they built the new hospital subsequently. First, the Menninger, Karl went over and became head of psychiatry at the VA. They developed a staff to be there. Most of the doctors trained at the VA, but—they had to revolutionize how you trained.

BSP: To train that many.

WM: That many at once. You had to change your whole scope of thinking.

BSP: It’s hard to imagine the heavy lift, but the contribution that was to the country at the time where the need for mental health services was increasing.

WM: It was a remarkable contribution to the community of Topeka, which I’ve been given a hard time about because I was responsible for Menninger moving to Houston.

BSP: We’ll come back to some of the challenges that led to that decision. I’m sure that was a very difficult one. Your own history and experience around dealing with corrections and criminal justice and court things, you’ve had some really interesting experiences that have informed your view of the role of psychiatry and its relationship to corrections and other sorts of societal issues. Talk a little bit about that.

WM: That's part of the parallel of Forrest Gump. I've been at the right place when things are happening and had a chance to get involved in a certain way. Part of this was when I went into—when I came into the residency for my specialty training, I wanted to complete my training before I went into the service. So, I went in as a practicing psychiatrist rather than two years as a general doc and then going back. Then I'm the beneficiary of my forebearers, and Karl was very much involved with prisons. I became involved because the Public Health Service needed psychiatrists to work in the prisons. So, I went into the Public Health Service instead of the Army, Navy, Air Force.

BSP: And that fulfilled your obligation.

WM: That served as my obligated service. I'm not a veteran. I served my time but in a mental reformatory, but I also had fourteen months of the Peace Corps to balance it off. I've been fortunate to be in the right place at the right time.

BSP: What period of time was that that you would have been in the Public Health Service?

WM: 1961 to '64.

BSP: So, we're sixty-five years now beyond that, and we're still struggling with the challenge of understanding the impact of mental illness on jails and prisons, and the court system, and even in schools, the behavioral health challenges that children have that they bring to school that are making it more difficult to educate children. It's been sixty years since you were doing work in that area, a long time ago. What are the challenges? Why are we still struggling so much with that?

WM: Because we don't want to acknowledge our mental limitations. I think, therefore I am. I say that's wrong. Was it Descartes? I think therefore I am? It's a philosophical thing. I feel, therefore I am. You pinch yourself to see if it's real. But it was Descartes who said, "I think, therefore I am." It's an epistemological taste, but—in a way, I sort of felt like I "growed like Topsy." [a minor character in Harriet Beecher Stowe's "Uncle Tom's Cabin"] Things opened up.

When I came back after my training and after my time in the Public Health Service, it so happened that the position, the responsibility of being a psychiatric consultant to the Topeka Police Department opened up because the fella who had been doing it left. I thought, "Well, that'd be interesting to do."

BSP: You had some interesting ideas of how approaches to individual therapy could be applied at the community level, if I'm understanding it right.

WM: That's something that's also true in the institution, but I'm just saying in my own evolution, I kind of zigzagged. Each stop gave me a little new polish or a new sense of going on. I thus had a remarkable range of clinical experience.

BSP: Talk a little bit about your time in Washington, this period of time in the sixties. You had various connections you mentioned earlier with people in the Kennedy administration. I've heard

a lot of stories of people recalling where they were and what they were doing when they heard the news that President Kennedy had been shot. You have a very unique story. Tell us about that.

WM: Well, the Office of the Peace Corps was in a building that no longer exists. It's been replaced, but it's on the corner of Lafayette Square. I was on the southeastern corner of the building. So, I looked out on Lafayette Square over to the White House. We were on the tenth floor. Actually the building's flag was outside. They always had to come through my office to put up and pull down the flag. On that day when we got word that Kennedy had been assassinated in Dallas, we were all just going about in a bit of a fog.

BSP: The Peace Corps was very highly identified with the president.

WM: Yes, because Sargent Shriver who is the brother-in-law of President Kennedy and Eunice Kennedy was on the board of Menninger.

BSP: For a long time.

WM: I had a stature in the Peace Corps that wasn't my fault. [laughs]

BSP: More of your Forrest Gump story.

WM: Yes. That's part of it.

BSP: So you got the news that the president had been shot.

WM: When they formally announced he's dead, I went out through my window and lowered the staff.

BSP: You climbed through the window.

WM: That's how they had to go out to the deck.

BSP: And you just did it yourself.

WM: Yes, I just lowered it, brought it down to half-staff.

BSP: You described the view you said you saw.

WM: I looked around, and as you could see, the flag goes down here. The flag goes down here, and finally on the White House, the flag went down to half-mast. That was powerful. It is intriguing how I've been in some remarkable spots.

BSP: That's true. In that same period of time in the sixties, there were a number of challenges that your family and the Menninger Clinic faced all together. Start first with a very personal one: the loss of a child. Talk to me about that, and how it impacted you and your family.

WM: We had—our plan was to have six children.

BSP: Early on, I heard that your wife or your girlfriend at the time said, "We're going to have six kids."

WM: No, she asked me how many kids I wanted. I thought, "Well, three is a good number." I was third. She said, "I want six." I thought, "Well, you're going to have to do the work." So, we embarked on six. We waited, actually timed the first to arrive just as I was graduating from medical school. Then we were going to every two years.

We had had four, and we had a daughter who was an infant—had complications that we didn't fully appreciate and was sort of sickly and woke up one morning to a lifeless crib. The sense of having—I don't know how—those things you don't plan on, but the family pulled together. I got sidetracked.

BSP: You began connecting with many other families who had experienced a similar loss.

WM: Yes. It's a small congregation.

BSP: Thankfully.

WM: You don't broadcast it. But the impact that it has was remarkable on the whole family. As I put in my book, the second son had a number of girlfriends in college and so forth. He was four or five when she died, which as a psychoanalyst, I'm biased. It's an Oedipal age. He had a number of significant relationships through college, but the relationship that finally stuck was a girl that had the same name as the baby that died. He brought Claire back into the family.

BSP: Her name was Claire. That's beautiful. I have a daughter named Claire. That story was very meaningful to me.

WM: Claire was really Grandmother's name. Grandmother wanted a daughter, and she never had a daughter. So, she called Dad "Claire" all his life.

BSP: And he finally put an end to that in high school, I read. He said, "Okay, I'm not going to be Claire anymore."

WM: After he got a letter addressed to Miss Claire Menninger, he said, "I'm Bill or Will. I'm not Claire."

BSP: Thinking of that, it made me have a question about another part of your book that I found very intriguing.

WM: Well, let me finish the other. The other child that was affected was daughter Marian who was two or three at the time. When my child #2, child #3 go to college, go to medical school, go into psychiatry, child #4, Marian goes to medical school and gets interested in neonatology. She

spends her career now in neonatal intensive care units, keeping little babies from dying like her sister died.

BSP: That's remarkable.

WM: To me, that's not chance. It is how forces impinge and led to a choice that was not—

BSP: Conscious or unconscious.

WM: It was certainly subliminal on the most part.

BSP: That's a segue to what I wanted to ask about, which is I'm probably not the only one who was surprised to find that a book by a psychiatrist and a psychoanalyst at that, the first line in the book is from Scripture. It reads, "To whom much is given, much will be required, and from the one to whom much has been entrusted, even more will be demanded." Then you wrote a chapter in your book on religion and psychiatry. Tell me a little bit about how you view religion and psychiatry and the consistency and inconsistencies.

WM: I think that's a little too heavy. [laughs] I spent my life—I do not consider myself religious, but I've sung in the choir all my life. It's an anchor even today. They still let this old man—I croak, I guess.

BSP: So, you're still singing in the choir.

WM: I'm still singing in the choir.

BSP: At the same church?

WM: Yes, First Pres. [Presbyterian Church]

BSP: That's a church with the incredibly beautiful Tiffany stained glass windows.

WM: Yes.

BSP: If anyone has not seen those windows in that church, they should go. It's at the corner of Harrison and 8th. That's a church where your grandparents had a pew—your families had a pew for—

WM: When they moved from Holton to Topeka, Grandmother was a teacher, and she was invited by a member of that church who she also taught, invited to come over. Grandmother was a fundamentalist par excellence, but very devoted to the Bible. Grandfather was, they were kind of liberal Lutheran.

BSP: German heritage.

WM: So, they—in effect, Grandfather, Grandmother compromised on the First Presbyterian Church. So, I grew up in the First Presbyterian Church. My father obviously did, and my mother and father met at a Presbyterian retreat in the Catskills or something like that in New York when he was in medical school, and she was at Columbia Teachers College.

BSP: A long history with that beautiful church. Let me go back to a little bit more of the Menninger story and the sixties. A lot happened in the sixties. There was another major transition at the Menninger Foundation itself in the sixties involving your father and your uncle. Talk a little bit about that.

WM: Karl, when he was good, he was very, very good, and when he was bad, he was a problem. He wanted to hire another administrator. The senior administrator at Menninger, a fella by the name of Les Roach, said, "We don't need another administrator, and if you hire this fella, I quit." All of the executive group said, "You cannot let that happen." They went to Dad. They said, "You've got to take over. "

That led to a major upheaval that resulted—his brother Edwin, their brother, came from Florida trying to influence it all. There was no way this was going to come together. Finally, the trustees forced Karl out. In effect, Dad took over. He always figured he had five years to shape the place up. This was in the spring of—what was the year?

BSP: Was it '65?

WM: Yes, '65. So, things progressed. I changed what I did. I began to work with Dad fundraising.

BSP: So, your dad took over the day-to-day operation of the hospital. He was the CEO of the whole enterprise.

WM: The whole enterprise.

BSP: He was the CEO. So, he then leaned on you to help with some of what he was doing before.

WM: With the fundraising, his outreach. I couldn't give all of the speeches he gave and all this. Anyway, I was taking my first trip to see big money people in Wall Street in New York and so forth that December. He was sick. It was going to be delayed a day. I had to go see the president and CEO, the treasurer of one of the first I don't know…the Continental Life Insurance, the executives of AT&T. I don't know what they thought seeing this young whippersnapper come in.

BSP: They were thinking your dad was going to be there with you.

WM: Yes, I was there just to apprentice. Instead I was supposed to make the ask.

BSP: So, your dad when he became the CEO of the whole enterprise was not sick, but he became sick shortly after that?

WM: He had symptoms. He was a chain smoker. He obviously had a challenge. So, he was delayed. He got there a day later. We got back here, and he had an x-ray of the lung, and we went up to Mayo after Christmas, and he was diagnosed with extensive lung cancer. The day that they made the diagnosis, I went over to the medical library at Mayo and read about the history, the progression of this. It's characteristically—it's called an oat cell carcinoma because the cells look like wildly-growing oats. Characteristically, it's eight months from beginning to diagnosis and eight months from diagnosis to death. Eight months before was when the split occurred, and I don't think he could live—he couldn't allow himself to live having forced his brother out, even though his brother forced it in a way.

BSP: But that mind and body connection you think was underlying that.

WM: Oh, there's no doubt about it.

BSP: Wow.

WM: Eight months later, he died. He died after the tornado—actually he died in September.

BSP: You mentioned the tornado. That part of the book, I had to get up and get some chocolate. It was getting pretty heavy. Talk to me a little bit about the tornado. That was right about the same time.

WM: In the same timeframe. Actually, what added to the intensity is that with the children we then had, which was we had four of us—

BSP: And the tornado was June of '66.

WM: But we had—after my public health service time, we moved back. We made plans to remodel our house. We had a lot and a half. We could expand on the land, have a bedroom for each of the projected six children we were going to have, etc.

So, we put everything in the front of the house, sealed it off, and they built off the back of the house, and we were living over at Mom and Dad's.

BSP: Wow.

WM: During that spring, he had shingles. I had to give him shots and so forth and painkiller. That was the hardest part I had. But we moved back into our remodeled house in the end of May, and all I could think of that day is when the sirens sounded—at that time, we had four kids, two poodles, a bunch of gerbils, and we had in addition two Nigerian twins that we were looking after because their mother was in the hospital with a broken hip or something. All I could think of that day was "Thank God, I increased the insurance" because I knew it was coming.

BSP: You did know.

WM: We had asbestos paper on the lawn, but we had no damage. We lost power for fifty-six hours, but we didn't have any real damage.

BSP: That was at the time one of the most deadly tornadoes in the US. There were many deaths and hundreds of injuries and just a real trauma to the community.

WM: Yes.

BSP: And your family obviously being such a big part of the community, the fact that there were two children of—if I understand right, an employee of the Menninger Foundation, one of the parents had worked or was a trainee there or something.

WM: Yes.

BSP: That they ended up staying with your family. It sounds like that was a theme through probably your grandparents and your parents and you, taking care of the community.

WM: They were in the church. They were related through the church.

BSP: But that wasn't a surprise that the Menningers were taking care of a need in the community. So, your father passed away and the board had just made the decision not too long before that to have your father run the organization, and then they were faced with another decision. Talk to me about that period of time.

WM: Oh, that was tough. The problem in my mind, I had administrative experience working in the Public Health Service and so forth, but I was too young. The thought was that the trustees wanted a Menninger in charge. Our cousin Bob was older, but he was a reluctant psychiatrist. He was a "hail fellow well met" and helped develop a community service office subsequently and was very much committed to that part of the operation. He worked in a hospital. My brother Roy had no administrative experience. He had come back and worked in the hospital for a while and then got involved with outreach of a program with the schools, which did a very innovative program with getting more services in the schools. But I was more qualified in a way, but I was too wet behind the ears. So, I observed what was going on.

BSP: So Roy took over the position as CEO.

WM: Yes.

BSP: I can imagine that was a difficult time for the two of you. But over the ten years or so that he was in that position, you developed a very effective working relationship with him.

WM: He couldn't deal with Karl. He put me in charge of Karl.

BSP: Was that an official title?

WM: No. Karl was a remarkable individual. He'd make an outlandish statement, and I figured I would just wait. I'd say, "How am I going to respond to that?" I waited long enough. [Karl would say] "Well, you're right. Everybody lies a bit." Or I made some appeasing statement.

So, one thing I did do for Roy in those early years was to be a bit of a buffer with Karl, so he didn't have to.

BSP: It sounds like you had some of your grandfather and father's people skills that suited your role in the organization and in the community very well.

WM: It's hard to observe myself and give a response to know whether... Again, the relationship with my brother was ambivalent. I helped him by taking over the fundraising operation at Menninger and becoming the primary person.

BSP: So, things were changing in the world of psychiatry, and most importantly, maybe not just the practice of psychiatry and the movement towards biological mechanisms and medical therapy medicines, but reimbursement challenges, how insurance companies were paying for mental health.

WM: Our approach in the Menninger Clinic, Menninger Sanitarium, Menninger Hospital was a 24-hour approach… and attitude and so forth were part of what was part of the prescription. You might have a million-dollar policy, but the insurance company wouldn't let you spend it. So, they will pay for thirty days. Our modus operandi, we had one peak at ninety days, another peak at nine months, and the insurance company would pay for thirty days. It doesn't matter how you treat people, they wouldn't pay for it. So, we had to gradually shift in billings.

BSP: I want to get to the tough decisions that came as a result of some of those changes, but I want to talk a little bit, too, about how you had an interlude of time there where you were doing some really interesting things, writing columns in newspapers and journals, even got involved in some movie development. Again, you're going back to your senior year in high school, drawing on your journalism and thespian and debate activities. Tell me a little bit about those activities that you were involved in.

WM: Again, this was a point at which my brother had volunteered me to leave Menninger and be a supervising instructor/psychiatrist at Topeka State [Hospital].

BSP: So, you had some time on your hands, creative energy, maybe.

WM: I was just working at a different place, but I kept being asked to do more. I came back from a trip, and we had hired a new director of development, so I wasn't necessary for fundraising to the same degree. But it's clear to me that my brother wanted me out of his hair. I kept looking for an opportunity that we could work together. In the early days when he was put in as CEO and he was putting together his management team and he'd make a little arrangement and so forth, but I was never there. I don't know why he didn't want me there. I remember one visit we had, and he said, "Walt, you passed me a long time ago."

Roy was always looking for the good father. One of his frustrations was he was waiting for Dad to ask him to come back, and that wasn't Dad. Dad, you do what you want to do. Now, I knew he really wanted him to come back. I witnessed that. He and I were both going to train someplace else, and he went to Boston. I was going to go to Cincinnati. But the fourth year of medical school, spring, I came back with Connie, and one of my classmates was being interviewed for the School of Psychiatry.

BSP: At Menninger?

WM: At Menninger. I went along with him to see what I'd think of the people. They asked me about—

BSP: You'd heard of it.

WM: And then I got to thinking, "If my father and my uncle have put together what they think is the best possible training program, why am I going someplace else? I discussed it with Connie, my wife, and she said, "One less move." [laughs] Pragmatic.

BSP: You could go straight to Topeka.

WM: So, when I told my father, "I changed my mind, and I want to come back to Topeka," I have never seen him more ecstatic. He was—it was just all hung out. I saw the reverse when I stayed with the Peace Corps an extra year, or actually I had been approached to stay and work with the Peace Corps, and I went to see and decided to go ahead and do it and called Connie and I called home. I said, "I've decided to extend for a year," and the phone line suddenly went a thousand miles further apart. I could hear Mother saying on her phone, "Bill, say something. Say something," the obverse of what I'd seen before. And my brother somehow never saw that. I don't know why.

BSP: So, as you're talking about this transition, your father passing away, your brother taking over for a period of time. Things were getting more challenging from a financial perspective. Your time arrived at that juncture. Talk to me a little bit about that transition and some of the challenges that you were addressing.

WM: In effect, I had a decade in exile.

BSP: When you were at Topeka State Hospital.

WM: When I went to Topeka State Hospital.

BSP: And then ten years working there when your brother was running the organization.

WM: Yes. The question was, "Could I come back to Menninger?" I went over and applied to be a section director. The hospital director put it to a vote, and I was too experienced.

BSP: Overqualified.

WM: Overqualified. I applied at one place at the University of Pennsylvania Hospital and was not accepted at that, didn't get any offer from that. But people called [Roy] and asked, "Is Roy [sic, should be Walt] available?" They called my brother and asked [about me].

What finally happened was there was—the one thing I could come back to Menninger and not be a threat to anybody was to be the specialist in law and psychiatry.

BSP: And you'd had some experience in working in the prisons.

WM: Working in the prisons. I had a lot of experience and with the police department and so forth and so on. So, I was able to come back to Menninger in an office in the tower building, partly because the person who had been in charge of law and psychiatry was threatened by me, but he'd gone to San Francisco. So, I could come back, and I was back as head of law and psychiatry.

The Forrest Gump -- the Hyatt [Hyatt Regency Hotel suspended walkway in Kansas City] collapse occurred. The other friends, psychiatrists, I examined all the people who claimed emotional damage from it, and we saw all kinds of people. We saw people who tried to fake it.

BSP: I want to make sure I'm understanding this. The collapse—

WM: The collapse of the skywalk in the hotel.

BSP: Kansas City.

WM: Yes. So, the fact that I was back at Menninger in law and psychiatry gave me freedom, and then I don't know all that prompted—but the point came when the head of education had worn out his welcome, and Roy asked me if I would take over education, and that was the first thing he'd asked me for. And then there was a question if there needed to be a new chief of staff because the person who was chief of staff was retiring, and the concern was, "Okay, are we going to tolerate having two Menninger brothers in leadership?" and Roy and I talked. Roy said, "You know, if this doesn't work out, we're both out of here," and I said, "Yes," but I knew I could make it work.

The way it worked, Roy hated decisions. He just agonized over decisions. So, the administrative chief and I, while Roy would be off fundraising or on other trips, before, my predecessor and so forth, they'd save all of the decisions, wait until he came back and present them to him so he could make the decisions. We didn't do that. A decision needed to be made; we made it. He'd come back; his desk was clean. No problems. He could be a good CEO.

BSP: But then eventually you become the CEO and took over.

WM: Yes. That was a decision made by the trustees.

BSP: Right.

WM: After 23 years of Roy as CEO. I was comfortable. I didn't need to be CEO. I mean, it was nice to have the opportunity to finally do it, although I think I managed the earlier job better. [laughs]

BSP: What were some of the big challenges and pressures facing Menninger at the time that you took over that led to the decision you mentioned earlier of relocating?

WM: Well, we knew we couldn't continue to have our educational program. We needed to get a university to take on the challenge of finances for the professional training. So, we had a national search for a university connection. We had a number of things, but we also wanted to have a hospital, and we couldn't get a—there was a big pressure to try and get a relationship with KU Medical Center.

KU has always been a little antipathetic about Menninger. KU was minor league. We were major league in reality.

BSP: And that was a period of time when the KU Hospital wasn't in the position that it has built itself into in recent years.

WM: And the Hall Foundation was prepared to make a major gift and help, but it would have been temporary.

BSP: But the combination of looking for that academic prowess, the excellence in clinical care, and volume and capacity, those were things that—Topeka's not a big town for having a major medical enterprise.

WM: Yes, that's true.

BSP: The Menninger Foundation over the decades was a bit of an anomaly in that way.

WM: That's true. It would be an ongoing challenge.

BSP: Yes. Speaking of making difficult decisions, I can imagine that was a really difficult decision for you to make.

WM: The trustees made the decision. It was my time to step out. I stepped out.

BSP: You were committed to a successful transition.

WM: I was going with them. What happened, things were moving smoothly we thought, but the agreement that they brought up to sign, to finalize which involved Methodist Hospital, the Baylor College of Medicine, and Menninger had a proviso that they would hire the administrator for the Menninger campus. They sprang that on us. They brought the agreement up for us to sign, and we discussed it and said no. We put the kibosh on the—

BSP: I wondered at the time what had led to that hiatus in the discussions.

WM: They were scheduled to come up, and we were scheduled for a meeting in the tower building in my executive office to sign the agreement, which involved the corporate structure, which would have a parent board of the Methodist and Baylor College of Medicine, three from each of them and six from Menninger trustees. Part of what was in that agreement then was that they would hire the administrator for the Houston campus, and that was a poison pill as far as we were concerned. We were going to be totally in control of our future. So that was an intense six hours. We said, "We can't sign it."

I'm not sure who pushed it down there, but Stuart Yudofsky worked hard to get it reversed, and ultimately it was reversed. But we took that time and basically the Menninger board chair in effect stepped in, and I stepped out and resigned. They led from that point forward in it, and it worked out.

BSP: And the move was sort of finalized in about 2003, just the relocation of the facilities and services and all that?

WM: Yes. We had just signed a ten-year lease on the facility. So, for two years, we were paying a lease on a facility that we weren't using.

BSP: This has been a remarkable journey to think of the impact of the Menningers over this period of time on Topeka, on psychiatry, and just the development of the field. One of the lines in your book that you stated that your goal throughout your career was healing broken people in a broken world. I can't think of a more noble goal in life than that. Thank you and your family for the contributions that you've made.

WM: I don't know to what I must attribute my ability to be in the right place at the right time. [laughs] It's been a remarkable journey with its downsides along the way. It's hard to know what impact one really has. The whole practice now of psychiatric hospitalization is of a different order. What was the stock and trade was extended care to allow a significant personality adjustment. As much as we'd like to be able to have a pill that would just make things go [away], but the fact that people influence people and how that works best therapeutically.

And the Menninger Sanitarium was a golden age.

BSP: Yes.

WM: Just as our community here in Topeka was profoundly changed after World War II by that School of Psychiatry. It brought in a new population segment that influenced a lot of activity.

BSP: Yes.

WM: Then that just went poof when we... It's not really been replaced—I mean, Washburn has increased its graduate study programs, but the professional community has not had the kind of educational focus that we had.

BSP: It's a big hole to fill in that segment of the community here. I moved to Topeka in '98, so just a few years before, right when all the discussions were beginning. It did have an impact on the community. Well, thank you very much for joining me today.

WM: Well, you let my narcissism—what's the right word? —flower for a while. [laughs]

BSP: All right. Thank you.

[End of File]

