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Clement W. Matzen *History*  
An Oral Interview:  
Conducted by Tony Lufrano  
May 10, 1993 *Anthony (Tony) Lufrano*

LUFRANO. ~~This is Tony Lufrano interviewing Clement W Matzen, Doctor of Social Work. May 10, 1993.~~

*Lufrano:* Dr. Matzen, have you been the subject of other interviews on the same or related subjects? ✓

MATZEN. No, I don't feel so. The only interview that I have had that ~~would~~ ~~closely resemble~~ would be an interview with the Shanfi Organization concerned with the emotional needs of patients with HIV and AIDS and that was fairly extensive. That is the only one I can think of. ✓

LUFRANO. During that interview did you provide any material or was there anything written or documented as a result of that conversation with the Shanti people?

MATZEN. No, I do not believe that there was. It was basically to get some ideas *about* from my attitude and feeling toward the organization, positive feelings or negative feelings, which I might have. ✓

LUFRANO. ~~Good, well then thank you.~~ I was just asking that so that if there were materials we were wondering if you would share those materials also with *the* organization, *California Social Welfare Archives* ✓

MATZEN. I might add that it really was ~~kind of~~ a part of a study by which we were going to ask other people involved in the organization and then bring the material together, but what the outcome was I have no idea. ✓

LUFRANO. While we are taking about materials, Dr. Matzen, do you still have by chance in your personal file, material from your early career in social work or your most recent career? Any reports, documents, any papers that you've written, you know, anything of that nature?

MATZEN. Not really, I have a tendency, which now I understand isn't too good of a tendency, of throwing things out when I no longer have any use for them. So I don't feel that I really have anything <sup>from</sup> in the past. I'm the kind of person that kind ✓ of forgets the past. I'm interested in the present and the future, good or bad.

LUFRANO. Okay then; let's start at the beginning <sup>↑</sup> Dr. Matzen. What ✓ circumstances led you into social work as a profession?

MATZEN. In World War II while in the service, I was in the medical corps and during that time several of the doctors were impressed with me and felt that I would make an excellent doctor. ~~So~~ <sup>so</sup> they did give me various recommendations ✓ and also outlined things that I had done. I entered USC <sup>o</sup> with the material I had been given <sup>then</sup> ~~gave me a~~ credit for one semester of work, ~~so~~ <sup>so</sup> I had ~~a~~ completed one ✓ semester's credit. However, I had a great deal of difficulty in the area of chemistry, which had a lot of mathematics, which I am rather poor at and no matter what I did I would struggle like mad to get even a "B-". Well, to get into <sup>o</sup> medical school <sup>o</sup> it was pretty evident that I wouldn't be able to really make it. My ✓ wife was a social worker <sup>o</sup> I'll admit that I was never really impressed with social ✓ workers, but my wife was. To me <sup>o</sup> women were social workers--period. However, ✓ I did meet a gentleman, a David <sup>y</sup> Priver, who had been in social work for years. I Priver was very impressed with him, so I finally decided I might try it. At that point after

my graduation from college I was admitted to UCLA's School of Social Welfare. I went over there mainly because at the time UCLA was supposed to be new and dynamic, doing marvelous things for the future. ~~So~~ I thought that it was the only place for me to be. However after a year there I found out it was dynamic but, unfortunately they would try a program and before they would have more than six or eight months <sup>or</sup> ~~on~~ it they'd decide it was no good and they would toss it out. So, I did leave at the end of my first year and I went to work for two years with the county, with a certificate. I was interested in medical social work at that time <sup>and</sup> ~~so~~ I worked for about eight months at General Hospital in Admissions. From there I went to the Tuberculosis Sanitarium in San Fernando Valley. I worked there for about a year and a half. ~~After~~ which time I did enroll in the second, ~~my second~~ year of School of Social Work at USC.

LUFRAÑO. Dr. Matzen <sup>↑</sup> when you went back to the School of Social Work at that time did you make up your mind as to what field of study you were interested <sup>in?</sup> ~~in~~.

Were you going into group work or community organization or casework or because of your medical experience <sup>↑</sup> did you focus on medical social work?

MATZEN. Yes, I did focus really basically on medical social work. At that point the field was veering away from medical social work, psychiatric social work and so forth. <sup>and</sup> ~~(~~ Going into a program by which all social workers were trained in a way that they could do anything, which sometimes a question. However, I did focus on working with the individuals at that time, it tended to be more or less on the psychoanalytic framework, which I never quite bought, being by nature a pragmatist and more or less going more toward the idea of a behavioristic type of

social work approach. So, basically I was interested in again, having worked with doctors for so very long, having their particular respect. I really in the beginning wanted to be a doctor. I began to realize that perhaps if I, with the training of a social worker, could work in the medical setting, therefore satisfying both needs.

That of lets say the medical and also of the social.

LUFRANO. Well then you got through graduate school at USC, could you now share with us a brief rundown of the positions in social work you had from when you left USC. Maybe share with us some of the kinds of activities you have been involved in. Especially those that relate to the health and welfare programs or social welfare policy.

① MATZEN. Yes, after I left; let's back up a little bit. I was influenced by Mr. Privar, having worked with the mentally ill for such a long period of time. I became rather interested in that particular field. What I did during the summer, I worked at the Brentwood Veteran's hospital as an aid. I worked indirectly with the various mentally disturbed veterans. I found this rather fascinating. I really was interested in what could be done and what could not be done. After I got my master's degree I applied to the state of California to work at the Camarillo State Hospital. At Camarillo State Hospital, I of course at this point felt that I practically knew everything obviously, but I was rather startled because in those days, I'm talking about 1953, is when I started as a psychiatric social worker at Camarillo State Hospital. It was rather a shocker because they had a section, which was kind of for the more treatable mentally ill people. Then they had these enormous groups of people, thousands of people, who really were no more treatable, they

felt. Rather <sup>^</sup> that they could be kind of cared for in various wards. I found myself ✓  
with a caseload of 750 people. They were all in the men's wards. At that point I  
began to realize that there was a limit to what I could do. So I began to focus  
upon families. Whenever any family would visit or I would find out, I would  
immediately see them and try to help them in whatever way I could in relation to  
their particular feelings or mixed feelings and all of that. Which <sup>or</sup> actually, rather ✓  
fascinated me <sup>to</sup> in working with families more than the patients. There was one ✓  
man <sup>^</sup> however, who did come up to me <sup>^</sup> very disturbed <sup>^</sup> and he said he had terrible ✓  
pains in his head and he just couldn't stand it any more. I talked to the nurse.  
She explained that he was always complaining <sup>^</sup> it was always a problem. I was ✓  
not satisfied with this. So, <sup>^</sup> finally I went to the doctor and I said I think he should ✓  
be very closely examined in the head. The doctor didn't feel it was necessary.  
At <sup>that</sup> which time I had been rather, I suppose, difficult or whatever kind of person I ✓  
happen to be. I told him <sup>^</sup> well <sup>^</sup> if he did not do something about checking this man's ✓  
physical conditions I was going to go to the head of the hospital. He said you'll  
be quiet. I said well forget it, fire me. Well <sup>^</sup> they did take him up and they found ✓  
out he had a cancer of the brain. It was inoperable and he was dead in three  
days. So it was <sup>after</sup> after that point in time that I began to realize family is important, ✓  
but then you have to keep this balance with the patients <sup>^</sup> too. I was also ✓  
beginning to realize that mentally ill people at least should be listened to and then  
should have physical exams or whatever is needed to ~~go on~~ and see if there is a ✓  
problem.

LUFRANO. What, Dr. Matzen, did you feel were the pressing mental health

issues at that time at Camarillo? You stated already that you felt that there was insufficient attention to patient care. Where there other issues as well?

MATZEN. Well, I think mainly there was <sup>another</sup> the problem of well there was another thing to it at that time. If a patient became disturbed <sup>just</sup> they just, the doctor had written in <sup>that</sup> all that he should have <sup>was</sup> shock therapy or a PRN, when it was necessary. So if he became disturbed the aides would drag him in and give him the shock therapy. I mean it was just boom, boom, boom; it was that simple. To me, I thought it was absolutely horrible. I suppose at this point the state would probably sue me for this statement, but it basically was true. However, what was interesting was that it became tremendously costly keeping all of these people in this particular setting and also there was an idea that in a way it was inhuman and definitely more should be done. <sup>HP</sup> At the time when I was there they were talking about the possibility <sup>of</sup> that a lot of these people being able to live in the community. Well, there was an interesting program. It was very successful. It was under the old Bureau of Social Work based in LA under California Department of Mental Hygiene. The Bureau of Social Work program had a program for family care placement. <sup>In this</sup> With these, they would carefully <sup>assess</sup> come in for a patient who seemed <sup>able to</sup> that he could live in the community, and they would get a good picture of him and his particular need. <sup>In the community</sup> they would have various community placements where they could match up the community care <sup>needs</sup> heads with the patient. <sup>It</sup> It was a tremendously successful program, but obviously it was fairly costly because it had to be paid for by the state.

In later years, and this was after I was no longer with them, there was another

wonderful program <sup>that</sup> which I was one hundred percent behind, <sup>in</sup> (which California felt  
that what they really needed to do was take these people <sup>out of</sup> in the hospitals. Take  
them ~~out~~ <sup>she</sup> into the community and ~~they have~~ mental hygiene clinics ~~that~~ would  
give them care and help them in homes and so forth. I think it was the

① LANKERMAN PATRISSE SHORT ↑  
Lankerman Patrisse Short Act as I recall. I originally was tremendously

impressed; in fact all of us in social work were tremendously impressed.

However, we did empty the hospitals, while unfortunately <sup>there was</sup> very limited in the

development of the outpatient clinics. Today you see so many mentally ill

people, old men, all ages, wandering around from street to street ~~corner~~ ↘

↘ Sleeping in corners. To me it was a terrible thing because the idea was good,

but the money did not come out to support these people in the community. <sup>TR</sup> After

leaving Camarillo I was very anxious to get to the Veterans Administration. I

found out that they were building a Sepulveda VA Hospital, <sup>to</sup> I made an

application with the idea of being able to work there. Downtown, at the outpatient

clinic they were quite interested in my application. I did work downtown in

outpatient for ~~about~~, I guess, about a year and a half. It is hard really for me to

know at <sup>this</sup> that particular point in time; <sup>at least</sup> it must have been about a year. I imagine. I

② got a lot of satisfaction out of that because I would get notifications from the VA

Hospitals, either from Brentwood <sup>or Sepulveda</sup> where the mentally ill were, that a man was

going to be returned to his family. This made it possible for me to make house

visits and visit the family, help them with their fears and their particular anxieties.

Then when the man did come <sup>home</sup> I could help them handle the behavior in relation to

<sup>them</sup> ~~him~~ and able to handle his own hostility. I really had a year of great satisfaction

out in the field, working with the mentally ill and their families.

LUFRANO. What did you find most gratifying personally or professionally about that particular job at the VA?

MATZEN. I think it was amazing doing a field work type of things ~~out~~ in homes. You went actually into the homes of the mentally ill.

~~LUFRANO.~~ All of my work ~~there~~ for that year was into the homes. ~~There~~ you could get the whole picture of the home. You could find out who was a real dominant member, who wasn't a dominant member. You could see when you would go in how chairs were placed by a dominant member who was in control. It could be mother, it could be father. In those days, of course, we all believed in the idea of poor mom being responsible for all degrees of mental illness. Which means of course, I'm sure I was influenced somehow by that. But it was interesting <sup>to observe</sup> because the placement of a chair <sup>by</sup> with a certain kind of a woman who is kind of a matriarch. It is true, <sup>that</sup> I ~~do~~ feel that a lot of the mentally ill sons were almost afraid of their mothers <sup>really</sup>. I can't blame the mother though because I think <sup>we know now that</sup> ~~now~~ with mental illness, I do think <sup>it</sup> is a chemical thing <sup>now</sup> more than it is a psychological thing. My real satisfaction was working with people in their homes and seeing how they looked. You know <sup>that</sup> ~~what~~, there is such a difference between working in a home where people are comfortable, <sup>and</sup> this is their turf, ~~then~~ coming to an office where <sup>it</sup> is your turf. You don't want it to be that way. <sup>But</sup> It is ~~a~~ reality <sup>as it is</sup>.

LUFRANO. In retrospect, would you say that that treatment modality is much more superior than what we are doing today with mental health patients?



MATZEN. Yes, I really do think it is <sup>but</sup> because we do not have the staff, we do not have the moneys<sup>g</sup>, we do not have relief to do that type of thing. It really isn't done. So I do feel that a great deal is lost because I remember, ~~I mean the~~ amount of people I was able to help keep out of the hospital, <sup>and</sup> not only myself <sup>but also</sup> and other people <sup>who</sup> that worked in the field. The Bureau of Social Work, for the state, helping <sup>ed</sup> people out and <sup>there here</sup> to have times when if a person was placed with a family <sup>and</sup> they would work out in the family. The old Bureau of Social Work has absolutely been wiped out. It no longer exists. It was too expensive.

LUFRANO. <sup>where</sup> ~~What~~ there any obstacles that you encountered during that first year of professional social work?

MATZEN. I don't really feel that there were really any obstacles that I could really recall. I got great satisfaction out of it. I felt that my immediate supervisors <sup>was</sup> who was Anita Macky, a marvelous woman. She was a black woman, ~~was~~ a Seventh Day Adventist. She is still a very close friend. I enjoyed her so very much. I did forget <sup>to say</sup> that that while I was there <sup>↑</sup> I started taking students for fieldwork training from the USC School of Social Work. That was back in 1954 to 1955. ~~So~~ <sup>so</sup> that was my beginning of the training of students for USC.

LUFRANO. What strategies did you use or were you involved with to accomplish some of the goals that the agency or you personally sought in <sup>your</sup> you treatment?

MAZTEN. Well, of course I <sup>↑</sup> very quickly dropped the psychoanalytical theory in a hurry and moved into behaviorism. I am not knocking psychoanalytic theory. I think it is wonderful to have and understand people, understand their behavior. I think this is very good. When it comes to treatment one has to work day to day.

from situation to situation. The analytic theory was you would sit down and you'd talk to people and you'd find something about their background and so forth with the idea that somehow <sup>(would)</sup> ~~as~~ they begin to understand themselves better, everything would work out. Well, of course, this doesn't exactly make sense because one is not ever in a vacuum. ~~So~~ what one suffers about last week has nothing to do with what's happening right now. So ~~with me~~ I moved into the now period. As I moved along, it was working fine because the School of Social Work began to blend analytical theory with behavioristic. That began to move along. I felt very comfortable in relation to that.

LUFRAÑO. Dr. Matzen, getting back to the original question I asked you; you brought us up through your social work training and you brought us up through your first years at the VA and the outpatient clinic. Did you stay with the Veterans Administration? What were the next years, where did you spend the rest of your career in social work?

MATZEN. Actually the rest of my career in social work wasn't where I originally wanted to be. It was in the Sepulveda VA Hospital in San Fernando Valley. That basically was the rest of my career. ~~I started there in '57 to have kind of forgotten~~ it. I went there in '55 to '57, two years. Then I wanted desperately to get back into the homes of people, so I left there and went back for a little <sup>more than</sup> a year to the regional office where I could work with families in their particular homes. Then, starting in 1958, I became a training coordinator in social work service at Sepulveda Veterans Administration. I trained the students and I also trained staff. I also trained residents, psychiatric residents. Then in 1963, I left and went

to the University of Southern California to work on my doctoral degree. Then (1968) after I came back from my doctoral degree, which was wonderful, but all of ~~the~~ <sup>a</sup> sudden I found out there really were no jobs of any type that I really wanted <sup>with my</sup> for a doctoral degree in social work. As far as academic training <sup>↑</sup> this always bored me. Academic training I didn't like. I liked action, I liked working with people; I liked doing things. Well <sup>↑</sup> for a doctoral degree it didn't really exist. ; ✓

However, Sepulveda VA Hospital, God bless them, were absolutely delighted if I would come back. They <sup>invited</sup> offered me to come back with a substantial raise in my salary. I went back to the hospital there, ~~the VA~~, the Veterans Administration in Sepulveda. There I continued to work <sup>↑</sup> really in training <sup>⊖</sup> Training of students from USC. The last two years that I was there, <sup>⊖</sup> gosh I can't remember the date, <sup>⊖</sup> I had, each year <sup>↑</sup> I had a doctoral student. This was paid for by the VA and I enjoyed that very much. Basically <sup>↑</sup> I was tied in with training, but I always, no matter what I did, acted in the administrative line, the training line. I always had several clients that I worked with. In fact there was one young <sup>man</sup> and his family, <sup>with whom</sup> I worked for eight years; he was a hopeless case. He was definitely consigned to nothing, ;

but I worked for eight years <sup>with</sup> ~~I worked for~~ the family. Now he is working, has a family; he has a child, <sup>and</sup> everything is marvelous. <sup>⊖</sup> ~~What~~ all of a sudden <sup>⊖</sup> came ;

through to me, My God in Heaven above, if we could have people who could work eight years with a severely disturbed man--on drugs, schizophrenic when he was young. I suddenly realized that no way do we have the staff or will ever have the staff that we could do this. I now found that <sup>↑</sup> with enough time, enough love, enough giving, really there is nothing that couldn't be done. ✓

LUFRANO. Dr. Matzen after you got your doctoral degree ~~and~~ you continued to work at the Veterans Administration until you retired in 1978. Is that correct?

MATZEN. Yes.

LUFRANO. 1978, okay that's very interesting. I would like to change the questions a little. I would like maybe if I could get you to remember a little bit about what the social climate was during <sup>your</sup> ~~that~~ tenure ~~that you worked~~ as a social worker at the Veterans Hospital. Maybe one of the first questions would be: were there any social movements or activities that you were involved with that seemed to you important but did not lead to the goals you wanted to obtain?

MATZEN. I don't know whether <sup>I should</sup> ~~to~~ be ashamed of it or whatever. In reality I was never involved in any type of a social movement. I was always concerned with <sup>what</sup> I could personally do with the people ~~that~~ I could help. The idea of social movements trying to help people beyond my particular grasp never really appealed to me. I always felt that what I could do <sup>on</sup> ~~do~~ <sup>on</sup> one or collectively with people could <sup>help to</sup> ~~I have this crazy idea I suppose~~. It's the idea of a drop of water in a pool. You drop a drop of water in a pool and it fans out ~~kind of~~ in a circle. I have always felt somehow if I can have a positive influence, <sup>that</sup> that influence will ~~kind of~~ go out in kind of ~~like~~ a circle. <sup>That</sup> somehow that will be helpful to the human condition. So, as far as any big movements are concerned <sup>they</sup> never interested me.

LUFRANO. If you could reflect back on your years at the Veterans Administration Hospital <sup>are</sup> there any outstanding <sup>success</sup> ~~that~~ come to mind that you would like to share with social workers just beginning their careers today?

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Was there anything that you could suggest that you tried that was totally wrong or totally great or you know something that you look back <sup>to</sup> now and say <sup>?</sup> that was terrific and I wish I had taken time out to write about that ~~or anything like that?~~  
MATZEN. Well I think I just ~~kind of~~ <sup>kind of</sup> mentioned the idea of working with a man for eight years and now seeing <sup>him</sup> through the marriage and the birth of a child and all of this. Now he lives in Utah and he phones me about every six months to see how I am doing <sup>and</sup> so forth and so on. Through that experience I found out that there is no end to what we could do if we had the ability to do it now. This means the idea of certain selectivity because in social work if we are working with people, we have to be realistic. We cannot absolutely be successful in helping everybody. So we have to kind of selectively pick out certain people that we might be able to really involve ourselves to help. Maybe one, maybe two, maybe three. And what is it? <sup>?</sup> Maybe it is a certain something that we have that somehow clicks with this other person; it clicks with us and we don't know what that is all about. We really don't know. I would say if we accept the reality <sup>is that</sup> we cannot help everybody, but ~~we thought the idea that we can somehow be~~ <sup>we can</sup> ~~selective with certain people and throw solar energies at that particular person.~~ <sup>helpful</sup> ~~selective~~ <sup>throwing our total</sup> ~~energies~~ <sup>at</sup> that particular person. I would say one thing that I am very proud of and I really am impressed with <sup>is</sup> that with USC and the Veterans Administration I did for a while have a double role. In fact, I had the double role for quite a few years. That was, that I, with USC, represented all of the Southern California VA training programs with USC.  
LUFANO. What did you do, Dr. Matzen?  
MATZEN. ~~Well~~ I had two hats. It was really an interesting type of thing because

I would evaluate the VA training programs for USC and at the same time I would go to the various programs and help them improve their particular training.

Washington, DC said that this basically is impossible. There is no way that we could have one person do an evaluation from USC while at the same time be critical, positively or negatively, with the VA programs for training. However, I don't remember who it was said Clem can do it and I did do it. It was wonderful. There was no resentment on the part of any of my colleagues here in Southern California programs. I wrote out their evaluations and sent them into USC. I also sent them into Washington DC and it was kind of a two-headed type of thing. Basically it ~~was almost~~ <sup>seemed reasonable</sup> virtually impossible, but it worked. I felt so wonderful and I often wondered why it worked. I guess I still do. I think it was one of my great feelings of real success. As far as ideas where maybe I could have improved or maybe I could have done things differently: It is an interesting question because I suppose it is almost a frightening question. I generally have no trouble in finding out where I might have been wrong or did something wrong. Well, I think there was one thing. I wanted to be the chief of Sepulveda VA Hospital and remember, I was older at the time and the head of the hospital wanted very much for me to be there, but the chief of staff at the time called me in and he said "how many years do you think you've got left?" I looked at him and I said "I haven't got the remotest idea but I want the job." It went to a younger man and it really was very upsetting, however I still have the satisfaction <sup>from</sup> in all I have done in relation to training and working with the people. Right now I feel a little vicious. Here is this man wondering how many years I have left and two years later he died of cancer.

I'm sorry, but he did. I hate to say it, but I think ~~I have a sneaking feeling of well~~ it was a hell of a question wasn't it?

LUFRANO. That's an interesting example <sup>↑</sup> Dr. Matzen. Would you say that example pretty much characterized the way of how promotions were <sup>rewarded</sup> rewarded?

Was there age discrimination in your time, do you feel? How old were you at the time?

MATZEN. It could be. ~~Well~~ <sup>discrimination</sup> there wasn't really age discrimination, I didn't feel as far as <sup>my</sup> age was concerned. I think there was in relation to this one person <sup>↑</sup> who didn't really want me. I'm not clear as to why ~~not~~. However, the reality is there was a chief of psychiatry who would come in who was supposed to be great guns. He was all for research. When I talked to him <sup>↑</sup> I said "look I have nothing against research and I have a doctoral degree, which gave me some training in relation to research. I do not feel that at this point that what social work does or doesn't do, ~~I'm not too sure it is~~ researchable right now." I think that chief of psychiatry influenced the chief of staff because a young man may higher. They said he was going to do marvelous things in research. There was no end to what he was going to do in research. They hired him just on the side. I must point out that it is now fifteen years later and he still has done no research. ~~But~~ <sup>↑</sup> again <sup>↑</sup> what I think you have in any field is at this point ~~this is more important than~~ let's say another point. One other thing I was involved in there ~~was~~ about a couple of years before I left: ~~We~~ had affirmative action. It was always very difficult <sup>↑</sup> really. I was made chairman of the <sup>affirmative</sup> <sup>action</sup> <sup>committee</sup> committee. It was rough. I had it for about three years and I was able to handle these problems

quite well. That was another reason why the head of the hospital was very impressed with me because she felt I was doing the impossible. Sometimes looking back, I always think it's true, <sup>that</sup> but my training as a social worker <sup>gave me</sup> understanding <sup>of</sup> both situations and <sup>how</sup> trying to get a balance and understanding. It really did pay off there, <sup>so</sup> I think social work <sup>has</sup> is a great advantage.

LUFRANO. I think I want to ask you again about the treatment of veterans during your tenure at the veteran's hospital. <sup>As</sup> you recall or reflect on it. Earlier you told us about the shock treatments and what appears <sup>to be</sup> or what was allegedly inhumane treatment at Camarillo. <sup>Where</sup> were there similar experiences of the treatment of veterans in the hospital that you observed at that time that maybe are still evident today or at least have been changed and corrected?

MATZEN. No, by the time I hit that VA Hospital, by this time the shock therapy had been pretty well discredited. Now what they might have done before I arrived I don't know. I would say that the treatment of the VA patients was absolutely excellent. At that point staff-wise, there wasn't as much emphasis really on working with ~~lets say~~ families in the beginning. In fact I remember that when I would have a family that obviously needed a long term type of a <sup>report</sup> report or ~~so~~, which I couldn't give, I always sent them to Family Service of Los Angeles. I had always been told that they would work <sup>in</sup> for a long-term relationship in therapy. So I ~~always~~ used them as a resource constantly. But as things moved on, we began <sup>to</sup> more and more <sup>to</sup> work with family relationships and families and with the mentally ill. I actually, with the VA Hospital, was always very comfortable in relation to what we were doing. Never were they limited in the sense of the state.



LUFRANO. At that time was the VA Hospital advocating collaborative treatment with other organizations or was it pretty much an insulated treatment plan?

MATZEN. I think it was pretty well an insulated treatment plan, except what <sup>(re)department</sup> social work would do. We would not refer ~~have a child go~~ to a mental health clinic because we didn't handle <sup>new</sup> it. We could do various referrals basically through social work. As far as medicine was concerned, it was all within the system. If there was any criticism, of which I say I don't have any, it was in the area of research. Interestingly enough, I was on the research committee of the hospital, <sup>the</sup> not social work, <sup>(re)department</sup> but the overall research committee ~~deal~~. I used to be absolutely and completely <sup>enthralled</sup> enthralled because they would come up with some idea of a wonderful new research in medicine or in psychology or whatever. I would be completely drawn <sup>in</sup> I would listen to the whole thing and then I would ask if they checked the other VA hospitals to find out if ~~other~~ like research was being done. They looked at me blankly as if I was completely insane because they were interested in their own particular research programs and they didn't look into what was being done in the other VA Hospitals. So that I would say is the only criticism at the time. Then of course all of a sudden the VA didn't have the money so they cut down research and so it goes.

LUFRANO. Dr. Matzen you have discussed pretty much your professional career have you been involved in any volunteer work during that same period of time?

MATZEN. Well, after I resigned from the Veterans Administration I was sixty-two years of age and my wife and I for about five years had a wonderful time taking

trips. However, after leaving the VA I did have about five private clients who ~~kind~~  
~~of were indirectly~~ (I didn't take them from the VA) but indirectly they knew about  
me. So I worked with them and during that time my wife and I also took trips.  
About five years later I was sixty-seven and my wife died very suddenly. I  
suddenly realized I could not handle clients without either backup of a hospital or  
a backup of my wife emotionally. So bit by bit I ~~kind of~~ terminated them and a  
couple of them I referred them to other <sup>counselors</sup> counsel. So for a while I grieved then I  
began to realize I'm supposed to do something. So I ~~kind of~~ returned to a church  
I wasn't at for forty years. I began to feel what needed to be done and what not.  
I suddenly realized that there were people out in West LA who needed food. So  
bit by bit I toyed around with the idea <sup>that we</sup> of could we start a program. But I knew no  
one church would have one. Could I start a program bringing in various  
churches <sup>?</sup> that together because we didn't have the resources or a very large  
kitchen; if I could bring them together and we could all work together in harmony  
to help people? Well, it was very interesting, sent ten letters to ten churches and I  
received responses and they came with a meeting and they were interested and  
bit by bit I was able to get this going. Although I dropped out from the program  
after six years <sup>at this point</sup>, well before I left I had six Protestant churches and a  
Temple. It was a marvelous program. About one hundred and thirty five  
volunteers and the money that we needed all came in. When I finally left, we had  
about seven hundred plus families coming for food. We gave them enough food  
to last for a five day period for the entire family. If they were careful it could be  
seven days. It was a tremendously successful program. It was so successful

that I became horribly bored.

At that point I decided I had to do something<sup>else</sup> and I didn't know what it was. I thought<sup>well</sup> I have been feeding people and taking care of their bodies, which is important. What could I possibly do that might be a little closer to social work? I didn't want<sup>to</sup> somehow do social work per se. I wanted something different. All of a sudden I began to realize<sup>oh</sup> goodness, there are people dying of <sup>AIDS</sup> MDS<sup>↑</sup> there's <sup>a</sup> this program someplace, and all of that bit. I thought maybe I can help out there. ~~So~~ I heard about a program called Shanti<sup>and</sup> and I took a very extensive training program, which was Saturday and Sunday all day from eight till eight for two days. I took the program--very rough. Then they did give me a man who had, ~~well he had~~ HIV, not AIDS yet. I would see him and help him in what way I could. Finally he did get ~~into~~ full-blown AIDS. I would take him to the ~~hospital~~, General Hospital and spend three or four hours<sup>while they were</sup> giving him blood through transfusions ~~and what not~~. I worked with him ~~and~~ <sup>after</sup> finally he got ~~for~~ for about eight months, he got very bad. His family did come from the east and I was able to work with the family. It was a very amazing experience. I will never forget the brother who came, <sup>a</sup> real macho guy; oh God, <sup>who</sup> was he macho. I met him and I met the mother and the father. The boy, ~~he~~ <sup>who</sup> was about twenty-nine, was dying. All of a sudden the young brother said he wanted to take a walk with me. I said okay, let's go. So we ~~went and~~ took a walk. We walked ~~about~~ about a couple blocks and he started crying. He had not known that his brother who was dying was gay. He had no idea<sup>and</sup> and he started crying because about a month before he and a buddy had just literally, I quote, "beat the Hell out of this fag." He was very upset. I

talked to him and I said, "look <sup>B</sup>~~buster~~, what you did in the past is not important. ✓  
What's important is have you learned anything now? Do you want to change?" I  
do feel I was very helpful. I did have to go all the way into Hollywood and it was  
real rough. So I told Shanti that they'd have to give me somebody in the valley, <sup>where I live</sup> ✓  
Then I did get a young man and I worked with him for about four months before  
he died. I also volunteered for the visiting nurses association. I would go and ✓  
visit a hospice a couple of times a week.

LUFRAÑO. <sup>This is an interview with Dr. Clement Matzen. We are discussing</sup>  
<sup>volunteer experiences and Dr. Matzen was just finishing up telling us about his</sup>  
<sup>experience with AIDS hospice work Etc.</sup> ✓

Dr. Matzen <sup>will you</sup> continue to tell us about your experiences as a volunteer? ✓

MATZEN. Actually when I was with the Veterans Administration, <sup>I was</sup> it ~~does~~ ✓  
encourage <sup>of</sup> you to become involved in volunteer work. I don't remember who it ✓  
was, but it was someone I knew quite well, <sup>on</sup> they wanted me to be with the Family ✓  
Service of Los Angeles advisory council in San Fernando Valley. So I did <sup>and</sup> I ✓  
was with it for about a year. I found it very interesting and I enjoyed it a great  
deal. Then after a year <sup>I</sup> was made chairman of the council and I was really quite ✓  
involved. Actually <sup>we</sup> were very successful. We raised quite a bit of money with ✓  
all kinds of affairs. We had two big motion picture affairs and we all showed up  
at the Doheny Mansion, <sup>where</sup> we had another big affair <sup>there</sup>. We did very well. It was ✓  
very nice. As chairman of <sup>an</sup> advisory committee I was also automatically on the ✓  
board of Family Services of Los Angeles. When I left the VA I automatically ~~kind~~ ✓  
~~of~~ found myself <sup>as being</sup> on the board of Family Service. Looking back it was ✓

very difficult for me to remember how much I was involved in family service, but I was very involved with family service. I really enjoyed it very much and I felt ~~was~~ able to make quite a contribution. That I felt ~~was kind of~~ one of my highlights too, <sup>in</sup> of which I continued because I was involved in many committees. I was on the executive committee and I was involved in many other committees. As I mentioned before, I was on the personnel committee. I was also chairman of the search committee when we lost our CEO ~~at the time~~. Having met the CEO I found that very satisfying. I was on the strategic planning committee and the fund raising committee. It really is difficult for me to list all of them, but I was very involved and I enjoyed it really a great deal. All I can say is that as long as I manage at my tender age <sup>(79)</sup> ~~seventy nine~~, I am still going to do everything I can in the community and try to do what's possible <sup>(?)</sup> and who knows.?

LUFRANO. Well it sounds like you have had quite a history <sup>(?)</sup> Dr. Matzen. Having been aware of some of your work in family service, I can concur that you did an outstanding job. You were even chair of the board for two years, which you failed to mention, and have been on the State Councils of Family Service and an active participant in Family Service America <sup>(?)</sup> Nationally as well. <sup>(?)</sup> What is your view about measures that social work professionals, or what kind of measures can social work professionals undertake to affect programs or policies that could be more effective if they got behind them?

MATZEN. It is difficult for me to answer that because <sup>(?)</sup> as I intended to say, I am not too interested really in the broad scope, let's say <sup>(?)</sup> in that type of raw change. I guess basically I am a grass roots type of person. I feel that what I can do in the

one to one or one to two or one to three relationship hopefully will expend into  
lets say something. However, in many ways, I suppose in the changes through  
the years, I don't think I am that happy about social work. I'll tell you why. When I  
became a social worker, social workers thought in terms of helping people doing  
everything that they could possible do. We never thought of overtime. So we  
worked an hour or two extra. So what, if we were doing something, ~~we were~~  
helping people. As the years have gone on that has changed. It has changed to  
the point of ~~I don't know~~, are we becoming lets say secretaries or something.  
~~Kind of~~ <sup>from</sup> nine to five? I find that social workers at fifteen <sup>(minutes)</sup> to five ~~are~~ very careful that  
they are getting things <sup>all</sup> worked out so that they can put on their track shoes  
and go tearing out at five o'clock. I can't understand that. I really have difficulty  
understanding that. I also feel that we are concerned with our own  
bureaucracies. We have become bureaucratic like every other organization, ~~which~~  
which I don't accept in social work. Like for instance, right now if we were  
interested in people we would begin to work together to determine which  
organizations can best help people in certain areas. ~~No, we~~ as an organization,  
<sup>we</sup> want to ~~be, say~~ we can help everybody whether they are children, whether they  
are old, whether are young, whether they are alcoholics, whether they have  
AIDS, whether they whatever. We can handle everything. I don't believe that. I  
really don't. I think each one of our various organizations, <sup>can</sup> if we work together  
<sup>if they</sup> and say look you could handle this better than us. I think I am going back <sup>to question</sup> to the  
idea of ~~is~~ it true that social workers can handle everything. Can they be  
psychiatric, can they be medical, can they be clinical, can they be child, can they

be family, can be everything.<sup>3</sup> I don't think that's true. I myself could never work with children under any circumstances. So I very carefully worked it out so I don't work with children. I don't feel I am less capable because I can't just face the reality. I can't work with children. I said I just get irritated. I really get irritated with this.

LUFRANO. Well I think your comments and observations of social workers in your day and what you feel social workers are today really is a difference. That is a nice lead into the question I was going to ask you. That was what significant changes have you observed between social work practice when you started and social work practice today? I think you have kind of already commented on that. Is there anything you want to add?

MATZEN. I don't think there is anything to add except somehow, you know I remember way back when I first was with my wife who was a social worker. Social workers used to be idealists and I remember she said, "Oh the work of a social worker is to work so social work is no longer needed." In short, work ourselves out of business. That is no more. Now it is what can we do in social work that builds us up. Where can we get more money? What can we do here? What can we do there? I don't know. There is something lost and I don't know what it is. I will say this, after World War II when I went to USC, as I mentioned way back in the beginning of this interview, I mentioned that I wanted to go out and help people. I would go around to various men, they really were all men that I remember going into undergraduate work of medicine. I'd say, why are you getting into that? "Man that's where the money is." I didn't hear anybody say I'm

going because I want to help people. You know why? It upset me horribly at the time. Now I am almost as set as I was back after World War II in 1946.

LUFRANO. Thank you, Dr. Matzen. I guess to finalize this, I would just like to ask you one last question. Well, actually two. If you had to sum up your entire social work career, is there any one special incident or act or activity that you feel you would want to be most remembered for?

MATZEN. That is kind of an interesting question. I think maybe I can't quite answer it, but I will say this: I feel that social work, if it survives, will only survive if it has heart. When you sit down with a client, do you love him or her or don't you? Without that there is nothing else.

LUFRANO. Well thank you very much. The last question I had was I was wondering, doctor, if you had any personal papers or pamphlets or dissertations or anything that you might want to make available to researchers and others, other scholars that you would be able to contribute to the Social Welfare Archives Project? Do you recall that the Social Welfare Archives Project is housed in the Arlien Johnson Social Work Library at USC and is part of the California Social Welfare Heritage Activity to collect, preserve and make appropriate items available to scholars in the humanities and social sciences? We thank you for your sharing of some of your background and early years and Veterans Administration work as a social worker. We would like to have any materials you might want to share with us if you would so agree. Do you have such materials?

MATZEN. Well, yes, in a way, maybe not, in a way. I have never been much for writing and I know friends have pushed me and pushed me and pushed me, but



for some reason or other I just can't. They keep saying, "all you have to do is just talk". I don't know, I can't do it. I would say this, my dissertation that I did at USC, and it is of course in the USC library, is about California State Regulation of Family Care Homes for the Mentally Ill--an historical inquiry. I think what is important is that I feel the careful study way back from when Family Care for the Mentally Ill started way back in Belgium. I think it outlines the importance of people being placed in homes with loving people who care for them, against a program which says you place people in homes because they have the right amount of toilets, the amount of space, the amount of screens in the windows. What's important is, are the people where the mentally ill are placed, able to love them? I would like to leave it at that, as probably I feel it was one of the best things I have ever done.

LUFRANO. Well thank you very much Dr. Matzen. We certainly appreciate your taking time today to share your thoughts and observations with us of your social work career.

~~This concludes the interview with Dr. Clement Matzen.~~

## Abstract

Clement W. Matzen, <sup>was</sup> born 1914. <sup>a</sup> Representative of his generation of social workers. <sup>he</sup> After W.W.II service, <sup>he</sup> worked mainly in the fields of mental health and psychiatric social work in governmental agencies: County, State and Veterans'

Administration. <sup>he earned this</sup> (M.S.W. 1953, D.S.W. 1968, <sup>and</sup> Retired 1978. Since then, <sup>he has done</sup> some private practice and volunteering. <sup>his</sup>

Principal areas of interest: Family and private care versus State mental institutions for the mentally ill. <sup>his</sup> Doctoral thesis, <sup>was</sup> on this subject, ~~no publications since.~~

## Editor's Note

The original interview of Dr. Matzen, taped in 1993, was transcribed in 1998. In an attempt to clarify and tighten up this somewhat meandering transcript, the editor arranged a meeting with Dr. Matzen to give him a chance to make changes or to suggest corrections and deletions. Besides orthographic and typographical error corrections, Dr. Matzen seemed satisfied with the original transcript, and this is herewith submitted. A curriculum vitae obtained from Dr. Matzen's doctoral examination program is attached.