

Interview with Dr. Peter Szatmari, MD

(interviewed by Normand Carrey MD)

Dr. Szatmari is Professor and Head of the Division of Child and Adolescent Psychiatry, Department of Psychiatry and Behavioral Neurosciences, McMaster University, Hamilton, Ontario. He also holds the Chedoke Health Chair in Child Psychiatry (McMaster University), and is the Director of the Offord Center for Child Studies. He has cross appointments in the departments of Pediatrics, Clinical Epidemiology and Biostatistics and Linguistics (McMaster University). In addition to receiving several CIHR research grants, he received a CIHR Senior Investigatorship Award and was a Senior Research Fellow of the Ontario Mental Health Foundation. Recently, he was appointed as editor-at-large for the Journal of the American Academy of Child and Adolescent Psychiatry.

Q: You have an exotic sounding last name. Can you tell me about your family background? How have they been an influence on you?

A: My father was a psychiatrist in Budapest, (Hungary). He graduated in 1936 and then took up a position as junior faculty at the University Clinic. During the war he was a spy for the British government. However the Communists after the war forced all academics to join the Communist Party. This was against his principles, so he decided to escape in 1947 across the border to Salzburg (Austria). He escaped with very few personal items namely his pajamas, a bottle of brandy and a book of pathology – I can understand the first two items but the book of pathology? In Salzburg, he met my mom who was a refugee from Romania. She was a very well educated person and spoke seven languages. She greatly influenced my interest in linguistics and the humanities. So I was brought up in a family atmosphere where learning was valued. After a brief stint in Pakistan, my parents landed in Regina where I was born. We then moved to Toronto when I was three years old. My parents still had this sense in Toronto that they were immigrants and had to struggle to prove themselves. I am an only child, no sibs, no cousins even, so I played by myself a lot – I think that is why, later on, I gravitated towards autism, with a sense of empathy towards the loner.

Q: What factors influenced you to go to med school, then choose psychiatry, then child psychiatry?

A: I always wanted to be a psychiatrist since age eight and I have never wavered from that ambition. I guess it was a reflection of my close relationship with my father. As a

child, I remember him taking me to hospitals with him. He worked hard, and as a result I did not see him often. So I guess this was a way to be close to him. My undergraduate studies were in philosophy and psychology – I was not good in science – I dropped out of physics and chemistry. McMaster was the only med school I had a chance of getting into. I remember that my dad had arranged a meeting with the Dean of Medicine at the University of Toronto and he suggested I should try McMaster. I have been grateful to him ever since. So you see my interest in science came late in my development. I entered med school with the specific goal in mind of doing psychiatry which could have been perceived by the admissions committee as too narrow but one of the interviewers was a psychiatrist. It may surprise you to hear that in my residency I wanted to be a psychoanalyst, like my dad, who was analyzed by Sandor Ferenczi, the Hungarian psychiatrist, who in turn was analyzed by Freud.

Q: What about your interest in child psychiatry? You mention in the acknowledgement section of your book, *A Mind Apart*, David Taylor, a child psychiatrist from England, as one of your most influential mentors: ‘David Taylor is the reason why I am a child psychiatrist and it is he who served as a role model as a communicator.’

A: My interest for child psychiatry came during my residency. David was doing a sabbatical at McMaster to learn family therapy from Nate Epstein. David is a brilliant writer, teacher and communicator. I did my core child psychiatry rotation with him, not intending to do child psychiatry. During our time together, we maybe saw only ten cases or so but we had the time to talk endlessly about these cases. And that is what did it for me.

Q: What about Dan Offord; his influence on you, McMaster and the Canadian child psychiatry scene?

A: After David, I continued my training with Dan, who had just arrived from Ottawa. He was a wonderful clinician and scientist and showed how to bring those two together. He was devoted to fostering young scientists such as Harriett MacMillan and Ellen Lippman, Mike Boyle, to name a few, a whole generation of us. Then there was the Ontario Child Health Study. We would meet on Friday afternoons and Dan would start off by talking about sports which he loved and then we would get down to business - It was so exciting - there were animated discussions and debates about new

discoveries as well as controversies while we planned the study.

Q: You wrote a book, *A Mind Apart: Understanding Children with Autism and Asperger Syndrome* (2004). It is an excellent book integrating your scientific knowledge with your clinical experience over the years. A book is a lot of work. What motivated you?

A: The autism field is very controversial, there is a lot of infighting among professionals and there is a lot of conflict in the interactions between parents and clinicians. I found that when talking to parents, especially when giving them the diagnosis, when I would quote scientific studies it would not be very convincing for them. But when I told stories and anecdotes it would be more convincing; it seemed to me a more effective way. I wanted to write evidence-based narratives quoting the science but in a way that was compelling and meaningful. I took a sabbatical and wrote it while staying at home. I had a lot of help from friends and colleagues. It is an interesting process because writing that kind of book uses a different internal voice, you have to get in a different mindset, you cannot use a voice that you use for scientific papers. I could not write a scientific paper during the period of time I was focused on writing the book.

Q: In your preface you write: 'The goal of this book, therefore, is to supply the imagination that goes along with the science. It takes a feat of imagination to leap across the boundary of our mind to the mind of the child with autism'. Therefore you see the imagination and science as complementary rather than in opposition?

A: I think they are definitely complementary – science is to a large extent telling a story – you assemble findings and make a coherent story out of it. It takes imagination and skill. Similarly if you are a painter or a writer you need talent but you also need skills. As far as I am concerned there is very little difference between the scientist and the artist. I wrote a paper on the art of applying evidence-based medicine where I make similar points. The art is in the application of the findings to the patient, the science is the generation of the evidence of the highest quality possible.

Q: That can be a segue into your other passion: evidence-based medicine. You were the former editor of the journal *Evidence-Based Mental Health*. With all the information and journals, it is hard to keep up. How do you keep yourself updated and how do you make sense of it?

A: I only read one journal, *Evidence-Based Mental Health*, a secondary journal that selects articles that are of the highest quality and relevance. If there is any article that is worthwhile reading it will come out in this journal. It's a great way to manage your information. Otherwise if a patient

presents with an issue I do not know anything about, I will surf the net and read up on that topic.

Q: I know that you are very passionate about teaching. You have received several awards from CACAP and others acknowledging your excellence as a teacher.

A: As I said I was heavily influenced by David Taylor. For him giving a lecture is like theatre – i.e. telling a story, weaving a narrative. Other than that, my passion for teaching comes from my necessity to share, and the gratification I get when I see eyes light up in my audience. I enjoy sharing the excitement of scientific curiosity as well as sharing my skepticism around controversial issues. It is highly rewarding for me to teach in this manner and would be the last thing I would give up in my academic life.

Q: You are married and have three daughters. How do you balance work and family life?

A: It is a real challenge for any kind of family in academic life – there is no doubt about it, academic life requires sacrifices. The only advice I can give is to think about it as a developmentalist – in a relationship there is a time for change and what may seem an unfair balance for one partner today needs to be balanced later on at some other point in the future i.e. a process of negotiated sacrifice over time-as long as you are upfront about it and do it together. You have to have a willing partner and you yourself have to be willing to give something up in the process as well.

Q: How has your own parenting experience played a role in this?

A: My kids have taught me to never be smug or self-satisfied or think that I know all the answers. My wife has taught me not to take myself too seriously.

Q: I see that you have a cross-appointment in pediatrics. What are your feelings about the current relationship between child psychiatry and pediatrics? Why are they at times antagonistic? How could we benefit from each other?

A: I think it is only antagonistic when we do not sit down and have a conversation based on a premise of mutual respect. I remember times in the old days when child psychiatrists were expected to take all the difficult cases. Alternatively I also remember times when we expected pediatricians to accept our limited views i.e. it's the mother rather than something wrong with the child. If you have an arena for interaction such as rounds, or being on committees with pediatricians, these difficulties disappear. Also role modeling good relationships has to be practiced at the highest level for it to be effective.

Q: Will genetics put child psychiatrists out of business?

A: On the contrary. Genetics will become more and more important to our clinical work. There are huge issues related

to diagnostic testing, biomarkers and counseling where the skills of psychiatrists will be called upon.

Q: I see in your CV that you have an affiliation with the linguistics department. Why the interest in linguistics and in literature? In your book you skillfully integrate poets (Wallace Stevens, Rilke) and philosophers (Wittgenstein). Why is this relevant to child psychiatrists?

A: I have an affiliation with the linguistics department because autism is a disorder of communication via language and the relationship between the two is at the core of autism. Also I think interdisciplinarity is important in another way – the days of the lone ranger scientist are a thing of the past. Of course by interdisciplinarity I include the humanities not just the so-called hard sciences. We are all in the business of generating knowledge – the science of the next decade will be molecular biology and the humanities. We, as clinician scientists, have to traverse those fields.

Q: Why do you think that everyone is so interested, I mean culturally, in autism now?

A: When I joined the faculty at McMaster, the psychiatrists said there were no kids with autism, they were too rare. Then I said, send me all the cases you do not understand and lo and behold those kids had autism spectrum disorder. People had a stereotype in the early 80s of what autism was.

Q: In the history of autism in your book you state how Leo Kanner in his seminal paper in the 1940s initially proposed a genetic mechanism for autism, then Bruno Bettelheim railroaded this into a psychoanalytic perspective and coined that terrible phrase “refrigerator mothers” as the cause of autism. How do we guard ourselves against making similar mistakes?

A: We are not perfect either and we are blinded by our current context. We have to keep in mind the lessons of EB health care and be skeptical without being paralyzed,

recognize that our knowledge is incomplete. Above all we have to share the knowledge and the uncertainty with parents – the days of us knowing what to do are over.

Q: At one point you were commissioned by the Ontario government to provide evidence-based guidelines on intervention. After an extensive review of the literature and a massive report, it was shelved. Can you tell us about the process and your feelings about it?

A: I do not regret it. I think it is important for clinician scientists to interact with policy makers and the autism field is a great arena for this. Policy makers are constrained by other factors than just the evidence. You cannot avoid this and just be satisfied with publishing papers in academic journals. The policy work is relevant to child psychiatry in particular because our relationship with schools and parents is so much closer than adult psychiatry or other fields of medicine.

Q: Any patient or encounter that was a seminal or a turning point for you in your life or in your career?

A: Yes there was a child in the early 80s. I could not understand what was wrong with him; he came with a diagnosis of OCD but I still could not figure him out. Then a resident brought me the paper by Lorna Wing on Asperger’s syndrome and I had an epiphany - a realization that autism could look very different than our DSM-3 stereotype.

Q: Any closing remarks – wishes for the future?

A: My advisor in medical school, Nahum Spinner, encouraged me to follow my passions. You have to do what you are passionate about otherwise it’s a long hard road.

Thanks to Dr. Klaus Minde, who suggested Dr. Szatmari’s name to me.