An otherwise run-of-the-mill day was brightened considerably when I received the call from GROUP asking if I would be willing to interview Max Day for the biography section of the journal. Max has long been an inspiration to Boston group psychotherapists. He is an analyst who not only treats very ill patients in groups but also speaks of his patients in everyday terms like suffering, anguish and love. Furthermore, unlike many previous interviewers who did not have a personal relationship with the people they were interviewing, I have known Max for many years. Indeed, for the past several years he and I have been colleagues at the Massachusetts General Hospital. I couldn't think of a better person to be honored by inclusion in the biography series.
Max had a somewhat different response when I called him: "I must be getting old!" But he agreed to the idea, and we decided the informality of a dinner at my home would set the stage for the interview.

Max and his wife, Elly, arrived for the meal dressed casually. Max's checked shirt befit the informality of the man. His refusal to partake of wine with the meal ("not until after the interview") bespoke the seriousness of the man about his profession.

We had sat in my living room before, but this time was different. As I anticipated asking him about his life and his thoughts about group therapy, it occurred to me that we had never really had this conversation. At the Massachusetts General, Max is esteemed by the residents, though they are often befuddled at first by his lack of pretense and his unwillingness to play the scholar. Rather, he sounds disarmingly like a normal fellow as he discusses cases and teaches psychoanalytic theory. Over time different instances of his kindness to various residents above and beyond the call of duty have become known, and Max has become the listening post as well as the teacher. His integrity and his compassion have come to mean as much to the residents as his knowledge, and gradually the students come to understand that the medium is the message—unless one is willing to become truly involved with one's patients (or one's students, or friends), psychotherapy is not the right business.

Max entered psychiatry with a vision. "The only reason I came to Boston, and Boston State Hospital, was to earn money to become an analyst. I had gone to medical school only to be an analyst. That's all I was interested in. But in the course of doing this, a tubby little man, Elvin Semrad, said, 'You have got to run two therapy groups for psychotic patients.' I asked him, 'What am I supposed to do?' He replied, 'You sit with two groups of 15 psychotics apiece, twice a week. You listen to them and after a while you figure out what's happening with them.' And that's how we did it."

Thus it was that Max made contact with Semrad, a man who would become a mentor and formative influence far beyond the mere four years (1948–1952) that Max studied with him at the infamous Boston State Hospital. "Boston State had fallen below the pits, for political reasons, even before the Second World War. It was a total, absolute mess, worse than the state hospitals that have been exposed in the national press. It had no way to go but up, and it was blessed by two fine people, Semrad and Walter E. Barton, a good administrator. Barton gave Semrad free rein as clinical director. Semrad instituted a very humane approach to patients, trying to understand the human being, whether individually or in a group. Individual therapy and group therapy were given equal time, so we didn't have to sneak off and discuss groups on the side. They were on an equal level—both were inferior! (laughter) Everybody knew you couldn't do any of this stuff! Seriously, Semrad led by example. He was willing to accept everyone's criticism, disagreement and hatred. He demanded 200%, and he gave that much. But he got people to do a very hard thing—to work with chronically sick patients. For example, he had something called the N Building Project. They split the building population in half. One half consisted of neglected, chronic patients who got only group therapy. The other half consisted of neglected chronic patients who didn't get group therapy. It was as good as anything, because otherwise the women got nothing. The people who got group therapy were divided into four groups, and four young doc's ran them. They would bring in their material, compare it, and try to understand what they were doing. Semrad encouraged us all. He worked to get us jobs; he pushed us to go out and teach about group therapy. He encouraged us to write about group therapy; sometimes our papers were authored by three or four of us at a time. When the paper was written, we would decide who had contributed the most and