

T. Berry Brazelton

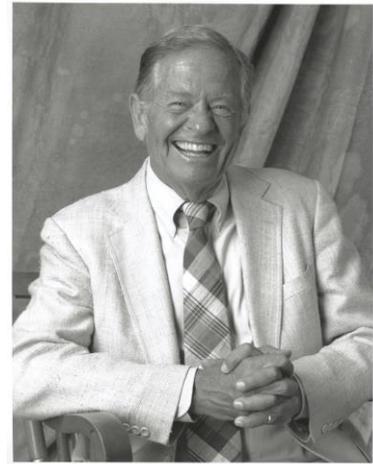
- Born 5/10/1918 in Waco, Texas
- Spouse – Chrissie Brazelton
- AB (1940) Princeton University, MD (1943) Columbia University

Major Employment:

- Brazelton Touchpoints Center, Child Development Unit, Children's Hospital, Boston – 1992-Present, Founder, Director
- Children's Hospital, Boston – 1971-Present, Senior Associate in Medicine

Major Areas of Work:

- Developmental processes in normal and at-risk infants, assessment of neonatal behavior, intervention with at-risk infants (premature and small for gestational age infants), development of early mother-infant interaction, cross-cultural studies of infant behavior



SRCD Affiliation:

- Member since 1969

SRCD ORAL HISTORY INTERVIEW

T. Berry Brazelton

Interviewed by unidentified lab assistant
April 2, 1996

I guess we will start right at the very beginning in Texas, Berry. I'm assuming that's your birth place.

Brazelton: Yes, Waco, Texas.

Tell me about that.

Brazelton: Well in 1918, when my father was away at war. He didn't know me till I was about 9 months-old and I always felt that sort of shaped him as a father. He was a big athlete at Princeton University where he went to school, an Olympic diver and four letter man so he was a great macho type and so when I came along and then when my brother came along we were both very sensitive little boys and not at all the kinds of kids I think he would have liked.

Were you the oldest?

Brazelton: I was the oldest and my brother was 2 1/2 years younger. My brother was very artistic and was later a very famous antique dealer. We were a very privileged family. My mother's family was one of the oldest families in Texas and we still have the land which she left me which we're the seventh generation on. In Texas that's a lot. Her family was bankers and farmers and my father's family, my father's father was a very wealthy man, one of the wealthiest at the time. Later he lost all of that and I had to go to work to pay for medical school so that's the best thing that's ever happened to me. Because I grew up with all this privilege, but then I had to prove it somehow myself.

How was that, what did it do to stimulate you?

Brazelton: The privilege I think is what set a firm base that I could work from but needing...I felt very good about having put myself through medical school.

Were you surprised by this change in financial circumstances?

Brazelton: Yes, and challenged; I certainly was ready for it. My father died when I was 18, he was very young when he died, he was 49. Mother was left having to, as a single parent having to make enough money for us to survive on so it was a real pleasure to get in and help her. I went to Princeton, had sort of had my roots going there and knew exactly what I wanted to do. I've known forever what I wanted to do.

Tell me about the starting time. How did that begin, what was the defining moment?

Brazelton: Well, I think when my brother was born. I was always so jealous of him because he was this thin little boy that just wooed everybody and my mother spent an hour or two at every meal trying to get him to eat. I was aware that this wasn't just an eating problem, it was that they were really locked in this sort of symbiotic relationship and I can remember when I was five questioning, "why would a mother spend all that time with a child trying to get him to eat when it would be so easy to let the child eat themselves?"

Were you jealous?

Brazelton: Unconsciously I was very jealous, and I couldn't understand why she was so determined and would ignore him in the process. I could even see it when I was five that this was ignoring his side. I think that was really when I knew what kind of pediatrician I wanted to be. Then when I was nine, by then I knew I wanted to be a pediatrician; I've known that from the start. I took care of all of my nine cousins every occasion at my grandmother's house in Waco and my grandmother was a French lady. She was a descendent of the Duc de Berry and she was transplanted in Texas because they didn't have any money and her father wanted his four daughters to marry rich men so he just sent her to Texas to marry my grandfather. They'd never met. My grandfather lost two wives in childbirth by that time so she was blessing to him because he had three kids she had to take care of. She ended up having six more, so she was a wonderful lady. She couldn't speak English very well, but she was wonderful and used to drive around in her own black Cadillac. She'd come and pick us up at school and we'd think, oh Lord, this is awful; we are going to get rocks thrown at us tomorrow!

What were you like, were you in public school?

Brazelton: Yeah, I was in public school and finished when I was 15; I sailed through school. There were about six of us who sailed through together, and so I was really ready for college.

Did you go at 16?

Brazelton: No, I didn't have any pubic hair. I couldn't go; I had to wait until I grew up! They sent me away to prep school in Virginia.

For a couple of years?

Brazelton: For two years and that's when I really got a feeling about being autonomous. I never really had anything like that and I still go back to Waco and blend right in with the same old group of people that I grew up with; and I still get that same feeling of not being adequate, incompetent. So I know it was a relief to get away to school, and I flourished a little.

So you sort of feel that you flowed right into life on the East Coast?

Brazelton: Yes, and I suppose I never intended to go back, but you know I knew at nine that I wanted to work with kids. I'd learned how with these younger cousins and even then I was watching them to see what they were trying to say and what they were trying to do.

So you were pretty manifested on that track and never deviated?

Brazelton: No, and I went to Columbia Medical School. I did go back to Texas for a year because my father had wanted me to, but it was so disappointing intellectually so I came back to New York.

Did you serve in the military at all?

Brazelton: I was in the navy right at the end of the Atlantic war and I was the only doctor for six DE's, (destroyer escorts) and about 50 Liberty ships and went back and forth to Europe and I had to go back and forth by breeches buoy from one ship to another and that was very exciting.

Because you served that was an interruption in your pursuit of pediatrics?

Brazelton: Yes.

You were already in medical school?

Brazelton: I'd already finished.

Finished medical school?

Brazelton: Yea and an internship but I wasn't prepared for anything in the navy.

What do you mean?

Brazelton: Well, I hadn't done any surgery and of course everything I did was surgical, amputate, suture legs that had been blown up in the Atlantic and I had to do appendectomies. I had to do all sorts of things in the middle of the ocean and hadn't any idea what I was doing, I just went by a book, a book of surgery that I took with me. It was a very disturbing time.

Two years serve?

Brazelton: I was there about a year and a half and then they offered me a chance to get out or go the Pacific and it wasn't any choice for me.

You got right out?

Brazelton: I got right out and then I got an internship here at Massachusetts General which I never would have gotten if I had been in a competitive situation, my grades in medical school were terrible. I had such a great time in New York. I use to run around with all the debutantes and everybody in New York on no money what so ever. We learned how to make it in nightclubs by letting them take our picture and they wouldn't charge us. But I had a wonderful time in medical school, hated the medical part of it but I had a wonderful time. I was very lucky to get into the MGH up here.

Do you remember who you were most inspired by at Mass. General?

Brazelton: Alan Butler. He was our professor and he was a very avant-garde thinker. I have never been around anybody who was so avant-garde; he really was a real socialist. He foresaw what we needed to do about socialized medicine way back in the late 40's and 50's.

How did that manifest itself?

Brazelton: He was so excited about what he was doing. He was excited about helping people, he was excited about being a thinker and he predicted 25-years before what we'd do in the way of medicine and actually now it is 50 years and he really what we needed to do was just to have universal medical coverage.

Was he not in pediatrics?

Brazelton: He was a pediatrician, but he was a brilliant man, the most brilliant man I've ever been around I think.

Was he a mentor for you?

Brazelton: No, we never were that close. I developed mentors later on when I finished my residency at Children's Hospital in Boston; by that time I'd met Charlie Janeway who was a professor there and he was my mentor.

We should go back a few years. Your college years were from...

Brazelton: I finished in 1940 and then I went to medical school and finished in '43 after which I served for a short time and it was '45 when I finally got up here, '45-'46. In 1946 so then I had a year at Mass. General and two years at Children's Hospital and finished my chief residency out there in '48 and then I went into child psychiatry. Finally learning about children and about parents.

Was that another residency?

Brazelton: Yes, another fellowship.

At Children's?

Brazelton: No it was partly at Mass. General but partly at Putnam Children's Center which is a center that no longer exists but at that point it was a psychoanalytic training center for psychoanalysts and they took me on as a pediatrician and let me learn what I learned about child development.

Did you think that you wanted to be a child psychiatrist at that point?

Brazelton: It came up because I got into analysis and in my analysis I was caught between wanting to be either a child psychiatrist or a pediatrician but it was very clear to me that I didn't want to be a psychiatrist alone.

When you say it came up, it came up as an interest of yours that you thought you might pursue?

Brazelton: In my analysis there was this division between the psychological and physical because pediatrics was physical disease and psychiatry was mental disease. It was a split.

So that was your root into child development?

Brazelton: It was really the start of it and I always say that the only thing about it was that it was another deficit model, I'd learned all this deficit model in medical school and then in pediatric training but I never learned to look at people strengths or the excitement they felt about their children's development and when I got into child psychiatry it wasn't there again.

Were you actually on the trail of a positive model by then, you were seeing the full range of deficit models was not there.

Brazelton: I felt we were missing the boat, just as I think we were not really relating to who they were, we were seeing all the things that were wrong with them and supporting them for those but we weren't turning it around and saying but look at what you are doing, isn't that exciting. I think that's what drove me back into pediatrics that thought that psychiatry was really too involved with people's deficit behaviors and I didn't really like that part of it even then.

But this is a pretty guiding theme of your work, right in this spot.

Brazelton: Well it really has and I think it goes back to my mother who was a very intense, driving lady. Who really wanted to do good. She started the first abortion clinic in Texas. She stuck her neck out. The Ku Klux Klan would burn a cross above our house every Friday night and was a very positive lady in spite of what she did to my brother.

Where you close to them?

Brazelton: Yea, very close to both my grandmother and my mother. I've always been dominated by powerful women, still am, biological.

Do you recall anything from your years at Princeton that was defining, any events or people in particular?

Brazelton: Well even in prep school, preparatory school, I got medals for intellect but I didn't get any for physical prowess for athletics like my father would like. So I was always fighting battles.

Were you trying for those?

Brazelton: Yea, I couldn't do that. So I always felt like I was a disappointment to him and to myself. Then I got to Princeton and somehow that all began to evaporate. I began to have a wonderful social time by that time I had grown up a certain amount and I played in the Triangle Club there was a theatrical club and I could sing and dance, I looked good on the stage. I had a wonderful time, just wonderful time. I was even on the undergraduate council.

Were you tempted away from medicine at all by the stage?

Brazelton: By the stage I was, Joshua Logan he was a big director on Broadway offered me a junior lead with Ethel Merman in Panama Hattie and I was dying to do it. I still wonder what it would have been if I had done it. But I knew I had to go onto medical school, my family was the one that said no way. But I've always longed for that kind of high life.

You never did any vocational theater, or...?

Brazelton: I did it a lot. I did it in medical school and then when I got up here to Cambridge I use to sing in all of the kids things that were musicals.

Did you keep up with that?

Brazelton: No but I use to sing in the symphony chorus here and in other choruses.

Do you think the war and maybe even the depression left an influence?

Brazelton: Well the depression certainly did because that's what wrecked my father's business and grandfather's business. We really had a pretty tough time after he died just surviving.

Was your father a farmer or rancher or...?

Brazelton: No he was a business man, it was a lumber business. My uncle, a very dashing man drank up a million dollars in one year and that just sunk the business. So the depression had a lot to do with my life but in a way it acted as a challenge. I didn't get bogged down in it. Then the war, yea I had to face a lot of stuff that later I worked out in analysis about my identity and what I wanted to do. I wanted to do it myself. So it was a time of real turmoil.

Did you meet Chrissie in New York?

Brazelton: No, I was in love with a girl in New York, I tried to marry her but it turned out she was already engaged to a man in the Pacific so when she told me that I didn't meet Chrissie till up here in '49.

So you were into your second residency?

Brazelton: I was already started in child psychiatry. Then I met her and asked her to marry me after the second date and she said yes!

Let's step back a little bit, what do you think that being in child development was your riveting features what really grabbed you in?

Brazelton: The one thing I remember in medical school was Dr. Laeb who stood us at the end of a bed and made us watch a patient for 15-minutes and asked us questions and we had to do an Agatha Christie. How old was he, what was he there for, was he getting better, is he married, what did he do for a living?

Just on his observed behavior.

Brazelton: Just by observing, and you could do all of that. I thought at the time, isn't this exciting. So I think all the way through my medical training I was really taken with observation and how much you could tell from people's behavior. Questions that you had on your mind, deeper questions about what was going on with them.

Is observation unusual in medicine or in medical school?

Brazelton: Yes.

Nobody ever approach you except this one?

Brazelton: No. The other thing that I was stood out for I think at Mass. General Child's was that I was so interested in the adjustments, kids were making these adjustments and parents were making these adjustments. So I got a lot of credit for that, nurses would always call me when they had a child that was in distress or the parents were in distress and so to that extent I think I was getting a lot of feedback from my peers and from people who knew me that behavior and psychological pediatrics was really important. I was also aware of Dr. Spock and Julius Richmond and those two were sort of mentors for me, later on. Dr. Winnicott in England was another.

Did you meet them?

Brazelton: Not Dr. Winnicott. I knew Richmond and Spock.

It seems to me that from what you said the years in the navy plus the early, early parts of your residency were places where foundations of your Brazelton scale, that there was a way that you looked at pediatrics that you hadn't seen before.

Brazelton: You had to fight for it because people were really oriented toward the physical disorders. I was a fighter for the psychological as well so I got some pleasure out of fighting for that.

Were you alone in that fight? Were there others who thought that...?

Brazelton: More or less, when I got out to the psychoanalytic training center I had lots of peers, lots of people that were mentors and so forth. In pediatrics it was pretty new to espouse behavioral pediatrics which I did in 1951. But I loved the fight and then what really lead to the scale was something that was going on in the early 50's that's been going on till now, the misuse Mary Ainsworth's concepts was leading us right back to it. Margaret Mead said when you get old you seem to go around in a full cycle. In the 50's we were blaming parents for everything that went wrong with their kids and I was working in the center where they had autistic children and children with lots of developmental causes and I could see that the

child was really making a contribution to this and nobody gave the parents credit for what they were struggling with, they just blamed them and treated them year after year with psychoanalytical treatment and I could see that was not working. So about 55' I was determined to find out what the baby contributed to this failure and I knew there was something there and so I started to go back to infancy and that really dominated my research from then on.

Let's talk about your research in the 50's. So what were your initial efforts?

Brazelton: Well actually the first paper I ever wrote was about rheumatic fever and how we put kids to bed for two and three years and so the emotional aspects of being in bed for two or three years was the first paper I ever published and I got a certain amount of recognition for that. Then from my practice because I had to go into practice I didn't want to, I wanted to do research but because I was married and we were having children right and left I had to get out and make a living and so I published the next papers on sucking and early toilet training and on crying which are classic papers for pediatricians because I collected data from my patients...

This is private practice?

Brazelton: All private practice.

When did you go into private practice?

Brazelton: That would be 1951.

Were you affiliated with Children's and Mass. General?

Brazelton: Well I was affiliated with Mass. General, there was a post military center up here for taking care of Harvard students who had been in the military but now are here and we took care of their families for them. I got my start there; I wanted a place to start because I got all this chance to work with other pediatricians and see what they were doing and learn a lot of practical stuff from them.

It seems to me that around that time was the beginning of the polio epidemic? Were there any defining moments that you can remember... did you treat families with polio?

Brazelton: Yea, I can remember when we first got the polio vaccine, what a wonderful step! Kids would come into my office get their shots and I couldn't find any of them I had to pull out this tunnel that I kept in my office for them to play in and there would be about 30 kids stacked up hiding....

I remember so well when this epidemic hit... the strengths of your research at that time and the contributions that came from it, how would you define them? What started the whole decade of the 50's for example?

Brazelton: Well, I really was beginning to look for ways to identify the behaviors that I was seeing in babies and was aware of my own inadequacy as a researcher and yet I was collecting data. My patient's use to bring me a little nugget, every time they came in they would give me something.

Why did feel your skills as a researcher inadequate?

Brazelton: I didn't know anything about research at all; I'd never been trained in it at all. All of my work then was clinical; I was just taking clinical observations and putting them into research papers. Fortunately they paid off.

Anecdotal ones?

Brazelton: A lot of that and a lot of just paying attention to certain things in their child's development and getting the patients to pay attention with me, sharing it with them. You know were finding out a lot of

developmental stuff. My NBAS really came to fruition when I got a chance to do cross cultural work. In about '65 I got the chance to go to the Mayan Indians in Southern Mexico. It started with one of my patient's Bob Gardner and Michael Rockfeller and they were going to New Guinea and they asked me if I wanted to go with them.

Are these physicians?

Brazelton: No, Bob Gardner is a film maker and Michael Rockfeller was a film maker.

They were friends?

Brazelton: Hum, they were very good friends. Bob Gardner was Chrissie's cousin, and so they asked me if I wanted to go and I said sure I'd love to go and then it turned out that I would have to go at least a year or two and I couldn't afford to. We were living off me, and I can remember the night they said, "Well doesn't your wife have an income of her own" and I said, "No she did not". Chrissie turned to me and she said, "See, you are out of your league with this group, get back!" Bob was Isabella Gardner's nephew, so they were that family. So then I got a chance to go to Mexico with Evan Vogt from Harvard Anthropology.

But you go to go anyways....

Brazelton: No Margaret Mead said don't go, you aren't going to see any patient's.

You know Margaret Mead?

Brazelton: Yea, I did; I took care of her grandchild. Her daughter is a famous researcher herself.

So here we are you are trying to make some kind of decision about going to New Guinea, no I'm sorry to Mexico?

Brazelton: Yea, I went to Mexico and studied the Mayan Indians for about five years off and on with Evan Vogt.

So you finally did go, despite your friends who went off without you?

Brazelton: They went off to New Guinea but I went down to Mexico and I had a wonderful time down there. It was just marvelous. I use to take the family down and we use to live in this little village. I learned so much about our culture, about theirs. You know the chance to learn about theirs was based on giving on your own culture and this is what is so hard. It took the first year or two to really understand what they were doing.

What were the circumstances of working there? Were you in association with a study group or were you...?

Brazelton: I could go for a month in the summer as my vacation and study these babies and then come back and go through the next year. So it was a wonderful, wonderful experience.

What were you looking at?

Brazelton: Newborn babies. I really started my newborn assessment scale and really got first credit for it because Philip Sapir who was the head of the Grant Foundation was down there one day and I showed him a newborn baby. His eyes opened and he said, "What are you doing to get that baby to do these things?" I said, "Just working with him." He said, "How miraculous, aren't you going to study that?" He said, "I'll fund you if you want to."

Just like that...

Brazelton: Just like that, so he really started me to look at it systematically. Then I began to get other researchers into it with me. Frances Horowitz, Dan Friedman in Chicago and Arnie Sameroff.

Had there been no attention at this point to study this infant behavior per say?

Brazelton: Well, yes there was some but not anything really revealing. We still didn't think babies could see or hear. Nobody was systematically looking for their behavior. The only thing in place for the newborn was the Apgar and so this was a break through. Then Jerry Bruner here at Harvard came down to me and asked me to come over and work with him and in exchange I taught him about newborns and he taught me how to become a researcher. He really helped me bring the newborn assessment to fruition. He certainly provided me the opportunity to start face to face research in newborn response.

Were you teaching at Harvard at this point?

Brazelton: Not really, I wasn't full time. That's then I really got the model that I had been looking for when I was working with a group at the Center for Cognitive studies because they looked at behavior and child development in such a positive way, it was so exciting and that's when I knew this was what I wanted to do and so Jerry Bruner really was a very important mentor for me. He got me into SRCD I met all of the greats, and all the people that I'd admired from a distance so I was really on my way by that time.

Are we still in the mid 60's?

Brazelton: This is the late 60's. And then he gave me the courage to go over the Children's Hospital full time Jerry Bruner did. He and Chrissie one night were discussing this opportunity, I had to go over there and change the atmosphere of the hospital to a family oriented hospital and I didn't see how I could do it. Jerry turned to Chrissie and he said, he isn't a big boy yet is he! He was probably right! So I was starting over there in about 1970.

At this point were you still in private practice?

Brazelton: I was. I kept practicing in Cambridge because I needed to make money and went over to Children's Hospital to change the atmosphere of the hospital into a family oriented place. Then gradually had a chance to see that I wanted to do more teaching and Margaret Mahoney really supported that.

What kind of appointment did you get at Children's, was it staff?

Brazelton: It was the lowest on the totem pole. I didn't get to be a full professor until I was 65-years- old, so I really had to struggle my way up. I got Ed Tronick to come back with me and we started a fellowship and I got some money from Margaret Mahoney at Carnegie.

Had Ed been a student?

Brazelton: Ed had been at Bruner's with me. We were both there at the same time.

Now that Jerry Bruner had taught you research, strategies and habits did it all go smooth as silk or were there some long lapses, some deficits in your own attempts?

Brazelton: I feel so lucky that it's hard for me to remember the struggle. There were certainly struggles. Nobody thought my research was worth a damn. My Neonatal assessment was too complicated, nobody could do it but me and it didn't predict anything. There were so many criticisms in the beginning. It didn't matter to me, I knew it was a clinical assessment and it would work for clinicians.

They were looking science....

Brazelton: They couldn't understand it. When I got into the face to face work which was aimed at early attachment of parents and babies, nobody really could buy that either. So I had to struggle for several years

and Jerry Bruner was a help. He provided me the chance to prove it all. I met Colwyn Trevalthen was there and he was very much on our wavelength. I met Dan Stern and he was studying the same things. It made sense clinically. I really knew I was on to something.

My research had been so clinical and so, you know soft. They were very soft observation material into a paragon of research that was approached by systems. If you think about the research paradigms they are all stimulus response paradigm. They are not looking at systems. I could see that the mother and the baby were a system interacting with each other and the rhythm between them, the imitation between them was clinical. You could try to find others in this area but it was hard to do.

Within those relationships what specific things you mentioned suckling and sleep, what other riveting kinds of things did emerge as part of your research?

Brazelton: Well even before I got the Bruner's I was looking at the mother/child relationship, the father/child relationship and I was beginning to write my first book, *Infants and Mothers*, I wrote that at the end of the 60's. That was about temperament and how that affected the parent/child relationship. So" was into a lot of that it really didn't have much to do with research, had more to do with what I was learning from my patients. Most of my books have been not research. I'm not really a researcher; I'm a clinician but not a researcher.

One of the questions that the SRCD asks here is for you to reflect on your research funding apparatus over the years. Starting with you first offer of support in from the Grant Foundation, what happen from there, that was the first. What else came along to support your work in terms of funding?

Brazelton: I really started the training at Children's Hospital in pediatric training and research that we were doing there on mother and father interaction because of Margaret Mahoney at Carnegie. She asked me to come down and consult with her about nurse training. They were offering child development to pediatric nurse practitioners.

In the 60's?

Brazelton: This was the early 70's and I said oh, I wish pediatricians were getting this kind of training, child development training.

Tell me the nature of the training.

Brazelton: Well she was trying to set it up for nurses to learn about child development, as required. They were taught to work with parent/infant interaction. By that time some of my work had already begun to hit the fan and so she was aware of me and she got me down there. I said that pediatricians needed to be trained in child development as well. She said well why don't you go to work and do it. I said great so she gave me enough funding for ten years to really do what I needed to do which was to train pediatricians in child development.

That was the start of child development for pediatricians.

Brazelton: It was like a bonanza it just came out of the blue. I always fought for some money from the government but I wasn't very competitive because I wasn't a researcher and it was more trouble than it was worth. I always sort of relied on foundations Carnegie, Johnson, Mailman now, later on businesses. Everything sort of came indirectly; I never really had to struggle for money. I'm not aware of the funding issues that most people are aware of.

Let's return to Children's for a moment. You said you started at Children's 30 years ago.

Brazelton: Well I first was there in the late 40's.

So Children's in 1969 you were on the staff?

Brazelton: I was on the staff to teach and to try to change the atmosphere of the hospital and then about three or four more years after I had been there I got this opportunity to start Child Development training. All through that time I was training pediatricians and nurse practitioners, psychologists, a couple of psychiatrists I probably had 70 or 80 people finish the training.

In what year, Berry was the child development unit founded?

Brazelton: Well I think it was founded in about 70 or 71.

For the express purpose of...?

Brazelton: I founded the Child Development unit to train pediatricians in child development. I knew nothing about training and adult learning or anything I should have known about but it was so much fun working with them and I talked Ed Tronick into coming over and working with me and later Elizabeth Maury Fox came and worked with me. Along the way we had other researchers Barry Lester, Heidi Als, Lela Beckworth and psychologists working and it was just like a family.

What do you mean when you say training them in child development?

Brazelton: Well I'm trying to give them a whole new perspective on how to look at children, how to work with families, certainly trying to give them a positive model concept of reaching out to people, bringing them into the system and giving them a supportive feeling about their children's development. It was really more of a clinical training than anything else.

Did your research on face to face begin around the same time as the beginning of the unit?

Brazelton: It was a month before that. I really started it over at Jerome Brunner's then I brought it over and worked with it and we used some of the trainees to do some of the research. Suzanne Dixon and Mike Yogman studied the differences between mothers and fathers and strangers and we developed a lot of the stuff that Ed Tronick and I have been doing ever since.

Is the unit considerably different than it was in those early days?

Brazelton: Well it survived. We didn't have any backing at an institution level and they tolerated this at Children's Hospital but I can't say they really supported us. They weren't against it but they just didn't help. It wasn't the kind of thing they were into. They were into disease and that kind of research but not in research about psychological. The psychiatrists over there really didn't understand what we were doing, they were not very interested in infancy and so we still had to fight our own way along the way. Nevertheless, it has been a lot of fun. These 60 people that were trained are all over the country now in pediatric departments. They are doing research and teaching.

The fellowship program in the unit was begun in the 70's, that's when you say they were trained as fellows?

Brazelton: Yeah, and what we trained them on was a very personal model. We trained them to rethink what they were doing and more insight into what they were doing and why they were doing it. Give up some of their old paradigms that they brought from medical school and we really taught them to become thinkers and people who were good clinicians. Even maybe researchers, I think a lot of them are doing research.

They had to unlearn a lot of what medical had given them and had to relearn?

Brazelton: Yes.

Do you recall courses that you specifically taught at Harvard?

Brazelton: Well I always did more demonstration than teaching. I would take students over and show them a baby and let them learn how to evaluate a baby. They examined the baby and then I would teach rounds on the floors but showing them how to look at a baby, the different lines of development, cognitive, motor, emotional developments, and speech and show them how to look at it and value what they saw as data.

What would you say is the toughest spotlight that's been on you in the past four decades? Does it have to do with that focus on families and focusing on supporting families?

Brazelton: Well it wasn't really until I started my television show twelve years ago that I really became what you would call famous. The books were gathering steam all the way along, I wrote for magazines so that got me some visibility and the New York Times more recently. But it was really the television show, What Every Baby Knows that shot me up into the spot light.

Tell me about the television show, how did that....

Brazelton: I remember the day that they came to me and said would I like to do a television show about parents.

Who were they?

Brazelton: It was Tomorrow Entertainment, a group from New York. I don't even know how they got my name. It all started and then we got the group New Screen Concepts to work with us nearly all of them had small children and they all wanted to work with us. It just began to evolve and they listened to me that I didn't want to do anything silly and superficial and they were willing to do in depth, a half hour in depth. We received three Emmy awards and we've been going for twelve years now, the longest running show on cable. So in a way it just fell in our lap.

Now you are in the second round, no not the second, the next of many rounds of shows, how many shows?

Brazelton: We've done 250 shows. That's a lot of shows.

Do you go along on those shoots?

Brazelton: I like to. I feel so lucky it's all sort of come about and I'm sure it had to do with my putting together research and teaching and practice and learning from my patients. This new touch point's model that we're developing in the Child Development evolved from this. I must say there were times when I had these in mind but there were never times when they weren't in my mind but otherwise it has been serendipity.

The show and these two projects and things that have grown out of them really are a testimony of the impact of the things that you have done. Timely.

Brazelton: Yea, they are timely I think they came at the right time and certainly if our Newborn Behavioral Assessment Center works right we will have a major effect on how the 24-hour discharge works and if our Touchpoints works right it will have a major influence on outreach for underserved populations in our new medical system. So it's all in the timing.

If you can review back... so you see movements?

Brazelton: In myself!

No, movement in the field of pediatrics.

Brazelton: In its very beginning I think Harvard has a chair in my name, a T. Berry Brazelton chair in pediatrics. This is a major step toward getting pediatrics to pay attention to child development. We are trying to get a new discipline subspecialty in pediatrics called behavioral pediatrics. If we get that it will be a big step.

What is the next frontier, Berry?

Brazelton: I think to keep things going for families & children.

To change medical education and training...?

Brazelton: Yea, I'd love to change it to become more family friendly, more personalized, more individual, and I'd love to see people aware of the excitement of the child and the excitement of family. I can see it just since I've had my children over the past decade and a half I've seen a lot of changes in the pediatric offices. Just the physical layout, there is room for mom and dad. This is it; I think that by blaming the victim in the past we are really showing them out of the picture.

When did you first join the SRCD?

Brazelton: I think when I was at Bruner's in the late 60's, '68 or 70.

And that was your earliest contact? Describe the first biennial meeting you attended. Do you remember?

Brazelton: I sort of do because I think that's the one where we decided that it was going to be the Brazelton Neonatal Behavioral Assessment Scale. Dan Friedman, who had been working in Chicago, wanted to call it Cambridge Scale. My wife was the one that said no, we will call it the Brazelton Scale so she put her foot down, she is a strong lady. She is responsible for what is now been a very well-known tool. I think so, at least for keeping it personal.

Did you get involved when you first began in the government?

Brazelton: I became president of SRCD after a few years. I was president for a couple of years. On the way up you learn so much about the organization.

So you were a past president of SRCD, did you see changes in this organization that occurred while you were an active member?

Brazelton: Not enough.

First of all what was the original objective?

Brazelton: I think it's to bring infant and child researchers together and it certainly has done that. It's been switching its focus toward systems research and clinical research, Mary Ainsworth was one of my heroes when I joined and I got to know her and I could see that she was more of a clinician than a researcher. She brought this whole clinical aspect of attachment and of parent infant ideas to the field. Psychoanalytic ideas that I had been familiar with so it a very gratifying to see that happen. Unfortunately now it seems to me they are taking her work and making it into a more pejorative type of thing in which you blame the victim all over again for failure, if the child doesn't show that he wants his mother in the proper way then you put him in a category of failure and I hate that idea. I guess it is part of her research, but it certainly doesn't please me.

Do you think that is what has happened now in the present is coming around again?

Brazelton: Right. Instead of looking at what these patterns might tell you about what you could do about the parent interaction that is not working it gets categorized and labeled and not something productive.

One last thing Berry, in the field that you've spent your life on what should be happening now in this field? What should be the goals in child development research?

Brazelton: I'm afraid that I'm so blinded by my own work, by my own directions that I don't really think big and I rarely see what we need in medical, a combination of medicine and child development more than I see the whole field. I think in my own area that we need a positive outreach model that doesn't label people and we need to figure out how to support them to get decent child care, to get decent medical care and decent education and involvement of families in education. So I see all those things but they are really my own model of Touchpoints.

It's coming, you know very rapidly now with Managed Care we are getting away from the old model of training specialist and training generalists and as soon as we do that we are going to have to train people for multiple disciplinary models and that will make it open up a lot. Because other disciplines like nurses and psychologists and therapists training must be approaching these lines of medicine. So I think it's coming.