



# T. Berry Brazelton



## *Biography sketch*

T. Berry Brazelton, whose prolific work with newborn infants and parents inspired researchers, clinicians and parents from around the world, died at his home in Barnstable, Cape Cod on March 13, 2018, a few months short of his 100th birthday. He continued to lecture, write, conduct research and was frequently consulted by the news media on everything from parenting, to work-life balance, right up to the end of his life. HMS Dean George Q. Daley wrote that even in the final year of his life, “Dr. Brazelton still had the spirit, spark, and twinkle in his eye of a master pediatrician. His energy and optimism were an inspiration to me. He will be sorely missed.”

Thomas Berry Brazelton was born in Waco, Texas on May 10th 1918 and seems to have had a natural ability to understand and relate to young children from a very early age. “I knew by the time I was 8 years old I wanted to be a doctor, a pediatrician”, he said in an interview. “I had to take care of 8 cousins every Sunday while my parents were inside, and I had to learn how to get inside these children’s brains in order to handle 8 small children for about 4 hours. So I learned very early on how to do it and learned how exciting it was. My grandmother would come out and say, ”Oh Berry, you’re wonderful with children,” and it was very exciting to get that kind of praise. I knew then I wanted to grow up and be a doctor, a pediatrician”.

He earned his undergraduate degree from Princeton in 1940 and went on to get an M.D. from Columbia in 1943. He remained there for another year as an intern, and then served for a year in the Naval Reserves. In 1945, he moved to Boston to undertake his residency at Massachusetts General Hospital, before beginning pediatric training at Boston Children’s Hospital. He completed an additional residency in Child Psychiatry at the James Jackson Putnam Children’s Center in Roxbury. Brazelton opened his own private pediatric

practice in Cambridge, Massachusetts in 1951 and shortly thereafter received his first appointment as Instructor at Harvard Medical School.

### ***Early Research in Boston***

He subsequently joined Professor Jerome Bruner at the Center for Cognitive Studies at Harvard University. Observing babies and toddlers in this unique laboratory setting confirmed his growing conviction that every child was different from birth and that each child needed a different kind of care and support, all of which challenged the maturational “milestone” or “one-size-fits all” approach to child development which informed pediatric guidance at that time. Given his interest in individual differences in children, not surprisingly, perhaps, Brazelton’s first research study focused on infant crying. The study included a sample of 80 mothers of healthy full-term newborn infants, whom he asked to keep daily records of their infants’ fussing for the first 12 weeks of life. He reported that while there was an average of 2½ hours daily crying in the first 7 weeks, there was a wide range in individual differences in the amount and rate of crying behavior across this period.

Not long after, he presented his ideas on individual differences to a wider audience in his groundbreaking book, *Infants and Mothers: Differences in Development*, the first sentence of which reads, “Normal babies are not all alike”. In this best-selling book, he presented a contrast between the development of the very active, the moderately active and the quiet baby, which led Bruner to remark in the preface that, “Dr. Brazelton has an unflagging sense of human individuality...he invites us to be courteous to the infants, who are our children and he helps us achieve this courtesy by sketching the range of individual expression that infancy can take”. *Infants and Mothers* has sold over one million copies and today is available in 21 languages. It has been followed by many more books, including *Toddlers and Parents* (1974), *On Becoming a Family* (1981), and *Working and Caring* (1984) and a series of books on *Touchpoints*, co-authored with Joshua Sparrow. Brazelton also wrote a syndicated newspaper column and had his own Emmy-award winning program, *What Every Baby Knows*, on cable television, from 1983 until 1995.

### ***First Encounters with Newborns***

When he first began to work in the newborn nursery, Berry Brazelton was struck not just by the limitations of the existing pediatric examination in capturing the full richness of the baby’s behavioral repertoire but also by the negative or deficit-based thrust of these scales. Up to then, the newborn was assumed to be merely operating at a brain-stem level, so that newborn assessment tools used by most pediatricians at that time reflected these assumptions and focused exclusively on the assessment of the so-called “primitive reflexes” and “postural reactions” in order to identify various disorders. It was Brazelton’s belief that each individual infant was unique that prompted him to begin the quest for a scale that could do justice to the newborn’s competencies, on the one hand, and could describe the full range of individual differences in newborns, on the other. Based on his experience at Bruner’s laboratory, Brazelton began to integrate developmental theory and neurological principles into his understanding of newborn behavior and development and went on to develop the Neonatal Behavioral Assessment Scale

(NBAS). “I thought if I could assess these babies early ... we could use this in understanding the child more and give the parents a better chance of understanding the child, too”, he wrote.

### ***The Neonatal Behavioral Assessment Scale***

In 1973, the first edition of the NBAS was published by Spastics International Medical Publications. In the preface of that monograph Ronald MacKeith and Martin Bax were prescient when they wrote that they were “happy to predict that people will be using and working with the NBAS for many years to come.” Never conceptualized as an objective assessment in the classic psychometric or medical diagnostic tradition, with an emphasis on pass/fail criteria, the NBAS is based on a broader appreciation of the complexity of newborn behavior, including the newborn’s motor and social interactive capacities. Because it is sensitive to even subtle environmental effects, the NBAS has been used in numerous studies to demonstrate that newborn behavior and development can be affected by many variables including intrauterine growth restriction; low birthweight; prematurity; prenatal exposure to cocaine, alcohol, caffeine, and environmental polychlorinated biphenyls (PCBs); as well as different modes of delivery and medications associated with them. In addition, a large number of studies have used the NBAS in different cultural settings, revealing inter-group differences in newborn behaviors.

The NBAS has played a major role in expanding the understanding of the phenomenology of newborn behavior among researchers and clinicians alike and has, in turn, stimulated the development of a number of scales with different populations and in different settings. Heidelise Als and her colleagues used the concepts of the NBAS to develop the Assessment of Preterm Infants’ Behavior, while Barry Lester and Edward Tronick used the NBAS as the basis for the NICU Network Neurobehavioral Assessment Scale. Constance Keefer developed the combined Physical and Behavioral Neonatal Examination, while the Newborn Behavioral Observations (NBO) system also comes from this tradition and was developed by Nugent and colleagues as a relationship-building instrument, designed to support the parent-infant relationship.

### ***“Mother-blaming”***

While Berry Brazelton’s work with the NBAS reflected a deep appreciation of and respect for the baby as a unique individual, he called for an equally respectful stance towards parents. Brazelton realized that the pathological, deficit-based thrust of his medical training left him ill prepared to work with the parents who came to his office, concerned about their baby’s crying or sleep or feeding difficulties. Moreover, the “mother-blaming” of existing approaches to child guidance ran counter to his natural sympathetic stance towards parents and his awareness of how much energy, passion and wisdom parents bring to the task of parenting. “People assumed babies were all the same and we were blaming parents for everything that went wrong with babies”, he said. He wanted to help doctors and parents understand each other better and to break down the barriers between doctors, patients and the public at large, and he encouraged parents to look within themselves for answers to their parenting challenges. He maintained that “the most important thing we’ve learned from working with the Newborn Behavioral Assessment Scale is showing parents how to watch their baby for the cues that will help them understand what kind

of baby they have”.

### ***A Master Teacher***

Berry Brazelton was one of the earliest figures in medicine to build a bridge between the sometimes-arcane world of clinical practice and the general public. The appeal of his work was that complex ideas were expressed with brilliant simplicity—he had the rare combination of gifts of researcher and clinician as well as teacher and communicator. It was his capacity to translate theory and research into accessible language without diminishing its complexity or soft-peddalling its urgency that made him so popular with parents and made him a household name in North America and beyond. It also made him a powerfully effective advocate for health care reform and a champion of parents’ rights.

### ***Pediatric Training***

“I still feel that our medical education is not preparing people for what they do. It’s preparing them for a deficit model. We’re very good at identifying everything that’s wrong with anybody, but we don’t have any idea about what’s going on in them or what’s right about them”, he argued in the American Academy of Pediatrics Oral History Project. Combining his interests in primary care pediatrics and child psychiatry, in 1972 he set up one of the first training programs for pediatricians in Child Development at the Child Development Unit at Boston Children’s Hospital. Here pediatricians had the opportunity to conduct research on child development, while training for clinical work with parents and children. He went on to play a pivotal role in the establishment of Developmental and Behavioral Pediatrics as a pediatric subspecialty. He believed that pediatricians needed to be schooled in developmental and infant mental health theories and in a more strength-based, family-centered approach to pediatric care. Moreover, he proposed that the newborn period and the first months of age presented perinatal professionals with a unique opportunity to support parents by offering them unconditional respect and non-judgmental support. “I wish every pediatrician could be trained on how to understand a baby and see what the developmental processes are and to understand how parents support their children’s development”, he wrote.

### ***An Activist Pediatrician: Health Care Reform***

Berry Brazelton came to believe that programs and policies that serve children are most effective when they are informed by data and grounded in deep knowledge of child development and rely on cutting-edge research, independent analyses, actionable recommendations and clear communications to improve policies and interventions that serve children and their families. He was an evidence-based optimist and frequently appeared before congressional committees, playing a key role in the enactment of the Family and Medical Leave Act, which guarantees 3 months of maternity leave, and Public Law 99-457, which extends the rights and protections of the Individuals with Disabilities and Education Act to young children. He also served on the National Commission on Children. His resolve, combined with his sympathetic sensibilities, transformed him into an activist pediatrician. He saw health unmet health needs not just as individual problems but also as a consequence of social injustice, and fought for better health and social services for over-burdened, materially under-resourced populations. He was

a powerfully effective advocate for health care reform and, as a champion of parents' rights, he was outstanding. If one might find a hidden emotional spine to all his work, it is that policies that support families are critical because the strength and quality of the relationship between caregivers and their children are fundamental to the development of children's brain functions and capacity.

### ***Science begins by asking questions***

While the backdrop to Berry Brazelton's monumental achievements in the field seems to have been a rare combination of energy, charisma, warmth, persistence, determination and zest, it included an ease in asking questions and humility in learning from others—a true humility that is the mark of greatness. Adopting the Socratic method, he simply posed the kinds of questions that led the conversant to further question his or her own beliefs. He knew that science begins by asking questions and then seeking answers. He knew that a good open-ended question can excite, disturb, or comfort, and eventually yield an unexpected bounty of understanding and critical awareness. He fostered curiosity, a sense of wonder, a thirst for knowledge, a need to know more. His ease in asking questions and his humility in learning from others is a mark of his greatness. He remained a stubborn researcher, an engaged clinician, and an inveterate advocate for parents and families throughout his life, so that for today's generation of young pediatricians and neonatologists, his life offers inspiration and hope.

### ***Honours/Legacy***

In 1988, Berry Brazelton became Professor of Pediatrics, Emeritus, Harvard Medical School and Boston Children's Hospital. In 1996, the T. Berry Brazelton Chair in Pediatrics, an endowed chair, was established at Harvard University Medical School, and Judith Palfrey was appointed the first occupant. He established the Brazelton Touchpoints Center at Boston Children's Hospital in Boston, in the same year. Berry also served in leadership roles in the Section of Child Development at the American Academy of Pediatricians, the Society for Research on Child Development, the National Center for Clinical Infant Programs, the Massachusetts Association for Infant Mental Health and was a Founding Member of Zero to Three. He was awarded 13 honorary degrees and was the recipient of the Gold Medal for Excellence in Clinical Medicine, from the Association of the Alumni, College of Physicians and Surgeons of Columbia University. In 2000, he was honored as a Living Legend by the United States Library of Congress and in 2013, received the Presidential Citizens Medal from President Barack Obama.

Respectively submitted by,

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