Pioneers in Pediatric Psychology: Personal Reflections on the Evolution of Pediatric Psychology

Gary B. Mesibov, PhD
University of North Carolina at Chapel Hill

The Editor has offered me an opportunity to write a personal account of my three-decade fascination with pediatric psychology. Although I have written about many topics during my professional career, this is the first time I remember being asked to write about myself, and I find it a bit daunting. I must admit that, after receiving this generous invitation, my first instinct was to reject the offer because of a reluctance to focus so much energy on myself and my expectation that no one else would want to read it anyhow. I moved beyond that initial instinct, however, after considering that there are very few historical accounts of pediatric psychology and one way to improve the situation is to have people like me write about their careers. So here goes.

I first heard about pediatric psychology while I was a graduate student at Brandeis University in the early 1970s. At that time, I was still searching for my identity as a psychologist. I knew I wanted to be a psychologist working with children from early on; one of my earlier recollections is from high school when I wrote an essay proclaiming “psychology” as my career goal and my tenth grade English teacher responded that my first step should probably be to learn how to spell it correctly.

I am not sure why I made that bold declaration as a tenth grader. I suspect that my mother was an important influence because she was always talking with me about people we knew and why they did what they did. Her keen observations led to numerous discussions, which I always found interesting and thought provoking. I cannot say I was totally committed to a career in psychology when I wrote that tenth grade essay. But once I wrote about that aspiration and read it aloud to my class, many of my fellow students and teachers said they thought that was an excellent choice for me.
My interest in psychology and children strengthened during the summer after I graduated from high school when I worked at a summer camp as a counselor. I was totally in my element with the 10-year-old boys in my cabin, whom I found to be fascinating and thoroughly enjoyable. I seemed to have a knack for getting their attention, keeping their interest, and making them laugh. So I thought that working with children as a psychologist was a strong possibility as I entered college.

My undergraduate years at Stanford University increased my resolve. I took a number of psychology courses and regularly found them to be the ones in which I performed the best. I was fascinated by the history of psychology course taught by Al Hastorf, describing the foundations underlying the historical quest of the discipline to understand people and their interactions. History was never my forte, so my enjoyment of the history of psychology course seemed significant. Cognitive social learning theory, espoused by Al Bandura and Walter Mischel, reflected my understanding of people and growing experiences with others. It was a natural fit for me. Eleanor Maccoby solidified my preference for children and also introduced me to the value and importance of a developmental approach.

By the time I graduated from Stanford, I had learned how to spell psychology, set my goal as becoming a child psychologist, and entrenched myself in the social learning and developmental approaches. Cognitive social learning theory made so much more sense to me than anything else I had learned with Bandura and Mischel as my superb teachers, and their classes established for me a theoretical orientation that has continued throughout my career. It is unusual for undergraduate experiences to have so much influence on one’s career; most of my colleagues established their theoretical orientations as graduate students, interns, or beyond. In my case, I think this early commitment to a theoretical perspective came from the intelligence and charisma of Bandura and Mischel, plus the wonderful fit between cognitive social learning theory and my own personal way of seeing the world. When I graduated from college, the only question for me was which area of psychology I should pursue. I knew I wanted to work directly with children, so clinical psychology was an obvious choice. The only problem was the theories and approaches I embraced were more frequently promoted in social, developmental, or cognitive psychology courses. I applied to several different graduate programs, finally settling on the University of Michigan because of its outstanding overall program and the offer to me that I might combine developmental and clinical psychology there.

I arrived at Michigan and enrolled in the developmental psychology program. John Hagan, a developmental psychologist, was a wonderful mentor, allowing me to pursue my strong interest in cognitive development. I learned a great deal from John and appreciated his broad vision and interest in a wide range of basic and applied problems. The clinical part of my experience, however, did not work out as well as I had hoped because that division was very different theoretically from the cognitive-social-developmental perspective that I found to be so exciting as an undergraduate.

After earning my master’s in developmental psychology at Michigan, I decided to take time off to rethink my future. It was a personally discouraging time for me, because I remained passionately interested in psychology, but seemed unable to find my niche. Michigan was a great university with an outstanding psychology department, and I had a superb mentor who was innovative and broad in his thinking. In spite of all of these advantages, I still could not find a place where I fit comfortably into this wonderful department. My personal frustration was probably fueled by the general anxiety that was everywhere those days because of the Vietnam War. It was a difficult time for our country, and I’m sure some of my personal uncertainties and anxieties reflected the larger American scene, having nothing to do with psychology.

My short-term escape plan was to take a teaching job at a small college that would hire someone with a master’s degree in psychology and no experience. Of the available options, I selected the University of Guam because it offered the additional promise of travel and the opportunity to experience several different Micronesian cultures. Although I wondered what I was doing as I boarded the plane for this remote Pacific island adventure and continued to question myself throughout the very long journey (the questioning intensified with my fatigue en route), I never regretted that decision once I landed on the beautiful island, began to meet some of the most generous and gracious people in the world, and started learning about their cultures. My time there was a personal experience I shall always treasure. It was also an invaluable learning experience.

Professionally, my years on Guam were an interesting time for me. As a faculty member and Assistant Professor of Psychology, I got to teach almost every course there was in the field, most of them at the same
time. I also got to be chairman of the department at the ripe old age of 24. Although the teaching load was incredibly heavy, it gave me an opportunity to further explore the different possibilities in the field that I still found very attractive, but also somewhat confusing. Although there was no pediatric psychology to speak of in 1970 for me to discover during my explorations on Guam, I did cover almost every other aspect of psychology and spent some extra effort learning about developmental disabilities.

After 3 wonderful years on Guam, it seemed time to return to the United States. I was more knowledgeable about psychology and also more mature, but that didn’t make a choice of specialty any easier for me. After considering a return to Michigan and exploring numerous other options, I decided on Brandeis for my PhD. It turned out to be a great choice for me. Brandeis was small, individualized, and very interdisciplinary within psychology, emphasizing several different experimental, social/personality, and clinical specialties. When I enrolled, Brandeis was still under the influence of the world-renowned Abraham Maslow and George Kelly and their passion for diversity, even though both had died several years before my arrival. Maslow especially believed that psychologists from different specialties had a lot to share and offer one another, and this was still the dominant theme in the department, so everyone had to master a wide range of subspecialties. Brandeis was a further opportunity to postpone a decision about specialization for me. After all this time and my unique experiences, I didn’t feel any closer to deciding on a subspecialty than when I was in high school. Brandeis also offered some intelligent, thoughtful, and broad-thinking psychologists (faculty and fellow graduate students), and an intense graduate program that encouraged collaboration and frequent interactions. Most important and influential for me were Dave Schneider and Leslie McArthur, social psychologists with strong related interests in personality and development. Ray Knight was another important influence with his background in clinical psychology and his strong commitment to community-based programs.

I emerged from Brandeis with a PhD, a lot more knowledge, good critical thinking skills, and still no clear vision of where to go. At some point during my last year there, I heard about postdoctoral fellowships in developmental disabilities and became interested in that possibility. My explorations on Guam had convinced me that I was still interested in working with people, but not so much in the one-to-one therapeutic relationships that characterized most psychiatric settings. I found these settings exciting, but questioned whether I had the patience and attention to detail that these long-term, slower-moving intervention approaches required.

Developmental disabilities seemed to be a good alternative. It offered the excitement and personal contact that was appealing about clinical psychology, but also offered the possibility of more shorter-term interventions and more community-based organization and development. When Donald Routh called me from the University of North Carolina at Chapel Hill to offer a postdoctoral fellowship in pediatric psychology, I liked him instantly (who doesn’t like Don instantly?), and the opportunity to study about developmental disabilities with him and his colleagues at the university was irresistible. My discussions about the fellowship with Don were the first time I heard the term “pediatric psychology.”

In Chapel Hill, I finally found that career specialization I had been seeking. My mentors there, Don Routh and Carolyn Schroeder, were terrific and offered a wonderful balance between research and applied clinical perspectives. Don, the researcher, expanded my understanding of how the skills I learned in graduate school could be applied to clinical issues. He was a thoughtful mentor, always ready to entertain my ideas, however misguided, and to help me to focus and direct them. Carolyn was a marvelous clinician who taught me about behavioral approaches and how to integrate my cognitive, social, and developmental perspectives into legitimate and effective intervention programs.

My postdoctoral year in Chapel Hill (1974–1975) was also an exciting time for pediatric psychology. Organizationally housed within the American Psychological Association, the Society for Pediatric Psychology was gaining visibility and legitimacy. Membership was on the rise and more and more people were identifying themselves as pediatric psychologists. In addition, pediatric psychologists were expanding the settings where they were working, and by this time, they were increasingly moving into psychology departments, psychiatry departments, and a variety of clinics and developmental centers.

The Journal of Pediatric Psychology (JPP) was growing and receiving increasing attention. Under the capable leadership of Diane Willis, JPP had expanded beyond a small newsletter and was reaching more readers. Diane’s use of special issues focused on specific areas or problems was enormously popular. Don Routh took over the editorial responsibilities during
my postdoctoral year in Chapel Hill. He generously shared the responsibilities (and burdens), and the experience of working with him to edit, produce, and distribute JPP was one of the most valuable of my professional career. Don is a superb thinker and editor, and I was very fortunate to have this opportunity.

During the 1970s, pediatric psychology was primarily defined by settings. There was a growing realization that clinical psychologists, who were working in settings that were not primarily psychiatric in terms of their management or the problems that they addressed, were developing different methods and priorities than those operating from more traditional settings. Specifically, clinical psychologists in non-psychiatric settings had shorter-term intervention approaches, involved themselves more with consultation and collaboration with other professionals, focused more heavily on cognitive and developmental assessments, and integrated parents more fully into their intervention approaches. Psychologists working in hospital settings and those working in the area of developmental disabilities were most attracted to this new subspecialty called pediatric psychology and in the late 1970s, the Society of Pediatric Psychology was about equally balanced between those two groups.

This equal balance was very exciting and stimulating for me personally. I thrived on the interaction between psychologists working in hospital settings and those of us focusing on developmental disabilities. It was like the best part of graduate school for me at Brandeis, where I was with people who shared broader interests and challenges (from the larger field of psychology) and also had colleagues focused on my narrower interests in personal and social development. Within pediatric psychology during those years, we shared with the group working in pediatric departments the emphasis on assessment, short-term interventions, and collaboration. In addition, I also had wonderful colleagues in developmental disabilities who specialized in the population that I served and the many challenges they presented. This combination gave me ample opportunities to discuss my specific, nitty-gritty questions with people experiencing the same concerns, as well as additional stimulation from talking with others who shared some basic fundamentals but were focused on slightly different problems and clients. My exchanges with the pediatric psychologists working in hospital settings often stimulated creative new solutions to some of my most difficult challenges.

There are many examples of how my contact with pediatric psychologists informed my work in autism and developmental disabilities. Although I had been trained in many cognitive behavioral strategies, I rarely saw them implemented with people with developmental disabilities until I was working with an extremely obsessive young man and a pediatric psychologist in our hospital suggested thought stopping as a strategy. It was exciting to see how well it worked, and I continued to use those cognitive behavioral strategies regularly with my clients with autism. Another example involves a young man with developmental disabilities who was hospitalized for surgery. My pediatric psychology colleagues were most helpful in directing me to ways of understanding the stressors in this situation and assessing his perception of them. As a result of their assessments, we were able to be much more helpful to him and his family.

The 1980s were the years of my most intensive involvement with pediatric psychology. I continued my satisfying and challenging association with Don Routh and JPP, learning a great deal more than I was ever able to contribute. This was also the period when I served as President of the Society of Pediatric Psychology. During these years, JPP gained an even wider readership through our contract with Plenum Press. That relationship, started in the 1980s, served both organizations well for over a decade. Training programs and models for pediatric psychologists were big issues during those years, as well as publicizing the field and organizing the growing number of people identifying themselves as pediatric psychologists. During that decade, many more university faculty were hired in departments of psychology with pediatric psychology as their main professional identification. We were no longer a small group or one confined simply to medical schools.

For me, the 1980s also began my strong personal involvement with autism, which has been my main focus for the past two decades. Through my contact with Eric Schopler, an amazing pioneer and visionary in the field, I was able to use the many skills I had learned as a pediatric psychologist in further diagnostic, assessment, and treatment work with this population. Although autism was a relatively new area for me when I joined Eric in 1979, all of his strategies and techniques were very comfortable and familiar because of my solid background in pediatric psychology. I simply felt as if I were extending my skills into an exciting new direction.

I still remember my first contact with Eric Schopler and my introduction into autism. I was giving a presentation on normalization at the end of my postdoctoral year at the University of North Car-
olina. During my postdoctoral work, I had developed some serious reservations about normalization as the ultimate goal for people with developmental handicaps. In my talk, I suggested that quality of life and personal development might be more meaningful and appropriate goals for our intervention efforts.

Eric approached me after the talk to request that I write it up for publication in the *Journal of Autism and Developmental Disorders*. As editor, Eric never shied away from controversial ideas; this is one of the many reasons why he has been a major innovator in the field. Normalization was such a strong trend at that time that Eric suspected, and rightly so, that my ideas might spark some controversy.

Eric was certainly right about that. Surprisingly, even he underestimated the extent of the controversy. After receiving my article, Eric sent it out to several parents and professionals for their comments. Upon receiving their responses, Eric expressed embarrassment about the intensity of their rebuttals and offered to withdraw the entire article and issue. He offered me a choice of what to do and I chose to have the responses printed as long as I could write a rebuttal. As I expressed to Eric at that time, part of the problem of normalization was the vehemence of its advocates and there was no way to demonstrate this more clearly than by publishing the attacks on my position.

There was nothing I could have done to make Eric happier. Confronting controversy and unraveling overzealous movements have been lifelong pursuits of his and are among his major contributions to the field. This first publication of mine in autism started a long and wonderfully productive collaboration that continues today with Eric and also the *Journal of Autism and Developmental Disorders*, which I now edit.

As the 1990s approached, the group of pediatric psychologists had changed its composition. There were so many more people now working in hospital and medical settings that they comprised the vast majority of the members. People working in the area of developmental disabilities, especially mental retardation, learning problems, and autism, became more identified and affiliated with professional groups focusing on their specialties. For me, this has meant less involvement in pediatric psychology and more in the specialized autism groups. I remain an avid consumer of the pediatric psychology literature and also maintain my personal and professional contacts. I have always found this group of pediatric psychologists to be wonderfully thoughtful, creative, and supportive, and this has not changed as my focus has drifted to autism.

I am not sure where all of this has led. For me, however, it reminds me of what draws me to pediatric psychology and why I am so proud to be identified with this subspecialty. Pediatric psychologists were a group of dedicated professionals who, in the beginning, did not worry that their skills and interests did not fall neatly into a specific discipline. Working with children in medical settings or with developmental problems, they realized that their work, though related to clinical child psychology, was also somewhat different and they pursued this work with perseverance and resolve, even though there was not a lot of professional recognition or legitimacy. Gradually these individuals located one another and the organization formed, grew, and prospered. The Society of Pediatric Psychology has always reflected the needs in the field and the priorities of these strong individuals. It has been problem-focused, persistent, and energetic. It has also reflected the diversity that characterizes the backgrounds of its members; this diversity ensures that ideas, approaches, and strategies will never become too narrow or limited. Pediatric psychologists might not always know the exact answers to specific questions or situations, but they are usually able to find new and innovative ways to approach the problems that they encounter.

Although it took many years and a lot of searching, I feel extremely fortunate to have found this group. My professional skills and contributions will always be much richer and broader because of my contact with the extraordinarily talented and creative professionals who identify themselves as pediatric psychologists. Their commitment, skills, ability to see the larger and more important issues, and generosity have affected my work in ways I cannot begin to adequately describe. I always have been, and will continue to be, proud to identify myself as a pediatric psychologist.

Received April 15, 2002; accepted April 22, 2002