

Arthur H. Parmelee, Jr. (Hawley)

- Born 8/29/1917 in Oak Park, IL
- Married to Jean Parmelee
- B.S. (1940) and M.D. (1943) both at University of Chicago



Major Employment:

- University of California, 1967-1988, Professor of Pediatrics and Head of Division of Child Development
- National Center for Clinical Infant Programs, 1984-Present, Board of Directors
- University of California, 1988-Present, Professor of Pediatrics Emeritus

Major Areas of Work:

- Infant sleep patterns

SRCD Affiliation:

- President 1983-1985
- Council Member 1981-1987

SRCD ORAL HISTORY INTERVIEW

Arthur H. Parmelee, Jr.

Interviewed by Marian Sigman

March 11, 1996

Sigman: This is an interview by Marian Sigman with Hawley Parmelee, Arthur Hawley Parmelee, Jr. who I am going to call Hawley because I am going to forget that I should call him Arthur H. Parmelee.

Could you describe your family background along with any childhood and adolescent experiences that may be of interest? Include the educational and occupational characteristics of your parents and where you were born and grew up.

Parmelee: I grew up in a suburb of Chicago, Oak Park, where they had excellent schools. My father was a physician and my mother a kindergarten teacher who did not work after the children were born but was very interested in our schooling activities. Early in my school career I spent a year in Vienna with my parents with some school experience there both in the German language and foreign schools. Then again when I was a teenager I spent two years in Switzerland in a German speaking school. I mention these because I think my European educational experience influenced in many ways how I was thinking. The school in Switzerland my mother chose because it was based on the principals of Pestalozzi and Froebel who in many ways were like, or John Dewey was in many ways following their principals in terms of having children learn from active experience with materials and other aspects of the subject matter. I really think that this influenced my way of teaching within clinical medicine, an apprentice style of teaching so that it is through experience and discussing experience that I feel most effective in teaching.

Sigman: Did you have any military experience?

Parmelee: I spent four years in the military, the Navy, as a physician. I had just finished medical school when I had to enter the military service. One year of it was in a hospital but the rest of it was with various military units. For one year I was aboard a ship in the Pacific Ocean and was the medical officer of the

Beach Party unit. I mention this only because in that experience most of the activities were military and not medical so I had to keep up with medical knowledge by reading. The last year I was stationed in Virginia with a Marine unit. I knew then that I was interested in pediatrics and there was nobody on the base interested in pediatrics, so I ended up taking care of some of the officer's children. That was my first experience trying to do pediatrics before I actually entered my pediatric training.

Sigman: Did you have any important work experiences?

Parmelee: I had no job experiences related to what I ultimately did, no.

Sigman: Besides the things that you've talked about, what other early adult experiences were important to your intellectual development or experiences in college?

Parmelee: I think that in general my experiences at the University of Chicago interested me because of the survey nature of the early courses, covering large segments of history, music and literature together, and science in an integrated fashion. But I don't remember any outstanding event that influenced my career.

Sigman: What are the origins of you interest in child development?

Parmelee: Oh, I am quite sure I became interested because of my father's interest in pediatrics and his interest in the newborn and it was the stimulation of that interest that brought me to Yale for pediatric training. I arrived there three months before my internship began so I spent those three months in the Gesell Clinic, I think that shaped all my thinking about pediatrics and early child development.

Sigman: This isn't part of the questions but you've told me or I've heard you talk about your father and your interactions with Gesell who I think wasn't at the Gesell Clinic at the time, right? Didn't you and your father correspond with Gesell?

Parmelee: While I was still in medical school I went to a Pediatric Academy meeting and Gesell was speaking and talking about developmental observation, developmental diagnosis and I went, I think, on purpose because I was very interested in a problem my father had had with identifying a child who later turned out to have retardation. He was very concerned that he had not identified this problem early on. Then one of my high school classmates had a child who was thought to be retarded in early childhood and so the difficulty in establishing, some developmental information stimulated me to look into this a great deal I believe.

Sigman: Were there other individuals who were important, either clinical or research mentors?

Parmelee: Clinical mentors, Parker Dooley and Douglas Buchanan both were important to me in the beginning but perhaps most important was Grover Powers at Yale who was head of the Pediatric Department there. But I don't think there was any research mentor in the early part of my career. Later John Adams helped me organize my thoughts and kept encouraging me to do research. He was the first chairman of the Department of Pediatrics and my first chairman.

Sigman: Were there political and social events that influenced your research in writing or your teaching?

Parmelee: Yes, I became a faculty member at UCLA in 1951 which was at the beginning of this Medical School and was in the period right after WWII when many new medical schools were organizing and many of the older medical schools were reorganizing. There was an enormous push at that time to try to humanize the teaching of medicine. I think the push for that view was because many of the medical school were shifting to full time academics and most of the chairman of the departments had been in a part-time academic and part-time practice situations and were fearful academics would destroy the social interaction of clinical practice so that in the beginning I was part of a group who tried to integrate patient experiences

into the first two years of medical school. In my case, we included well-baby care and I have been interested in well-child, well-baby care throughout my career.

Sigman: Okay, now we are going to talk about your personal research contributions. What were your primary interests in child development at the beginning of your career?

Parmelee: Before I became a member of the faculty I practiced pediatrics for three years and was influenced by my experience at the Gesell Clinic and by his feeling that one could help parents in dealing with their children by providing some information about infant and early childhood development. I think that throughout my career I have been interested in infancy and early childhood and the possibility of helping parents deal with their interactions with their infants both through information and through helping them in their relationships with their children.

Sigman: To some extent you've answered the next question, the next question is what continuities in your work are most significant? I don't know if you want to add to what you have just said.

Parmelee: Well, in ultimately deciding to do research, which was not easy because I preferred clinical practice, I felt that I could contribute most by working with newborns and their behavior since there was so much competent work being done by developmental psychologists in the infancy and childhood area. This led to collaboration with psychology graduate students with the help of Wendell Jeffrey. His graduate students, some of them, were becoming very interested in the behavior of newborns and very young infants. It was possible for me to give them access to the nursery and this gave me access to their ideas. Right at this time a group of people, among them some French researchers and Hans Prechtel in Holland were becoming interested in the importance of the state of arousal of the infant or young child and their social interaction. So I became more and more involved in the study of neonatal states of sleep and awake. At this point then I did have a powerful push from Donald Lindsay who had studied sleep in infancy in his own children and had done EEG work and had worked with Dr. Magoun on the importance of the Reticular Activating Systems on sleep and arousal. I think it was through his stimulus and this growing awareness of the importance of states that I became involved in research both at the clinical level and at the EEG level of state organization.

Sigman: Would you say that there were any major shifts in your research and if so what events were responsible?

Parmelee: I don't think that there were major shifts. I think that there were sort of natural progressions from studying just the newborn to studying early infancy and then toddlers and early childhood and in this progression it was necessary to become more and more involved with the mother/child interaction. When I first went to UCLA I had very close collaboration with the Department of Child Psychiatry because Dr. Work and Dr. Justin Call were both very interested in well-child care and early mother-infant interaction. And as the opportunity arose for doing larger collaborative studies with psychologists it was possible to look into various complex social interactions.

Sigman: Could you reflect on the strengths and possible weaknesses of your research and theoretical contributions, the impact of your work and its current status?

Parmelee: I think the major shift both for the field and for myself has been from focusing primarily on the activity of the infant and child and that development to the development of the interpersonal relationship of the child and caretaker and family members to the point that I can't distinguish in my own mind who is leading the interaction between the two. I would say that I was more in the nativist direction and now I see it more as an interactional process to the extent that I have a hard time integrating temperament as something dominant but see it as integrated with the parental interaction.

Sigman: You sort of answered a question about how you had a shift in theory. I think this question gives you a chance to talk about your own contributions and how you think you contributed to the field.

Parmelee: I think that some of the work on state organization and its' integration into social interaction has been important but I think that most important in my work has been the opportunity to provide collaborative efforts with psychologists and physicians with different points of view and trying to integrate them in the mutual understanding of child development so that I think we were all influenced by our varying points of view and perhaps ended up being more aware of the bio-social interaction than we might otherwise have been. I don't see my personal individual research as having any major influence.

Sigman: What published or unpublished manuscripts best represent your thinking about child development? Which papers do you like the best?

Parmelee: I think that I haven't written a lot of integrative papers, I hadn't written integrated papers period until more recently. I like the early clinical papers on well-child care and the early sleep state papers because the outcomes have been persistently important but I think my greatest interest currently is trying to integrate minor illnesses into the general social development of children. I see them as not independent or separate from the development of the general social competence. This is an integrated point of view and by no means established by any research.

Sigman: Of the studies that you did carry out, which ones seem most significant to you?

Parmelee: I think the early papers on state organization and then our papers on preterm development. It's hard for me to select a single paper.

Sigman: I think they're meaning just different research efforts. One of the things that makes this a little different perhaps for you is because your work very much grew programmatically so it's hard to sort of see where there is a beginning or ending point.

Parmelee: Right, it had some kind of continuity but it grew as a team work more than anything else.

Sigman: Do you think that you made any contributions that were wrong-headed?

Parmelee: Wrong-headed?

Sigman: Or incorrect?

Parmelee: Well, I think there were a number of things that I would have done differently now probably. When we first started our follow-up study of preterm infants I had already written a paper indicating that the majority of them turned out well and this was countered to other information that the preterm infants were going to have many neurological problems. As a consequence, I felt that intervention shouldn't be attempted until one could established that a child wasn't doing very well. I thought one might be able to do that by the end of the first year so that one could focus the intervention on those who truly needed it and not on many preterm infants who wouldn't need it. Subsequently, I have been more and more impressed with the importance of the first year and how many things can go awry that aren't necessarily a part of the preterm infants neurology so that I think that current intervention that starts at birth for preterm infants is quite appropriate. Plus now many smaller babies are being saved and so that they may have more problems. So I think that was a shift in my thinking.

Sigman: Please reflect on your experiences with the research funding apparatus over the years?

Parmelee: My experience was not what's happening now. The NIH was just beginning to develop after the war and expanded rapidly and then later the National Institute of Child Health and Human Development just got started so that if one organized a reasonably good research project it was going to be funded. That was enormously helpful because by having funds to do research one learned how to do research and each successive grant improved. Enough so that as the research became more competitive there was a possibility

to be competitive. I think it would be very difficult to start out now with the limited experience I had in research and get funding.

Sigman: Comment on your participation in shaping research funding policy and implementation. They also say securing support for your own work, but you've sort of talked about that.

Parmelee: I doubt if I had much influence on research funding.

Sigman: I think you had some influence because I remember taking your place for example in a study on use of Surfactant I think or something like that. I was an advisor, I took your place once as an advisor and you were essentially testifying why...

Parmelee: Yes, I was on various advisory committees to large collaborative projects. In that sense I was able to support the ongoing research which I was eager to do but I was never directly involved in a political process.

Sigman: Okay, this is a section on institutional contributions. The first question is what institutions have you worked in and sort of what are the dates and capacities?

Parmelee: My academic career was entirely at UCLA from 1951 until I retired.

Sigman: That's what I'm going to have to say too!

Parmelee: Which was unique at that time and maybe still unique.

Sigman: Nope, nope! So you started in 1951 and capacities, do you want to say what?

Parmelee: Well, I was always in the Department of Pediatrics and when I started out, because the department was small, everybody did general pediatrics but I was always in charge of the newborn babies and the well-baby care. Gradually newborn care became more overwhelming and more organized towards intensive care units so that was taken over but I continued to always be involved in general pediatrics and well-child care plus my research. Out of this interest I was able to develop a Division of Child Development within the Department of Pediatrics and that was a new concept and it was different than some others in that while we took care of handicapped children and always had a program for handicapped children the focus was on normal development as well as children with handicaps. I feel one doesn't recognize the development of handicaps early in life if one doesn't know normal development well, then one can't help parents of the handicapped if one doesn't understand normal developmental processes well. To this extent I still disagree with units that work exclusively with handicapped children or exclusively with well children. I think one needs to see them all as essentially struggling with the same interpersonal relationship issues.

Sigman: In sort of organizing the Child Development Unit and running it what achievements and frustrations were encountered and what role do you think that this unit played in the history of Child Development and research.

Parmelee: I think it played an important role in Child Development research in pediatrics by its' existence as a model and I think that it made it possible subsequently for child development programs that were more related to normal development to evolve enough so that ultimately there became a Society in Developmental and Behavioral Pediatrics. I think that was the outgrowth of a small group of people who had ideas similar to my own and had divisions similar to my own. I think that without a handful of those divisions that would not have been possible.

Sigman: You might talk to the frustrations about these kinds of units.

Parmelee: I think in many senses the frustrations were and are the same. When you work with people who are experts in various subspecialties of pediatrics and particularly biologically oriented it is as hard for them to understand what it is you're trying to do as for you to understand some of the intricacies of their specialty and to talk about normal child development seems like talking about the self-evident. This has always been frustrating and I think this is a function of medical schools where the care is primarily for very sick children. In general practice where we are unable to do the teaching often it's more sympathetic to my point of view.

Sigman: Describe your experiences as a teacher of Child Development and research and/or trainer of research workers. The question also asks about what courses you've taught and they ask you to comment on the tension between teaching and research in the field of Child Development. You might want to comment on the tension between clinical work and clinical research as well.

Parmelee: I found that in teaching Child Development there was no way you could do that by a series of lectures or seminars. That it had to be a clinical experience, I'm talking about pediatrics. So that I could teach Child Development in a well-baby clinic following the development of individual children with trainees and I've always done this. I think for me it was important to have fellows in Child Development who were active in the clinics and on the wards so that there was a large enough presence of people interested, both young and older to bring it to the attention of the people. I think anybody who tries to work alone is lost in the field. So it's terribly important to have a group of people for their own intellectual interest and to be visible.

Sigman: The next question doesn't quite fit you so well...

Parmelee: May I add something to that last question? An important issue for me was not to set up a child development unit in a separate building or separate institute. I worked desperately hard to keep the Child Development Program in the main part of the pediatric program so that it would be visible and available. I think too often the Child Development Program gets a facility remote from the main hospital and then loses it's power to influence many who might be interested but don't know about the program.

Sigman: Get marginalized, huh! The last question here is to describe your experience in so called applied child development research or applied work and comment on your role in putting theory into practice.

Parmelee: I think I've actually commented on that throughout. It was always my intent that it be done. Whatever we learned in our research we tried to apply in our practice with children.

Sigman: When did you join SRCD?

Parmelee: I joined I think in 1961. Wendell Jeffery encouraged me to become a member and I went to my first meeting in 1961 at Penn State when the Society was small enough to be housed in one hotel there.

Sigman: About how many people would you say were there?

Parmelee: Maybe 150 to 200, it couldn't have been much more. It was a small place.

Sigman: Was it a kick? Did you like it?

Parmelee: Yes, it was wonderful!

Sigman: Describe the history of your participation in the scientific meetings and publications of the Society and other non-governance aspects of the work of the Society.

Parmelee: Well, from then on I went every year to all of the meetings and enjoyed them and learned a great deal at each one and tried to participate myself as much as possible. Gradually I became involved with the Journal and with the governance. I participated actively in SRCD affairs and I must say throughout my

work on the board and as president, Dorothy Eichorn was my guide and kept things organized for me. I greatly appreciated her efforts throughout my career with SRCD. I turned to her for advise on participation in meetings and organizing things.

Sigman: What were the major problems and issues that confronted you during your time as president of SRCD?

Parmelee: I think that there were two issues that came up. One was in the organizing of the financing. There was some concern about how SRCD should organize its' finances so a Financing Committee was organized. I think it had been small enough before that that this wasn't necessary and then there was a committee to plan sort of long term goals for SRCD and this committee and other committees were in conflict over how much SRCD should be involved with social policy and how much it should reserve itself for just a research unit. This became very intense and I think some of the people felt that we backed too far away from social policy while I was involved. I don't know how I feel.

Sigman: What do you believe were the most important changes to occur in SRCD in its' activities during your association with it?

Parmelee: While its' size interfered with a lot of communication, I think its' size has been important in bringing in a large variety of disciplines. I think that's been an important concept for them to hold onto and for the cross stimulation of different ideas of different disciplines, I think that's the most important part. I'm not sure how much they have been able to influence social policy but that has been a new advent.

Sigman: What about the field of Child Development itself. Could you comment on the history of the field during the years that you have participated in it, were there major continuities and discontinuities and events related to these?

Parmelee: I think that Child Development has changed enormously since I started. Psychology, as far as I could tell, was not really very interested in early child development and particularly in the context in which child development took place and in social interaction so that unless some pediatrician were involved or child psychiatrist not much was done. But rather rapidly there developed some interest in newborns and very young infants and at first small groups of people across the United States began sharing reprints. This was so small a number that it was easy to have a small group meeting. That group became very large in size very rapidly, as you remember the infancy programs. Then there sort of was a split between infancy and childhood but in recent years there's been a lot of work in the whole span from infancy to school age. I emphasize this change because I think psychology has become more and more interested in the context in which the growth of the child takes place. Child psychiatry also became interested and started the Infant Psychiatry Society. I went to the first meeting of that and there was very little child development in the program as studied by psychologists I would say that currently that's been reversed that the largest amount of it still is being done by child development psychologists who integrated with psychiatry. I think that's been a powerful change.

Sigman: What are your hopes and fears for the future of the field? Where would you like to see the field go and where do you think the dangers might be for the field?

Parmelee: My fears in terms of pediatrics are that instead of longitudinal care of mothers and babies by one person who develops a relationship with them and helps them with their relationships that this will become fragmented and a true continuity of care will be impossible. This may be also happening in other areas where there is discontinuity in the study of development. This kind of fragmentation I think is dangerous. I recognize that long term longitudinal studies are extremely difficult but I think we should continue to have as many as we can. I think the other problem is that I've always been interested primarily in the individual person and child, so small studies have been more important to me than epidemiological studies. We may, because of changes in health care and government ideas, shift too much to epidemiological studies but that remains to be seen. They certainly answered some questions better than small studies that we've tried to

answer with small studies. But statistical studies never tell you exactly what you want to know about individual interactions. I think we've moved away from observation sometimes too.

Sigman: I guess one of the things that worries me as an applied developmental psychologist is that it seems to me that it is very hard for people who were doing basic research in child development to continue. The issues about funding now are really severe and so I am concerned, you know our work drew very much from the normal developmental literature. I'm concerned about the extent to which people are going to be able to continue doing work in normal development and that this will really impoverish the whole field all the way from basic research through.

Parmelee: I think that's related to the need for large massive amounts of data which then are independent of direct observation of normal development.

Sigman: Okay, finally personal notes. Please tell us something about your personal interest and your family especially the ways in which they may have had a bearing on your scientific interests and contributions or on your applied contributions.

Parmelee: Do you want to rephrase that?

Sigman: Yes, how have your personal interests or your family had a bearing on either your scientific interests and contributions or on your applied contributions?

Parmelee: I think that it's been very important to me. I have four children and I was thinking about and learning about infancy and early child development as they were growing up and without that it might have been much more abstract than real. There is one major experience, I must say I forgot, one of the first experimental rooming-in units was at Yale and my third child was in that unit and that was a major impetus to my studying states and sleep, actually.

Sigman: Up till then you didn't know about it!

Parmelee: Well, I knew about them but in that unit the mothers were asked to keep behavior day charts of sleep-wake cycling and development and my wife, Jean kept such a record. I had forgotten that that got me started on the whole early sleep organization study.

Sigman: All right, is there anything else that you'd like to add to that.

Parmelee: I'm sure later, we probably should add that this interview was done on a warm day in March in California in a garden with all the attendant noises of birds and machinery!

Marian Sigman has given me permission to add a few comments to our interview. I repeatedly mentioned the interdisciplinary nature of my research and the importance of research teams I therefore think I should mention some of the people involved most of whom collaborated with me for long periods of time.

Soon after I became a faculty member at UCLA I began teaching the social aspects of patient care to medical students. This was done in community well-baby clinics and at the University Elementary school. In this I was assisted by Lonis Liverman, a member of the School of Social Work faculty. This brought to my attention the big field of social work and its' various ramifications. We continued to collaborate in teaching programs for the next twenty years. My studies of sleep state development in preterm and full term infants were conducted with three young pediatrician, Waldemar Wenner, Yoshio Hkiyama, and Marvin Schultz and a psychologist Evelyn Stern. We worked together as a team for about ten years. Another pediatrician, a specialist in preschool development, developmental assessment Dr. Toni Marcy joined this group in 1964 and we've been collaborating in teaching and research ever since for more than 30 years. In 1970 Claire Kopp, Marian Sigman and Leila Beckwith and I started planning a longitudinal study of preterm infants that continued for more than twenty years. Sarale Cohen who joined the group early on has played a major role in keeping this project going for all these years. Except for Claire Kopp who went on to

other projects after about three years, Marian Sigman, Leila Beckwith and Sarale Cohen and I have continued collaboration on this project up until just this past year or so. Judy Howard, a pediatrician started working with me in 1970 and she took charge of our intervention program for handicap infants and young children and expanded it into a model program for the community. She has also expanded her research to the study of drug abusing mothers. Leila Beckwith has assisted her in this. Judy Howard is now in charge of the Child Development Program at UCLA.

I wanted to add this comment because I think it has been terribly important to me in my career that I have had the privilege of working with such talented people for long periods of time and I think for certain kinds of research this kind of collaboration is essential.