Renee Brant Transcript

Judith Rosenbaum: Okay. I just want to introduce us to the tape. Today is July 18th, 2001, and I'm in Newton Highlands with Renee Brant, and the interview is being conducted by Judith Rosenbaum. So I thought I would just start with some questions about your childhood and where you were born and raised.

Renee Brant: Sure. Okay.

JR: So, if you could just start with a little bit about where you were born and raised in your family.

RB: I was born in St. Paul, Minnesota, in 1946, and that's where I was raised, where I stayed until I left for college. So I was there for about eighteen years.

JR: And did your parents grow up in that area as well, or had they –

RB: My parents had very strong roots there. My parents were actually both born there. My mother's parents had emigrated from Poland before the Holocaust before she was born. My paternal grandparents were born in St. Paul, Minnesota. My paternal great-grandparents had emigrated from Latvia/Lithuania to Wisconsin and then moved to Minnesota.

JR: And were your grandparents alive when you were growing up?

RB: Yes, I had the joy of having all four of my grandparents alive for part of my childhood, much of my childhood.

JR: And living in the vicinity that you were in?

RB: Yeah, I lived first in a two-family house with my maternal grandparents. Actually, I think when I was first born, we probably all lived together, and some other people lived upstairs, and then we divided. That was my maternal grandparents. My paternal grandparents were close by.

JR: Do you have any siblings?

RB: I had a sister, two and a half years younger, and she died of a brain tumor in 1995.

JR: I'm sorry. I remember reading that, actually, a statement that you gave us earlier.

RB: So, no living siblings.

JR: But as you were growing up, you had a sibling that was fairly close in age. And what did your parents do for a living?

RB: Well, my mother is deceased. She was an only child and began to work very early in her life, helping out her father in his furrier business, as a really – my grandparents were immigrants; she was the one who was smart, could do the numbers, and knew the language. So she really helped to – during her teen years, kind of ran his business. She did not go to college, but she, as I was growing up, helped my father in a business that he started and then went on to be an office manager for a man who started his own business. And so actually, she worked during most of my childhood, but since we were in the two-family house, my maternal grandparents were, whenever I came home from school, my caretakers. I had a working mother. My father, I think, initially went to a year of college. Then World War II came along. He was a medic in the Navy, went overseas, and at the end of the war, I think he had dreams of going to medical school. But his father had an outerwear clothing business, and he and his brother decided that they were going to enter their father's business. So he was a businessman in the clothing industry

and worked a long time for his father, then for other people in the area. Eventually became a Vice President with a large clothing company.

JR: How would you define your family's class status as you were growing up?

RB: It's middle class.

JR: And what kinds of schools did you go to?

RB: I went to public schools, all the way.

JR: And then you left Minnesota for college?

RB: For college, right, against a lot of resistance, especially on my mother's part. It was a [laughing] very novel idea in our immediate community, for the most part, to leave home to go to college since there was a perfectly good university right in town. My father was more encouraging, but I think my mother, being an only child, very tied to her parents [with] a real sense of closeness in the family, didn't like the idea at all. [laughter] I was careful in choosing my school. I chose Brandeis. I thought, "Well, it's a Jewish school." Also very close to the school was my mother's first cousin and her family, and she was the only person in my mother's generation who left home to go away after college. My mother's cousin visited us occasionally. My mother liked her a lot, so I thought, "Okay, I'll be close to her. I'll be at a Jewish school." Even that was hard for my mother, and then when I got a scholarship, it was harder for her to say no. But my father said, "She's going."

JR: So, were you eager to see new places?

RB: I was so eager. I think I was so restless. Yeah, I had a very big, supportive community. But I think I went through the motions of being in the youth groups and so forth associated with the synagogue. But for the most part, being a bright woman wasn't

entirely valued. Boyfriends I was interested in told me I was too smart. [laughing] My parents valued education. They wanted me to go to college for sure. But somehow it was – even though there were other bright women, Jewish women, in my community, somehow it was just – I was so restless. It's the classic Midwest story. I was so restless. I was so ready to go. I really wanted to go. And there were no guidance counselors to help you. I didn't go searching [for] colleges. I mean, this was my sole attempt. I did the homework. I applied to only one college, Brandeis, in addition to University of Minnesota, my home college. I got accepted. I'd never been in an airplane. I'd never traveled. I'd never seen Boston. So I was very green but really ready to go.

JR: Did you have peers who were also looking to get out of town?

RB: Among the very closest friends I had, one of them, her family went back and forth between Israel, and she was more well-traveled than I. So she was more on the move. But there were a couple of very bright young men who were going away to college. But it was really the exception in our community. Almost everyone – the great majority of bright – of all people – went to the University of Minnesota. So, really, there had been one woman a year older than me who I had known of. I hadn't known her well. She'd gone to Brandeis, so I kind of felt like she led the way. My mother's cousin was in Boston. But otherwise, this was really against the grain of my family, but also of my community.

JR: How would you say your family identified Jewishly as you were growing up?

RB: We were quite traditional and involved in a Conservative congregation the whole time of my growing up. Actually, we started out – the two-family house we lived in was right across the street from it. My father had very strong roots in it, and then when we moved to the suburbs when I was in sixth grade, actually, around that time, the congregation also moved out in that direction as well.

JR: How did your family celebrate holidays, Shabbat, and things like that?

RB: On major holidays, we went to the synagogue. We always had Sabbath meals with my parents and then usually my maternal grandparents, who were all in the same household. And then, for bigger holidays, we would get together with the extended family on both sides. So there were both in-the-home traditions associated with all the major holidays and with Sabbath. And I think when we lived with my maternal grandparents, we kept kosher. And then, as I grew up, I went to a Sunday School. It was just on the fringe of the era when girls were going to Hebrew school. And in fact, at first, girls in my peer group didn't have a bat mitzvah. So I did not go to Hebrew school; I went to Sunday school. But I think I was actually one of the first women in my congregation to have a bat mitzvah at my wish. This wasn't anything my parents wanted for me. And the women at that point in time had an abbreviated bat mitzvah on Friday evening only. So that's what I did, and I had a special tutor in Hebrew, so I could learn what I needed to. By the time my sister, who was two and a half years younger, was the same age, she, in fact, went to Hebrew school, and she had a full-blown [laughter] bat mitzvah.

JR: Did most of your female friends also have a bat mitzvah, or were you sort of –?

RB: Not all, because it wasn't the norm at all. The boys had a bar mitzvah. But I think in my immediate peer group – I don't know that there were any of my peers that had a bat mitzvah. By the time, just a couple years – and it was right at, I think, a turning point in terms of women and Judaism and Conservatism. But by the time my sister was the same age, I think there were proportionally more women having bat mitzvahs.

JR: So there was more of a setup for that. You mentioned youth group briefly, but I was wondering if there were other kinds of extracurricular Jewish things, like summer camp,

or anything like that [inaudible] –

RB: Going to camp at my time and in the Midwest was not the same kind of deal it is here, in New England, so many of my summers were spent at home. I mean, I can remember, we used to – when we lived – our first home until I was in sixth grade, we lived across the street from the synagogue, and also across the street was the Jewish Community Center, and I think I went there sometimes for some day camps and things like that. I wasn't a real camp-goer and wasn't encouraged to do that. But later on in high school, I did get involved in a Jewish camp named Herzl Camp, and I went there for only a year for the – I went to camp for the first time, I think, as a sophomore in high school. That was kind of the last year you could go. And then I did become a counselor-in-training there and actually met some people there who I became quite friendly [with]. They were from the East. [laughing] They were twins, a man and a woman, a brother and a sister from New York. And their grandfather had been one of the founders of the camp, so they went to the camp. So they were kind of novel for me, too, not being Midwesterners. And then, when I did go to college, for holidays, I would often go to their family in New York. So it was United Synagogue Youth, which was connected to the Conservative Movement, and I guess B'nai Brith Youth, which was more a social kind of thing. I must say that I don't think my heart was really in it, but it was the thing to do if you wanted to be social and Jewish. So I did it.

JR: Did your parents have rules for you about dating only Jews? And was that an issue?

RB: I would say that they were understood and not at all stated. I don't think they had to say it because I think it was, just by virtue of the way they reacted when that wasn't the case, you knew [laughter] that that was the rule, and they didn't have to say that it was the rule.

JR: Was your community a very Jewish-feeling community? Were your neighborhood or your friends from school, were you mostly –?

RB: I think the first community we grew up in, even though it was across from the Jewish synagogue and so forth, was really pretty mixed. There were some other Jewish people on the street, but there were people of other religions too, and certainly, the elementary school that I went to was quite a mixed bag. When we moved to the suburban community, I'd say there was a significant proportion of Jewish people in that community, but also, our neighbors were Catholic. There wasn't much of a racial mixture in that community, but there was a religious mixture of Catholic, Protestant, and Jewish. But I think among the different areas of town in St. Paul, it probably had one of the higher concentrations of Jewish people than other suburban areas.

JR: Were your parents involved politically at all? What kinds of community things were they involved in?

RB: Well, there were the women's organizations, such as B'nai Brith, that my mother was involved in. My father was involved, actually, in the Masonic Temple. That was one of his things. I mean, he worked very hard, and there wasn't a whole lot of time, and my mother also was a working mother, too. So there wasn't a whole lot of time for those other involvements or energy, I think, because, as I grew up, I remember my mother caring a lot for her aging and elderly parents. And as they grew older and I grew older – I mean, after my father took on other kinds of activities more in his retirement – but the politics were not, say, in political movements, per se. There weren't any social activist movements that they were part of. I mean, there were Democrats, and there was a strong Democratic presence in Minnesota. They voted for and supported the more liberal candidates but were not political or social activists themselves.

JR: Did your family talk about Israel much? Was Zionism part of your Jewish life?

RB: It was, I'd say, more in the distance. Not big or active. I mean, as I said, one of my best friends in high school's family was very connected to Israel and often went back and forth and had family there. I heard more through her, but even though – I mean, Israel

was out there, it was not a big piece of my parents' life.

JR: How would you say that your relationship with Judaism has changed over time? How would you define yourself now?

RB: It feels more personalized right now. I think as I grew up, it felt like a very important and comfortable identification. I think, for the most part, positive, warm feelings of food, culture, and gathering. So I know that I have a lot of very basic fond, good memories of just all of the music, and the smells of food, and the gathering together, and the family, and community. So that, I think, was a very nice foundation. Once, I went away to school – I mean, it was a Jewish school, but it was the '60s, a time of a lot of political activism and so forth. Like everything else, you sort of question what you want to do. I wasn't a real group joiner and had a pretty ambivalent relationship with – as I grew older, I think I came to not like some aspects of organized religion, and people dressing up, and being more concerned with the superficiality than the substance of the religion and so forth. And so, even though I was strongly identified as Jewish, I became just a bit more circumspect about group things and joining groups. And so that once I went to Brandeis – I mean, I guess in some ways it's like being in Israel; you have a high proportion of Jews around you, and I didn't especially feel a need to, say, join Hillel for example, because I didn't need to do that to meet other Jewish kids. And I was interested in other people, too. I mean, there were Africans there and people of other religions, and I was curious about everyone and everything. So I think at Brandeis, there was still sort of the basic Jewish identification. On major holidays, I would go. I think later on, an important person along the way was Al Axelrad, the rabbi at Brandeis. I met the man who is now my husband at Brandeis, and we started going out there. We were introduced as two Midwesterners who deserved one another – two hicks from the Midwest who deserved one another. He was from Kansas, I was from Minnesota, and we were somewhat odd ducks [laughter] at a mainly eastern radical university. He was Jewish by birth but was not strongly identified in a religious way with Judaism. But both of us got pretty close to

Al Axelrad, who was a very social activist Jewish rabbi. And then I guess I saw a way of being able to make a connection between social justice, social activism, and religion in the ‘60s because we were involved in anti-Vietnam – my husband was involved in draft counseling. I got involved also, I think, in issues to do with abortion, use of contraception, [and] some other women’s issues. I began to be interested in that. And so, in college, the new twist was that Judaism could be combined with social activism. That was a new discovery.

JR: And what do you say that you feel, now that you’re – do you feel now that your work is related to those kinds of themes of Jewish social justice?

RB: Well, in some ways, I think the Jewish part of it faded into the background a bit after college, and I remained involved – I stayed involved, actually, with the Brandeis congregation around High Holy Days and things like that. We would usually do Friday night meals, but it was not a strongly observant time of life – staying involved in the social activism piece of what we were doing, but it wasn’t such a big thing in my mind that it was connected to Judaism. I mean, it wasn’t counter to Judaism, but it wasn’t Jewish-identified. It was more the generic issues around women, war, race, [and] civil rights than I was doing. So, while my Jewish identification was there, these other activities weren’t, in a big overt way in my mind, connected. I didn’t think that they conflicted at all, but they were supportive of one another. In some ways, probably, it’s been more in the past five years, especially – maybe ten years – that I’ve somehow just more consciously been connecting the Judaism [and] the social activism, mainly through the congregation that I’m part of now, where there’s a lot of focus on social activism integrated into the congregation.

JR: Which congregation is that?

RB: It’s Temple Shalom in Newton.

JR: And how does your family now – how do you celebrate holidays and Shabbat and things like that?

RB: My children are grown up and away, and we still – whether they're home or not, my husband and I – and sometimes with friends – will mark Friday evening as a special evening and still have a Sabbath meal together. We've never been totally observant of the Sabbath, but I think that we do try to do things on it that are less work and more play, more fun and more enjoyable. I think I've come to appreciate, as I age more, the need for rest [laughing] and Sabbath in one's life in general, and this is a very wise idea of Sabbath – both sabbaticals and Sabbath, and turning 50 Jubilee, which is a kind of – so somehow, it's making more sense to me that we can't always be on a fast track, and you do have to slow down. And that the idea of Sabbath is increasingly appealing to me. And we go to major celebrations at our synagogue, and we know people in the congregation. I think that as we got into it, sort of, when our kids got to bar and bat mitzvah age when we felt somehow we outgrew the Brandeis religious community. We needed something a bit more city and neighborhood-based. So, we did get involved in it. But there was something about it that I was ambivalently connecting with. I don't know what it was. Then there was a change of command in the past year or so of the new senior rabbi and junior rabbi and a new woman cantor. And all of a sudden, over this, really, past year, I have felt much more – I mean, after thinking, well, maybe I'll leave – I feel much more pulled in and connected to the congregation. And I think it's just – there seems a different spirit, or warmth, or something – that there's more music, and that pulls my soul, that they instituted a healing service last year. And then they're going to have a monthly healing service this year – sort of much smaller, more intimate way of being together, at a time when I've needed a lot of healing in different ways and others that I know. So that's been very nice. I took a continuing ed course for the first time, a very small seminar on Jewish readings on suffering, healing, medical practice, and I found it absolutely fascinating. So, more than ever, really, in the past six months or so, I'm – oh, also, I really love the new woman cantor. She is so lively and so spirited. And at

Children's Hospital, in my work there, I have recently made a connection with the chaplaincy there, and they're in the middle of looking for a new Jewish chaplain. So I've been invited to some meals there to try to brainstorm about both fundraising and choice of chaplain. And it turns out that this woman cantor, herself, did a chaplaincy at Sloan Memorial Kettering and was interested in the issues about chaplaincy, so we're hoping to have lunch this summer and talk about it. She may get involved in thinking about that. So there have been these new – things have just really opened up, literally, in the past year.

JR: I wonder if you could tell me a little bit more about the kinds of things that you were involved in, starting in college and now.

RB: Starting in college was really – Brandeis was a political hotbed, and so I got swept along in the tide. It was a very important issue for my husband, right then boyfriend, now husband, as well. So there were civil rights marches. There were Vietnam War protests, both in the Boston area and Washington, D.C. My husband was involved in draft counseling, and I got somewhat pulled into that. And then, when I went to medical school, and the summers between medical school – I think it was between my first and second year of medical school, I was involved with something called the Student Health Organization, which was some sort of radical health organization.

JR: Was this also in Boston?

RB: This is in Boston, yeah. I got involved in – people had individual projects, and my project was – I felt pretty strongly about the issue of a woman's right to choose in terms of bearing children or not or abortion and some of the damage that was being done as women were seeking abortions in very unsafe circumstances. I knew that different people in the Boston area were working on this issue but that they weren't together. So I took it upon myself, during the course of a summer – I was sort of self-appointed – that I was going to make contact with the different people in Boston who were thinking about

counseling women around issues to do with pregnancy and abortion and bring them all together and have them meet for the first time. So I got Planned Parenthood, and religious groups, and so forth. And so my little project for the summer was pulling these people together into a kind of coalition. So during medical school, I developed an increasing focus on issues to do with women and children, and it was during medical school that I became married and eventually, after medical school, had my own family. But I think just being married myself – being a woman – and so I think that – and the women's movement growing out of what was going on politically through all these forces kind of came together.

JR: And how did you get involved in the kind of work that you do now with abused children?

RB: As I went through medical school, first of all, there were some very wonderful women in the department of psychiatry at Beth Israel – Malkah Notman and Carol Nadelson. They were my teachers, supervisors, and I think I was very aware of their strength as women, their scholarly-ness, their certainly activist beliefs around women, and proper care for women. So, I think they were very powerful figures around women's issues. There was at Beth Israel, an interesting rape and rape crisis counseling center. There was a very strong connection in the Department of Psychiatry with the Department of Gynecology and the work of another woman psychiatrist, Greta Bibring, who had really forged a strong connection between psychiatry, obstetrics, gynecology. So, a very strong piece of my psychiatric training was, somehow, the importance of consultation liaison between psychiatry and medicine. But especially, I became interested and did some rotations around counseling women in [the] obstetric and gynecological context. And then, when I went to a children's hospital, this interest continued, and they had more specialized services for adolescents in GYN. And so I became a consultant to the adolescent gynecology service. When I was – at my training, there was a woman director of training, Dr. Vera Tisza. And she became interested in

the question of incest and sexual abuse, which were pretty outside most people's radar screens, even though rape was obviously something that had come to the fore. And she asked me if I would join her in a retrospective study, looking in the emergency room. If children came in with complaints that one might think was a sign of sexual abuse, what actually happened. So we did a chart review during a certain number of years. First of all, when your director of training says, "Will you join me in this project, and maybe we'll write a paper," it's very tempting. [laughter] So, you can't say no. So I did, and so by virtue of doing that with her and a couple other women in the department, we became the local experts. We did a paper, one of the first published papers, called The Sexually Misused Child. We presented it at a convention, an orthopsychiatric convention. So it was a big deal in my development to do this with my training director and to be on the forefront of an issue. And then I went to – I actually did my pediatric training at Mass General, then my child psychiatry, then the adult psychiatry at Beth Israel. So I switched things around a bit. The GYN connection at Beth Israel came after the Children's and built on it. And then when I finished the training, I had just had my own child, was only wanting to work part-time, and was asked to come back to Children's, the other place that I trained, among other things, to start a sexual abuse team, because there was a woman, a nurse at Children's, who was a sort of prodigy of Anne Burgess, who had done a lot of the work on the rape crisis syndrome, and then became interested in issues to do with children. There was a strong tradition in nursing, so the nurse was looking for someone to pair up with in medicine/psychiatry to start this going. So one of the reasons I was asked was because of that little bit of experience I had [laughing] in the world of sexual abuse, but more than anyone else had had, and to start a sexual abuse team. So that was one of – part of it was being asked of me when I came back to Children's part-time, after my training.

JR: This sounds like a weird way of phrasing this – but what was appealing to you about working on these issues of sexual abuse – and appealing sounds weird, but what felt important to you about that?

RB: Well, I think a consciousness of ways in which women and children have been exploited. I think I was aware, certainly, in my medical training, even being in the elite, in a way, of a lot of forces working against women. I was in a class of ten percent women, both at the University of Chicago first, and then I transferred to Harvard. I just remember being a witness to all – well, experiencing things as a woman, whether it was the kind of stories or jokes in class, slides that were put up – this was before a politically correct era – but there were some women in my class who were quite radicalized, much more than I, who were very vocal and led the way on some of that. I remember also that I was doing my rotation in obstetrics and gynecology. A senior professor, a white man [with a] bow tie, took a group of medical students in to see a pelvic examination of a young Black woman. And so, we're all standing around – I mean, I was just there – I was mortified. I was thinking, "This is the most humiliating, awful thing I can imagine." And so then this doctor at a hospital I valued said, "Okay, dearie, get up on the table." And this young Black woman, maybe a teenager, looked at him and said, "Fuck you. I'm not getting on this table for anything," and ran out of there. And all the medical students were going, "Ah." And I thought, "Yes." [laughter] So, I think, during various rotations – I mean, there certainly were some obstetricians/gynecologists who were wonderful. There were a couple, actually, women training in OB-GYN when I was training at Beth Israel, who were very politically savvy women, and who were wanting to form an alternative practice, and so forth, and I became friendly with them. So I think that the issues to do with women, with children, with the forces that could work against you, certainly if you were Black, or Hispanic, or lower class, or didn't have money. But even the forces that worked against you when you were middle class/upper class didn't seem to make any difference. So I think I just felt an increasing interest and pull in that direction. I think another really pivotal thing for me was that very early in my internship in pediatrics at Mass General Hospital, I was, of course, like other people, very anxious about starting my internship, and all the responsibility would fall on me. Included in my responsibilities was being on call for pediatric patients in the emergency room at Mass General. And I tried to prepare

myself for everything – seizures, falls, and broken bones. One of the first nights that I was called down at about 2:00 am, there's a mother there with a little two-year-old girl, and she looks at me and she says, "Doctor, I need to know whether my daughter was touched." "Touched where?" She was concerned whether her daughter had been touched in her genitals. And I'd had no – I mean, I didn't know anything about this. And this is my first training. This is before I hit psychiatry. So this is right out of medical school. There were no guides. There were no rules. There was no training. I didn't know what to do, but I thought, "Well, okay, I better try to figure out how to go about doing this." So I examined the child. I didn't think I could see anything. I thought, "Oh, I better take a culture." I thought, well, that's crazy to take a culture of a two-year-old. But I will. So I took a vaginal culture, and then there were some very good people of a social service and the legal service because, by that point in time, child abuse did have to be reported. So I consulted with them and learned about it. And then I remember the culture came back positive – gonorrhea. And it blew my mind. I thought, "How?" I mean, it was beyond anything I was prepared to do. So that made a very big impression, and I learned a lot from the social worker and the attorney in terms of how to make reports of child abuse and follow up on that. So I think that having that hit me so early really made me very concerned about that and realizing that the system left one totally unprepared. And then the aspect of the research that Dr. Tisza asked me to join with her really confirmed the fact that something that now we might consider a quite obvious reason to inquire about how a child got – it was either how a minor became pregnant, or how they got sexually-transmitted diseases or genital injury. These are three rather glaring things where you want to try to rule out abuse. And it wasn't happening. We were looking in the charts and so forth, and there was nothing to rule it in, or rule it out, so it said – what that article said and what that survey said was that we are really turning our heads and eyes from something.

JR: So after you put together this team, how did things progress from there?

RB: Well, the team grew and was a really tight group, and somehow we got more and more cases and found more and more referrals. And it became part of the training program. I wrote some papers [and] made some presentations. And then I guess one of the other turning points had to [be] in the mid-‘80s when we got a call from one of the district attorney’s offices because there had been in some allegation of child abuse in a daycare center.

JR: We still hear about that.

RB: We still hear about it –

JR: [inaudible]

RB: We still hear about one of the people who was convicted and whether or not he’s going to be released. Although there had been a case in California of some renown – called the McMartin case. But this was the first time there was anything like this in the Massachusetts area. And actually, there was a wonderful district attorney’s office headed by Scott Harshbarger, who subsequently became the attorney general. And he was someone that I had known, mainly because my husband had worked in the attorney general’s office with him. And also, he was really on the frontier in terms of thinking about child abuse, rape, family violence, and the role of the district attorney. His office was the one that got involved in the case, mainly because of his jurisdiction. I got approached as director of the team to see and evaluate some of the children and to help them figure out what to do. And then, as the thing grew and the case grew, the person who was appointed as the chief prosecutor on the case enlisted me to meet with him over the course of nine months or so and really give him a course in child development and sexual abuse to the extent that we knew anything about it. And I did have an opportunity to treat some of the children in that situation. Normally now, I wouldn’t

combine a role consulting to legal people and treating a child, but there was no precedent. Eventually, after I told him everything he needed to know to help him put his case together, he asked if I would give expert testimony in it. I'd never testified in court before. I mean, I'd had a bit of training in child psychiatry in working in the juvenile court system. So I was pretty apprehensive, and I didn't envision myself doing that at all. But then I thought, "Well, if these kids are going to testify, I can testify, or else I'm a coward." [laughter] So, I was the state's chief expert witness in both of the trials and became quite close to the prosecuting attorney, to the victim/witness advocates, and so on and so forth. So that turning point really had to do with my involvement, not in clinical aspects but trying to work at the medical/legal end and doing expert testimony more often in criminal situations. And most of my expert testimony was really not rendering the opinion that this or that child had been abused. And in fact, in most cases, I'd never seen or treated those children. It was really more educative for jury and judge. And really, then I envisioned my role – well, first of all, I found it more interesting and challenging than I might have expected, and I seemed to be pretty effective at it. And some of it really is a teaching role, in large part, and I thought it was really important to transmit this educational information, to give judges and juries, especially, a framework to understand what was being presented to them. I really envisioned this as a really important educational role. I envisioned it also as a way of strengthening or giving voice to the children, the women who – there were so many ways of silencing them. Somehow, I thought by virtue of being a physician, being from Harvard, all these labels, I thought, I'm going to use the power and the status that comes with these labels to support the needs, the voices of those who can't speak out, or who are quieted, or are dismissed, or whatever. So I felt pretty – I mean, I think I was very measured in the work that I did, but there was a very passionate commitment of giving voice.

JR: And now, is much of your work still in education and consulting types of stuff, or mostly treating?

RB: I've switched gears a bit over the years. I've been somewhat less involved in the sexual abuse, although that may be changing a bit. The wheel may be coming full circle again. The legal work, after a while, I think, became increasingly difficult and challenging, where there were attacks on the messengers and not just on the victims, and at times could become quite ugly in the courtroom and out of the courtroom. I mean, I had threats on me and so forth. As I grew older and had my children, I thought, I still want to be able to be an advocate here, but I don't think I want myself on the firing line quite the same way. I continued to teach and do clinical work or supervise people doing clinical work. I worked in – one of the other things I did was to be one of the founding members of an interdisciplinary organization called the American Professional Society on the Abuse of Children – attorneys, protective service workers, judges, police all working together on advocacy for abused and neglected children, not just sexual abuse. I was one of the founding members nationally, was one of the founders of the Massachusetts chapter, was the first president of the Massachusetts chapter, was involved in a subgroup that worked on creating guidelines for doing abuse evaluations in divorce custody disputes. So I put a good bit of my energy into bringing together people in an interdisciplinary way to do education, training, advocacy, policy, and guideline-making to make sure that things would be fairly done. So that was during the early part of the '90s, and I became very involved, and that sort of switched gears a bit. And now, actually, at Children's Hospital, after twenty-one years, they discontinued the sexual abuse team. I was no longer director of it or directly involved with it, but for monetary and fiscal reasons, they discontinued the team, and surprisingly, the cases haven't gone away. [laughter] A lot of the people who are doing [the] treating have gone away. And surprisingly, the residents still need to be trained in these things, and surprisingly, it isn't happening. So now they're asking me, would I spend some of my time teaching staff and residents about child abuse and sexual abuse? So maybe I'll be starting on another cycle. But I've also put a fair amount of my energies into working with children and families around the trauma of chronic illness – well, what [inaudible] isn't the trauma – but

around the stresses and sometimes traumatizing aspects of illness. So that's become an increasing interest, but there still is a thread, and it may be a bigger one, I think, as the need becomes more manifest, which I'm sure it will.

JR: How did you experience any conflicts between your professional work and your family responsibilities?

RB: I mean, I think you always do because you only have a finite amount of time. [laughter] Your children only grow up once. There are certain points in your career development where you have to do what you have to do. So, yeah, I did, but I think when push came to shove, I usually chose family. For example, when I finished all my training, I was offered chief psychiatry residency at the place that I had trained, and I was a new mother. And I thought I can't become a chief resident where you literally marry a psychiatric unit when I've got a new baby. So I think I was the first person in their history to say no to them. But it was a pretty clear choice to make, and yet, it probably made some difference in my career development. And they were kind of aghast that I said no. And I felt sad that I had to say no because I think I would have enjoyed doing it. But I felt very pleased to just say, "I know that I can't make that kind of commitment." So, yes, I certainly have felt that. And I think one of the reasons that I think I have enjoyed psychiatry is because, first of all, I enjoy people. I like being in the world. I like being trained in both child and adult and family psychiatry. I like being able to go back and forth between those different worlds. And I've been very blessed in my career choice, in that I tended to have some skills and knowledge, for example, that they've needed at the hospital. So I've had some leverage in being able to work part-time because no one else – people weren't thronging to do the work that I was doing. [laughter] So, they needed me for the abuse-related stuff. Then they needed me because I was the only psychiatrist interested in doing family therapy. So they needed – my particular interests have been things that others weren't as interested in, and they needed me for. I enjoyed having the flexibility, I think, of having an academic base where I could have that stimulation and

that colleagueship, and so forth. And then gradually developing a private practice where I have the flexibility to be my own boss, to set my own schedule, to take the kind of cases I wanted to. When I was surrounded by baby diapers and babies, I said, “I’m going to see mainly adults, and then as my children grew up, I thought, I would like seeing little babies again.” [laughter] So I think I felt so lucky to have my hand in a lot of different pots. There’s the academic one. Then there was a medical/legal one, which served me well while I wanted to be involved in it. It was a kind of fascinating new realm. Then there was my private practice which I kind of shaped as I wish. I was lucky enough that I could do that. I love being my own boss and having flexibility with my schedule so that as my kids grew, I could work in the morning and be available in the afternoon or work in the afternoon and be available in the morning. So that’s been very beneficial. As I’ve been in different life stages and my kids have been at different life stages, I’ve been able to take some of my experience and where I am and use that either to stay away from certain areas that are too close for comfort or to do more in certain areas where I would enjoy the work and feel that my experience can benefit other people, too.

JR: You have two children, right?

RB: Right.

JR: And how old are they now?

RB: The oldest is twenty-four, a woman, Simone. And she is a college graduate. For the past six to nine months, she has had her first real job in Washington, D.C., working for the Environment Protection Agency on global warming issues, not our President’s favorite topic. [laughter] And my son, Justin, is twenty-one, and he just graduated Wesleyan. He’s interested in biology, ecology, environment, and working as a carpenter this summer and then trying to figure out what’s next.

JR: How did you explain your work to your kids?

RB: Well, they've lived with it all their lives, and I think explaining generically just the psychiatry part of it and the doctor and helping with feelings and talking about feelings, that was in bits and pieces as they grew up. Sometimes they come to the office. Actually, my son built that dollhouse for my office when I play with kids and so forth. So a lot of times, say, toys that they were finished with, I'd say, "Well, do you mind if I took this in and other kids could play with us, too?" So, I think I just, in different ways – as the kids grew up, it took on different meaning, and I tried to explain it different ways. The whole issue of sexual abuse was something that I didn't talk to them too much about too soon but was an issue that they became more aware of as they hit adolescence and so forth. And cases were in the news, and I was in the newspaper or whatever. When they became of an age where they could think and talk more about those kinds of things, then we would talk about those kinds of things.

JR: This might sound like a kind of weird question, but in what ways do you see your work as either fitting into or challenging women's traditional kinds of roles?

RB: Well, I think there's been a challenging aspect to it from early on, in that, at first blush, even my mother was horrified at the idea that I wanted to become a doctor rather than marry one. [laughter] She wanted me to be educated. She was fine that I worked. But this was too much. So I think part of the challenge was even just what the expectations of women were. And I think being one of ten percent women in medical school …

[END OF AUDIO FILE ONE]

JR: Okay. Excellent.

RB: Personal challenges as a woman. I think it was challenging being one of ten percent of women in medical school because there weren't very many of you around. I think, luckily, I made a lot of great friends, had a lot of very good men friends in medical

school. The women who were there were great, too. For the most part, I think we were supported and respected, but there were those moments when you were in a giant lecture, and some terrible, humiliating picture of a woman was on a slide, and some joke was made. So I mean, there were certainly difficult moments. But I think that even with that challenge, basically, the friendship of many men and women, and generally the supportive professors was good, and they helped through it. [laughter] I remember probably the most challenging [was] on surgical rotations, where somehow there was some kind of club atmosphere. It almost felt like locker room talk, and I was kind of – when people were scrubbing, and I had to go to where the nurses were, and I felt it was kind of out of the loop, and there was a sort of macho thing about how long you stood during surgical procedures. I remember, as I was finishing my pediatric surgical rotation, that I just decided – I was scrubbed in on some very long surgery. I remember just feeling, as I was leaving my internship and I had nothing to lose, I'd just be kind of outrageous and say, "Well, I guess I'm one of the guys. I may not have balls, but I have –? It was just outrageous. [laughter] In other circumstances, when I was less outrageous, I just remembered that somehow I felt like I was in a men's locker room, and I didn't especially want to be there. So that was a bit of a challenge. But otherwise, for the most part, I feel very lucky that I've been able to use my gender to my advantage. I think, in part, it's because I've been supported by the wave of feminism contemporaneous to my growth and development. The women's movement was just coming to the fore and beginning to blossom at a point when I was just beginning my education and career development and has made, I think, a huge difference about being a woman, and has made for – while there have been challenges, there's much more of a sense of support and community, in that you're not facing them alone. If I were doing this in another time and place, and era, I'm sure that my individual challenges would have felt much more lonely [laughter] and much less supported. So I think I was lucky to have been born at the time that I was born. I know that this time shaped me in many respects. I think both in terms of my choices of what I did, advocating for women and children,

abuse and exploitation, but also in supporting me along the way. As I was meeting challenges, so was everyone else, so there's a support of politics and community.

JR: What would you say has been the most rewarding thing for you?

RB: I think there's just so many rewarding things about my work profession. Well, I enjoyed, most of all probably, the day-to-day rewards of seeing people feel better, grow, cope better, in dealing with whatever is gone along their way, whether it's a depression, or a death, or a loss, or an illness. I think just being able to move through life with grace – which is very hard – or even just to cope with moving through. I think that if I – whenever I feel I've provided any assistance and service to someone, in doing that, I feel very gratified. I also feel as if I get so much in return that, more often than not, just the gratification and the relationships that I make with people I work with bring a lot to the situation too. [laughter] So I feel that I – very generously, emotionally, and in other ways – am rewarded by the children and the parents and the families that I work with. I mean, I feel like we're really a team, and we grow together and work together. So I find that really, really rewarding. I love the intellectual stimulation of various groups I've had along the way. And often, when I've been at a challenging point, my way of dealing with it where a group hasn't existed is to create a group. So, for example, when I was doing sexual abuse evaluations in divorce and custody disputes, that was probably some of the most difficult work I ever did because no one was happy. You were literally in the midst of a war with a child in the middle. No one was happy with what you did. And I was beginning to do that in my private practice, and I realized I couldn't survive. I'd be thinking – I had nightmares. It was awful. So I thought of various people, men, women, psychologists, whatever, and we started to form a monthly group to discuss one another's' cases to read together. One of my friends said, "We'll call ourselves 'Misery Loves Company.'" And this was just a delightful group of people. So I think that whether it was a sexual abuse team, or whether it was Misery Loves Company, or now I'm working in the area of supporting children and families with chronic illness. And again,

this past year, a good friend had a group, and we did literature reading in a support group for one another. I feel like there's so much [laughter] that's rewarding. I have intellectual stimulation. I have wonderful colleague relationships. I have skills that I think do help me in my life, as well as help others too. I know where – I've learned about the importance of receiving help as well as giving it because I've been a patient as well as a doctor. I think my experiences of patients have helped me in my doctor experiences. So I must say, I just feel that I can't imagine feeling more rewarded in intellectual ways, interpersonal ways. I just feel very lucky.

JR: How would you say that your contributions have affected other people?

RB: Well, a lot of times, you don't hear the feedback, but I have seen people get better. I have seen people think I am a miracle worker, just prescribing a medication for attention deficit disorder to an adult. Sometimes you get a very concrete – someone saying, "You've worked magic in my life." [laughter] It doesn't happen too often. But on a smaller scale, people can get through something or master something, and they have someone to support them in doing that. I think that feels really good to them. One thing I've come to realize is that somehow there is less and less good listening in relationships. Sad if you have to go all the way to a psychiatrist, but I think whether it's in friendships or certainly in medicine – I think the forces in medicine have really conspired so that people – professionals have to do more in less time. And I think that listening to people and enabling them to tell their story, especially around issues of illness, especially around issues of abuse and exploitation, that in and of itself is an extraordinary gift for people, to have someone to listen and be witness to you without judging. And I have become, myself, very interested in narrative approaches to coping with illness and doing therapeutic work, and really the sharing and the telling of stories, and using narrative intervention techniques. Right now, I'm working on a project of introducing both some narrative approaches, both oral narrative, written narrative, as well as witnessing methodologies in working with patients, children, families, [and] health care providers

around issues of coping with an illness. I feel that somehow bearing witness is a way that I help people. I think being at the interface between biology and psychology, having medical tools and medications that I can use, and integrating the work I do – I think that's wonderful. I'm very happy that I'm able to do that.

JR: How would you say that your work has affected you?

RB: Well, I mean, it's been such an integrally important part of my growth and development that I think I've been very lucky that the skills that I've had and knowledge I have has been valued and enabled me to earn a living, and it has provided so much gratification that it builds my sense of self and self-esteem, and worth, and value. It makes me feel good about who I am and what I've been able to do. I think especially being in psychiatry, being in medicine, and being at a point in life where I, myself, friends, parents are facing increasing challenges with illnesses – cancers, dementias. I feel as if I have been given really some extraordinary tools to help me face those challenges in my own life and to be of service for others in facing them in their lives.

JR: So, you sort of personally benefited from it.

RB: Yeah, I feel as if I have learned so much, both in the caretaking role and from being witness to what the people I work with are going through, and in odd ways, being able to integrate my life experience – which especially in the last five years, has involved a lot of loss, traumatic loss and family illness, and family illness in myself. I feel that somehow the tools that I've been given have been really crucial in enabling me to meet and informing a certain philosophy about meeting some of life's biggest challenges. I'm not invulnerable by any means, but I have a much better way of dealing with my vulnerability. With my patient-hood, my sisterhood, my friendship-hood, my doctorhood, all of these have just – feel like they've just woven together to really make me feel grateful for life, ready for life, valuing life, just living very richly. I feel like that religious, spiritual, medical, healing, the social – they're all just kind of coming increasingly together. It feels very

good.

JR: Have you had many role models [inaudible], or in life, actually, in general?

RB: Yeah, well, I think I remember when I was a young child in St. Paul, Minnesota, one of the first women who caught my eye was quite exotic. Well, she was Jewish; she was Italian. I think that some cousin of my mother who wanted to be a physician didn't get into medical school in the United States, went to Italy or Spain, went to medical school, met a woman, married her, [and] brought her back. She was a woman physician, Jewish. She was very stylish, fancy, exotic, and I thought, "Oh." She just seemed like – she was a whole new creature that I'd never seen before. Then this first cousin of my mother's who lived in the Boston area was not a physician, but she was in my mother's generation. She had left Minnesota against the grain. She had been a speechwriter for Hubert Humphrey. She lived in Boston. She became someone that I kind of looked to. I think one of the reasons I ended up in Boston was not only because it was reassuring to my mother [laughing], but I think that she was intriguing to me, in that she'd left home, and she had done these really interesting things. And then, when I was in the medical training, I think that the three women who stood out were Malkah Notman, Carol Nadelson, and then Dr. Vera Tisza, my director of training. Since then, there are just many people along the way – my colleagues and peers. But I think that these were people that sort of pivotal points in development, who were really role models. I think Malkah Notman, Carol Nadelson – they were very energetic women. They were scholars. They were clinicians. They were politically active. They were Jewish. They had families. So they sort of had it all, and I was very inspired by them.

JR: Do you see yourself as an activist?

RB: I do. And maybe an activist in a broader way than I might have originally thought of. But I would say yes. I mean, I think that increasingly it's my thought, too, that I need to, in more overt ways, work as a political activist. And I think I've been a clinical activist.

I've been an activist in starting an organization that advocates for abuse and neglect issues. But increasingly now, actually, we have networks to get involved through Children's Hospital, for example, and the professional organizations that I'm involved with. And advocating for children's health needs, women's health needs, everybody's [inaudible] health needs. So, yes, I see myself in – I mean, I have been an activist, and I'm branching out in different ways of being an activist.

JR: There was another question that I kept thinking about. Well, one question that I had that isn't actually the question I usually ask, but it sort of carries for me, and the kind of stuff I've been thinking about teaching, is whether you would call yourself a feminist.

RB: Feminist as opposed to peopleist?

JR: I don't know.

RB: Yeah.

JR: [inaudible]

RB: There were times when I was very much influenced by feminism, but a bit loathe to take on that label because it seemed – I mean, I want to see everyone's rights, values, capacity to learn expressed, develop themselves to the maximum, whether you are a woman, a man, a child, Black, Hispanic. So feminism is certainly a thread of what I am. But it almost seems too exclusive, and it sometimes for people connotes something against men. And I don't value that piece of it at all. I'd much rather do collaboration, and I think there is a point in time in political movements when you're the down, and someone else is one up. You have to more overtly identify yourself as a Black activist, a feminist to get your point across. But then I think there comes a point where doing things in a more unilateral route is sort of having blinders on, of sorts. So, feminism is a thread, but I don't know, humanism, individualism – I'm not quite sure what to call it, but something more generic, that whatever aspects that you are that might otherwise be a

cause for dismissal, or exploitation, or abuse, or devaluing, that that be understood, addressed, and that there be a maximizing of the growth potential qualities, and the minimizing of the corrosive things to the soul, the spirit. So, I don't know that there's a word for that. But so, yes, a thread of me is a feminist, but it's part of a larger book. [laughter]

JR: That's about the end of the questions that I have for you. But is there anything that we haven't covered that you'd like to tell me about?

RB: I've alluded to them, and I think one of my biggest learning experiences in recent years has been around issues of coping with illness and chronic illness, and that challenge who you are. I've had to cope with that myself, as well as in my family, as well as with friends. And again, I think bringing together the individual and the professional, I've had the luxury – liberty – of being able to point my career work more in that direction, too. I think the whole thing of giving voice, too, that there are many times when people with certain illnesses, whatever, that they have, themselves, become stigmatizing. People don't want to hear about it – you're a complainer, you're this, you're that, you're not being productive, you're lazy – that somehow I am interested in expanding a lot of these values at orientation, not just to the abuse exploitation realm, but to people needing to talk about things that are very big challenges in their lives, but where they really don't have places to talk about it, where the conversations are dismissed, or peripheral, or people don't want to hear it or turn the other way. So that's just a new area in which I'm turning my attention.

JR: Both professionally and personally?

RB: Yes. Around this narrative [of] illness, witness to illness project, and actually, we're looking for a grant from a foundation whose mission is to promote compassionate caretaking in the medical profession. And I do. I think it's part of my exit from the profession. I am wanting to re-emphasize the need for compassion, caring, and healing

as part of the medical profession. Somehow it's been squeezed out by a lot of forces. I think a lot of people are trying to hang onto it by their fingernails, but it gets harder and harder.

JR: Thank you very much.

RB: You're welcome.

[END OF INTERVIEW]