

Lizette Peterson: A Collaboration of Passion and Science

David DiLillo,¹ and George C. Tremblay²

¹University of Nebraska-Lincoln and ²Antioch New England Graduate School

Since her untimely death in July of 2002, there have been two tributes to Lizette Peterson published in psychology journals. Sher and Homer (2003) provided an overview of Lizette's history and achievements, and Roberts (2002), in the pages of this journal, reflected on her legacy to the field of Pediatric Psychology. Both are poignant remembrances by authors who held enduring and special places in Lizette's affections. We will not seek to replicate the scope or intimacy of those portrayals, but instead to offer a brief chronology of her distinguished career and to establish a context for the articles presented in this Special Issue.

A Remarkable Career

Lizette Peterson charted an extraordinarily fertile academic career. She demonstrated what would prove to be a lifelong commitment to a developmental perspective by enrolling in the combined Developmental and Clinical Psychology PhD program at the University of Utah in 1973. Her interest in the pediatric domain was also evident early, as she independently arranged to conduct her dissertation research with pediatric surgical patients in a nearby hospital. Lizette continued her work on preparing children for stressful medical procedures through her first several years at the University of Missouri (e.g., Peterson, Ridley-Johnson, Tracy, & Mullins, 1984). In the early 1980s, her husband, Andy, drew Lizette's attention to a series of stories in the popular media, highlighting a reported increase in the phenomenon of "latchkey children." Thus began her focus on process analysis of children's injuries, and on the central role of parental supervision in keeping children safe (Peterson, 1984; Peterson, Farmer, & Mori, 1987; Peterson, Mori, & Scissors, 1986).

Of her shift in focus from hospital work to injury prevention, Lizette once remarked that she became increasingly dissatisfied with helping children only in the aftermath of injuries; rather, she wanted to contribute to preventing the events that so often brought children into the hospital. This emphasis on prevention was a

unifying theme in much of Lizette's work. Throughout her career, she wrote extensively on the topic of prevention (e.g., DiLillo & Peterson, 2000; Peterson, Hartmann, & Gelfand, 1980; Peterson & Oliver, 1995; Peterson & Roberts, 1992; Roberts & Peterson, 1984; Tremblay & Peterson, 1999), frequently infusing her writings with the eminently logical observation that, whenever possible, averting an injury or disorder altogether is preferable to dealing with its aftereffects.

In the late 1980s, Lizette's friend and colleague, pediatrician Bernard Ewigman, undertook to explore causes of child mortality through examination of death certificates. His discovery that accidental and inflicted injuries were not readily distinguishable from these records prompted Lizette to explore parallels between what had theretofore been regarded as separate domains. She was perhaps the first to recognize and highlight common etiological pathways shared by so-called "accidental" injuries and physical maltreatment (Peterson & Brown, 1994).

Over the course of her career, Lizette's research productivity, editorial contributions, and mentoring helped to fuel the development of Pediatric Psychology as a recognized specialty. The first of her 20 articles published in *Journal of Pediatric Psychology (JPP)* appeared in 1980 (Peterson & Ridley-Johnson, 1980), and dealt with pediatric hospitals' preparation of children for surgical procedures. Her research in the area of pediatric psychology was recognized by the Society in 1988 with a Significant Research Contributions Award. She served on the editorial board of *JPP* continuously from 1984 to 1996, and, along with Cynthia Harbeck, authored one of the early texts defining the field of pediatric psychology (Peterson & Harbeck, 1988). Like many highly productive scientists, Lizette was an enthusiastic collaborator and generous mentor. Through the 33 doctoral students and 6 post-doctoral fellows whom she advised (to say nothing of those with whom she collaborated in a less formal manner) during her 24 years at the University of Missouri-Columbia, Lizette's influence continues to propagate through our profession. Having gained entry to the field

under Lizette's stewardship, many of these individuals have since made their own marks on the landscape of pediatric psychology. We two are among the many who were fortunate to share in Lizette's abundant network of opportunities and relationships.

Articles in this Issue

The articles in this Special Issue represent three research domains for which Lizette is best known (cf. Roberts, 2003): analysis and prevention of unintentional childhood injuries, the understanding and prevention of child maltreatment, and children's coping with medical procedures. In many cases these researchers are picking up from where Lizette left off, whereas in others, Lizette's work served as a foundation for extensions she may not have anticipated.

In the lead article, Barbara Morrongiello presents the most comprehensive review to date of the role that caregiver supervision plays in childhood injury risk, a topic that was close to Lizette's heart. In addition to reviewing the empirical literature in this area, she considers the difficult question of how to define supervision and proposes a conceptual model to guide future research. The Schwebel and Barton article—in contrast to much of the injury literature which examines etiology from a single-factor perspective—highlights the need to consider the simultaneous contribution of multiple causal factors to unintentional injuries. These authors draw on several lines of research to offer a more coherent picture of how these factors might interact to increase injury risk. Two empirical investigations from Michael Roberts' laboratory conclude the section on unintentional injuries: Boles, Roberts, and Mayes utilize a simulated hazard environment (an approach which Lizette was fond of) to observe directly children's risk-taking behaviors in relation to temperamental characteristics and perceptions of vulnerability; and Brown, Roberts, Mayes, and Boles employ an experimental design to examine parental perceptions of their child's vulnerability to injury. Both of these studies identify processes that have implications for appropriate supervision of children in risk situations.

Turning to the topic of child maltreatment, Mary Louise Kerwin, paying tribute to Lizette's advocacy for cross fertilization between interventions for substance abuse and problematic parenting (Peterson, Gable, & Saldana, 1996), explores the current status of collaborative work across these domains. She concludes that the literature reveals increasing recognition of the need to simultaneously address both domains, but more often in

a haphazard, rather than systematically and theoretically integrated, fashion. Azar and Weinzierl follow with a thorough and thoughtful review of the literature on parents' cognitive biases as contributors to unintentional child injury and child maltreatment. In their account of the ways that cognitions serve to influence parental behavior and affective responses, these authors highlight processes common to unintentional and inflicted injuries.

Finally, we have two brief empirical reports addressing children's coping with stressful medical procedures. Langer, Chen, and Luhmann extend findings concerning children's attribution and coping strategies into the domain of unplanned medical procedures, exploring whether the experience of pain can be predicted by coping strategies. Their findings revisit what will be, for many clinicians, a familiar dilemma surrounding what constitutes optimal attribution of responsibility for distressing events. Dahlquist and Pendley also report on efforts of children and their parents to cope with medical procedures, in this case focusing on the effectiveness of distraction as a coping technique and highlighting the contribution of parental affect.

Concluding Reflections

It is fair to say that Lizette's career remained on an upward trajectory, owing to her many achievements, until the time of her death. She was in the final stages of two large-scale federal grants, one studying maternal mechanisms associated with unintentional childhood injury and the other evaluating a preventive intervention for child maltreatment. As usual, ideas were germinating for following up these projects. She had just assumed the editorship of the *Journal of Consulting and Clinical Psychology*, APA's flagship clinical journal—an achievement of which she was immensely proud, particularly as a woman in academe. We are left only to imagine what further contributions lay in store for Lizette, had her career not ended so prematurely.

Lizette's dedication to her work fueled awe and legend throughout her career, among close friends and more distant colleagues alike. Both of us recall many occasions when a new professional acquaintance, upon learning that we worked with Lizette, would relate in wonder some feat of her productivity or generosity. Working closely with Lizette for 3 years did nothing to diminish our own wonder at her pace. Indeed, in a conversation during the preparation of this Special Issue, Lizette's husband (and fellow psychologist), Andrew Homer, confirmed that even 24 years of marriage had

not made the source of her intellectual passion less mysterious. What we can say unequivocally is that she was not deferring gratification—her mind and spirit thrived on the activity, even as her physical health declined in the aftermath of cancer.

Perhaps the most fundamental influence driving Lizette's life work was her passion about improving the health and well-being of children. She believed deeply that psychological and behavioral science could be used to reduce much of the harm that befalls this vulnerable segment of society. The quote with which we conclude our introduction encapsulates her commitment to this cause, and the inspiration that she shared so effectively with so many others. The articles in this Special Issue honor and add to that legacy. "Children who have a lifetime before them have the most to lose by injury, and yet as a population, they are the most at risk and the most underserved. It is hard to imagine a more compelling research initiative than this" (Peterson & Roberts, 1992, p. 1043).

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