



## Chapter 1

# Raising Kids in the 21st Century



The scene on the home video opens with a two year old dancing and singing along with a musical number from the movie *Mary Poppins* called “Step in Time.” The characters the child is watching are vibrant, exciting, and fun. The dancing toddler stops to smile at the camera, says “Daddy steptime!” and waves to her father to join her. The camera held by the mother continues to record as the father enters the scene, hugs and kisses his child, then begins to dance and sing. All three are laughing and are in this moment of gaiety together. How did this child develop into such an active, happy person, obviously connected to two adults who adore her? I will take you on a journey of discovery that will help to answer this question and show you how this family scene is possible for everyone.

Healthy children are our goal. There are two kinds of health we should tend to, however: physical *and* psychological. Many parents understand the importance of a physically healthy child. For example, we know that pregnancy requires women to take care of their bodies in order for the child to be healthy. After birth, we watch children’s development very closely for behaviors like their first steps and their first words. Physicians and other health care providers remind us of the importance of immunizations and yearly check-ups. Many people are interested in children’s health. We see them as our future.

However, promoting the *psychological* health of children is less understood. Goals or targets of psychological health are not discussed to the extent that physical health needs are in families. While most parents might know that young children need their physical care, the



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emotional bonds and relationships of parents and children are the foundation upon which the children's psychological health is built. These building blocks mean that adults are helping children to develop into the parents, teachers, and community leaders of tomorrow. Psychological health contributes to their futures as well as that of our world. Strong communities are built upon active, involved, committed people who understand that relationships are keys to progress and that responsibility for the future begins with the individual.

What do you think psychological health in children looks like? You can likely think of two or three good goals. You probably know that we can expect children to get along well with others, to be able to go to school without a lot of distress, and that they will eventually take some responsibility for their own actions. These are all wonderful goals that many children realize, but do you know how to promote these goals? Promoting this kind of psychological health is possible and needs discussion so that adults are well informed and ready for the challenges ahead. Are there other goals of emotional and social skill-building that are linked with psychological health? Yes, adults such as parents and teachers show children how to go forth into their environments with skill and a desire for connecting with others every day. This skill is also called *social competence* by psychologists and simply means a set of positive social behaviors that have been mastered with the likelihood that the child can use this skill in the future as well. Small steps toward social competence made with loving encouragement are as important for building psychological health as those first steps around the room are markers of physical health.

My purpose for writing this book is to show the reader how building healthy relationships with the children in our lives helps them become healthy people psychologically. This facilitation of healthy development is also called "scaffolding," a word used by the Russian psychologist Lev Vygotsky (1962) to describe supporting children's learning. Consider a structure going up and note the scaffolding used to facilitate the building on that site. So too do adults scaffold the development of children by providing a framework the children can use to grow in their environments. Healthy, happy people who can connect well with others, see others' perspectives with tolerance, and care about their world are possible with the right foundation. Psychology can help us do this important work.

Because I refer to psychological health often, I have decided to use the term “Ph” to stand for that phrase. It reminds us that our psychological health is related to our physical health also. Recall that the use of the term “good Ph” means that balance of acid and alkaline in our physical world. For this book, a good Ph will mean that balance of building relationships with personal responsibility. This concept simply means that adults nurture children every day and this includes teaching them responsibility for their actions, that their actions have consequences, and that we expect them to develop within the limits of this framework to help them become healthy children psychologically.

Another parameter that will be used in this book concerns the use of the pronouns “he” and “she.” These pronouns will be alternated by chapter, so that, for example, when referring to a child in chapter 1, the pronoun “she” will be used, while in chapter 2, the pronoun “he” will be used, and so on. This is very important so that the reader can think of these concepts about good Ph for both girls and boys. If psychologists have found that girls and boys differ in an important way, this will be delineated appropriately, as well.

One caveat for the reader to consider is the concept of “normal development.” Psychologists have studied children to the extent that we know at about what age certain skills should be developing or mastered. This means that the majority of children we have studied are able to use the skill at the age we describe. This does not mean that all children fit this mold. The age groups are simply there to help us understand development across many children. Psychologists establish this average through several studies and then report their findings. However, one caveat is especially important to consider as we begin. Much of what is known about normal development and families is based on white, middle-class people.

The interplay of factors such as cultural and ethnic backgrounds, economics, physical ability, and sexual orientation are not well studied. “Normal development” is used as a phrase to describe all children, but the reality is, we are only just now examining the full lives of children from various backgrounds. This means that much of this book is about expectations for and the development of children from white, middle-class families. There will be some discussion about studies richer in dimensions like that of ethnicity, but overall, every reader should keep this caveat in mind as the book progresses. Remember that human variation is what makes us complex and

fascinating, and that a large part of psychological science concerns the discovery of this variation.

## Building Blocks of Psychological Health

In the early years of a child's development psychologists have historically looked at two concepts that merit some discussion here. Both "temperament" and "self-regulation" have been found to be good predictors of later outcomes for children. In psychology, we refer to temperament as a construct consisting of the children's characteristics as they respond to the environment. The characteristics that are often studied in infants are excitability, activity level, social responsiveness, and motivation. Many psychologists believe that children are born with a tendency toward ease or excitability and interest in their environments. We make estimates about their temperament by noting their physical activity levels and desire to be with others. Healthy adult caregivers must respond to the "easy children" and the "excitable children" with the goals of healthy child outcomes in mind. Another construct related to temperament is the extent to which very young children learn to self-regulate their physical, emotional, and social responses to their environments. "Self-regulation" means that children have a set of skills such as control over their focus or attention, an ability to calm themselves when tended to by adults, and then later, control of their own behavior.

While this discussion about temperament and self-regulation may seem to place the child as the focus, healthy relationships with adult caregivers is the children's key to mastering their environments. These interactions begin with a concept that psychologists call "goodness of fit." Goodness of fit means that the interactions of parents and children seem to flow rather smoothly. When adults are competent, functioning caregivers, they can respond appropriately to "easy" or "excitable" children and assist the children with their development. For example, a usually high-energy mother may note that she must lower her voice when attending to her excitable, physically active infant in order to help calm the baby. Conversely, a very calm mother may note that she must bring her physical activity level up with her very easy and calm infant in order to stimulate the baby's interest in the environment. In both instances the goodness of fit concept

demonstrates that, although the mothers' characteristics are not in sync with the babies' needs automatically, both are willing to shift to help their children develop. Children's good Ph is reliant on sensitive stimulation by caring adults at birth and beyond.

Below you will find lists that concern the building blocks of good Ph. Psychologists know that a progression of skill-building usually occurs over the lifespan and this is considered normal development. These expectations for each age group are listed in the order psychologists have found they develop in children, starting from birth. This first group of relationship-building and personal responsibility skills occurs from birth to two years of age. These are simply behaviors that children should be practicing and mastering over the first two years.

*Ph list for first two years of life*

- 1 Brings the caregiver to her, often with crying, when she's in need of food, comfort, and safety.
- 2 Responds with eye contact and audible sounds of pleasure or relaxation when tended or satiated.
- 3 Physically calms own body movements after attention.
- 4 Effort to bring desired objects close to the body for play.
- 5 Effort to repeat sounds, turn-taking begins with verbal sounds.
- 6 Babbling and cooing that begins to sound like language.
- 7 Communication is desired and attempted. One-word "sentences" to communicate by age one develops into two- and three-word sentences by 18 months.
- 8 Has confidence in one or two caregivers and is shy or frightened of others. Uses caregiver as "secure base" for exploration. More comfortable with others by age two.
- 9 Learning rules of the home, what is allowed, the limits and consequences of her actions as an independent person from others.
- 10 Observing others as models of behavior: parents, siblings, teachers, peers, etc.

This progression has occurred by the time the child is two years of age!

Let us look at what develops in the years called "early childhood." This period is also referred to as the "preschool years," from ages two to five or two to six.

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### *Ph list for early childhood*

- 1 Eye and hand coordination develops so that small tasks are possible. Dressing oneself and taking one's dishes to the sink are examples of simple tasks that show some independence and competence.
- 2 Seeks mastery. Has some awareness that independence and competence feel good.
- 3 Vocabulary increases a lot during this period. Communication is skilled by school age.
- 4 Ability to focus on longer tasks develops, that is, attention span increases.
- 5 Playmates are noted and desired. Around two, play means sitting beside a friend for company. By age five or six, play that is coordinated with another is desired. Complex games emerge.
- 6 Social relationships are building. Parental modeling of caring connections is noted and repeated.
- 7 Some conflict-resolution skill, but the child's emotional control likely still needs adult intervention at times. Rate of conflict should diminish by age six.
- 8 Moderate amount of comfort with the social world that now includes other adults as well as other children. This larger network of people means that the child must begin to generalize what she knows about getting along at home to the larger context of school, playgrounds, and such.
- 9 Affect control is more mature by age six. Trials of skinned knees or hurt feelings may still draw out a tearful response, but overall, the school-aged child can monitor and control feelings to some extent.
- 10 Desire for pleasing adults and being recognized as a competent person is strong.

Wow! The school-aged child is ready for the world.

Let's turn now to the middle years of childhood, which include those first years in the elementary grades of school. The ages associated with this period are six to twelve.

### *Ph list for middle childhood*

- 1 Understanding of the physical world develops rapidly, and along with it, social skills. New concepts and associations help the child see herself in many settings and in relationships.

- 2 Developing concepts like “perspective-taking” help the child learn that others have different opinions and feelings that need attention for building relationships.
- 3 Developing the ability to focus on more than one aspect of a situation at one time is related to perspective-taking.
- 4 Reflecting on the self as a competent person with choices to make.
- 5 Developing language skill and considering how to use it effectively. Word games and puns are fun!
- 6 Increases in memory mean that organizing information and being able to use it when needed are effective tools in building and maintaining relationships at home and at school.
- 7 Peers include boys and girls, but each sex often prefers same-sex friendships.
- 8 Thinking about the future emerges such that careers and marriage are considered.
- 9 Grapples with what it means to be a good friend. Loyalty, commitment, and kindness developing with close friends.
- 10 Physical aggression with peers overall has diminished, but hostile verbal aggression can increase.

The next period of development is called “adolescence,” which includes the years from ages twelve to twenty. As psychologists have learned more about the adolescent period, we have found two groups that seem to share characteristics more easily delineated than just “adolescents.” We call the two groups “Early Adolescence” and “Late Adolescence.”

Think of the list below as in a chronological order, as usual. However, the first five tasks more likely emerge in early adolescence, the second five in late adolescence. As with all of the discussion thus far, children can develop some skills earlier or later than the guidelines that are provided. However, the majority of children develop skills at the rates listed below.

*Ph list for adolescence*

- 1 Physical changes of puberty that include hormone shifts. These physical changes mean emotional uncertainty also.
- 2 Thinking skill has become more complex so that self-reflection is a daily occurrence.

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- 3 Responsibility and relationships are considered frequently.
- 4 Increasing competence in all areas helps provide a good feeling about the self.
- 5 Considering many alternatives for solutions in a systematic way is emerging.
- 6 Insight about the self includes abilities and desires for further development.
- 7 Friendship groups of boys and girls devolve into boy/girl pairs and dating.
- 8 Dating relationships are reflections of early behavior with friends. Characteristics like honesty and loyalty are evident.
- 9 Planning for the future includes family and career goals that will continue to development over the next decade.
- 10 Relationship responsibility is evident and is seen across all interactions, school groups, work, community, etc.

These skill expectations are not exhaustive but give an overall picture of the skills children need to become functioning adults. The good Ph path begins early. The balance of relationships and personal responsibility is needed for healthy outcomes, but not all children will achieve these competencies for various reasons. Families can be sorely taxed with chronic problems such as poverty, unemployment, drug addiction, etc. or by severe traumas that may occur only once, yet have a lasting impact on the development of children. For those children who begin in vulnerable families, there is still much hope because of the possibility of early positive relationships with caregivers, despite the hurdles. A review of the concept of resilience is a good place to begin this discussion.

## Resilience and Psychological Health

Resilience is that quality people are said to possess who develop well, despite adversity or even great odds. What is known about resilience began with the study of positive psychology as a concept in the last few decades of the 20th century. Psychologists Martin Seligman (1991) and Mihaly Csikszentmihalyi (Csikszentmihalyi and Beattie 1979) began to understand that previous research more often focused on pathology or human behavior that needed intervention. This is not

too surprising, given the nature of the field in general. Psychologists hoped to understand human behavior so that social or personal ills could be ameliorated. Beginning in the 1970s and 1980s, researchers such as Michael Rutter (1979) and Norman Garmezy (1985) were writing about the need for examining those children who are psychologically healthy, despite risks such as poverty. In their early work, they found that a few factors stood out as those associated with the children who faced risk but had good outcomes. These factors were a positive temperament, a normal level of intelligence, one good parent, one good external resource such as a teacher, and one positive context external to the home such as a well-functioning school. Many researchers call these “protective factors” that lead to resilience.

More recently, developmental psychologist Ann Masten (Masten and Coatsworth 1998), her colleagues, and others have extended these early findings such that we now have a framework of factors that are associated with resilient children. With this more recent research, we know that along with a normal intelligence level and biological integrity, the facets of temperament that are associated with resilience include an easygoing, sociable disposition and a belief in one’s ability to master the environment, getting along with others, and having good self-esteem. Resilient children often have families who include one good parent with warmth and high expectations, as well as positive relationships with extended family members. Further, socioeconomic stability and advantage are associated with families who have resilient children despite difficulties. Outside of the family, one positive, involved adult has been associated with a favorable outcome for the child through schools, and religious or secular organizations. Masten and Coatsworth summarized these details about the construct of resilience in 1998 and these factors are still being studied today. Note that because of the nature of the research, a line of causality from protective factors leading to resilience has not been established. However, we know the factors *associated* with good outcomes. It is possible for children to adapt to challenges in their environments. This adaptation we call resilience is extremely reliant on social relationships. The role of parents in the building of resilience looks huge, but others external to the family can have positive associations with children as well. Competent teachers from positive school environments are also key to children’s good Ph.

Parents are the foundation of all social relationships. Indeed, Masten and Coatsworth state that strengthening the parent-child bond “is a key strategy for intervention” when we wish to promote adaptation in children. Resilience in the face of adversity is possible for children, and healthy outcomes are associated with the scaffolding of positive relationships in place. It is also the case that families experience chronic and acute hurdles that are associated with child outcomes. Psychologists call these hurdles “risk.” For example, poverty is one chronic risk factor for children, while one natural disaster experience such as a hurricane would be an acute risk factor for poor outcomes. These risk factors to normal development mean that children can be vulnerable to poor outcomes.

When risk occurs in families, whether chronic or acute, the parents’ response is observed by children as cues about how to manage their own response. Psychologists have studied parents who raise children with vulnerabilities inherent to the family such as chronic poverty or divorce, yet their children become thriving, successful adults. Hallmarks of these families include inculcation of certain values like the importance of family relationships, individual responsibility, and high academic expectations. For example, child psychiatrist James Comer of Yale University found in his studies with ethnic minority children that strong families and schools can help children overcome very high risk factors such as prejudice and discrimination (see Comer 2004). Further, we also know that when families encounter risk factors to children’s good Ph that include life-threatening events or trauma, many children can cope with the help of their families as well.

The research on children who have experienced a one-time only or acute trauma is nascent. However, one finding that has been repeated is that parents’ ability to provide warmth and feelings of safety to their children after trauma predicts the children’s coping. Thus, parental coping is believed to be the best predictor of children’s coping after a traumatic event. For example, psychologist A. C. McFarlane (1988) followed a group of children who had experienced a natural disaster in Australia. He found that the mother’s reactions to the event were better predictors of the children’s responses than even the children’s proximity to the destructive event. Results like these have been found with children from the Middle East and the US who have also experienced trauma. Fortunately, trauma researchers have found that other

caring adults may provide this kind of protective factor as well. Psychologist George A. Bonanno, who has conducted numerous studies on post-trauma resilience, states that there are many paths to recovery after trauma (see Bonanno 2004). Individual resilience is one of those pathways that really look like collaborations between people after all.

Supporting children's healthy psychological development is possible as families and whole communities focus on the protective factors that make a difference in children's lives. We know that building children's resilience to risk is possible and that healthy Ph can be an outcome for many children. A focus on children's development of cognitive, social, and emotional health translates into psychological health that should be a goal with as much emphasis as that presently seen in the US for physical health. While the tasks vary as children develop, the adults' role to serve as caregivers and teachers remains prominent for the rearing of psychologically healthy children.

## The Book to Come

The emphasis of this book is on building relationships and the development of personal responsibility for good Ph and how these are associated with positive outcomes for children as adults. We will begin by looking at cognitive growth in the home and in environments external to the home, such as formal childcare and schooling. Social growth at home and with peers will follow a similar path. The process of how children develop their values and their relationship to others will be examined along with their development of humor. In the last chapter, the role of cognitive growth and social growth, including values and humor in relationships, will be presented as good predictors of a psychologically healthy life, full of social activism. These concepts will be linked to a developing dialogue about promoting tolerance as a part of good Ph.

The dancing toddler in the opening vignette looks as though her developmental course has been laid with a solid foundation, one with protective factors in place that will assist her as she grows. Her parents are showing her how healthy relationships lead to good Ph that will benefit others in the years to come. Good Ph begins with cognitive and social growth in the home.