

Forces that Shape the Lives of Our Young

JULIUS SEGAL, PhD

FOR A NUMBER OF YEARS, the mental health of children has constituted the first priority in the portfolio of programs supported by the National Institute of Mental Health. It is our blue chip investment. It is not simply that children naturally arouse our compassion and concern. Our emphasis on the young is based also on solid scientific grounds. In mental health, more so perhaps than in any other area of health, the basis of adult well-being is laid down in the early years. The origin of some of the most severe and disabling mental and emotional crises—the ones requiring the most heroic treatment and care—may be traced to the child's early experiences. Where mental health is concerned, an ounce of prevention is clearly worth many pounds of rehabilitation.

Countless children grow to lives of maladjustment and psychological misery after early years filled with trauma and stress. Of the 54 million school-age children in this country, an estimated 15 percent—or more than 8 million—need help for mental health problems. In the State hospitals of the nation, where the number of first admissions of adult patients has been declining steadily, admission rates for children have increased at an accelerated pace. Among children under 15 the rate more than doubled between 1962 and 1975.

The cost to the nation in human suffering is incalculable. When added to the cost of caring for these children in mental health facilities, the drain begins to make preventive programs look like acts of good management as well as of compassion.

In every age, men and women have recognized the special importance of the child's role in society but, unfortunately, the child has also been a chronic victim

of negligence and brutality. We have not yet linked understanding with comparable action. This lecture is intended as one small effort in forging that link—not from theory or opinion—but from the findings of child development researchers. The fund of knowledge about child development is considerable, but that knowledge alone serves little purpose unless we act more effectively as advocates of our young.

Hippocrates to Freud

The title of my lecture might well have been, "How do they get that way?" What determines the course of a child's mental health, the nature of a child's personality and character? Why does one child turn out to be normal and another neurotic, aggressive or passive, withdrawn or friendly, depressed or optimistic, generous or mean, focused on goals and achievement or mired in self-deprecation and defeat? Moreover, why do some children, although beset by massive trauma and stress, bend but never break, while others appear to crumble in the face of far lesser odds?

Let me admit frankly that I cannot answer these questions completely. But I have spent a generous portion of the past few years immersed in the research literature dealing with child development, and it is clearer to me now than ever that our subject—the evolution of human personality—stands as a scientific Mt. Everest for mental health researchers. That terrain, however, is hardly new. Interest in the riddle of child development extends back into ancient history.

For centuries, philosophers, poets, educators, religious leaders, physicians and, certainly, parents have had their pet theories about the enigma of a child's development. Many have been strange and bewildering.

Hippocrates, for example, proposed that a baby's personality is in the body juices right from the start. Every person, Hippocrates suggested, is born with a unique proportioning of the "four bodily humours"—phlegm, blood, black bile, and yellow bile—which determine not only physical health, but temperament. For example, a depressed child would clearly be a victim of an excess of black bile, but a child that is cheerful and buoyant enjoys an excess of blood.

Dr. Segal, a psychologist and author, is director of the Division of Scientific and Public Information, National Institute of Mental Health, Alcohol, Drug Abuse, and Mental Health Administration, Public Health Service. The paper is adapted from his lecture which opened the Institute's new public information series, Mental Health for the Public. The lecture was delivered June 14, 1979, in the Jack Masur Auditorium at the National Institutes of Health, Bethesda, Md.

Tearsheet requests to Dr. Julius Segal, National Institute of Mental Health, Rm. 15-105, Parklawn Bldg., 5600 Fishers Lane, Rockville, Md. 20857.

Theologian John Calvin scoffed at Hippocrates' notions and proposed simply that all children are born in the grasp of the devil. Some will shake loose, and some just won't. The burden of the child's innate sinfulness is either overcome—typically through hard work and punishment—or it isn't, he maintained.

Philosopher John Locke insisted that each child comes into the world a blank slate to be filled by experience. Two centuries later, behaviorists such as John B. Watson frightened many young parents by extending Locke's view—insisting that all infants are the same at the start; whatever they become is only the result of what we do to them or for them.

Though the importance of the mother in a child's development had always been taken for granted, it is still remarkable that she has been charged with such awesome and exclusive responsibility not only by Sigmund Freud, but by so many self-styled experts. Indeed, if you review the history of child development theories, you are struck by the extraordinary emphasis on poor mother—as if she alone were responsible for the child's destiny. Here are just a few notions about mom and her impact on the children.

- Early in the 17th century, Moravian educational reformer and theologian Johann Comenius taught that nursing by mothers is critical for a child's proper development. A mother passes on her morals through her milk, he insisted, and to depend on the milk of a wet nurse hired for suckling was to risk infecting the infant with lower class morality.
- One early psychologist, Paul Mobius, suggested that attachment to children by mothers is natural, because it is a function of certain lobes of the brain. Those lobes are simply larger in women than in men, he insisted. It's all in the head, so to speak.
- In the 19th century, one theory proposed was that the actual instant of conception held the key to the child's future. If the mother was irritable or exhausted when sperm and egg joined, the infant might be born lethargic or apathetic. If the mother had a nasty thought at the instant of conception, she might give birth to an incurable pervert. Evidently the father's thoughts were of no consequence.

I have described these theories not simply for amusement, but to make an important point: theories and opinions of child development significantly affect the way we deal with our young. How parents raise children has always depended heavily on their basic assumptions about childhood, however false these might be, and today, the impact on children of the misinformation and myths harbored by adults continues unabated.

The father, for example, who batters his child out of the conviction that the infant was "born bad" is a throwback to the most repressive Calvinist parent. And the mother racked with guilt over her inability to follow the latest set of programed instructions for childrearing is still laboring under the misguided conviction that she could shape her youngster perfectly if only she could follow simple instructions. Not being able to get the nuts and bolts of junior's personality screwed together quite right, she sees herself as an awful failure. Such a mother is clearly still without information about the inherent individual differences of children.

Such parents—and millions more like them—need not continue to rear their children in ignorance. We can turn increasingly now not to unfounded theories, personal biases, or arbitrary "how-to" manuals, but to the growing body of exciting and instructive scientific information being gathered by child development researchers.

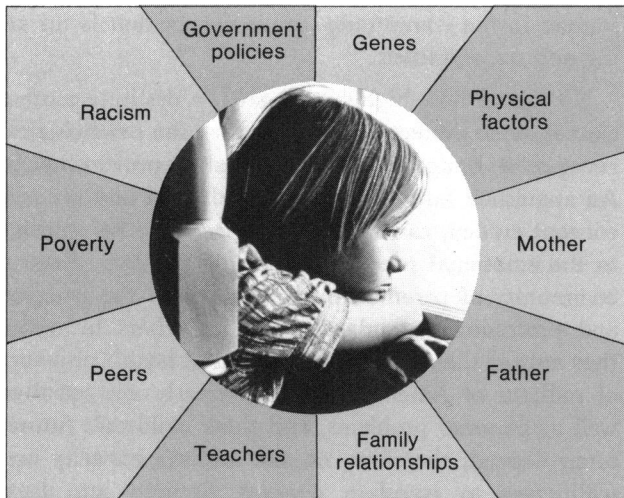
The Science of Child Development

These researchers include, for example, psychologists studying the impact of the father on the newborn infant, psychiatrists analyzing the family relationships of mentally ill children, sociologists assessing the impact of poverty and racial discrimination, geneticists tracking the effect of heredity on a child's behavior, and others. Their efforts are steadily clarifying the mysterious processes by which a spot of protoplasm ultimately becomes either a happy and productive youngster or a sick and defeated one.

But I do wish to make clear my belief that there is no meaningful way to speak about the fate of our children without also calling forth certain personal attitudes and values. It may be possible to discuss the causes and cures of arthritis or dental cavities without invoking human values—although I doubt even that—but I do not think it possible to discuss our children and their destinies without invoking some personal feelings about individual and national priorities.

It has become clear from child development studies that there is no simple, all-for-one answer to the riddle of a child's development. Every child is likely to be shaped by a number of forces. Moreover, these forces are overlapping and constantly interacting in ways that either intensify or subdue the impact of any one of them. These forces are biological and physical, psychological and interpersonal, and social and cultural.

We have long known that the genetic blueprints packed into father's sperm and mother's egg determine such characteristics as the color of the child's eyes, the shape of the nose, the pigmentation of the skin,



the curliness of the hair, and the limits of eventual height. But we now know that the genes also have a major influence on the emotional well-being and mental health of children, and of the adolescents and adults they will become. Largely as a result of genetics, children show strong temperamental differences virtually from birth.

Researchers have found a remarkably constant pattern beginning from infancy in such characteristics as mood, responsiveness to people, attention span, persistence, excitability, and adaptability to new situations. Many children are predisposed from the start to be what researchers describe as "difficult," "easy," or "slow to warm up" well before the outside environment, including mom, has begun to have its moulding effect.

Although they are sometimes well hidden, physical problems can affect a child's psychological well-being just as surely as psychological stress. Not every dramatic change of mood must have an emotional basis. Depressions, anxieties, school phobias, learning problems, and other difficulties can often spring from malfunctions in the body rather than from emotional crises. Many anemic children, for example, can suffer from psychological difficulties. So can children with thyroid irregularities, viral infections (including mononucleosis, so frequent among adolescents), deficiencies in blood sugar, food allergies, and hormonal imbalances. Whenever normal physical processes are disrupted, the child's mental health is likely to suffer.

Beginning at the moment of birth, the newborn appears to establish important bonds with its mother that can often color later relationships. Moreover, even before birth, the child's prenatal environment—defined in part by mother's diet, the cigarettes she smokes, the drugs she takes, even the expectations she harbors—can help shape the child's later development.

Although mother is usually blamed when junior develops problems, an increasingly large body of research now reveals that father can have just as heavy an impact on the child's psyche—even heavier in many cases.

A psychologist not long ago quoted one child's question, "If the doctor brings the baby in his bag, and if Santa Claus brings us toys, if God will punish me when I am bad, and if money grows on trees, why do we need Daddy?"

That question has long echoed in the adult's view of father. Most parents have focused their concern on the mother's role in the destiny of children rather than on the father's. He may bring home the bacon, but he contributes little nourishment to the child's emotional life. The late anthropologist Margaret Mead once referred to the father as "a biological necessity, but a social accident."

Today we know that fathers hold an important key to a child's healthy emotional development. Father, for example, can help create the early bonds of love and attachment with infants that traditionally have been reserved only for mother. Newborns show no consistent preference for mothers over fathers. Who holds, feeds, and stimulates the baby is less important than whether these needs are consistently met. Studies also show that how much and how well fathers interact with their infants significantly affects the child's intellectual and emotional development. Moreover, many children who grow up in fatherless families encounter trouble in their later adjustment. Father's inadequacy or unavailability can help erode the child's emotional well-being just as his wholesome presence can promote it.

A newborn may be plunged into a household warmed by an abiding love between parents or be torn from the beginning by strife and hate; burdened by the mental illness of mother or father—or both—or blessedly free of the grinding strains that their anxiety, depression, or paranoia bring; caught in a crossfire of garbled and confusing communication or enjoying clear and unambiguous messages; supported by an extended family available to help meet the child's needs or isolated and bereft of outside human contact. It is in this complex family system of constantly interacting and communicating family members that the child is embedded. The quality of that system leaves its mark—for better or worse—from the very beginning.

Influences Beyond the Family

The effects of a teacher's personality and attitudes can be enormous in helping lead the child down paths of self-confidence and success or self-depreciation and defeat. In school, especially, children's perceptions of their capacities and competencies take hold; here they develop their self-image and begin to behave accord-

ingly. The power of a teacher to influence that image is awesome. Even the teacher's unspoken expectation can help to determine the quality of a student's performance and the viability of his or her self-concept. For countless millions of children, school is the central feature of life—not only the source of friendships but the sole well of adult stimulation, leaderships, and inspiration from which they can draw.

Some of the child's basic attitudes and capacities will be shaped as much by peers as by parents. It is typically from friends, for example, that a child obtains information on sex and learns patterns of behavior, learns how to handle aggressive feelings, develops standard of interpersonal relations, and finds precious reserves of emotional security in time of trouble. Parents may help guide children in the selection of friends, but having done so, they must recognize that peer interaction is an essential ingredient in the flowering of a child's personality.

For millions of children, the task of normal and healthy development is virtually insurmountable. These are the victims of grinding poverty, invading and blighting young lives like a cancerous growth. Poverty and malnutrition can produce a host of physical and behavioral changes that deface a child's body and mind, destroying brain cells along with self-concept, inducing disease, and depressing the child's capacities to cope with the environment. One out of four American children is likely to be victimized by poverty, and the results are frequently crippling, sometimes deadly. For millions of American children, the goals of mental health are as far as the nearest nourishing meal, and no psychological interventions will help them until the corrosive environment of poverty is altered.

The poisons of racism can threaten the well-being of both the hated and the hating child and create an environment in which precious feelings of identity and self-esteem are threatened for life. The result is lives and potentials unfulfilled. The harsh realities of the minority experience frequently begin before a child is born. The odds are that such a child will be born into an economically deprived family; therefore the child is already at risk of the effects of prenatal malnutrition and premature birth. Infant mortality rates among the white poor are two to three times higher than among middle-class white Americans—but the rates are even higher among the minority poor. Only when these risks are successfully survived, do such children go out into the world to confront the social barriers obstructing their legitimate goals and aspirations.

Finally, power over a child's development is especially awesome among those who run our Government. The efforts and hopes of even the most highly moti-

vated and nurturing parents may be destroyed quickly by the absence of adequate family supports and resources in the community—by a society that is uncaring and uncommitted.

No matter how highly motivated, a destitute mother cannot alone protect her child against the psychological ravages of hunger and intellectual impoverishment. An anguished father, unable to find work and his self-concept eroded, can hardly be expected to be sensitive to the emotional needs of his young children. Even a community of parents cannot alone raise the personal and professional standards of the teachers to whom they entrust their children. The mental health problems of millions of American children clearly are social as well as personal problems, and these children's futures often depend, therefore, on the nation's capacity and willingness to translate research findings into legal statutes—dealing, for example, with the quality of schools, the availability of day care, or the legality of training children for violence—otherwise known as corporal punishment. A social conscience by our leaders—a sense of caring for all children—is required if we are to move from what we know into what we can do, for each child.

Message of Individual Responsibility

The factors I have just mentioned begin to portray the enormous scope and complexity of what shapes our children. An overwhelming and bewildering variety of factors may affect a child's mental health, but in reviewing the enormously rich and varied research literature on child development, I believe I discerned a very important message. It is simply this: any person can have a powerful effect on the mental health of a child, can tip the balance in favor of the child's future well-being. Anyone can be the medium for a child's journey to happiness and hope or despair and defeat. In the final analysis, the futures of our children rest with the individual interactions each of us has with them.

It is true that at one end of the spectrum biological factors—genes and heredity—help determine each child's characteristics, and at the other end of the spectrum each child is also a product of broad forces in society. But the destinies of our young will be determined not alone by their genetic material, and not alone by the Government, but largely in the intimate, individual relationships we build with them—at home, at school, in the community.

It would be simple enough to abdicate responsibility and to say "It's all in the genes anyway" or "It's that lousy city environment." But although such massive forces are at work—in both the body and the body

politic—any single individual in the life of a child can help mold and shape what heredity has already determined and can offset even the worst ills of society.

If that pronouncement seems too much like a value-laden sermon and too little like science, let's look at a few studies. We could start almost anywhere, but I have chosen to describe briefly research in two contrasting areas: children who have become psychological casualties and children who are victorious survivors over extraordinary stress.

Violence and Family Discord

What is the impact on children of the environment of violence and discord that pervades so many homes and families today? I will begin with the most extreme example—child abuse. Examples of such abuse are all too familiar from the newspapers stories we read at breakfast or the TV feature we catch after dinner. I see no point in belaboring the subject with still more graphic case histories, but I do want to indicate the scope of the problem nationwide.

A recent national survey by sociologist Richard Gelles and his associates at the University of New Hampshire shows that between 1.5 and 2 million American children are at risk each year of physical injury from their parents (1).

But even these figures, the researchers admit, underestimate the true incidence of child abuse. The rates that Gelles and co-workers report are based only on certain parental acts that are dangerous to children—for example, kicking, biting, or punching them, or using a gun or knife. This research did not deal with other acts—sexual abuse, for example, or failure to feed children, or other abusive behaviors, so we really do not know for certain how many millions more are the victims of abuse annually in the United States.

But we are beginning to know—from the results of at least a few studies—what happens to the abuse victims. If they survive, abused children appear to suffer a range of physical, intellectual, emotional, and social problems that scar both them and their children. I will cite some findings.

- Dr. John Money of Johns Hopkins University found a relatively rare condition he calls psychosocial dwarfism—a direct outcome, he concludes, of severe and malignant child abuse (2). The endocrine system of the victimized child may simply cease its usual production of growth hormones and, in the environment of abuse and neglect, the young body stops growing. The result is a dwarfed child, stunted in both physical and mental growth.

When Money's children with psychosocial dwarfism were removed from their abusive relationships to a hospital or foster home, their decline was reversed. Their body chemistry changed, and they began to produce growth hormones and resumed normal development. One child grew 8 inches during the first year away from his so-called guardians. An improved living environment led also to their catching up in mental growth—a rise in I.Q. and increased learning achievement.

- A few years ago, Harold P. Martin and co-workers reported the results of a 5-year followup of abused children in Denver (3). Although the injuries suffered by these children had not been especially severe, approximately a third showed poor physical growth and more than half, neurological abnormalities. More than 60 percent suffered personality difficulties, including low self-esteem; inability to enjoy interpersonal relationships; learning disorders; and behavior problems.

- Few topics arouse as much public interest and alarm as sexual aberrations and violence, and there is evidence that both can be dramatically induced in children by subjecting them to early abuse. Centuries ago, Aristotle observed that sexual difficulties are characteristic of those who are abused during childhood. Now there is dramatic evidence. At the University of Pittsburgh, Elizabeth Elmer's followup of abused children yielded many who had trouble in their sexual identification and who were unable to separate sexual feelings from aggressive impulses (4). Harry Harlow showed clearly that rhesus monkeys in the University of Wisconsin primate laboratory who were abused in infancy tended to grow into sexually incompetent adults; attempts at normal sexual activity ended in frustration and failure (5).

- Perhaps the most malignant outcome of child abuse is the seed of violence so often sown in the heart and mind of the young victim. Centuries ago, a sage observed that the "branch sprung from violence has no tender twig." That observation emerged afresh from the work of several investigators, who found an unusually high rate of violent behavior—including juvenile delinquency and crime—among children abused earlier by their adult parents and guardians. It is these children who grow up to abuse their spouses and their children.

From such data we can safely conclude that the application of physical abuse as an instrument of child-rearing is a plague whose eradication would protect the mental health of children yet unborn. The plague may be national in scope, but each episode of abuse, each violent transaction comes down to an act between one parent, one guardian, one adult, and one child.

Gelles' survey revealed that it is not necessary for the child to be the victim—observing violence can have as potent an effect as being a victim. Adults who had

watched their parents hit one another had a significantly higher rate of violence toward their own children than those who had never witnessed domestic violence.

How frequently do American children witness such violence—not on the tube but between their parents, in their own kitchens and living rooms? Gelles' findings are startling: among 25 percent of American couples, physical violence occurs fairly regularly, as a way of marital life. Many such relationships end in divorce, and much has been made of late of the effects of divorce on children. Studies show that children of divorced parents are more likely to engage in antisocial behavior and to endure such symptoms as depression, learning problems, and behavior disorders than do children of intact families.

It has commonly been assumed that it is the actual physical separation between parents that gives rise to mental health problems in the young. Existing data suggest, however, that it is what typically precedes divorce which leaves its mark—the psychological distance and dissension, the emotional stress and poor communication, the verbal and physical violence.

English child psychiatrist Michael Rutter compared children from homes broken by death with those from homes broken by divorce or separation (6). The homes in the first group were likely to have been fairly normal before the break, whereas those broken by divorce or separation were likely to have been marked by dissension. Among boys whose parents were divorced or separated, the delinquency rate was twice as high as among boys from homes broken by death.

Rutter also found strong evidence that the longer the family disharmony lasts, the greater the risk to the children. Among children who lived with one set of unhappily married parents, and following divorce, with a second set of the same sort, the rate of antisocial behavior is twice as high as among children experiencing only one set of unhappy parents.

It appears clear now also that family relationships marked by constant discord can have a physical effect as well, as this case history of Kathy illustrates.

Kathy is an 8-year-old diabetic. Her daily dose of insulin should keep her well, yet doses 15 times as large could not prevent repeated medical crises. Kathy was hospitalized for diabetic acidosis, a serious disturbance in the blood's acid-base metabolism. In the hospital, however, a single standard dose of insulin was immediately effective in overcoming the problem. Researchers found that it was the child's emotional environment, the psychological relationship of the family, that triggered Kathy's bout with serious illness and caused her to resist the usually successful treatment.

Kathy is one of a group of Philadelphia children

studied by Dr. Salvatore Minuchin (7). All have been incapacitated by diabetes and hospitalized on the average of every 3 to 4 weeks with problems like Kathy's. Exhaustive studies have failed to uncover any physical cause for their recurrent problems. In every case, when the children were removed to a hospital or a children's residential facility, their bouts with diabetic acidosis faded. When they returned home, the pattern inevitably resumed. No amount of individual psychiatric therapy changed the pattern.

The researchers theorized that these children might be reacting to conflicts within the home, so they devised some ingenious techniques for involving the parents of the young diabetics in a discussion of family problems designed to arouse tension, squabbling, and discord. While the parents were "having at" each other, the child watched through a one-way screen, and the researchers were able to draw blood samples, without disturbing the persons involved, during the time that stressful events were occurring.

The blood samples were analyzed for the presence of free fatty acids. The release of such acids is considered to be the biochemical mechanism responsible for the onset of diabetic acidosis. The level of free fatty acids is also considered a gauge of emotional arousal or stress. Typically, with 5 to 15 minutes of exposure to stress, this level rises.

The results confirmed the researchers' hunches. When the diabetics were exposed to family discord, they experienced a significantly greater than normal stress as measured by their free fatty acid levels. Furthermore, these levels continued to rise even after their parents' conflict had subsided.

Minuchin also uncovered vivid biochemical evidence that the parents were using the diabetic children to absorb the stresses spawned by the adults' conflicts. As the children left their perch behind the one-way screen and became drawn into their parents' fights, their stress levels rose dramatically. At the same time, the parents' levels fell dramatically. In today's vernacular, the adults had "laid it on" their children.

In all these studies, the children's fate turns out to depend largely on their relationships with the adults around them. It is in these interactions that so much of the mental health story gets written.

Invulnerable Children

The second line of research that I want to discuss focuses on children who manage to survive extraordinary trauma and to flourish despite great odds. These are the so-called invulnerable children. Studies have focused on children with a great many strikes against them from the start—children born into extreme poverty

who are members of minority groups suffering the fallout of racism and prejudice and who have one parent with serious mental illness.

Researchers—notably Garnezy and Nuechterlein at the University of Minnesota—are following such children who manage somehow not to crumble and appear destined to become mentally healthy and contributing members of society (8). A number of hints about what characterizes such children are beginning to emerge, and all of them lead again to the importance of the child's interpersonal connections.

For example, despite the negative messages and stresses bombarding them, invulnerable children somehow grow up feeling that they are capable of exerting control over their environment—of influencing events rather than becoming passive victims of fate. Such children operate out of a sense of power rather than impotence, of self-regard rather than self-derogation.

A child's belief that his or her actions can be instrumental in changing the world is not developed suddenly; it is learned through experience beginning in infancy. In experiments at the University of California at Berkeley, for example, John Watson hangs a mobile above a baby's crib (9). If the action of the mobile depends on something the baby does, such as moving his arm or turning his head, he quickly learns to do what is needed to make the mobile work. But if the mobile's action does not depend on what the baby does, the outcome is different. When this baby is later placed in a situation where the mobile won't work unless he does something to make it work, he has a hard time learning what to do.

In the same way, Harvard's Jerome Kagan and co-workers observe, the mother who responds to her infant's smiling or cooing by talking or smiling back is laying the foundation for the belief that the child can cause things to happen. (10). The mother who comes to her child when he cries is clearly contributing to the child's faith that a meaningful response is possible when he is in trouble.

From somewhere in their environment even the most disadvantaged and distressed children learn to expect success, to steer away from the shoals of self-depreciation and defeat, and toward the safe harbor of security of self-esteem. The message that, as one child put it, "What I do counts" is received clearly from someone by these unbreakable children, and it gets incorporated into their very being.

Another characteristic of the invulnerables appears to be the presence in their lives of a charismatic figure. Children who successfully resist stress seemed to be "turned on" by an identification with at least one figure among the significant adults who touch their lives. One

adult beacon in the darkness, one psychological anchor in a sea of stress, can evidently make a difference.

Sometimes it is a loving parent. Studies show, for example, that scars on a child's mental health caused by one troubled or even psychotic parent can be prevented by the other stable and healthy parent (11). In the lives of many children there has been a committed and dedicated teacher who has managed to turn the tide for a child from defeat to victory. Other invulnerable children draw sorely needed psychological strength from members of the extended family, from older siblings, and even from peers, as illustrated in Anna Freud's studies of concentration camp children who survived without the companionship of adult family members or friends (12). These invulnerable children seem to have a special relationship with at least one adult, particularly during the first few years of life—a relationship that appears to be essential to the development of what Erik Erickson has called a "basic trust" in life. Children can absorb strength from almost anyone who communicates a sense of caring, devotion, and protection, and a hopeful vision of the future.

Some Principles and Conclusions

I could cite a host of other studies to make the same point—studies showing, for example, the impact of a teacher's expectations on a child's school performance, the role of the mother as a model in teaching children to be altruistic and helpful to others, or of the impact of father's or stepfather's presence in inspiring children to control and handle aggression.

The following principles seem to sum up what science (and the sages) have to say about the development of a child:

- Genetics can explain only part of a child's destiny; a stable family environment can protect the well-being of a child whose heredity puts him at the highest risk for mental illness.
- Hereditary forces can help fix a child's behavioral patterns and temperament beginning at birth, but how that child fares in the real world will depend in turn on the manner in which his parents react and adapt to that child's unique style.
- Hidden physical problems can upset a child's emotional equilibrium, but the reverse is also true: the interpersonal stresses of family life can induce serious medical crises.
- A caring mother's abiding presence early in the life of her child is clearly a source of strength and stability, yet her absence need not have a negative effect if father or another substitute caretaker acts out of an equally strong commitment to the child's well-being. Moreover, erosions in the child's mental health caused

by one wildly psychotic parent can be ameliorated by the other stable, healthy one.

- An eagerly anticipated child who enjoys warm and rewarding attachments during the first months of life may be protected against emotional problems, but not entirely; the benefits of early bonds with mother can quickly come unglued in a harsh world of hunger and hate.
- Parents who offer their children only morsels of companionship and support can expect them to depend more heavily on peers as a reference point. What children seek in their friends is often what they have failed to find in their relationships at home.
- The flickering sense of self-confidence in a poor and persecuted child may be magically rekindled by a dedicated teacher who expects much and inspires greatly.
- Mental health problems induced by poverty and racism can ultimately be undone by government leaders—mayors, Senators, Congressmen, Cabinet members, Presidents—who are truly concerned about the impact of social policy on the lives of children.

It is rarely the mother alone, father alone, schools alone, friends alone—any one factor—that shapes the destiny of the child. From birth onward, that child will be affected by myriad forces. But each of us is a potentially critical piece of the whole in a child's fate. In the words of philosopher Kahil Gibran, "We are the bows from which our children, as living arrows, are sent forth." It would be consoling to believe that over the years, all children have been arrows sent forth from strong and healthy bows—from adults who bring empathy and compassion and good sense to their relationships with the young. That, unhappily, is not the case. Beginning with the ancient pagan ritual of sacrificing children to appease angry gods, the history of childhood over the centuries is marked by incredible cruelty. The abused child who will be transformed by an enraged mother into an emergency room case is actually one of a long line of violated children stretching over the epochs of time and soiling our past like a giant bloodstain.

It is not simply physical abuse that has been the scourge of children. Too many of our young—at all levels of society, rich and poor alike—have been the victims of equally devastating psychological and emotional neglect. Today, millions of our nation's children are being reared by adults for whom the young are an incidental aspect of their lives, an irritating intrusion. "We have become a society of people," said Margaret Mead, "who neglect our children, are afraid of our children, find children a surplus instead of a reason for living" (13).

To understand the outcome if we ignore the needs of our children, we require neither further scientific evidence nor further moral argument. In the world of children, the findings of modern behavioral science and the teachings of ancient scriptures reinforce and validate one another. The sages and prophets sensed long ago the awesome role we play in the lives of children, and they devoutly preached the importance of protecting and nurturing our young.

In this, the International Year of the Child, it may be worth our while to turn from the best sellers that teach us adults how to be number one, or how to win personal power through intimidation, or exactly what position to take on sexual matters, or how to get everything you want out of life—to turn from these to the more ancient self-help teachers for whom it was not EST seminars or weekend growth encounters, but a little child that was the center of heaven's kingdom.

References

1. Gelles, R. J.: Violence toward children in the United States. *Am J Orthopsychiatry* 48: 580–592, October 1978.
2. Money, J.: The syndrome of abuse dwarfism (psychosocial dwarfism or reversible hypsomatotropicism). *Am J Dis Child* 131: 508–513, May 1977.
3. Martin, H. P., Beezley, P., Conway, E. F., and Kempe, C. H.: The development of abused children. In *Advances in pediatrics*, edited by I. Schulman. Year Book Medical Publishers, Inc., Chicago, 1974, vol 21, pp. 25–73.
4. Elmer E.: A follow-up study of traumatized children. *Pediatrics* 59: 273–314, February 1977.
5. Harlow, H. F.: The heterosexual affectional system in monkeys. *Am Psychol* 17: 1–9 (1962).
6. Rutter, M.: Parent-child separation: psychological effects on the children. *J Child Psychol Psychiatry* 12: 233–260 (1971).
7. Minuchin, S. (investigator): research reported in *Psychosomatic diabetic children and their families*, by J. Segal. DHEW Publication No. (ADM) 77-477, National Institute of Mental Health, Rockville, Md., 1977.
8. Garnezy, N., and Nuechterlein, K. H.: Invulnerable children: the fact and fiction of competence and disadvantage (abstract). *Am J Orthopsychiatry* 77: 328–329 (1972).
9. Watson, J. S.: Cognitive-perceptual development in infancy: setting for the seventies. *Merrill-Palmer Q* 17: 139–152 (1971).
10. Kagan, J., Kearsley, R. B., and Zelazo, P. R.: *Infancy: its place in human development*. Harvard University Press, Cambridge, Mass., 1978.
11. Bleuler, M.: The offspring of schizophrenics. *Schizophrenia Bull* No. 8, 93–107, spring 1974.
12. Freud, A., and Dann, S.: An experiment in group upbringing. In *The psychoanalytic study of the child*, edited by R. Eisler, et al. International Universities Press, New York, 1951, vol. 6, pp. 127–162.
13. Mead, M.: The once and future home. *Washington Post*, July 4, 1976.