

The Child in Context: Factors that Optimize Development

By

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The story is an old and familiar one. Two children are born into similar circumstances. Their surroundings are filled with stress, illness, loss, violence, and trauma. Yet, one child becomes a productive citizen, able to hold a job, marry, and raise a family. The other one seems irreparably damaged by childhood experience, unable to function in society. Why is one child a survivor and another a victim?

Human development isn't that simple. Child development researchers recognize that there are consistent paths of human development, but that there is also significant individual variation within those paths. Development is not something that just "happens" to children. They are not passive recipients of life events, but active players who bring individual characteristics and past personal experiences to every situation, making every child's personal experience a unique one within a general child development framework. The question then is, "what qualities within the child and in the child's environment promote healthy outcomes despite unfavorable life events?"

### Theoretical Foundations of Child Development in Context

In order to explore factors that optimize children's development, one must first explicitly state the assumptions concerning the relation between the child and the familial, social, and cultural context. Earlier in this century, developmental theorists tended to see children as passive beings, driven either by barely controlled internal impulses or pre-programmed responses to environmental stimuli. Study of children was focused on the individual child, often in a laboratory setting. Thus, the child was looked at in isolation from the family, community, and culture. However, this early research provided a great deal of knowledge about the course of children's development in the areas of cognitive, emotional, and physical change.

Over time, theories have become more complex, recognizing that no one develops in isolation and that research must look at children in their contexts to truly understand child development. Several such theories have been influential, such as Urie Bronfenbrenner's

ecological systems theory (1993), which sees the child developing in a complex system of relationships affected by multiple environmental levels. Although Bronfenbrenner acknowledges the importance of context, the theory does not specify how children develop. Sociocultural theory (Vygotsky, 1934/1987) focuses on how culture (values, beliefs, customs) are transmitted from one generation to the next. According to Vygotsky, children must interact socially to learn how to function within their social group.

A new direction in developmental theory builds upon the past, incorporating context, yet describing the course of child development. According to dynamic systems theory (Fischer & Bidell, 1998; Thelen & Smith, 1998), children function as complex beings in a physical and social world. The child's mind and body are integrated into the greater environment in a dynamic way with the child actively reorganizing his or her own behavior in response to any change in the system. The system is composed of a group of interacting, interrelated, and interdependent components (child, environment) that form an organism that is constantly in motion. The image most frequently used to describe a system is that of a mobile (like a toy that is hung over an infant's crib). There are objects dangling from strings hung from interlocking crosspieces and any slight movement of one object causes all other parts of the mobile to move. The pieces are completely interdependent and cannot move without affecting all other parts of the system.

Changes in the system include changes in the child, such as brain maturation or other developmental progress, as well as alterations in the environment. These alterations include common, everyday experiences of learning and interaction with others, as well as more stressful experiences, such as exposure to infection, abuse, death in the family, separation, war, or other types of trauma. It is assumed that children are active participants in their own development and that influences within the child's system are bi-directional and reciprocal. In other words, the child not only is impacted by the environment, he or she also has an impact on the surrounding world and the people in it. Likewise, both nature (or biological influences) and

nurture are important in forming the developing child. And because the system is in constant flux, human beings are capable of change throughout life, making both early and later experiences important in development.

### System Components

The child comes into the world well equipped to interact and to learn. Each child has a genetic blueprint that determines sex, temperament, appearance, maturation schedule, and health status. Children can be classified into several temperament categories based upon such qualities as activity level, regularity of bodily functions, distractibility, adaptability, attention span and persistence, intensity of reactions, and positive mood (Thomas & Chess, 1977). Children may be easy, difficult, slow-to-warm-up or a blend of the three categories. Obviously, a healthy, attractive child with an easy temperament will elicit different responses in social interactions than an ill, unattractive child who is difficult to soothe. Shortly after birth, the child begins to experience patterns in social responses that influence his perception of the world. However, what is most important is the fit between the child's characteristics and the caregiver's response. Each child is unique and has unique child-rearing needs. Positive outcomes depend on child rearing conditions. Is that child's temperamental style valued in the culture? Is the caregiver sensitive and responsive to the child's individual needs? Is the caregiver willing to invest the effort to help the child achieve optimal adaptive functioning? What kinds of supports are available to the caregiver to assist them in caring for the child?

It is obvious that it is the interaction between systems that creates the context for child development and the environmental factors play an important role. In fact, the environment has an impact on child development before the child is ever born. The pregnant mother makes decisions that may have positive or negative impact on the developing child. Her health habits, such as smoking status, nutrition, exercise, exposure to infectious agents and toxins, and general health status can improve or diminish the child's development. The availability of health care and childbirth practices impact the developing fetus as well.

The child is born into an environment that includes immediate family members, parenting style and beliefs, a physical home environment, and institutions that directly interact with the child (schools, churches, health clinic, etc.). There are other environmental influences that do not have direct interaction with the child, but impact her nevertheless. For example, community characteristics, such as working conditions, crime rate, unemployment levels, educational opportunities, and health services, may impact the child either negatively or positively. Finally, the child lives in a culture that places a certain value on children, that has laws supporting or undermining children's rights, and customs that enhance or discourage child development.

#### Impact of Stressors on Children's Development

Resilience and vulnerability factors can occur at any of the aforementioned levels. The child, the immediate environment, the broader environment, and the culture all make contributions to the dynamic system that can optimize or diminish child development or that may have very little impact at all. Although it may seem obvious, stressors (experiences or influences that disrupt a child's ability to function) have additive effects in children's lives. Some stressors are more disruptive than others and require major readjustments on the part of the child in order to adequately cope with the distress. A child can typically handle a major stressor, even if it is chronic. However, when negative conditions are added, the maladjustment is multiplied (Capaldi & Patterson, 1991; Sameroff, et al., 1993). Unfortunately, stressors do tend to occur together. For example, marital stress, illness, domestic violence, substance abuse and crime are more common in impoverished communities.

The timing of stressors is particularly important in determining impact on children's development. Children are more vulnerable to certain types of stressors at certain points of development. For example, the developing fetus, because of developing organ systems, is extremely vulnerable to maternal illness, drug use, malnutrition, and environmental toxins. Also, during the first three years of life, while the brain is attaining 90% of its adult size, the child is greatly impacted by trauma, abuse, and neglect. Young children rely on the caregiver to

regulate their experiences so that they are manageable and appropriate. The child needs a safe, secure foundation from which to explore new experiences and assimilate them into their brain structures. When the environment is chaotic, unpredictable, free of stimulation, abusive, or traumatic, the child's actual brain structure is altered, negatively impacting all future development (Perry & Pollard, 1998). Finally, children are more vulnerable during developmental transitions, such as adjusting to school or puberty (Rutter, 1987). Consequently, the impact of a stressful event will depend on the age of the child and his position along the life course. Death, loss, divorce, war, disease, and other stressors will affect children of different ages in different ways.

#### Divorce as an Example of a Stressful Event and its Differential Impact on Children

Divorce is a stress that many children around the world experience. The reader may be thinking that it is not nearly as stressful as the events in the lives of street children or those impacted by war. This is certainly true; however, divorce has been well researched and its impact affects all of the systems that have been discussed and it does involve loss, separation, and significant change for the affected child.

Divorce is not a single, stressful event in the life of the child, but a series of events or transitions involving living arrangements, changes in income, and family roles (Berk, 1999). The ease of the child's adjustment is impacted by the child's characteristics, parental adjustment, and social supports within the family and the community. Prior to a divorce, marital conflict has already increased the stress level in the life of the child. The poor quality of the marriage relationship increases tension in the home and may expose the child to domestic violence. The divorce itself often necessitates not only a change in the family members living together and child custody arrangements, but a change in the actual home address due to altered economic circumstances. The child then loses a familiar environment, as well as the support of neighbors and friends. Moreover, stressed parents are not as attentive and are often disorganized in their parenting strategies. The child frequently has to adjust to different parenting rules when passed

from one custodial parent to the other. The child may also have to adjust to remarriage and possibly the addition of step-siblings or the birth of half-siblings. Thus, divorce not only removes one parent from the immediate environment, but severely disrupts the relationships, routines, structure, and social supports in the child's life.

Children's age at the time of divorce has a significant effect on their reaction. Younger children have difficulty understanding the reasons for divorce and often engage in self-blame, increasing their fears that they will be abandoned by the parents. They may display intense separation anxiety and are also likely to fantasize that their parents will reunite one day (Wallerstein, 1983). Older children are better able to understand the reasons for divorce, but still may react strongly and negatively, engaging in rebellious and delinquent behavior (Doherty & Needle, 1991). However, some older children respond by becoming more mature, taking on responsibilities for household tasks and sibling care (Hetherington, 1995).

Temperament and the sex of the child also impact response to divorce. As would be expected, temperamentally difficult children have a much more difficult time coping with divorce. In contrast, temperamentally easy children are less often targets of parental anger and often emerge from the stress of divorce with enhanced coping skills (Hetherington, 1995). Boys with difficult temperaments have an especially hard time adjusting to divorce and often react with increased noncompliance and defiance. Because they are disobedient, boys are less likely to receive social support from parents, teachers, and friends. In contrast, girls are more likely to internalize stress, experiencing depression and anxiety.

The most important factor in predicting healthy adjustment to divorce is effective parenting (Hetherington, 1991). The effective parent works to minimize disruption and stress, while providing clear rules and warm, sensitive interaction with children. Divorce research points to the importance of a caring adult who is willing to nurture a distressed child and provide a secure environment.

## Resilience

Every human being experiences stress and manageable stress is recognized as important in developing new coping strategies and adaptation skills. Elimination of all stressors would be neither desirable nor possible. In fact, the further one moves from the child's immediate environment, the more difficult it becomes to eliminate the stressor. For example, it is easier to teach parenting skills to the mother of an abused child than it is to change a cultural belief system that condones domestic violence. The goal of the caregiver and childcare worker then becomes twofold: 1) eliminating unmanageable stress when possible; and 2) promoting resilience in individual children so that they are better able to cope. Because exposure to trauma cannot be completely controlled, supporting qualities that encourage coping are important for all children, regardless of risk status. Resilience has been defined as "the capacity to spring back, rebound, successfully adapt in the face of adversity, and develop social competence despite exposure to severe stress" (Konrad & Bronson, 1997). Much longitudinal research has been conducted in various cultures to determine those qualities that best describe resilient children and the findings have been quite consistent. The qualities fall into three general categories: individual qualities, qualities of the child's environment, and social/interpersonal skills. Grotberg (1995) has developed a simple classification system to label these three areas: "I am", "I have", and "I can." The qualities listed in each category are a compilation of various sources in the resilience research literature (Benard, 1995; Berg & Van Brockern, 1995; Berk, 1999; Werner & Smith, 1992). It is not expected that any one child would possess all of these qualities, resources, and capacities. However, the greater the number of assets, the more options the child has to choose from in meeting negative experiences and the greater their flexibility in developing effective coping strategies.

### Individual Qualities: "I am"

Resilient children are:

1. more likely to have an easy temperament. In other words, they quickly establish regular routines in infancy, they are generally cheerful and calm, and they adapt easily to new experiences. The child is aware that others like him or her and does things to elicit positive responses from others.
2. high in self-esteem. Self-esteem is the judgment one makes about one's own worth and the feelings associated with these judgments. Self-esteem gives children confidence to approach new situations and protects the child against failure and criticism. Resilient children refuse to accept negative messages about themselves.
3. optimistic and have a good sense of humor. Finding the positive or funny aspects of a negative situation helps the child cope with the stress.
4. loving, empathic, and altruistic. They care about others and express that concern in word and action.
5. autonomous and responsible. They have an appropriate locus-of-control. In other words, they are able to determine which events are within their sphere of influence and which events are the responsibility of others. Resilient children work to solve problems for which they feel responsible and adequate to the task.
6. future-oriented and purposeful. They believe that they have a future and plan for it accordingly.
7. strong in moral thinking and spiritual connectedness. They have a clear sense of right and wrong and feel that right will be victorious. That moral sense is often rooted in belief in God and connection to a body of faith.

#### Qualities of the Child's Environment: "I have"

Resilient children have:

1. affectionate ties. They need unconditional love from adults who play a significant role in their lives. They may be parents, other family members, teachers or others who interact

frequently with the child. Love from significant others can sometimes compensate for poor family relationships.

2. an environment characterized by warmth, closeness, clear guidance and high expectations. Caregivers provide clearly defined rules and routines, expect the child to follow them, and have clearly outlined consequences for disobedience. Children are praised for following rules and routines and are not harmed by caregivers. In addition, caregiving characterized by warmth and nurturing may also improve the disposition of temperamentally difficult children.
3. Role models. Children need adults, older siblings, and peers who model acceptable behavior. Role models clearly demonstrate adaptive behaviors, as well as ethical behavior within the family and to outsiders.
4. Encouragement to be autonomous. Adults, especially caregivers, encourage the child to perform tasks independently and to ask for help when needed. Caregivers are sensitive to the child's developmental timetable and adjust expectations accordingly.
5. Opportunities for meaningful participation and giving back to others. Children are given the opportunity to make developmentally appropriate decisions regarding their lives and experiences. They are able to take active leadership roles and are able to assist others in a significant way.
6. Support systems. Resilient children have access to educational, health, and social services to meet needs that the caregiver is unable to fulfill.

#### Social and Interpersonal Skills: "I can"

Resilient children can:

1. approach new tasks with the attitude that the task is manageable and can be met with success. Because resilient children have higher self-esteem, they are able to see themselves as capable and competent in meeting new challenges.

2. exhibit social competence. They are responsive, are able to elicit positive responses from others, and are flexible in their ability to move between social situations.
3. communicate effectively. These children are able to communicate their needs and feelings and are able to interpret the communications of others accurately.
4. solve problems. They are able to think critically and creatively, to plan, and are resourceful in seeking help from others when unable to solve a problem on their own. They are also self-reflective and strategic in their approach to problem-solving.
5. manage feelings and impulses. Resilient children recognize that in order to elicit positive responses from others and gain support to solve problems, they must be able to regulate their strong negative emotions and impulses.

### Conclusion

All children will encounter stressful circumstances during their lifetimes. For some, the stress will come from common, everyday experiences and will be manageable, especially if the child is grounded in a warm, supportive and stable family environment. For many other children, trial will come upon trial, and the child will not have the benefit of a solid foundation to provide a secure base during troubled times. Yet for all children it is important to recognize that one of the most important roles of caregivers is to build the child's capacity to cope with adversity and that this can be accomplished at several levels. Some children will have natural reserves based upon their attractive appearance and temperament and some children will begin at a deficit due to negative personal qualities. However, temperament, although fairly stable, is not set in stone and effective caregiving can diminish the severity of negative qualities (Berk, 1999). It is the fit between the child and caregiver that is paramount.

All children need role models and teaching to build multiple coping strategies, whether this means altering one's response to environmental circumstances, changing the environment, or seeking help from others to deal with problems. The more assets a child brings to a stressful situation, the more likely he or she is to effectively meet life's challenges, learn from them, and

actually emerge stronger and more capable than before. With adequate support from caring others, children who live in constant stress can be survivors and not victims of their circumstances.

### References and Suggested Readings

[For suggested readings, see list above: \* = recommended; (\*b) = basic; (\*m) = moderate; and (\*a) = advanced.]

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### Thought Questions

1. Imagine a particular child that you have worked with or one that you know well. Think of that child in terms of a dynamic systems perspective. What qualities does the child bring to his or her physical and social worlds? What is the quality of interaction between the child and caregiver systems? What environmental conditions exist that influence the child's development? What resources are available to the child? How do cultural beliefs influence the child and his or her treatment by others?
2. Each of you work with children-at-risk in particular circumstances. Choose a problem that is familiar to you, such as homelessness, abuse, war, etc. and analyze how the problem impacts children in terms of contextual levels (caregiver, immediate environment, broader environment, culture). What types of interventions to decrease stress could be used at various levels?
3. Think about the program with which you work or one with which you are familiar. How could strategies for promoting children's resilience be integrated into your existing program? What type of interventions/training would be appropriate for parents/caregivers/children-at-risk workers?