



Why Some Kids Overcome Obstacles

PART 1

By Jeffrey S. Katz, Ph.D.

In 1955, psychologist Emily Werner and a team of researchers began a forty year study to see what would become of every baby born on the Hawaiian island of Kauai in that year. They wanted to know how children who were born “at risk” would develop over the years. As the study went on, the researchers came to see that some of the at-risk children seemed to do alright as they grew, and others continued to have problems. The researchers then began to look at what factors seemed to protect children from later problems, even if they were brought up in an adverse environment.

There were 698 children born on the island of Kauai in 1955. The researchers were able to interview or get information about the children when they were 1, 2, 10, 18, and 32 years old. In this article, I will review what was found out about these children up until their 18th year. Next month, I will review what was found out about the children when they were 32, and review what early factors seemed to have the most impact on the children’s later development.

When the study began, Dr. Werner focused on looking at how susceptible the children were to poor development if they were

exposed to serious risk factors. These “risk factors” included biological problems such as prenatal stress or birth trauma, and environmental problems such as poverty, mental illness of the parents, and/or disruptions in the family unit. The first trend that Dr. Werner noticed was that the impact of less serious biological problems lessened over time. Only moderate to severe prenatal or birth trauma resulted in long-term, major physical handicaps, mental retardation or chronic mental health problems. Otherwise, less serious biological problems had little to do with what happened to the children in later life - unless, the child’s environment was also at risk.

If the child was exposed to some biological stress during the pregnancy, they were significantly more likely to be doing well later if the environment in which they were raised was “good.” When perinatal or prenatal complications were combined with poverty, family discord, parental mental illness, or other persistent poor childrearing conditions, the outcome for the child was more likely to be poor at adolescence or adulthood.

Dr. Werner found that two out of three children who were “high risk”, that is, who



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were born with or into four or more risk factors, grew up having many problems themselves. These included serious learning or behavior difficulties, mental health problems, delinquent behavior, and/or teenage pregnancy. But, even more important in some ways, was that one out of three of the “high risk” children seemed to do just fine. They seemed to be resilient. Even when they were exposed to a lot of problems, they seemed to do well or were able to recover if they ran into problems early on. These “high risk” children grew up into competent, confident, and caring young adults. The researchers then began to focus on these children to see what factors protected these children, even in the face of their adversities.

As infants, the researchers saw that these children had been described positively—such as being “good—natured” and “easy to deal with.” As toddlers, they were noted to be particularly alert and autonomous, to have a tendency to seek out stimulating experiences and to have a positive social orientation.

In elementary school, the resilient children were reported to get along well with their classmates. They had better reasoning and reading skills than the children who later developed problems. They seemed to use whatever skills they had effectively. They had many interests and engaged in many hobbies and activities. Their activities

seemed to provide them with some solace in adversity and a reason to feel proud of themselves. By the end of high school, the resilient youngsters had developed a positive self-concept and an internal locus of control—the sense that they had control over what happened to them.

In general, Werner found that the more resilient boys and girls had grown up in families with four or fewer children, and with a space of two years or more between themselves and their next sibling. Few of them had experienced long separations from their primary caregivers in the first year of life. All of the children had also established a close bond with at least one caregiver who had given them plenty of positive attention when they were infants.

This nurturing caregiver did not need to necessarily be a parent. For some children, it was a grandparent, an older sibling, or someone from the extended family. Later in life, the resilient children also sought out and were able to find emotional support outside of the family. They had at least one close friend, and they also relied on relatives, neighbors, peers, and other adults for support in times of crisis. Many had a favorite teacher who became a role model, a friend, or a confidante for them.

Extracurricular activities were also an important part of the lives of the resilient children. They were involved in



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organizations that engaged the children in cooperative activities, such as YMCAs and Scouts. For others, they got emotional support from a youth leader or minister. With their help, the children seemed to acquire a faith that their lives had meaning and that they had control over their fate.

At this point, we know that the child rearing environment is more important to the child's development than whether or not the child had prenatal or birth related problems. We also know that some children seem to be able to overcome even the worst of conditions. They seem to be particularly

socially outgoing, and are able to develop very positive and supportive relationships with adults and their peers.

In Part 2, we see what happens to “high-risk” children as they develop into young adults. We will see what protective factors, linked across time, either protected these “high-risk” children from adversity, or that helped those children who had been in trouble in adolescence to recover in adulthood.



About the Author

Jeffrey Katz, Ph.D., is a child, adolescent, and adult psychologist and leading expert in the field of ADHD, learning disabilities and behavioral problems. He is also a foremost consultant and sought after speaker for numerous medical, academic, business and legal professionals and organizations. Throughout his career, Dr. Katz has been interviewed by many print, radio and TV outlets and served as a regular columnist for *Tidewater Parent* magazine. He is also co-author of the recently released book *365 +1 Ways to Succeed with ADHD*. A graduate of the California School of Professional Psychology, Dr. Katz has been in private practice in the Hampton Roads, Virginia area for more than 25 years.

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