Being There:
Raising Resilient Children

Erica Komisar

Being There:

Raising Resilient Children

Erica Komisar, LCSW[1]

The integrity of a culture's social fabric is dependent upon the stability of the family and raising healthy children who become healthy adults. Our children are our future: not just of our families but also of our society. Raising emotionally secure, resilient, nurturing, and responsible children is a puzzle with many pieces. It requires parental education, understanding, and sensitivity. It also requires societal change, institutional and workplace support, political will, and legislation.

Unfortunately, this goal, which should be our greatest priority, is not. Parents feel confused and unsupported; our children are suffering from a mental health crisis at epidemic levels.[2] Based on my clinical experience with hundreds of families over the last 30 years, and the lack of government and corporate support for family-centred programs like paid maternity and paternity leave and other support for parents and children, it is clear the family is no longer considered the most important building block of society. The institutions and policies that should strengthen the family do not do so. There has been too much social and political divisiveness, too much misinformation, and a lack of a united narrative about how to raise healthy children.

In this paper, I will explore what every child needs to become a responsible, empathic, and emotionally healthy citizen who is resilient to stress and adversity, and what we need to do as individuals and as a society to achieve this aim. I will address the current mental health epidemic and the obstacles in the present day which stand in the way of creating a strong, vibrant, and thriving society. I do see a way forward, towards a brighter future for our families and children. It will require the efforts of parents, teachers, business leaders, and policymakers to create a more positive future for our children.

To address our children's needs, it is best to go from the micro level to the macro: from parental and family needs and responsibilities to educational, institutional, societal, and political duties. Parents cannot raise emotionally healthy and resilient children without support.

At the end of this paper, I will present recommendations for solutions you can think about, pursue, and implement as individuals, parents, employers, and policymakers to raise resilient children.

The Mental Health Crisis

Society has changed in so many ways for the good, with advances in standards of living, modern medicine, societal transparency, equal rights for women, and civil rights for all. We would never want to diminish the advances society has made, and some might say that we are living in the greatest time in history. However, there is a dark shadow cast over that progress, and it has been growing. In focusing on the overarching great wrongs in society, we have lost sight of our most precious asset: our children. We have deprioritised family and raising children in exchange for work and career achievement. We have overvalued economic prosperity and undervalued relational and family health. We have aggressively pursued self-fulfilment and individualism at the tremendous cost of communalism and self-sacrifice, which are necessary to raise healthy children. Finally, we have replaced real relationships with

virtual friends, exchanging depth of connection for shallowness. The religious institutions which once supported families and children are dissolving or becoming irrelevant, and the geographical diaspora of families means more isolation and loneliness amongst children and the elderly.

There is a worldwide epidemic of mental illness in children and adolescents across the developed world.[3] Deeply disturbing and overwhelming to parents, clinicians, educators, and policymakers, it has very much to do with the breakdown of the social fabric in society. The statistics are shocking and grow increasingly severe each year. The roots of this mental health crisis are complex, but as with any good narrative, there is a beginning, a middle, and an end to the progression of this trend. It is critical to look at all the pieces of this puzzle to create solutions which may stem the tide of these concerning trends, and understand how we can raise nurturing, resilient, and responsible children.

The Importance of Communities

There is a great deal of lip service paid to family values in our society, and yet we have moved farther and farther away from prioritising or valuing family, extended family, and community in favour of a more self-deterministic, individualistic path. We are taught in modern society that it is only me, my feelings, and my needs that matter. If I do not want to take care of my family members, I should not have to; if I do not want to go to my nephew's graduation or visit my elderly aunt who lives alone, who can tell me otherwise? It is this self-focus that has led to the fragmentation of the community that is the family. Earlier generations lived in intergenerational homes or close to parents and relatives. In the late 1950s, legislation permitted commercial nursing homes to be built, leading to a lucrative business of nursing home construction and management.[4] With this option more readily available, children began to move away from their families to be free from the obligation to care for elderly parents, often because they did not feel nurtured by their parents. This generation had children, and their children had children, and the generational expression of preoccupation with self and individualism became the norm of modern culture.

We have devalued proximity as important to connection, but proximity is critical to emotional connection. That does not mean that we cannot be close to a friend who has moved away or a sibling who lives across the country. But WhatsApp, FaceTime, and Zoom cannot replace being there for joyful occasions like the birth of a child, birthdays, holidays, or supporting a loved one through difficult times like the loss of a job, a breakup, or the death of a family member. The result of this move away from family and faith ties has been an epidemic of isolation and loneliness. In his book *How to Live Forever: The Enduring Power of Connecting the Generations*, Marc Freedman describes the family diaspora and the separation of generations in living situations as one of the greatest downfalls of our modern society.[5] From my perspective, this is a cause for many of the mental health issues we are seeing today. Parents and grandparents feel bereft of contact with younger generations, and young adults who sought independence from their parents found themselves geographically and emotionally stranded. What was meant to be an oasis became an emotional desert.

Community is important for raising resilient children on many levels.[6] It provides comfort, safety, and a sense of belonging to a group of people who are like extended family. Sometimes, adolescents have a difficult time expressing themselves to their parents and need to confide in another adult. Physical community gives children many adult alternatives to their parents—a grandparent, an aunt or uncle, a cousin, a pastor, a coach, a godparent—to turn to if they are in distress.

Lastly, and most importantly, in a world which can feel too large, overwhelming, and impersonal, community makes children feel seen and heard and gives them a sense of belonging.

Faith-based communities are even more supportive and influential in terms of building resilience in children. There are troubling statistics about decreasing attendance at religious services and the number of people who identify as being part of religious communities. A recent Pew research study found that teens are less religious than their parents, and only four in ten attend regular church services.[7] A research study from Harvard reported that children who were raised in faith-based homes were more likely to be mentally healthy, have lower rates of addiction, and were more resilient to stress.[8] When children are under stress and face adversity, they benefit from the belief in a protective higher power; it gives them hope that things will get better. They also benefit from the emotional regulation that comes from learning to sit quietly in a religious service; it teaches them to be present and helps them to learn to control their bodies and rest their minds. It also gives families and children a structured time each week to be self-reflective.

Many adults complain about the "magical thinking" in religion or religious communities and feel that belief in God is in itself just that. In one sense, they are correct. Belief in the unseen is part of every religion and requires an active imagination. Whether one sees the stories as real or as metaphor, the ability to expand the defensive parts of our brain and to understand that the unseen is as important as what we can experience with our senses is the basis of hope, optimism, and faith in humanity and the future. Just because we cannot see the future does not mean that it is not positive.

Another important reason to raise children with faith is that most faith-based communities stress giving, self-sacrifice, and volunteering to help others. Faith-based communities encourage compassion for the less fortunate, which is important for the development of empathy or the ability to feel for others in pain and to want to help them. There is no better place to practice that empathy than in a church, synagogue, temple, or mosque where homeless shelters, emergency food programmes, social service missions, and clothing drives are examples of the values that are actively practiced in the community.

We lose this sense of community and much more by turning away from faith, God, and organised religion.

The Foundation for Mentally Healthy Children is Mentally Healthy Parents

Children thrive when their parents thrive. When parents suffer from mental illness such as anxiety and depression, addictions of any kind—including eating disorders, alcoholism, drug addiction, and gambling—narcissistic/borderline personality disorders, or bipolar disorder, their children suffer as well.[9,10,11]

The Centre for Disease Control/Kaiser Adverse Childhood Experiences study, published in 1998, is the largest longitudinal study on how adversity and parental mental illness impact children long-term.[12] Even without a medical diagnosis, when parents are emotionally volatile or detached, children are impacted by their parents' emotional dysregulation.

Parents' self-awareness and self-reflection helps them to better understand themselves and their past losses and traumas, so they do not pass generational trauma and loss down to their children. Generational expression of mental illness means that we unconsciously pass our emotional challenges, conflicts, and disorders down to our children, unless we can break the cycle.[13] The inheritance of acquired characteristics means that children inherit mental illness through exposure to a stressful environment, rather than genetically.[14,15] While there can be a genetic basis for schizophrenia and

bipolar disorder, there is no gene for anxiety and depression.[16] There is a gene for sensitivity to stress—the short allele on the serotonin receptor—which makes a child more sensitive to stressful relationships and events.[17] This genetic predisposition can manifest as anxiety, depression, and attentional issues.

Parents model emotional regulation and behaviour for children. Healthy parents mirror their children's emotions and reflect upon their complicated relationships with their own parents, rather than unknowingly and unconsciously projecting their conflicts on to their children. It cannot be overstated how important self-awareness is for parents to raise healthy and happy children, who become self-aware, empathic, and nurturing individuals.

Children are captive to their parents' mental health or mental illness. When parents have unresolved losses, resentments, and anger over parenting because they were abused, neglected, or not parented in a healthy way themselves, then no government policy, financial resources, or material success can alter the course for those children. Raising awareness, increasing funding available, providing affordable mental health services, and treating parents who are mentally struggling is the best way to help children to become emotionally healthy and resilient.

Short-term thinking about mental health is a mistake. When we ignore the mental health of children, we create adults who will be in distress. When we ignore the mental health of adults, we create more children who are in distress. Yes, it costs a great deal of money to provide mental health services to those in need, but the lack of those services creates a never-ending cycle of depressed and anxious parents who produce depressed and anxious children. A study published in 2021 found that 22.8% of adults and 33.7% of young adults have some form of mental illness, and 5.5% of adults and 11.4% of young adults have a serious form of mental illness.[18] We need an army of mental health workers in schools, community centres, clinics, and hospitals to meet the needs of parents. A powerful way to stop the generational expression of mental illness is to subsidise those services and incentivise more students to go into social work, psychology, and counselling. Policymakers can find creative ways to incentivise parents to invest in the coaching they need to heal from past traumas and learn to be more resilient, emotionally intelligent parents.

Time: Prioritising Children

When something is a priority, you give it most of your time and attention. Studies have shown that the more time parents spend with their children, the healthier—emotionally and physically—those children will be.[19] It is not just how much time is spent, but how that time is spent that matters. Quantity and quality are both important.

The saying goes, you can only be as happy as your least happy child. Loving and being loved are the critical building blocks of happiness and now with longitudinal research from Harvard on the "Happiness Study", we understand that loving relationships are the key to happiness.[20] On our deathbeds, are we going to regret not having spent more time in the office or having more material possessions, or will we regret not having our children by our side to send us out of this world with love? When we neglect our children to spend more time away from them, often the consequences are that we are also unhappy.

It may be the most important thing you take away from this paper, that we have deprioritised family and delegated raising our children to strangers so we can pursue work outside the home, personal projects which take us away from our families, and self-determined goals for self-satisfaction. The Pew Research Foundation reported that American parents spend an average of 90 minutes per day with their children.[21] That is one-and-a-half hours out of 24. That is not enough. The more parents are present,

the greater the chance they will raise a child who can regulate their own emotions in the future. Children need their mother or primary caregiver to soothe their distress from moment to moment when they are infants and toddlers, and still need them to help to regulate their emotions when they are adolescents. Parents will know how much time their child needs by observing and tuning into their behaviour, their emotions, and their reactions to a mother or father's absence. The younger the child, and the more sensitive the individual child, the more time a parent needs to be present for him or her.

Personal fulfilment is important, and essential to an adult's mental health, but it should not come at the cost of our children's mental health. The recent societal belief that "I" matter the most meant that we started to pinch a bit here and a little there from our time with our children, and believed everything would stay the same and "the kids" would be alright. I think of it like a game of Jenga in which you build a tower, then take turns removing one piece at a time to see how unbalanced the tower can be and still stand. The loser is the person who topples the tower by taking the linchpin piece. The family is the linchpin of society. As a society, we have reached the point where the institutions that have supported families and children are so weak that they are collapsing. We need to rebuild them and make them stronger than before.

Humans are born neurologically, physically, and emotionally more fragile than any other mammal on earth. Children are not born resilient, emotionally secure, or capable of regulating their emotions. They require our physical and emotional presence from birth until after adolescence to reach the pinnacle of emotional stability, security, and health.[22,23,24]

So, let us start with the most irreducible need of children: time with their parents. Not their money, not their didactic lessons, not their material possessions, nor status in the world, but as much of their physical and emotional presence, their time and attention, as possible. When it comes to spending undistracted time with our children versus our work or other social commitments, more is more. That requires taking time away from our personal, social, and work pursuits. There is no such thing as quality time spent with children without the necessary quantity of time that promotes mental health. Children require their parents' physical as well as their emotional attention and presence. You can be present physically without being there emotionally by being checked out, disinterested, distracted, or depressed; but you cannot be present emotionally if you are not there physically.

One of the signs of a healthy society is that we take joy in the care of, and time spent with, our children. Yet, as a society, we have never been more distracted and more dissatisfied historically. We have never felt lonelier and more isolated than in modern times.[25]

While the ideal for mothers and parents is to be as present as possible in the first three years, for many parents this aspiration is difficult to achieve for several reasons. There are single mothers and working families who live below the poverty line—or close to it—who need to work to support their children. There are also mothers who have suffered trauma, have severe attachment disorders, and/or have experienced post-partum depression. For these women, mothering is not pleasurable, but painful, boring, and terrifying. Some women fear—and in many cases rightly so—that they will be punished for taking time away to care for their children, or that prioritising their families will derail a successful and fulfilling career.

In my practice, I have seen an increase in women and men who resent being parents. They regard their children and their children's care as burdens. Websites and social media groups with names like "Scary Mommy", or Reddit threads such as "Childfree" showcase parents (mostly mothers) expressing their anger and resentment about parenting and ignoring its very real rewards and pleasures. Somewhere along the way, we lost sight of the reality that although raising children can be wonderful, joyful, and fulfilling, it can also be uncomfortable, exhausting, and frustrating, and requires a great deal of sacrifice.

Parenting is the hardest job any of us will ever have. It is a constant, 18-year plus commitment that demands more of us emotionally and physically than any career outside the home, and yet it is also the most rewarding. Sometimes, when you loosen your grip and have faith in the future, you can find experiences that are more rewarding, satisfying, and meaningful.

If time is the most critical factor in raising healthy children, we need to implement generous, flexible, paid maternity and paternity leave and the choice to return to work with reduced hours and reduced pay, which allow *all* parents to be present for as long as possible in the first three years of their children's lives. Attachment security cannot be a socio-economic privilege.

We should challenge all parents to reflect upon how much time they actually spend with their children. For many parents, the traditional 40-hour work-week with clearly defined start and end times is no longer the norm. Smartphones and computers have blurred the boundaries between work and personal time. More hours of work do not lead to greater overall life, relationship, or work success. The demands of work often prevent parents from being there at important transitional times: drop off and pick up from school, waking and bedtime, sharing breakfast and dinner, or taking children to after-school activities and watching their sports games. The obvious solution is to shorten the working day and/or to provide flexible schedules. This requires a combination of individual boundaries, work policies such as not requiring employees to respond to emails or texts before or after specific hours, and governmental laws which protect parents' rights to spend time with their children. Businesses need to find creative solutions that allow parents to work part time and still continue to advance in their careers, and give them the flexibility to take time off when their children are ill or need additional care. These practices are good for businesses as well as parents: research has found that when companies provide parental leave and flexible schedules, employees are more loyal and more productive over the long term.[26,27,28]

Attachment Security and Why Mothers Matter in the First Three Years

You cannot build a strong house without a firm foundation, and you cannot hope to raise an emotionally healthy and resilient child without a solid foundation of love, physical and emotional presence, and security.

A parent's presence is particularly important in the first three years of a child's life.[29,30,31,32] These critical first 1,000 days create the foundation for their personality, character, and emotional development.[33,34] What happens during this time can determine whether that child will be able to handle adversity, cope with challenges, regulate their emotions, have healthy intimate relationships, and thrive in adult society.[35,36,37,38,39]

The importance of attachment security cannot be overstated as a requirement for resilience, and emotional security can only be achieved through the physical and emotional presence of a sensitive, empathic, nurturing primary attachment figure in the first three years. Babies are born neurologically and emotionally vulnerable;[40] their development is linked to these essential things:

- Secure attachment to a primary attachment figure, usually their mother;[41,42]
- Emotional security or the feeling of safety and protection from stress;[43] and
- Soothing a baby's distress from moment to moment to bring them back to emotional equilibrium.[44]

The ever-increasing economic push for mothers to return to work earlier and earlier has caused a crisis for children. We are so focused on leaving our children as early as possible, in the care of strangers, to return to our "meaningful" work outside the home, that we have deprioritised our children's security and over-estimated their ability to tolerate frustration and stress at too young an age. For some mothers, it is necessary to rise above poverty for the health of their children.[45] However, among many, the exchange of the emotional well-being of children for economic comfort has become a serious concern.

Although many mothers must work to support their children, the boundary between economic reality and personal satisfaction has become blurred. For many women, their economic reality is feeding and clothing their children. For others, it is paying for a new car, bigger home, or better vacation. A society which does not address the emotional needs of the poorest mothers and children, as well as those of its wealthier citizens, will face serious consequences in terms of public mental health. No mother should have to choose between providing for her family's most basic needs and raising mentally healthy children.

The 1990s was the decade of the brain; new technology allowed us to examine and study the social-emotional part of the brain and understand its development, and the factors that help and hurt its progress.[46,47,48,49] Neuroscience has helped us to understand that mothers are not just emotionally but also biologically necessary for healthy development.[50] The right brain is a combination of the prefrontal cortex and the various parts of the limbic system. It is responsible for critical functions including the ability to regulate emotions, judgment (including perspective), executive functioning (the ability to organise, plan, and keep time), working memory (the ability to learn and retain information), and most importantly stress regulation (the ability to cope with frustration, adversity, and challenges throughout life).[51,52] It is also the part of the brain which tells us when we are in danger, when we can relax, and helps us to give perspective to the extremes of our emotions. It enables us to read social cues and to interact with others in a healthy and empathic manner. Essentially, it is the part of the brain that makes us human.

The first three years of life are the critical period for right brain development.[53,54,55] During this crucial period, the environment—meaning the family, but particularly the mother or primary caregiver/attachment figure—plays an essential and irreplaceable role. John Bowlby, the father of attachment theory, defines a primary attachment figure as the person who is with that child the majority of the day and soothes them from moment to moment, buffering them from stress.[56] This attachment figure is ideally the mother, but can be the father, grandparents, or others with strong kinship bonds. A person outside the family can also be a primary attachment figure, as long as they are a constant and consistent presence during this time. The primary attachment figure's sensitive and empathic presence, both physically and emotionally, is necessary for the right brain to develop in a healthy way.[57]

Mothers are hormonally programmed to nurture their infants through a complex system of neurotransmitters that impact behaviour.[58] When a mother gives birth, breastfeeds, and cuddles her child she produces oxytocin, the neurotransmitter often referred to as the "love hormone", in great amounts.[59,60] This release stimulates the baby's oxytocin receptors to receive the hormone and produce it in the baby.[61] This pitching and catching of oxytocin through reciprocal interactions of loving, playful behaviour between baby and mother creates feelings of love and connection. Research shows that when babies are deprived of their mother's presence, their oxytocin receptors are not stimulated, which can impair that baby's ability to pass down adequate amounts of oxytocin receptors to his or her own children.[62,63,64] In addition, oxytocin acts as a buffer to the stress hormone cortisol, with which it has an inverse relationship.[65] When mothers and babies are separated prematurely and for long periods of time during the day, oxytocin levels go down and cortisol levels rise.[66] This stress reaction can force the baby to develop defensive independence that impedes right brain development.[67] Such developments

create a false sense of security rather than a real sense of emotional security, which in turn makes children more vulnerable to a breakdown later in childhood or adolescence and becomes a barrier to healthy emotional development, including the formation of resilience.[68,69,70]

Breastfeeding, skin-to-skin contact, eye contact, and a calm and soothing tone of voice are the mechanisms that buffer and reduce stress for babies and build attachment security.[71] Breastfeeding does have immunological benefits for babies, but also a profound emotional impact.[72,73] Breastfeeding for up to two years of age also enhances right brain to right brain stimulation between mother and baby.[74] In many parts of the world, babies are worn on their mothers' bodies for the first full year and longer to reduce stress for the baby.[75] Babywearing also reinforces the flow of oxytocin to both the baby's and mother's brains.[76]

Many people mistakenly believe that the first few weeks cement the relationship between a mother and her baby, and that mothers can leave to go back to work full time because the baby has developed a secure attachment. This belief is not true. The first few weeks and months are considered a *bonding* period; attachment security takes much longer. It is through the *consistent* physical and emotional presence of the mother in the first three years that the child begins to develop attachment security. Children learn to take risks through crawling, toddling, and falling down, then returning to touch base with their mothers physically. It is what Margaret Mahler called rapprochement, or emotional refuelling: the child learns that when he or she is hurt, scared, or in distress, Mummy is there to comfort them.[77,78]

Children's ability to manage and cope with stress in the future depends on their not experiencing intense and/or prolonged stress too early in life.[79] This is a physiological reality. A small, almond shaped part of the brain called the amygdala is the centre of stress regulation in the limbic system; its function is to regulate our levels of stress.[80] During the first three years of life, it is meant to be "offline", and its activity should be minimal. Of course, babies will experience some stress when their need for food or a clean diaper is not immediately met, or when no one comes immediately when they wake up and their mother is absent. This is normal, and experiencing *small* amounts of stress and frustration helps the amygdala to grow into a flexible, high functioning, and resilient part of the brain.[81]

However, long separations from a baby's source of security and safety activate the amygdala too early, causing it to become precociously active and enlarged.[82] This early hypervigilance causes the amygdala to increase in size, until it shrinks or shrivels up and ceases to function, leaving a child without an essential part of the stress regulation system and vulnerable to stress-related disorders. Repairing an overactive amygdala is therapeutically challenging, as can be seen in cases of Post-Traumatic Stress Disorder ("PTSD") in soldiers and survivors of trauma.[83,84]

In the Western world, we have fostered the myth that babies are self-sufficient and resilient, and we have promoted early physical and emotional separation of babies from their mothers. Many are taken away from mothers at birth and put in separate rooms or cribs, rather than having the skin-to-skin contact they need to feel safe. Rather than co-sleeping or sleeping in the same room, babies are given to baby nurses and nannies which further damages the ties to their mother or primary attachment figure. Governments promote institutional, universal daycare for economic reasons; babies are put in crèches or daycare which disorients, overwhelms, and frightens neurologically vulnerable infants.

Studies reveal that babies who are not securely attached or who are separated from their primary attachment figures and put in institutional daycare experience higher levels of stress and salivary cortisol.[85] Babies in daycare have been found to have higher levels of cortisol than those frequently in the presence of their mothers, as well as increased aggression and behavioural problems in the school years.[86] In addition, research shows that early maternal care has long-term effects on a child's capacity to become resilient to stress and adversity in the future, and impacts their ability to nurture their own

young.[87] When you do not build a strong foundation for a house, you leave that house vulnerable to later damage and collapse. When you interrupt the essential process of attachment security by separating mothers and babies prematurely, you create generations of vulnerable children who are at high risk for mental health issues.

The most compelling research that confirms the need for mothers to choose to care for their children is the discovery of a genetic precursor for sensitivity to stress, which is associated with mental illness. More babies than ever are being born with a short allele on their serotonin receptor, a marker that is now known for making them more susceptible to stress and the long-term effects of stress.[88] Sensitive babies are harder to soothe and are more sensitive to touch, sound, and separation. They are often called colicky by paediatricians who do not understand their neurological sensitivity as the cause. When these babies are cared for by their mother/primary attachment figure who responds appropriately to their distress, it prevents the expression of this gene and allows those babies to have as great a chance of becoming as resilient as those born without the gene. However, sensitive babies who are not provided with this kind of care by their primary attachment figures (such as those in institutional care) in the first year are more likely to express this genetic anomaly through depression, anxiety, Attention Deficit Hyperactivity Disorder (ADHD), and behavioural problems.[89,90,91,92]

ADHD is a stress response to a child's environment. It is not a disorder, and there is a movement to remove the term "disorder" from the diagnosis. Distractibility and high activity are normal in young children, particularly boys. This is not the case for girls, who have longer attention spans. Requiring young children to sit for long periods of time without a break for physical activity in preschool and primary school does not align with biological reality. These conditions cause small children to develop a stress response which results in increased distractibility and manic activity. If a child is experiencing any kind of psychosocial stressors at home or at school, they will naturally go into "fight or flight" mode, which means they will become more aggressive or more distracted. Rather than addressing the underlying stressors and our role as adults in exposing children to that stress, we blame the child for their reaction. We have labelled and overmedicated children rather than reflected upon and changed how we are raising and educating them.

Lastly, and most convincingly, longitudinal research clearly shows that attachment insecurity in infancy and toddlerhood is associated with mental illness in childhood, adolescence, and into adulthood. Anxiety, depression, ADHD, and personality disorders such as Borderline and Narcissistic Personality Disorders are also associated with attachment insecurity in infancy.[93] In addition, those babies who were insecurely attached in the early years are found to be insecurely attached in adult relationships decades later.[94]

When a child is securely attached, if their mother/primary attachment figure leaves for short periods of time, upon reunion the baby is able to greet the mother with love and forgiveness, even excitement. This baby has internalised a secure connection to the mother/primary attachment figure; when they are absent the baby still feels comforted.

However, when mothers leave babies for longer periods of time than that individual baby can tolerate, or leave neurologically sensitive babies for more time than they can manage, these children can develop one of three attachment disorders—all of which can have a negative impact upon their long-term mental health:

- Avoidant attachment disorder,
- Ambivalent attachment disorder, or
- Disorganised attachment disorder.

Avoidant attachment insecurity is connected to the lack of emotional attunement or connection of mothers to their babies.[95] This disorder manifests in a baby turning away from their mother when they are reunited after an absence, or indiscriminate attachment to strangers or nannies (where the baby prefers nannies or daycare workers to the mother). Avoidant attachment disordered babies often have mothers who also suffered from avoidant attachment disorders, and struggle to deeply connect with their babies. These babies are more likely to develop depression, difficulty attaching to friends and romantic partners, and narcissistic disorders.[96,97] The dissociation seen in avoidant attachment disorder is also more likely to contribute to addictions later in the individual's development, as a way to fill the void the mother has left in her absence.

Babies with ambivalent attachment disorder will cling to their mothers and cry inconsolably when they are reunited.[98] Their mothers are often anxious and have also suffered from ambivalent attachment disorders. These babies are aware the mother can leave again and live in fear and anticipation of her departure; they have the hardest time separating when mothers go to work or frequently leave the baby in the care of others. Ambivalent attachment disorder is associated with long-term and clinical anxiety.[99]

Disorganised attachment disorder is the most worrisome of the attachment disorders. Mothers of these babies are often borderline or emotionally volatile.[100] Their babies have no clear or consistent defensive strategy when their mothers leave them. Upon reunion they may go from clinging to turning away to slapping or becoming enraged at their mother. The lack of a clear defensive strategy makes this attachment disorder more likely to produce borderline personality disorders long term, which are challenging to treat clinically.[101]

Finally, there has also been an epidemic-level increase in postpartum (postnatal) depression. More than one in ten women in the United Kingdom suffer from postnatal depression,[102] and in the United States it is even higher at one in seven women.[103] This condition impacts their ability to mother, and to function in their work and daily lives. One theory behind this dramatic rise in postnatal depression is that the pressure for women to achieve success in work and family life simultaneously is increasing their conflict over mothering, and the harsh deadlines to return to work create a barrier to attachment with their babies. Surveys have shown that, when asked, mothers prefer to stay at home with their babies but, without resources and financial support, feel overwhelmed and pressured to return to work before they and their babies are ready for this separation.[104]

Our society constantly sends contradictory messages. We want to eradicate mental health issues like depression, anxiety, and violence, but we are not willing to look deeply at the root of the problem. We say we value family, but mothers are pushed to stay in the workforce and often lack the choice to be present with their child during the most critical period of social and emotional development. If we want to progress as a society, we need to resolve our ambivalence over whether nurturing and mothering is valuable work. If we can recognise that raising emotionally healthy individuals is an asset to society at large, we can begin to implement the kind of policies needed to support families and prioritise emotional stability and mental health.

The solutions to increasing resilience to stress in children begin with educating parents about the importance of the first three years of life. Many parents are misinformed about the ability of their children under the age of three to be independent. A broad campaign of parent education classes—folded into prenatal care and through paediatricians' offices, faith-based communities, and educational institutions—as well as education campaigns through public service announcements on television and all forms of social media, to prioritise the care of children in the home, could go a long way towards correcting these beliefs.

All women need to have the choice to care for their own children if we are to turn the tide of this mental health epidemic. Creating and preserving fully paid maternity and paternity leave for parents—particularly if they are primary attachment figures—for at least one year full time and another two years part time would create the solid emotional foundation that children need to thrive. Without the financial support of both governments and the workplace to empower an individual's decision to stay at home, only the wealthiest women will have a choice to stay at home with their children. Women who do not have the financial resources will not. This imbalance will create a rise in mental health issues in these families. In the United States, middle-class families are particularly vulnerable because they are caught in the middle: they do not have the deep financial resources of the wealthy and are not eligible for the government aid available to poorer families. Similarly, in the United Kingdom, parents can claim Universal Credit with no work requirement if they have a child under the age of three, but a middle-class parent will only receive a limited amount of statutory maternity leave.[105]

We need to create more opportunities for mothers to be able to work from home with flexible hours and have the option to job-share or work fewer hours, so they do not have to leave children in institutional care. The idea that women must either leave their children for work outside the home or give up economic opportunities and emotional satisfaction from work to stay at home with their children has done a great deal of harm to children, to mothers, and to society. Women in other parts of the world take their children to work, wearing them on their bodies while they earn a living for their families. Government stipends which allow for choice when it comes to childcare also allow women to make the best and most emotionally healthy choice of childcare for their families. Research has found that when a woman is given between $8,000 and $14,000 per year for childcare, she can use that money to stay at home part time, or to pay a close relative such as a grandmother, aunt, or close friend who is like an aunt (kinship bonds) to care for her child.[106,107,108] This is a far better option than putting a child in institutional, universal daycare. Attachment security is dependent on commitment, consistency, and longevity. Kinship bonds provide this in a way that daycare workers will not be able to replicate.[109,110] These workers, however caring, are often undertrained, underpaid, overworked, and often deal with an inadequate caregiver/child ratio, and there is very high employment turnover. Extended family provide an emotional connection and investment in the child long term, similar to that of parents.

Removing the stigma of mothers being at home to care for their young children will require a sea change in our thinking about the importance of nurturing, and its role in creating healthy families. To renew the respect we once had for women caring for children will require a cultural shift or change of outlook from individuals, families, the private sector, and the government at local, national, and global levels. This renewal will require a public relations campaign, which does not demonise women who work out of the home by necessity or by choice and emphasises the importance of caring for one's own children and prioritising more personal, family-oriented childcare solutions. There is an organisation called Big Ocean Women which coined the term "Maternal Feminism" to emphasise that raising children is hard and important work, and that women need to have the support and choice to raise their own children and integrate work in a way which allows them to prioritise family. If feminism is about choice, then women need to have the right to choose what is best for their families.

Sensitive and Empathic Nurturing: More Emphasis on Understanding and Less on Discipline

The myth that discipline and tough love creates resilience in children is just that: a myth. Children develop resilience through their parents' and caregivers' sensitivity and attunement to their feelings of distress, vulnerability, sadness, frustration, and anger. To raise emotionally healthy children, parents

need to learn to mirror or reflect their children's emotions from the moment they are born, through to adolescence.[111] Kohut, an influential expert on children's development of self, stated: "A child must experience 'positive' mirroring from his or her mother in infancy and beyond to ensure development of a healthy self."[112] This means that when a child is sad, a parent reflects that sadness back to the child through non-verbal communication as well as words. This reflection is a means of soothing distress, which is eventually internalised by the child so they can soothe themselves and regulate their emotions. It is only through such reflection that children learn to identify, understand, and manage their emotions, to feel valued, and to develop a healthy sense of self. Without this healthy sense of self, a child cannot grow up mentally healthy. Without the ability to regulate emotions, children are more susceptible to depression, anxiety, and ADHD.[113,114]

There is hormonal evidence that mothers and fathers have different biological strengths in terms of emotional regulation; mothers are the best at regulating distress, sadness, and fear, while fathers are better at regulating aggression and excitement.[115] The absence of either parent has a negative impact on the mental health of children. Children who grow up without sensitive, empathic mothers are more prone to depression and anxiety,[116] and children who grow up without present and involved fathers are more prone to behavioural problems and difficulties regulating aggression.[117,118]

Parents whose own parents did not mirror them have a particularly challenging time learning this skill;[119] here therapeutic intervention can be helpful. It is also difficult for many parents to tolerate children's sad or angry emotions, which results in dismissal or distraction away from those feelings, leaving children feeling unrecognised, unseen, and empty.

When we are confronted with danger—either real or perceived—our limbic system (a set of brain structures that regulate emotions) kicks in, activating the hypothalamic-pituitary-adrenal or "HPA" axis.[120] The amygdala (a small almond shaped part of the brain) alerts the hypothalamus to signal the pituitary gland, which then signals the adrenal glands to release hormones like adrenaline and cortisol, the "fight or flight" hormones.[121] When danger passes, the system returns to normal. If the perception of danger remains, the system keeps pumping hormones into the bloodstream and the body continues on high alert (hyper-vigilance), or the system overloads and no longer responds (hypo-vigilance).[122] When a baby is upset or stressed and there is no mother or sensitive caregiver there to soothe them, this experience turns on the stress regulating system of the brain prematurely.[123] The amygdala is meant to remain quiet in the first year of life. When this part of the brain is turned on too early, the amygdala can become precociously active which causes it to shrink or shrivel up and cease to function in the future.[124,125] When we try to separate from our babies too early, whether by sleep training or leaving an infant under the age of three in daycare, we are not creating the secure and solid emotional foundation upon which mental health is built.[126] We are setting a child up to create unhealthy defences which can lead to attachment insecurity.

The focus on children's self-sufficiency and independence has promoted a discipline model of parenting. An article in the *New York Times* on 9 October 2005 recommended potty-training children as early as possible and showed a six-month-old being held over a toilet. Children cannot even control their sphincter muscles until 18 months! Another example is sleep training, advocates of which recommend letting your baby "cry it out" at three months old, to teach the baby to self-soothe.[127] Babies cannot self-soothe at three months. They cannot self-soothe at six months. Forcing an infant to "cry it out" will not help them to become more secure or able to self-soothe in a healthy way. Instead, it puts enormous stress on their developing right brain and teaches them that the world is not a safe place, and they cannot rely on their secure attachment figure for comfort.[128]

Many of the symptoms we increasingly see in children—becoming more aggressive, developing behavioural problems at school and at home, developing attentional issues—are the result of this

evolutionary response to stress, in this case psychosocial stressors. These symptoms have resulted in a spike of diagnoses of ADHD, anxiety and borderline personality disorders, or hypo-vigilant responses such as depression, addiction, bipolar disorder, and narcissistic personality disorder.

Psychosocial stressors are external, internal, and the interaction of the two. Our children are faced with pressure to be self-sufficient and independent at too early an age. They are pressured to compete and achieve at the highest levels academically and in the workplace, and are fearful about their economic future in a world they see falling apart environmentally and politically. They struggle with unrealistic expectations of physical perfection promoted by social media, are bombarded with stimuli from constant access to technology, and feel the pressure to use alcohol or drugs, which are stronger and more readily available than in past generations. Additional layers of stress are added when a child faces the loss of their family due to divorce, alcohol, and drug addiction; physical or mental illness in the family; physical and/or emotional neglect; physical, emotional, and/or sexual abuse; trauma; or economic instability and poverty. With the ever-increasing number of families who live at great distances from their familial support system, as well as the breakdown of faith-based community ties, families are left isolated and alone. It is no wonder that children are feeling more psychosocial stress than ever before.

Children have always been exposed to stressors, but never have these pressures been as intense, transparent, and loud as they are today. Children are not meant to be resilient from birth, nor are they meant to be future-oriented or concerned about their place in the adult world until the end of mid adolescence and the beginning of late adolescence (ages 16 to 25).

Sensitive, empathic nurturing does not cease to be important after the age of three. In fact, it continues to be important throughout childhood. When parents are harsh, critical, and impose discipline without understanding why a child is behaving the way they do, they are creating a greater problem.[129] When a child expresses symptoms of any kind, whether it is distractibility, aggression, anxiety, or depression, there is a connection to a deeper motivation or to psychosocial stressors. When we punish our children without trying to understand why they are behaving the way they are behaving, we reinforce the notion that we are not to be trusted to understand them and that they are alone.

Behavioural challenges in children have a strong connection to psychosocial stress. It may be family conflict, divorce, illness, mental illness, addiction, social pressure at school, bullying, postpartum depression, moving their home, abuse, neurodivergence (learning disabilities), or physical or mental disabilities or differences, to name just a few. We cannot skate on the surface of these issues and hope that they will resolve themselves. Blaming children for their symptoms, labelling children with disorders, and silencing their pain and symptoms with medication will not help our children to become emotionally healthy or resilient. It will not help them to feel like valuable human beings. Parents must take responsibility for their children's mental health issues and be proactive in getting help as soon as possible from a mental health professional, who can help them to assess the source of their child's pain and not just alleviate their symptoms.

Empathy, or the ability to feel and understand the origins of other's pain, is a gift to our children. It is only through feeling the empathy of our parents, their kindness, understanding, and love that we learn to feel for others in pain. Only with a solid foundation of feeling understood by our parents can we hope to understand and feel for others.[130,131]

Parents often suffer from generational expressions of negative parenting styles and mistakes.[132] Neurotic repetition means that if we are not conscious of our behaviour, we will repeat what was done to us by our parents. When we approach parenting through the lens of discipline alone, we may be

channelling the misinformation and misguided approaches of our parents. When we confront the pain of our own childhood, we are better equipped to change the way we treat our own children.

It is possible for parents to recognise that they are repeating the patterns of their own parents and make changes in their parenting style, but it is often difficult without the help and guidance of a professional. In communities that only have access to a limited number of mental health professionals, the idea of "task shifting" is beginning to gain popularity. Home-visiting nurses, peer counsellors, and support group leaders, as well as trained volunteers are making a difference. They teach parenting classes, run hotlines, and make themselves available for support in their communities.

Parents need as much support as they can get, so they can give their children the support they need. Empathy toward parents inevitably makes parents more empathic toward their children. Changing these patterns requires focusing on parent education through multiple forms of media, including television, social media, and public service announcements. In addition, educators need to become more versed in the psychosocial stressors which are affecting children. Schools can offer mental health campaigns, assessments, treatment, after school programmes, and clinics. Community-based and faith-based programs that educate and counsel parents, provide group support for adolescents feeling isolated or lonely, and offer after school sports and activities for teenagers have become a thing of the past. We need to implement them again. However, the problems many teenagers face are more serious than teachers, pastors, and even parents can handle alone. That is why we need more well-trained social workers and counsellors who are skilled in individual and group talk therapy that is relational and feelings-oriented, as well as behavioural.

This does not take the agency away from parents or educators to set limits and enforce them. However, if the focus is on punishment and not understanding, it is unlikely that a child will learn to sustainably change their behaviour and regulate their emotions. A harsh and superficial discipline approach leads to emotional isolation, and a feeling of being invisible and unseen by the people in that child's life who can make the biggest difference in helping him or her. Changes in parenting style can have a significant impact on the mental health of children. In some cases, it may not always be enough to stem the tide that is overwhelming both parents and their children. Many years of parenting one way, and then moving in a healthier direction can take time to effect changes in the family dynamic. When a child's symptoms are consistently present for at least two weeks and do not respond to a parent's empathy and supportive parenting alone, it is important that a child receives professional help as quickly as possible.

There needs to be a societal re-education about mental illness. For the past 75 years, the medical field has focused on pain management and immediate symptom relief, which has taken away from the long-term goal of understanding the emotional dynamics that underlie a child's emotional state. We need to take a step back and re-evaluate our long-term goals. This will require psychiatrists and mental health workers to see children's mental health in a deeper and more complex manner, and work with families to heal family dynamics and address psychosocial stressors, not just "fix" the child.

Growing up in a Stable and Safe Environment with a Solid Support System

A stable environment is essential for children to thrive. From birth, children have a need for consistency, reliability, routine, and structure. There are a variety of ways in which we provide these essential supports. Family love and presence is the most important, with economic stability and geographical stability a close second and third.

We have placed too much emphasis on economic stability and not enough emphasis on family and relational stability. Of course, we need to provide for our most basic needs: food, shelter, and clothes. And yes, having money for things that make our lives easier and give us pleasure is also important. But in the United States, once family income reaches a certain level (studies estimate between $75,000 and $100,000) more money does not equate to greater happiness.[133]

The most important kind of stability is family stability, and family/extended family support. The traditional two parent family is being challenged regarding its necessity and viability in modern society, but it is still the healthiest way to raise children. According to research, marriage between a mother and father provides the stability children need to develop emotional security.[134] This family structure has many advantages. It provides two parents who play different emotional, biological, and gender roles for children. It also provides children with two people who love them and make them feel secure. Children worry from a young age about being abandoned, or about their parents dying and being left alone. This fear is mitigated when their parents have an "heir and a spare" (i.e., a sibling), and when they are emotionally and physically close to extended family, which includes grandparents, aunts, uncles, and cousins.

We are told that families come in all shapes and sizes today. This is true and will continue to be true, but that should not stop us from discussing the ideal. Talking about the ideal family situation for children can help us to mitigate and improve the situation for children who live in alternative family structures. There is extensive research about the impact of single parenthood, divorce, and broken family structure on children's mental health.[135,136,137] None of it is good. That does not mean that it is impossible to raise healthy children as a single-by-choice, widowed, or divorced parent, but there are challenges inherent in these situations. I treat many single-parent families where children are being raised by a single mother or father, or by a grandparent, or where there are two fathers or two mothers who manage to raise emotionally healthy children, but only if they acknowledge the loss for that child of not having a mother or father. When we deny loss, it has a way of intensifying over time, not diminishing.

Mothers produce large amounts of oxytocin which makes them more sensitive, empathic nurturers which encourages secure attachment.[138] Fathers produce more vasopressin, the protective and aggressive hormone, which makes them more focused on resilience-building and separation as well as regulation of aggression.[139] When fathers nurture, they also produce oxytocin, but it has a different effect on their behaviour: it makes them more engaged in tactile play and stimulation. Fathers help toddlers learn to take more risks, to separate from their mothers and to explore the world to build resilience. Both roles are critical for social development. In a household with two parents of the same gender, it is best for children's development and emotional health that one parent takes on the role of mother and the other of father, and that they surround themselves with an extended family that provides different role models.

Acceptance of different family structures does not mean that we can ignore the ideal of two loving parents of different genders and nurturing behaviour patterns. When we acknowledge losses, we can address them and mitigate the pain of those losses. However, when we as a society deny the pain we are causing our children or the depth of the loss, we dismiss and ignore their hurt. The need to acknowledge this reality means that we should continue to lobby in the public sphere and the court of public opinion for the distinction between acceptance of different family structures and recognition of the best possible situation for raising healthy children. I have two examples from my practice where denial of pain did more harm than dealing with the pain itself. There are still a great many questions about how children raised in same-sex marriages fare in terms of sexual development and orientation. The immediate research is unclear, and it will take many years of longitudinal research to understand how being raised in alternative family structures affects children in terms of their gender role modelling and sexual development.[140,141,142]

George and Alan came to see me because their daughter Jane, who was turning four, was struggling emotionally in preschool. She was very clingy with her teacher Susan and indiscriminately attached to other women. She often cried about wishing she had a mother. Her fathers were dismissive of her feelings and responded defensively: "You have two great fathers who love you." Jane became increasingly frustrated, angry, and depressed. I helped her dads to acknowledge Jane's pain and let her feel sad. I encouraged them to mourn with her rather than deny her sadness and impose their own narrative of how wonderful it is to have two fathers. They made an effort to spend more time with Alan's sister on weekends and holidays to give Jane a female role model. As a result, Jane became less angry and depressed and was able to express the full range of her feelings to her fathers.

If children who are being raised in less-than-ideal nuclear family structures are going to be emotionally healthy, then we must compassionately acknowledge the losses involved so children can accept and embrace the positive aspects of their non-traditional or alternative family structures. Denial of loss of any kind is harmful to children. Another example of this is in my treatment of another family. Martha decided she would have a child on her own because she had not found anyone to share her life with and start a family. She used a sperm donor and had a baby boy. Martha was a great mother, sensitive, empathic, and gentle, but she did not rough and tumble with her son and did not feel comfortable going to the park and playing sports. Greg was three when he started asking where his father was and if could he see him. Martha told him in a chipper tone that he did not have a father, just a mother. Greg became distraught and told his mother that everyone else at preschool had a father. Martha became defensive and talked about what a great mother he had without acknowledging his sadness, confusion, and anger. This went on for about a year before Martha came to see me. I helped her to acknowledge Greg's feelings about not having a present father and encouraged her to talk about the kindness of the sperm donor and whatever attributes she could share. Greg was able to understand that he had a biological father who was a good person and held on to this emotionally. He also was able to embrace his mother more fully. I encouraged Martha to begin dating with the goal of finding a life partner who would provide Greg with a male role model. Martha eventually met and married Shane. Greg was ecstatic. Shane taught Greg how to regulate his aggression and anger in an appropriate manner and helped him learn to channel his energy into sports and physical games.

Healthy Separation

There is a great deal of emphasis on attachment as the foundation of mental health and emotional security.[143,144] Healthy separation is of equal importance in the process of helping children to grow into resilient, responsible, and caring individuals. The ability to let go of our children as they explore the external world, as well as their internal world and identity, is a critical part of development. If parents give children everything in the attachment phase to feel secure but cannot let them decide who they are as individuals separate from their parents, release them, allow them to take risks, and to physically distance themselves from their parents, children cannot fully develop. Raising resilient children requires that parents accept the uniqueness of their children. They are not carbon copies of their parents. If parents expect that their children will be just like them then they are assuming their children will never leave them emotionally. Parents often have a very difficult time, particularly in adolescence, accepting that their children can leave them physically and emotionally. As Khalil Gibran says:

> "They come through you but not from you,
> And though they are with you, yet they belong not to you.
> You may give them your love but not your thoughts, for they have their own thoughts."[145]

The term "helicopter parent" describes an anxious parent who leaves little space for their children to experiment, explore, make mistakes, feel losses and rejections, and learn from those experiences. In their book *Coddling of the American Mind: How Good Intentions and Bad Ideas Are Setting Up a Generation for Failure*[146], Greg Lukianoff and Jonathan Haidt describe the dynamic of parents interfering with, and avoiding, the important separation which helps children to become responsible and emotionally mature. Children need to be weaned from their parents' dependent care so they can become interdependent. This process occurs incrementally. It begins during toddlerhood with what Margaret Mahler calls "rapprochement", or "emotional refuelling."[147] Children practise independence by toddling away from their parents to explore the environment and look back or touch base with them to get a snuggle so they can continue their exploration, secure that their mother is still there. Through this weaning process, children learn to internalise a sense of security and learn resilience. Currently, we have reversed this process. We project the adult qualities of resilience and independence onto our very young children and infantilise our older children at a time when they need to be more independent.

A parent's ability to encourage and show faith in a child's need to explore and take risks can be the difference between a child who is fearful and one who challenges their fears and can cope with adversity in the future. This is illustrated by the famous glass floor experiment: a mother stood on one side of a glass floor over a significant drop, while a crawling baby was placed on the other side of the glass floor.[148] If the mother encouraged the baby to come to her over the glass floor, with her facial expression, body language, and words then the baby had little difficulty crossing the floor, but if the mother expressed worry or fear with her non-verbal cues and words, then the baby cried and would not cross the floor.

Adolescents need to physically separate themselves from their parents as part of the normal developmental process of becoming an adult. They use their peers or friends as anchors to help them to leave the comfort and protection of their parents. Friends are a critical part of healthy adolescent development;[149] it is when adolescents are socially isolated that it is a cause for worry. In addition to separation, adolescents need to individuate, or discover who they are as individuals in the world, separate from their parents. This means in a healthy situation, they take the best of each parent, or the parts that fit them, and hopefully leave the traits of their parents that were painful or did not fit behind. When parents struggle to let go of their adolescents, they interfere with their development. This can result in a stunting of independence, either because of intense reactive rebellion or emotional regression. It is important that parents find the right balance between setting appropriate boundaries and acknowledging the need for their child to explore, experiment, and expand their experience.

When the nest empties, parents often feel as if the emotional umbilical cord is finally severed and experience the loss profoundly, and yet this is the necessary cycle of life which allows children to fulfil their potential and become adults. Loving our children is a contract with vulnerability and loss. However, if we love them well, listen to them, understand them, and accept them they will be back in some form, and you might be surprised how much of you they eventually internalise and integrate into their identity.

Play Based Learning to Foster Emotional Regulation and Resilience to Stress

Play is the language of children and is an important part of healthy emotional and physical development. In children under the age of three, play fosters right brain or social emotional development.[150,151] It is through play that children learn about exploration, experimentation, and social interaction. In imaginary play, children work through many of their relationship challenges, conflicts, losses, and feelings. Free or unstructured play is even more critical to children's development than structured play.

Our society has valued cognitive development over play for young children. Reading, writing, arithmetic, and structured learning time has replaced free play in preschool to try and boost children's ability to succeed in a competitive world. Parents are obsessed with flash cards and getting their children to read before preschool so they can get them into the best kindergarten, the best primary school, secondary school, and university.[152,153]

The problem is that forcing children to develop their left brain before their right brain develops is like putting your shoes on before your socks. Play is necessary for right brain development, which is necessary to tolerate the frustration associated with taking in left brain knowledge.[154,155]

Research shows that children who have highly developed right brains do better in school with cognitive skills over the long run.[156,157] Cognitive development will be better served in later development if we focus on emotional intelligence, social competency, and unstructured play in the early years.

Giving Children a Sense of Responsibility and Purpose

Teaching our children responsibility requires giving them meaningful and purposeful roles in the family without overwhelming them or turning them into little adults. Children need to feel that they have some chores or responsibility around the house, whether it is doing laundry, making their beds, clearing the table, putting dishes in the sink, or walking the dog. These tasks set them up to become confident in their ability to help and be useful in the world as they are in the home. Assuming responsibilities at home also gives them confidence that when they go to university or leave home, they can care for themselves. Learning to care for yourself is a critical part of growing up and living separately from your parents.

Responsibility also means responsibility for others, not just yourself. Although the articles about the self-centeredness of the Millennials or Gen Zs are a broad generalisation, they do capture the narcissism of multiple generations who are stuck in a self-focused phase of development (which is normal but is meant to be temporary) before learning to think of and care for others.

The decline of community associated with organised religion has also negatively impacted the belief in selfless giving to others. By emphasising caring for others, volunteering, and responsibility for those that are less fortunate, we build the reservoir of generosity, empathy, and sense of repairing the world—the responsibility of every citizen. Whether it is through volunteering in your local homeless shelter, cooking for a soup kitchen, gathering coats for the poor in the winter, or setting aside money for a favourite charity, volunteering with your children is the best way to introduce them to a nurturing approach to living life. They will learn gratitude, empathy, and develop confidence in themselves and their abilities. Being of service to others—which is part of the culture of every organised religion—should become a part of every family's tradition, whether or not they are religious. For children who have suffered from great losses and trauma, volunteering can be a healing experience.[158]

When parents model responsibility for others through volunteerism, they teach their children important lessons about empathy, compassion, and repairing the world. When schools require volunteerism, it can be the difference between a child who may never have been exposed to service and one who is inspired by helping others. When governments offer subsidies for summer jobs and gap years for adolescents to participate in public service or humanitarian work, they can change the narrative for many children about self-worth and purposeful work.

Clear Boundaries

Being sensitive and empathic is not mutually exclusive with having boundaries and exercising authority. Parents make a mistake when they try to be their children's friends. Children thrive when their parents have clear boundaries that establish their loving authority as parents.[159] The trick is to be an authority without being authoritative. Boundaries and limits provide safety whether it is regarding curfews, restricting alcohol in the house, limiting technology and social media, limiting exposure to violence in video games and movies, or discouraging sexual behaviour at too young an age. When parents struggle with setting limits, saying no, and modelling their own values and appropriate behaviour, children feel unsafe and untethered.[160]

When parents drink alcohol in excess, do drugs, or expose their children to inappropriate sex or violence—either through media exposure or in the home—it undermines their authority to set limits.[161, 162] You cannot teach your children that drugs are dangerous if you are smoking marijuana with them, and you cannot teach them that alcohol can ruin their life if you drink to excess in front of them. Young children need to idealise their parents and believe they are omnipotent. It is not until adolescence (ages 9 to 25) that they begin to de-idealise them and discover that their parents are human.[163] Parents may feel that they will be closer to their children if they can be "cool" and permissive. The opposite is often true. Children need parents to protect them from their impulses and risk-taking behaviours, particularly in adolescence. During adolescence, the ventral striatum or the reward centre of the brain is highly active, while the prefrontal cortex or emotional regulating part of the brain is not yet fully functional.[164] This means adolescents take more risks, are more impulsive, and have less good judgement and perspective than their parents. In his book, *The Whole Brain Child,* Daniel Siegel calls this condition "all gas and no breaks."[165] Adolescents need their parents to model emotional regulation, impulse control, and good judgment to feel safe.

Parents are often frightened of their children's anger, judgment, or rejection which results in permissiveness even when it goes against their best judgment. The more insecure and fragile a parent is emotionally, the more vulnerable a child is to environmental dangers. The healthiest relationship is one which has clear boundaries and where parents help their children to understand the risks, dangers, and consequences of their actions, but also where a parent can be flexible should the situation demand it.

Peter and Kelly came to see me because their son Grant, 15, was asking to go to parties on weekends. His parents understood that these events involved alcohol, drugs, and experimentation with sex. They did not know what to do. They did not want Grant to be at risk of under-age drinking or consuming illegal drugs, both of which would have consequences for his physical and emotional health, and as well as serious legal repercussions. They also wanted to trust him and for him to have friends and a social life. They had to release some of the control and be a bit more flexible about him going to parties, but also set some clear boundaries and share consequences with him. We worked to carefully craft a balanced but firm and clear message. Peter and Kelly sat down with Grant after dinner one evening and told him:

> "We are going to give you permission to attend parties on a case-by-case basis. We know you will be tempted to try alcohol and other things, but we need you to know the risks and the consequences. Kids die of alcohol poisoning every year because they think it is harmless; it is not. Marijuana is a potent hallucinogen; it can cause you to have a mental breakdown. Pills bought on the street may not be what they are labelled, and other drugs can be cut or contaminated with dangerous substances. We need you to know we do not approve and do not condone you drinking or doing drugs and we forbid you to bring them into the house. However, and most importantly, you need to

know that we love you and want you to be safe. If you do experiment and want us to come and pick you up at any time, we are a phone call away."

They also explained:

"We have talked about love and sex with you before. We just want to remind you that being intimate with another person can have both emotional and physical consequences. And we are always here to talk things through if you need us."

Grant listened to his parents and agreed that he would call them from the party if he felt uncomfortable or unsafe. His parents reiterated their trust in his judgement. While his parents knew this did not guarantee that Grant would not make mistakes, he knew that they would be there to help him if he did.

Educating Kids About Drugs and Alcohol and Setting Limits

There is a tremendous amount of confusion about how to approach concerns related to drugs and alcohol with children, especially as drugs remain illegal and children face increasing peer pressure to drink alcohol underage or experiment with illegal drugs. Parents do not know how to speak to their children, how to set limits, and how to distinguish between experimentation and abuse.

Addiction to drugs and alcohol is on the rise in teens.[166] Drugs like cannabis, illegal prescription drugs (including ketamine, oxycodone, sedatives, amphetamines), and illegal street drugs (such as MDMA, LSD, psilocybin, cocaine, and heroin—which is often cut with other drugs or dangerous substances) are more readily available and stronger than ever before. Society sends messages that drug use is normal and—in the case of cannabis, ketamine, psylocibin, and LSD—can even benefit mental health.

In the United States—where cannabis has been legalised in many states for recreational purposes—cannabis use is rising at a dramatic rate. In 2021, 52.45 million individuals aged 12 years and older used marijuana in the United States. This number is compared to 31.53 million of that same age range in 2012. Daily use has also shown exponential increases since marijuana has been legalised, rising from 3.13 million people in 2002, to 5.35 million in 2012, and 13.25 million in 2021.[167]

Tetrahydrocannabinol ("THC") levels in marijuana have risen from less than 2% in the 1980s, to 27% in 2017. There are now products such as marijuana gummies with a 90% THC content level.[168] State governments have made cannabis legal for economic reasons rather than calculating the impact on adolescents' brain development.

Vaping has worsened the cannabis crisis. Increased use of cannabis among vulnerable adolescents is a serious concern; cannabis is a gateway to addiction, as well as to hallucinogens such as psylocibin, LSD, MDMA, and others. This newer, more potent cannabis is causing more adolescents to experience either psychotic breaks or depersonalisation episodes: 39% of emergency room visits in the United States for mental health are due to cannabis induced psychosis. In 2021, over 72,000 out of over 800,000 Emergency Department visits for adverse effects from marijuana, like that noted above, were for children under 18 years of age.[169] A link between cannabis use and schizophrenia has also been documented.[170,171] Many of these children are attempting suicide; some are being hospitalised for as long as two years after these episodes. Compared to 2001, when the suicide rate was 10.7 deaths per

1000,000, it is now 14.1 deaths per 100,000.[172] Many of those suicides are drug related, and many of those are due to cannabis poisoning.[173,174]

Adolescents are particularly susceptible to the effects of drug and alcohol use.[175] The discrepant development of the reward centre of the brain (ventral striatum) over the emotional regulating (prefrontal cortex) part of the brain results in an increased dopamine response to stimuli.[176] This makes adolescents more vulnerable not only to addiction, but also to impulsive, risk-taking behaviour such as suicidal attempts during drug or alcohol use.

Children look to their parents as role models, and even though they may experiment, they will ultimately follow the examples set by their parents. Drug and alcohol abuse is passed down generationally through inheritance of acquired characteristics.[177] This means it is through exposure to parents drinking and using drugs that children see these behaviours and addictions as normal and acceptable. We cannot scratch our heads and wonder how they went astray without first looking at ourselves.

Parents are afraid to set limits with their children. They believe being permissive makes them "cool" and they can earn their children's respect by being cool. The opposite is true: you do not earn your child's respect by being their friend, you earn it by being their most nurturing, sensitive, but limit-setting and guiding parent. That means no drinking or doing drugs with your child. You can and should talk to them about drugs and alcohol, giving them information and setting limits in a non-judgmental way. It is important to keep communication on these subjects open, but this is different to condoning, joining, or supporting their alcohol and drug use.

If parents do not educate their children about substances, their children's friends certainly will. Better that you initiate a discussion, during which you can also instil your values. Be direct and non-judgmental regarding the risks and dangers of alcohol and drugs, while remaining clear that you do not condone or approve of their alcohol and drug use. A little bit of caution goes a long way toward curbing substance use. You can express that you understand they may be tempted to experiment, but any use of alcohol or drugs during adolescence can have severe consequences for their development. Educating your children will not make them try drugs or alcohol sooner, and it may in fact delay their use. If they do experiment, let them know that no matter what the circumstances, you will be there for them. If they are in trouble at a party or are feeling pressured to participate in taking drugs, they can call you at any time and you will be there to pick them up and get them help if they need it.

Preventing drug and alcohol use is the best way to ensure resilience in children. According to OneChoicePrevention.org,[178] drug and alcohol use is not inevitable. It is also critical that parents talk early and often with their children about clear expectations of no use as the health standard of youth. Nine in ten adults with a substance use disorder started drinking, smoking, or using other drugs before the age of 18.[179] If you suspect substance use, act quickly with an intervention to prevent more serious outcomes.

It is a hard balance to strike as a parent between setting firm limits and making sure your children understand that they can count on you to be there if they do get into trouble, but it is a balance all parents must strike to prevent addiction or a tragedy from alcohol and drug use.

Open Non-judgmental Communication

Children desperately need their parents to help them to understand themselves and their place in the world. They need to feel that their parents are available to them when they need them, so they can process their thoughts and feelings. It is unrealistic to think that parents can be available at every moment. However, the more parents can be physically present, and the more emotionally available they can be, the more opportunities they will have to help their children. When parents are preoccupied, rejecting, dismissive, critical, disinterested, or simply unavailable, children take away the message that they are not valuable, interesting, or wanted.[180,181,182]

Open communication is the invisible umbilical cord that is never severed. Communicating freely allows children to rely on their parents in a healthy way until they no longer need to and sets the stage for their adult relationship. It is through this deep connection—a feeling that when children need someone they can turn to their parents—that they build a sense of trust and security that is internalised and carried into adulthood. A friend once told me that when your children grow up and leave you, it is the litmus test of how you have done as a parent. If they still want to talk to you then you have done a great job.

It is more common for parents to believe that children need them more under the age of five. This is only partly true. School-age children, and adolescents in particular, need their parents as much as they did when they were young, just in a different way. Adolescents begin to develop defences and withdraw from their parents so they can shape themselves as individuals and become independent.[183] They still need their parents intensely, just on their terms. So, when the door to their room opens and a parent is there, they may take advantage of that connection to help process their day. But if there is no one there, they may close the door and not be open to communicating until the next time the door opens.

Open communication means:

- Listening more than talking.
- Understanding that the moment you get defensive, you have stopped listening.
- Reflecting your child's emotions more than projecting your own feelings or agenda upon them.
- Keeping your opinions to yourself or to a minimum and focusing on your child's feelings.
- Checking your narcissism or need for your child to be just like you.
- Asking open-ended questions and keeping advice to a minimum unless your children ask for it.
- Being non-judgmental about their friends, their music, their interests, and their clothes.
- Staying relevant and learning about your child's world so when they speak you are not in the dark.
- Keeping your criticism to a minimum and presenting it in a positive manner.
- Feeling secure enough to handle and contain your feelings about your adolescents' challenges to your authority, and their rebellious behaviour.

Have I overwhelmed you with this list? This is what is required to truly have open communication with your child. This does not mean you will achieve your goal every time; the goal is to always try to be better and to be self-aware enough to know when you are on your game. When you have missed the mark, repair your mistakes as soon as possible by taking responsibility for your mistake and apologising to your child.

Focus on Self-Esteem and the Development of the Individual Child

Children are not born with a healthy sense of themselves and their place in the world. They learn to love themselves because we love them and are not afraid to show them that we do. They learn to be interested in themselves when their parents are interested in them above everything else. However, there has been a misunderstanding about how self-esteem is formed which I would like to correct. There was a time when parents were told not to praise their children too much or show them too much affection or sympathy, so they would not become "spoiled" and "soft." Parents believed that harsh criticism was good for children and would toughen them up to face the real world. We now know that this philosophy of child rearing created emotionally fragile adults who were more susceptible to depression, anxiety, and addiction. The tides turned in the 1960s and 1970s, when self-help books promoted the idea that parents cannot praise their children enough, even for the smallest effort or accomplishment. Although this is true for children below the age of three, we now know that praising children for good behaviour and successes is appropriate and desirable, but praising them for losses, failures, and rejections does not foster resilience or build self-esteem.

Children have a radar for hypocrisy, unfairness, and lies. Being sensitive to your children's disappointments and pain is important, but lying is not the way to help them. The best is to praise them when they deserve it and wait to reflect how they feel when they suffer from life's challenges, rather than try to distract them with your cheerfulness or false praise. When parents identify their children's strengths—particularly in the early years, but throughout their childhood and adolescence—it builds a sense of trust and confidence in those strengths. When parents equally recognise failures, losses, and rejections and acknowledge them as "hard" or "sad," they see the child as a whole person who is imperfect but lovable with all their imperfections and vulnerabilities. The movement to tell a child that they are "great at everything" or "you were fabulous today on the football field" even though they had a bad day or missed catching the ball during an important play makes children feel unseen, lied to, and unacceptable as they are. False praise does not help children to integrate their strengths and weaknesses into a holistic narrative of themselves, as good at some things and not so good at others and having good days and bad days. This prevents children from seeing that they are still loved unconditionally for who they are, not what they accomplish, even if they have a bad day or do not excel at everything. Because of brain development and a lack of life experience, children lack perspective. When children and adolescents have a bad day, they think their whole life will be bad; what an adult sees as a minor mistake can feel like the end of the world. Feeling good about yourself requires accepting the whole package. Only then can children develop a sense of who they are and where they fit in in their social group, and as an adult in society.

When parents push their school-aged child (5 to 18) in the direction of an activity or activities that are important to them, not the child, they are also not helping that child's self-esteem.[184,185] This is the time children need to begin to develop their own tastes, cultivate their desires, and choose their own interests. If they do not like piano, soccer, or baseball, parents should not be pushing them to participate based on their own narcissistic needs for their child to "succeed" or to fulfil an unmet desire of the parent(s). While children do need help with creating structure when it comes to practicing or learning a new skill, if a child says "I do not like soccer" but you force them to continue with soccer, then they begin to feel that their own instincts and desires are incorrect, they lose a sense of agency, and their feelings are invalidated.

Lastly, parents often focus on winning rather than trying. Parents are often not even aware of their own need for their children to "win", compete at the highest level, or reach the peak of success. This often

undermines a child's desire to try for fear of losing and creates a harsh internal narrative of self-criticism that can last a lifetime.

Emphasis on Balance, Not High Achievement

The world has become a very competitive place; there are "more mice for the same cheese", as the saying goes. As a result, parents have become increasingly anxious about their children finding their adult place in the world and becoming *successful.* Parents expect even their young children to be like little adults, to know "who they are", "what they want to do with their lives", and "how they will compete with everyone else." This pressure to achieve at a high level has replaced the normal developmental need of children to feel buffered from the pressures of adult life, to play, explore, and experiment without an agenda. The system starts early: parents strive to get their children into the right preschool, to get into the best elementary school, to then get into the best upper school programs, so they can get into the best universities. There has also been an increasing emphasis on higher education and university as the goal for all students, when many may do far better in job training programs, apprenticeships, and trade schools. This has created a system that pressures children and adolescents to the point of breakdown. The United Nations estimated in 2019 that of all boys and girls between the ages of 10 and 19 around the world, 42.9% were depressed and/or anxious, 20.1% had a conduct disorder, and 19.5% had ADHD.[186,187] The emphasis on testing, high grades, and a full load of extracurricular activities is too much for the adolescent brain to handle. Although some adolescents may rise to the occasion, many are short-circuiting, self-medicating by turning to drugs and alcohol, developing anxiety, panic attacks, depression, ADHD (a hypervigilant stress response), and most extremely, committing suicide.[188,189] I have seen too many children and adolescents break down mentally and be placed on medication for being "normal" children, who are not supposed to have a future-oriented strategy for their adult selves or be obsessing over the future. A study in the journal *Paediatrics* found that 60% of visits to primary care doctors due to parents' concerns about their child's anxiety result in the prescription of medication, without therapy.

We can turn this youth mental health crisis around. We can create a world where children can play again, where they have choices of higher education besides university—be that a trade school, two-year associates degree, art/design school, or apprenticeship. We can provide our children with opportunities to work and learn in which they are encouraged to live balanced lives, rather than lives fuelled by unsatiable ambition and material greed. For this shift to happen, we must change the narrative that children need to be perfect in school or have to do prestigious internships in high school and college, or else they will be left out of the job market. We can provide opportunities for children to experiment with interests, without having to commit at an early age to a future self that they do not yet know. We can assure them that they are not "failures" if they do not know themselves or their academic or professional path forward when they would be far better served by building the emotional security and resilience that will be required for a lifetime of challenges.

Stop Overmedicating Our Children

We have become a society that uses medication to take away all pain, discomfort, and frustration, much to the detriment of our children's resilience. Children present symptoms so we can better understand the underlying psychosocial stressors in their lives, and conflict which needs to be resolved. It is only through the process of parents listening and understanding that children develop the ability to cope with adversity. If children need additional help and support, talk therapy is the recommended form of

therapy for children and adolescents to address underlying losses, conflicts, fears, and traumas. In 2019, it was reported that 5% of American children were prescribed stimulants for ADHD and behavioural problems,[190] and there was an almost 400% increase between 1998 and 2008 in the use of antidepressants in adolescents.[191]

Adolescence is recognised as a period of emotional turbulence that can be difficult for parents to tolerate. Children dealing with the dissolution of a family or difficulties at school may behave in a difficult manner. A child with undiagnosed learning issues can be disruptive in a classroom. Links between learning disabilities and difficulties with socioemotional development have been reported, especially in boys.[192, 193, 194] Use of medication to silence their pain—whether it is for ADHD or ADHD-type symptoms, depression, or anxiety—is associated with delaying emotional development.[195, 196, 197] In fact, while psychotropic drugs may give some relief from symptoms, they do not resolve or "cure" the mental health disorders. These children may not learn how to handle adversity and emotional discomfort; they are only forced to acquire these skills if and/or when they get off the medication.

In addition, many of the medications practitioners use to treat children have terrible side effects including depression, suicidal ideation, and increased mania to name a few.[198] These side effects are not uncommon. As a clinician, I recognise that there are situations where medication is necessary for short periods of time to help a child through a crisis. However, drugs should be used as a bridge, not a permanent solution. We have to move away from a model of medicating children as a first line of treatment and try to understand the underlying causes of their behaviour.

Sleep

Every parent of very young children knows how important adequate sleep is, both for their child and for them. As children get older, we give their sleep habits and hygiene less attention, when in fact we should give them more.

Parents often think that adolescents are being rebellious or that it is a discipline issue when they do not go to sleep until after midnight and then have trouble waking up in the morning.[199] In fact, these sleep patterns have little to do with discipline and everything to do with brain development and biology.[200] Adolescents produce melatonin—the chemical in the brain that helps us to feel sleep pressure—much later in the evening than adults do, which means they do not feel sleepy until well after midnight.[201] This makes sense from an evolutionary standpoint, if the younger adults in ancient communities were supposed to tend to the fire at night and alert the rest of the sleeping adults if a predator emerged.[202] Since we are not living amongst predators in the wilderness, this evolutionary adaptation is no longer a benefit.

It seems obvious to say that children need sleep to be mentally healthy. Children who do not get the requisite amount of sleep are at higher risk of depression and anxiety. The average 6-to-12-year-old needs 9 to12 hours of sleep, and a 13-to-18-year-old needs 8 to 10 hours;[203] yet most are only getting between 7 and 7.5 hours of sleep. It is not until 25 years of age that hormones shift, and young adults begin to feel sleep pressure at an earlier time and are able to fit into the adult world of work. In a world that recognised these biological rhythms, adolescents would be able to sleep until 9am or 10am and start school at 10am or 11am. This simply does not work for the adults who feel sleep pressure several hours before adolescents and rise earlier, ready to start their day.

When adults pressure adolescents to go to sleep earlier than when they feel sleep pressure, it often results in them feeling anxious, obsessional about sleep, and developing sleep phobias. It is akin to

asking an adult to go to sleep at 7pm. For most of us, this would be impossible without a sleep aid. For these reasons, there is a movement to start school later for adolescents in an effort to remedy these challenges.

Managing Technology and Social Media

The internet, Smartphones, video gaming, and social media have changed the way we live, raise our children, socialise, and relate to one another and ourselves. There are many who may debate that the age of information and technology has helped to unite the world, but as a mental health expert, I see that it has wreaked havoc in society. Technology is not the only piece of the puzzle of mental health decline, but it certainly is a large piece.

Technology and social media have become societal addictions across all ages, economic brackets, and social boundaries. Today, 95% of American teens own smart phones and 90% own laptops, according to a Pew Research Centre study.[204] Like most of us, adolescents are spending increasing amounts of time on their devices, sometimes to the exclusion of much-needed human contact. According to the Pew study, 46% of teens in 2022 reported that they use the internet "almost constantly," compared to 24% in 2014.[205]

Because of the comparisons that social media encourages between adolescents and on-screen images—containing unrealistic standards of what it means to be "beautiful," "cool," and have a "good life"—anxiety, self-consciousness, and harsh self-criticism reign. Although these superficial values have always been a part of adolescence, in previous generations they were a short and temporary developmental stop on the way to self-acceptance and emotional security. Now social media prolongs this period of self-involvement, self-consciousness, and insecurity, and teens and young adults often get stuck in a negative feedback loop.[206]

Social media also means that rather than measuring themselves against their socio-economic, cultural, and geographical peer group as adolescents have done in the past, teenagers now measure themselves against the carefully curated posts of social media influencers, who use filters and post artfully staged photos that depict moments in their seemingly happy, carefree, easy, and visually beautiful lives.[207]

Probably one of the most definitive recent studies showing a link between social media use and mental distress symptoms came from the University of Pennsylvania in late 2018.[208] Researchers there demonstrated that when a group of undergraduate students reduced their social media use to just ten minutes a day, it resulted in significant decreases in symptoms of loneliness and depression. Several other studies have also shown links between social media and mental distress.[209,210,211] For example, Facebook and Instagram usage has been found to correlate with depression symptoms.[212] One study showed that after one hour of screen time a day, the more screen time children reported the lower their psychological well-being.[213] Increases in screen time have also been shown to be correlated with greater unhappiness. A study showed that eighth grade students who were heavy users of social media had a 27% increased risk of depression. Most alarming is that teens who spend more than three hours a day on a screen are 35% more likely to have a risk factor for suicide.[214] Teens who spent more time on off-screen activities, on the other hand, such as hanging out with friends in person, playing sports, attending religious services, or even doing homework, were much less likely to be unhappy.

We cannot protect our children from everything bad that happens in the world, but the constant news cycle and echo chamber of social media means it is harder than ever. When children become overwhelmed or have been overexposed to sexual or violent content in entertainment, media, or on

the news, they have ways of signalling that they are traumatised or stressed, though their symptoms can seem to be disconnected from the actual stimulation of overexposure. Each child expresses the "fight or flight" response differently. They may become aggressive or distractable; they may show signs of anxiety such as having trouble sleeping, panic attacks, developing fears of going to school, getting on an airplane, or developing ticks. They may exhibit depressive symptoms such as sleeping too much, loss of energy, or social isolation.

Being assaulted by images of war, natural disasters, or other forms of violence does not make children more compassionate or empathetic; rather, it dulls their senses and ultimately makes them turn away. Even "positive" messages on social media—like those of children who get into the college of their choice, win awards, or get great internships—can have a negative effect by increasing the sense of competition and celebrating comparison culture.

The American Academy of Paediatrics recommends for right brain development that children do not have access to any technology until two years of age; that means no Smartphone apps, no access to computer or video games.[215] This is lost on parents and nannies who give babies smartphones to quiet them down, only to result in children expressing behavioural issues when the technology is taken away, or the inability to engage in other forms of healthy play. Introduction to technology begins with use by parents and caregivers. If parents are on their phones, tablets, and computers then children will also want to use them.

Use of technology in childhood sets the stage for use of technology in adolescence. When children are exposed to technology at too young an age, they have great difficulty experiencing pleasure from healthier forms of stimulation like sports, free play, or games with peers, and it can lead to distractibility later in development. Early exposure to technology can also impair children's cognitive development and shorten their attention spans.[216] It is the equivalent of having an espresso every day for weeks and then being given a weak cup of brewed coffee.

The age group that is most susceptible to the negative impact of technology and has the most access to social media is adolescents. Adolescence is the second critical window of brain development in which the environment reshapes the architecture of the brain.[217] During the first three years, 85% of neurogenesis—or right brain development—occurs.[218] During adolescence, the brain is pruning the excess synapses, which is just as important as the growth period.[219,220] This period of pruning lasts for many years, and during this time the brain is sensitive and reactive to stress and dopamine in a manner that the adult brain is not.[221] This makes the use of technology—particularly the barrage of frightening information and images, as well as the harshness and competitiveness of social media—toxic to an adolescent brain.

During adolescence, the ventral striatum, or reward centre of the brain, and the amygdala, or the stress regulating part of the brain, are developing at a faster pace than the prefrontal cortex, or emotional regulating part of the brain.[222] These developmental processes lead to increased impulsivity, increased risk taking, and sensitivity to dopamine surges which make adolescents highly susceptible to addiction and compulsion.[223] In an evolutionary sense, this discrepant brain development is meant to promote curiosity, learning, and innovation. Adolescence is the time when our brains are most eager for new information and when we are most able to absorb large amounts of information. However, modern technology takes advantage of this strength and turns it into a vulnerability.

Judgment, perspective, and emotional regulation—which are functions of prefrontal cortex development—have not caught up with the hunger for stimulation and novelty seeking, making technology of any kind a high-risk activity that carries the potential risk of addiction.[224] There is evidence that video games can also decrease an adolescent's ability to focus and reduce the development of

frustration tolerance for simple tasks.[225] This lack of frustration tolerance contributes to boredom, depression, anxiety, and distractibility.[226]

Technology has been designed to stimulate dopamine responses of pleasure. This is intentional on the part of videogame developers, social media companies, and YouTube channels. The intense dopamine rushes that occur in the adolescent brain from technology are tenfold what they are in adults.[227,228] This creates a dependency upon increasing amounts of stimulation that is very similar to drug or alcohol use.[229] Research shows that there is a difference between adult and adolescent responses to dopamine in the ventral striatum or reward/pleasure centre of the brain. When adolescents and adults were given a small reward, like a piece of chocolate, brain scans reveal a mild response. A medium-sized piece of chocolate resulted in a medium response. However, when the reward was a big piece of chocolate, adolescents had a much more intense dopaminergic response than adults.[230] They have the same kind of response to videogames, smartphones, other technology, and social media. A study found that adolescents find "likes" on their social media posts extremely rewarding, and the same reward-related regions in the brain that respond to chocolate and winning are activated.[231]

The longer you can keep your children off of social media the better. The scrutiny that adolescents feel they are under from their peers is extreme. If they make a mistake, say the wrong thing, look different to their cohort, or have an opinion that is unpopular, their peers attack them in a frightening manner. This can often lead to bullying or exclusion situations which have led to tragic endings for some children. Because of brain development, adolescence is already a time of intense self-criticism and self-consciousness.[232,233] This culture impacts our children's narrative of themselves as having to be perfect and hypersensitive in every way to any mistakes they make. This is exactly what they do not need during adolescence. Our job as parents is to convert that self-consciousness into self-awareness and self-acceptance. But social media is working against us.

In addition, technology takes advantage of the increased amygdala activity in adolescence, which makes adolescents susceptible to any kind of loss, rejection, criticism, exclusion, or hurt and amplifies the pain of these experiences. Adolescents see the world in a more negative way because of the increased amygdala activity.[234] This already puts adolescents in a hypervigilant and hypercritical state; evolution has programmed them to see danger everywhere so they can survive. Social media takes advantage of this vulnerability—particularly in adolescent girls—who are susceptible to the comparison culture and idealised images with which they cannot compete.[235] Adolescents are also highly sensitive to the harshness of "group chats", and the aggression of internet communication which is often devoid of empathy or perspective. For adolescent girls, social media is much like watching a horror movie: you know you should not watch but you cannot stop watching because fear and excitement become confused, and it is hard to distinguish the two feelings.[236]

Unregulated social media reinforces perfectionism, materialism, and superficiality. It idealises celebrity, unrealistic standards of beauty, and wealth. Social media leaves the majority of the girls who participate feeling like invisible, unattractive failures. It has increased the incidence of body dysmorphia and eating disorders by promoting an artificial ideal that most adolescent girls can never achieve.[237]

Bullies and bullying have always existed, but it is only in recent years that bullying has gone from a schoolyard problem to an explosion of anonymous online posters who hound and harass their victims. It is widespread, secretive, and uncontained. Social media provides a platform where adolescents can be hostile and destructive toward others without being held accountable. The photos and comments live on the internet forever, which makes it impossible for children to get away from the pain caused by their peers.

The social pressures created by social media create the perfect storm for cyberbullying.[238] Types of cyberbullying include offensive name-calling, spreading rumours, sending and receiving explicit images without consent, or physical threats. It is far easier for adolescents to attack and publicly shame each other online than in-person. For a bully, there is a profound disconnect between actions and awareness of the impact and consequences of those actions. Disturbingly, a survey by Pew Research Centre found that 59% of American teens report that they have experienced online harassment, and 90% of teens who report being cyberbullied have also been bullied offline.[239] According to the Cyberbullying Research Centre, cyberbullying victims are almost twice as likely to attempt suicide as youth who do not experience cyberbullying.[240]

Adolescents may feel ashamed that they are bullied and be afraid that if they tell their parents, the bully will retaliate, or their parents will judge them for being weak. When parents and schools value self-sufficiency over asking for help, adolescents can take on too much of the burden of trying to fix things on their own. While it is important to empower kids to address mild bullying on their own, if possible, it can be unrealistic and potentially dangerous with children who are more emotionally fragile or unstable.

Positive View to the Future with Optimism and Possibilities

It is only by looking directly at and acknowledging a problem that we have any chance of addressing it or changing the outcome. The avoidance of pain in the present by looking away from the issues at hand will only create more pain and conflict in the future for society. This paper has intentionally focused on the things we can do to raise caring, emotionally healthy, resilient, and responsible children.
We can reverse the narrative that our children are doomed to generations of mental illness and emotional fragility. To do this will require that we change as parents, teachers, lawmakers, and employers. It will require that we each take responsibility for our part in this puzzle. There is an African proverb that Hillary Clinton used as the title of her book: it takes a village to raise a child. Although the context was different, she got the sentiment correct. It does take a village, one whose citizens are unified in their values, goals, and purpose, and are motivated to make changes in the ways and environment in which we raise children, to seek a brighter future. The narrative of how we get there may be quite different, but the goal of raising resilient children is bipartisan, apolitical, and indivisible. It is our holy grail, and one that is achievable.

We can only reach this goal if each level of society—individuals, parents, extended family, businesses, and all levels of government (from local to national)—work together to create a society in which those solutions are part of the social fabric.

Raising resilient, emotionally secure, and responsible children is an attainable goal. It is up to each actor across society to recognise their vital importance in playing their part to care for and value children. Here we lay out how individuals at all levels of society—parents, communities, schools, healthcare providers, employers, and the government—can work together to raise resilient children. With each actor taking responsibility for their own sphere of influence, we can create the environment needed for children to flourish and fulfil their potential.

Parents

Parents play the most influential role in their children's lives and bear primary responsibility for their upbringing. Parents also have a unique emotional and biological capacity to love and care for their children. Resilient parents raise resilient children. It is important parents learn how to raise their children from a place of internal health and well-being.

Mentally healthy parents raise mentally healthy children. The way parents act and the example they set for their children are far more impactful than words and intentions. One of the best changes you can make for your children is to invest in your own mental health, reflect on your upbringing, and seek help in healing any past traumas. Working on yourself by reaching out to a professional counsellor, therapist, coach, clergyman or faith leader, or even beginning with a trusted friend or family member, will have a significant impact on the mental and emotional well-being of your child. Taking the time to read literature on improving your mental health and well-being, and incorporating daily reflective practices into your routine may seem like one more thing to do in an ever-increasing "to do" list. But taking the time to become a healthier version of yourself could be the most valuable investment you make for your children, and it will protect your children from inheriting any unresolved traumas or unhealthy patterns.

Self-awareness of our own mental and emotional state when we interact with our children is another crucial step for raising healthy children. Pausing to self-reflect on our motivations and habitual responses before we become irritated, frustrated, or anxious with our children can stop us from projecting our own insecurities onto our children. When we are tempted to react in an unregulated emotional way, we must ask ourselves whether we are imposing our own narcissistic ambitions, needs for fulfilment or recognition, or desires for our children to be like us onto them. We must stop to consider whether we are secure enough to see, value, and celebrate our children for who they are as unique individuals, with their own personalities and unique contributions. Developing a regular rhythm of self-reflection before you react to your child and considering your reactive impulses against your own past experiences, can help separate your emotional needs from how you treat your children.

Children are most in need of their parents' time—quantity and quality matter. Taking a long-term view, sacrificing other pursuits to spend as much time as possible with your children in their first three years will help build a secure emotional foundation for their future growth. Understandably, many of us juggle these desires with economic necessity. But where we have space to choose, prioritising our children should be of the upmost importance, especially for primary attachment figures. Practically speaking, young children's need for attachment means we should re-orient our hierarchy of childcare options based on emotional proximity to our children, rather than ease for our own routines. In other words, parents would be the first-choice carers for their children, then those next closest like grandparents or extended family, then a nanny in the home, then shared in-home care (nanny sharing), filtering down to institutionalised childcare as a last resort, rather than the default.

Parental presence is indicative of the fact that children thrive in stable families. Both parents being in the home reliably and consistently should therefore be a central priority for parents. This means returning to the importance of marriage and commitment, and seeking support for your relationship with your partner, to create a secure environment in which children can develop. In family settings where both biological parents are not present, acknowledging the loss felt by children and not ignoring their emotions on ideological grounds is key. Providing children with a trusted male and female role model is something we cannot neglect.

As parents, we also need to reframe how we see our children's emotions as normal parts of development, not as problems to be disciplined. When we spend time with our children, we should be focused on helping them regulate their emotions through reflection, not punishment. Taking the time

to mirror their emotions back to them enables children to learn how to self-soothe in the future. In simple terms, parents should not leave babies to "cry it out". Instead, parents should comfort their infants so that their children will understand how to comfort themselves as they grow older. We need to recognise that frustration, pain, and discomfort are normal aspects of healthy development, and if we create time for children to process these emotions, they will learn how to process their emotions when they grow older.

Healthy emotional reflection also means praising young children enthusiastically for their unique identities and achievements and being honest about their failures. Rather, when children make mistakes, we should give them space to experience how they feel and reflect those feelings back to them, communicating that they are still loved even when they fail.

Finally, parents need to have the confidence to adjust their parenting style to their child's age and development. This means re-establishing the correct balance of caring intently for our children in their early years when they are most dependent, and then allowing them the space to explore and create healthy separation as they grow older into adolescence. Early learning should be about exploration and play, not academic advancement. Unstructured time, close physical proximity, and frequent reassurance from parents in the early years are vital for right brain development. However, as children grow older, allowing them to create distance, explore their own identities, and assume responsibilities—in the context of clear boundaries—is equally important to their development.

Boundary-setting can be a difficult balance to strike, particularly with adolescents. Practical examples include setting clear expectations surrounding technology and social media use and communicating the value of limiting time spent online. Parents also need to set clear boundaries about under-age or illegal drug and alcohol use, but these boundaries should be paired with open and non-judgemental communication, along with a degree of personal autonomy for young people to make their own choices. The example parents set speaks louder than words in this area. If you do not want your children to drink, smoke, use drugs, or spend hours each day online, examine and change your own habits.

Communities

Children thrive within community. The sense of belonging, recognition, deep relationships, and opportunities to serve others are irreplaceable. Communities play a unique and vital role in helping families to flourish. Parent and toddler groups can include space to come forward and share mental difficulties, with contact details of professionals at hand to equip parents to take the first step of seeking help. Community centres, or even faith-based communities, can also provide practical support, including the donation of clothes or passing down of strollers from parents whose children have outgrown them. This support can alleviate parental stress and financial pressures.

Faith-based communities make a valuable contribution to children's mental well-being, as they give children a sense of wider belonging in the world, support, and opportunities to volunteer and develop their propensity to care for others. Such communities can also be centres of support for parents, by providing space for them to speak about their own mental well-being. Faith-based communities can provide trusted adults who connect personally with children to care for them when their parents are unavailable. Faith based organisations can also make themselves more accessible to young people and families by meeting them where they are using music, storytelling, and more modern means of addressing the needs of young people.

Community centres and faith-based communities can provide affordable and accessible mental health services and coaching for parents with parenting classes that focus on emotions and relationship

dynamics, rather than discipline and behaviour alone. These services could help parents to understand the causes of behavioural symptoms in children rather than labelling and medicating away their distress.

Children also thrive best when they are cared for by adults who share kinship bonds with them. The clearest example of close kinship bonds within community are extended family, who can provide immense practical and emotional support for both children and parents. Grandparents, aunts, uncles, and cousins play a vital role in giving children a deeper sense of identity and value. Parents, grandparents, and other close family can work together to maintain these ties, whether that means choosing to live within closer geographical proximity or coordinating working schedules so that young children always have a close relative available to spend time with them. Seeing oneself as part of a wider community relieves some of the pressure around raising a child and enables the child to form deeper relationships with their wider family.

Schools

Schools can exercise their influence as educational providers to become more responsive to the needs of children, and balance academic advancement with their developmental needs at various ages. For example, schools should adopt play-based learning for very young children, which supports right-brain, emotional-social development, which must be completed in order to maximise left-brain, cognitive development. Creating more space for very young children to be physically active during the day can also help them strengthen their ability to sit still and focus during lessons. Fostering social-emotional intelligence during children's early years is a precursor to cognitive development in school years. And schools should continue to emphasise emotional regulation, stress management, and emotional communication throughout children's education.

School assessments should also embrace a strength-to-strength framework, rather than standardised testing models, to obtain a more holistic view of children's academic abilities. This mode of assessment would also reduce the stress currently placed on secondary school students and instead enable them to focus more on their long-term education rather than short-term performance.

As children mature, schools also have a role to play as a place where children can open up to a trusted adult about their emotional and mental well-being. Schools can improve their care for children by creating spaces where they can come forward and speak about their feelings, without first having to be identified as a "troubled child." Furthermore, when a child is exhibiting disruptive behaviour, a school's primary response should be to seek to understand the deeper causes of this behaviour, rather than label a child as difficult or ostracise them further.

Schools can also look for innovative ways to create later start times so that children can receive an adequate amount of sleep and establish healthy sleep patterns.

Healthcare Providers

There is no sustainable healing unless the medical profession stops medicating symptoms without addressing the underlying, psychosocial stressors that cause mental health issues and prevent the transmission of inter-generational trauma.

Healthcare providers need to educate themselves and transform how they engage with parents. To break the cycle of increasing numbers of children experiencing mental health difficulties, professionals need to see families as a dynamic system, learn to identify parents who are struggling, and refer these

parents to appropriate mental health resources. Through early intervention and parental education, young mothers and fathers can resolve past traumas even before their baby is born, thus reducing the risk of post-partum depression and supporting those children at risk of attachment insecurity.

Professionals need to reframe frustration, pain, and discomfort as part of normal, healthy childhood development, and treat these as emotions to be understood and regulated, not medicated into submission. Healthcare providers should employ specialised talk and play-based therapies for children as the first line of treatment, with medication being a backstop in the most severe cases—and even then, only used as a temporary measure.

Local clinics and community centres are places where parents could find guidance on childhood mental health, increasing awareness and support. Healthcare professionals must improve education for parents to help them understand the need to prioritise understanding over discipline as children learn to navigate their emotions. Professionals could help craft guidance on the impact of screen-time on young people and emphasise the detrimental effects of over-exposure to screens at a young age. More resources on the mental (as well as physical and legal) risks of drug and alcohol abuse in young people should be available to parents as well.

Through more comprehensive guidance and support, parents will be equipped to raise emotionally healthy children.

Media

The influence of media and social media is a double-edged sword. They can be used to spread misinformation and toxic messages, but their pervasive influence can also be used as an agent of education and social change. Media messaging around motherhood can change the cultural narrative to emphasise that caring for your own children is primary and valuable work, and not secondary to work outside the home. In addition, disseminating the messaging that marriage and two-parent families are still the best environment in which to raise children will enable us to talk once again about the ideal, while accepting the alternatives.

Programming can educate as well as entertain, using a unified narrative that redefines success as relational, rather than material, and illustrate that discomfort, mistakes, and imperfect behaviour are not only normal but acceptable. It can show parents that children need our praise, love, and attention, and need our honesty, and redirection of their efforts toward their strengths.

Media outlets and social media should also shift their narratives surrounding substance abuse. Instead of celebrating drug culture and alcohol consumption, media should be showing the real consequences of their use.

Ultimately, parents need to be educated about the effect of screen time on very young children, and as children get older, to be aware of how they are using social media and what programming they are watching on television and on their electronic devices. Parental controls to limit both screen time and content should be easy to understand, access, and use.

Employers

Employers have a role to play in allowing parents the space and time they need to be present for their children, and to invest in their own mental health. There are many ways employers can support parents.

Adapting work schedules and norms to embrace part-time work, flexible hours, and hybrid working arrangements, and prioritising paid maternity and paternity leave as a vital investment in employees' welfare will enable many parents to make healthier choices for their children. Creating a corporate culture where parents are celebrated—not stigmatised—for temporary career pauses to care for their children, and providing incentives and pathways for women to re-enter the workforce will help parents make arrangements to care for their children that work best for their families.

This paper's findings suggest that employers should commit to a minimum of one year of paid leave for both parents, and up to three years of partially paid leave and the ability to work part time for the primary attachment figure (most often the mother).

Non-profit Organisations

The non-profit sector has a major role to play as well. Providing mental health services and parenting education at a reasonable cost and in creative ways is a role which non-profit organisations can play. Early intervention through organisations which bring parent coaching and mentoring into the home, into schools, into community centres, and into faith-based organisations could drastically improve mental health outcomes for children and families.

Non-profit organisations can also provide entrepreneurial and social entrepreneurial opportunities for women to develop businesses and work they can do from home or part-time, where they can achieve the control and flexibility that is necessary when raising young children. These entrepreneurial opportunities can include creating cooperatives where women work together to start businesses that allow them to earn a living without having to sacrifice being primarily present for their children and families.

Government

Family stability is the lynchpin of children's emotional well-being. By creating a policy and regulatory environment in which parents are free to make the best choices for their families—with support from their families and communities—the government can contribute to the space and help needed for parents to care for their children.

The government has a duty of care to support these beneficial structures. If the government gave flexible financial support to families, parents could choose how to care for their children—rather than all state funding being channelled into subsidised, institutionalised childcare that promotes premature separation from a child's primary attachment figure. This financial support could come in the form of stipends given directly to families, which they could spend on the childcare arrangements best for them. With these resources, parents could stay at home with their children, or allocate funds to grandparents or extended family members, nannies, and shared caregivers, thus promoting their children's emotional security.

The government also has a responsibility to recognise and respond to the benefits of family stability. Supporting family units is not discriminatory towards other family structures, but rather recognises the value of children and our duty to prioritise their needs. As a beneficial starting point, the government should introduce measures that tax families as units so that they are not penalised for combining their income, or splitting or sharing their work patterns so that they are present for their children.

Giving parents the space and time to raise emotionally healthy children also means ensuring employment regulation is geared towards promoting children's well-being. Hence, the government should prioritise paid maternity and paternity leave for up to one year, with an additional two years of part-time work options for those who do not have the benefit of employer-based leave. This cannot happen without governmental support. In addition, for those who are employed in companies, the government can hold employers to account regarding their parental leave policies, and setting minimum leave at a level which ensures children form a secure attachment to their primary attachment figure.

Protecting children from exposure to substances and content that jeopardises their mental well-being is another unique governmental responsibility. Given the clear links between alcohol and drug use and increased youth mental illness, the government should properly enforce legislation against drug use and underage drinking. All jurisdictions should make marijuana use illegal, as recreational marijuana use is far from harmless to the long-term mental health of adolescents. Stricter restrictions surrounding harmful and explicit online content—including online content that glorifies taking psychopharmacological medication—must be implemented to shield young people from mental distress caused by exposure to such material. The government should also enact stricter laws that prohibit the prescription of psychopharmacological drugs to children and adolescents.

The government should adopt a solutions-oriented approach that looks for creative ways to support children, parents, and families. Given the significant need for mental health coaching among parents and children, the government could find innovative ways to make these services affordable to families and foster a marketplace of providers. A tax credit system, where individuals can receive some of their income tax back in exchange for making a private investment in their health and well-being, would empower parents to seek help from a counsellor, therapist, psychiatrist, or a coach to become healthier and happier and raise more resilient children as a result.

[1] I would like to express my gratitude to Sydny Miner, my steadfast collaborator and editor; Kaley Davis my research assistant; Jen Weinstein my research and administrative assistant; and George Anne Ryan, my social media coordinator. I would also like to thank Baroness Philippa Stroud for her support and encouragement of my work for many years. I would like to thank my agent, Jane Von Mehren, for her support of my writing and her help in always finding a home for my ideas and research. Lastly, and most importantly, I want to thank my husband, Dr. Jordan Kassalow, who has been my greatest cheerleader in work and in life. Without his love and support I could not have followed my passion to educate the world about the importance of mothers and babies. And to my amazing children Bryce, Jonas, and Sofia who have been my inspiration for fighting the fight for all children to have a chance at becoming emotionally secure and mentally healthy.

[2] Centers for Disease Control and Prevention. "New CDC Data Illuminate Youth Mental Health Threats during the COVID-19 Pandemic." Centers for Disease Control and Prevention, March 31, 2022, https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html.

[3] National Institutes of Health. "Mental Health." National Institutes of Health, Accessed June 12, 2023, https://covid19.nih.gov/covid-19-topics/mental-health#:~:text=In%20a%202021%20study%2C%20nearly,the%20beginning%20of%20the%20pandemic.

[4] Institute of Medicine (US), Committee on Nursing Home Regulation, "Improving the quality of care in nursing homes." Vol. 85, no. 10, National Academies Press, 1986.

[5] Freedman, Marc., *How to live forever: the enduring power of connecting the generations* (London: Hachette UK, 2018).

[6] Children's Bureau of Southern California, "Benefits of Community Involvement in Early Childhood- Child Abuse Prevention, Treatment & Welfare Services: Children's Bureau." Child Abuse Prevention, Treatment & Welfare Services, March 2, 2018, https://www.all4kids.org/news/blog/benefits-of-community-involvement-in-early-childhood/#:~:text=The%20creation%20of%20a%20local,%2C%20build%20knowledge%2C%20and%20thrive.

[7] Diamant, Jeff, "10 Key Findings about the Religious Lives of U.S. Teens and Their Parents." Pew Research Center, September 10, 2020, https://www.pewresearch.org/short-reads/2020/09/10/10-key-findings-about-the-religious-lives-of-u-s-teens-and-their-parents/.

[8] Chen, Ying, and Tyler J. VanderWeele, "Associations of religious upbringing with subsequent health and well-being from adolescence to young adulthood: An outcome-wide analysis." *American journal of epidemiology* 187, no. 11 (2018): 2355-2364.

[9] Vostanis, Panos, Alexandra Graves, Howard Meltzer, Robert Goodman, Rachel Jenkins, and Traolach Brugha, "Relationship between parental psychopathology, parenting strategies and child mental health: findings from the GB national study." *Social psychiatry and psychiatric epidemiology* 41 (2006): 509-514.

[10] McKeganey, Neil, Marina Barnard, and James McIntosh, "Paying the price for their parents' addiction: meeting the needs of the children of drug-using parents." *Drugs: education, prevention and policy* 9, no. 3 (2002): 233-246.

[11] Dutton, Donald G., Matthew K. Denny-Keys, and Joanna R. Sells, "Parental personality disorder and its effects on children: A review of current literature." *Journal of Child Custody* 8, no. 4 (2011): 268-283.

[12] Felitti, Vincent J., Robert F. Anda, Dale Nordenberg, David F. Williamson, Alison M. Spitz, Valerie Edwards, and James S. Marks, "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study." *American journal of preventive medicine* 14, no. 4 (1998): 245-258.

[13] Boursnell, Melanie, "Parents with mental illness: The cycle of intergenerational mental illness." *Children Australia* 36, no. 1 (2011): 26-35.

[14] Serbin, Lisa, and Jennifer Karp. "Intergenerational studies of parenting and the transfer of risk from parent to child." *Current Directions in Psychological Science* 12, no. 4 (2003): 138-142.

[15] Duarte, Cristiane S., Catherine Monk, Myrna M. Weissman, and Jonathan Posner. "Intergenerational psychiatry: a new look at a powerful perspective." *World Psychiatry* 19, no. 2 (2020): 175.

[16] Lowe, Derek. "There Is No 'Depression Gene.'" Science, May 10, 2019, https://www.science.org/content/blog-post/there-no-depression-gene.

[17] Caspi, Avshalom, Ahmad R. Hariri, Andrew Holmes, Rudolf Uher, and Terrie E. Moffitt. "Genetic sensitivity to the environment: the case of the serotonin transporter gene and its implications for studying complex diseases and traits." *American journal of Psychiatry* 167, no. 5 (2010): 509-527.

[18] National Institute of Mental Health. "Mental Illness." National Institute of Mental Health, accessed August 2, 2023, https://www.nimh.nih.gov/health/statistics/mental-illness.

[19] Li, Dongxu, and XI GUO. "The effect of the time parents spend with children on children's well-being." (2022).

[20] Waldinger, Robert. "What makes a good life." *Lessons from the longest study on happiness* (2015).

[21] Pew Research Center. "Parenting in America." Pew Research Center's Social & Demographic Trends Project, December 17, 2015, https://www.pewresearch.org/social-trends/2015/12/17/parenting-in-america/.

[22] Bogin, Barry. "Evolutionary hypotheses for human childhood." *American Journal of Physical Anthropology: The Official Publication of the American Association of Physical Anthropologists* 104, no. S25 (1997): 63-89.

[23] Beyers, W. I. M., and L. U. C. Goossens. "Emotional autonomy, psychosocial adjustment and parenting: Interactions, moderating and mediating effects." *Journal of adolescence* 22, no. 6 (1999): 753-769.

[24] Morris, Amanda S., Michael M. Criss, Jennifer S. Silk, and Benjamin J. Houltberg. "The impact of parenting on emotion regulation during childhood and adolescence." *Child Development Perspectives* 11, no. 4 (2017): 233-238.

[25] Bialik, Kristen. "Americans Unhappy with Family, Social or Financial Life Are More Likely to Say They Feel Lonely." Pew Research Center, December 3, 2018, https://www.pewresearch.org/short-reads/2018/12/03/americans-unhappy-with-family-social-or-financial-life-are-more-likely-to-say-they-feel-lonely/.

[26] Shellenback, Karen. "Child care and parent productivity: Making the business case." Ithaca, NY: Department of City and Regional Planning, Cornell University (2004).

[27] Dex, Shirley, and Fiona Scheibl. "Business performance and family-friendly policies." *Journal of general management* 24, no. 4 (1999): 22-37.

[28] Major, Amy L. "An Exercise in Backwards Logic: How Expanding the Family and Medical Leave Act Can Enhance Business Continuity & Productivity During a Public Health Emergency." *J. Contemp. Health L. & Pol'y* 27 (2010): 251.

[29] Schore, Allan N. "Attachment, affect regulation, and the developing right brain: Linking developmental neuroscience to pediatrics." *Pediatrics in review* 26, no. 6 (2005): 204-217.

[30] Kochanska, Grazyna, "Emotional development in children with different attachment histories: The first three years." *Child development* 72, no. 2 (2001): 474-490.

[31] Mills-Koonce, W. Roger, Jean-Louis Gariepy, Kelly Sutton, and Martha J. Cox, "Changes in maternal sensitivity across the first three years: are mothers from different attachment dyads differentially influenced by depressive symptomatology?." *Attachment & Human Development* 10, no. 3 (2008): 299-317

[32] Bates, John E., Christine A. Maslin, and Karen A. Frankel, "Attachment security, mother-child interaction, and temperament as predictors of behavior-problem ratings at age three years." *Monographs of the society for research in child development* (1985): 167-193

[33] Likhar, Akanksha, and Manoj S. Patil, "Importance of Maternal Nutrition in the First 1,000 Days of Life and Its Effects on Child Development: A Narrative Review." *Cureus* 14, no. 10 (2022).

[34] M Health Fairview. "First 1,000 Days – a Critical Time for Children's Brain Development." First 1,000 Days – a Critical Time for Children's Brain Development | Masonic Institute for the Developing Brain, August 18, 2021, https://midb.umn.edu/news/first-1000-days-critical-time-childrens-brain-development.

[35] Gee, Dylan G. "Sensitive periods of emotion regulation: influences of parental care on frontoamygdala circuitry and plasticity." *New directions for child and adolescent development* 2016, no. 153 (2016): 87-110.

[36] Kolb, Bryan, and Robbin Gibb. "Brain plasticity and behaviour in the developing brain." *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 20, no. 4 (2011): 265.

[37] Taylor, Shelley E., Jennifer S. Lerner, Rebecca M. Sage, Barbara J. Lehman, and Teresa E. Seeman. "Early environment, emotions, responses to stress, and health." *Journal of personality* 72, no. 6 (2004): 1365-1394.

[38] Simpson, Jeffry A., W. Andrew Collins, and Jessica E. Salvatore. "The impact of early interpersonal experience on adult romantic relationship functioning: Recent findings from the Minnesota longitudinal study of risk and adaptation." *Current Directions in Psychological Science* 20, no. 6 (2011): 355-359.

[39] Langenhof, M. Rohaa, and Jan Komdeur. "Why and how the early-life environment affects development of coping behaviours." *Behavioral Ecology and Sociobiology* 72, no. 3 (2018): 34.

[40] Bogin, Barry. "Evolutionary hypotheses for human childhood." *American Journal of Physical Anthropology: The Official Publication of the American Association of Physical Anthropologists* 104, no. S25 (1997): 63-89.

[41] Komisar, Erica. *Being there: Why prioritizing motherhood in the first three years matters* (London: Penguin, 2017).

[42] Balbernie, R., 2013. The importance of secure attachment for infant mental health. *Journal of Health Visiting*, 1(4), 210-217.

[43] Davies, Patrick T., and E. Mark Cummings, "Marital conflict and child adjustment: an emotional security hypothesis." *Psychological bulletin* 116, no. 3 (1994): 387.

[44] Lewis, Michael, and Douglas S. Ramsay. "Effect of maternal soothing on infant stress response." *Child development* 70, no. 1 (1999): 11-20.

[45] Yoshikawa, Hirokazu, J. Lawrence Aber, and William R. Beardslee, "The effects of poverty on the mental, emotional, and behavioral health of children and youth: implications for prevention." *American psychologist* 67, no. 4 (2012): 272.

[46] Hensch, Takao K., Michela Fagiolini, Nobuko Mataga, Michael P. Stryker, Steinunn Baekkeskov, and Shera F. Kash, "Local GABA circuit control of experience-dependent plasticity in developing visual cortex." *Science* 282, no. 5393 (1998): 1504-1508.

[47] Casey, Betty Jo, Rolf J. Trainor, Jennifer L. Orendi, Anne B. Schubert, Leigh E. Nystrom, Jay N. Giedd, F. Xavier Castellanos et al. "A developmental functional MRI study of prefrontal activation during performance of a go-no-go task." *Journal of cognitive neuroscience* 9, no. 6 (1997): 835-847.

[48] Huttenlocher, P. R., "Synaptogenesis, synapse elimination, and neural plasticity in human cerebral-cortex In: Threats to optimal development: integrating biological, psychological, and social risk factors." (1994): 35-54.

[49] Joseph, Rhawn, "Environmental influences on neural plasticity, the limbic system, emotional development and attachment: a review." *Child psychiatry and human development* 29 (1999): 189-208.

[50] Strathearn, Lane, "Exploring the neurobiology of attachment." *In Developmental science and psychoanalysis*, 117-140. Routledge, 2018.

[51] Menon, Vinod, and Mark D'Esposito, "The role of PFC networks in cognitive control and executive function." *Neuropsychopharmacology* 47, no. 1 (2022): 90-103.

[52] Goldin, Philippe R., Kateri McRae, Wiveka Ramel, and James J. Gross, "The neural bases of emotion regulation: reappraisal and suppression of negative emotion." *Biological psychiatry* 63, no. 6 (2008): 577-586.

[53] Schore, Allan N, "Attachment, affect regulation, and the developing right brain: Linking developmental neuroscience to pediatrics." *Pediatrics in review* 26, no. 6 (2005): 204-217.

[54] Schore, Allan N. "Early organization of the nonlinear right brain and development of a predisposition to psychiatric disorders." *Development and psychopathology* 9, no. 4 (1997): 595-631.

[55] Schore, Allan N. "Attachment and the regulation of the right brain." *Attachment & human development* 2, no. 1 (2000): 23-47.

[56] Bowlby, John, "Disruption of affectional bonds and its effects on behavior." *Canada's mental health supplement* (1969).

[57] Schore, Allan N. "Attachment, affect regulation, and the developing right brain: Linking developmental neuroscience to pediatrics." *Pediatrics in review* 26, no. 6 (2005): 204-217.

[58] Mann, Phyllis E., and Robert S. Bridges, "Lactogenic hormone regulation of maternal behavior." *Progress in brain research* 133 (2001): 251-262.

[59] Kim, Sohye, Peter Fonagy, Orsolya Koos, Kimberly Dorsett, and Lane Strathearn, "Maternal oxytocin response predicts mother-to-infant gaze." *Brain research* 1580 (2014): 133-142.

[60] Strathearn, Lane, Udita Iyengar, Peter Fonagy, and Sohye Kim, "Maternal oxytocin response during mother–infant interaction: associations with adult temperament." *Hormones and Behavior* 61, no. 3 (2012): 429-435.

[61] Matthiesen, Ann-Sofi, Anna-Berit Ransjö-Arvidson, Eva Nissen, and Kerstin Uvnäs-Moberg, "Postpartum maternal oxytocin release by newborns: effects of infant hand massage and sucking." *Birth* 28, no. 1 (2001): 13-19.

[62] Scatliffe, Naomi, Sharon Casavant, Dorothy Vittner, and Xiaomei Cong, "Oxytocin and early parent-infant interactions: A systematic review." *International journal of nursing sciences* 6, no. 4 (2019): 445-453.

[63] Nagasawa, Miho, Shota Okabe, Kazutaka Mogi, and Takefumi Kikusui, "Oxytocin and mutual communication in mother-infant bonding." *Frontiers in human neuroscience* 6 (2012): 31.

[64] Onaka, Tatsushi, and Yuki Takayanagi, "The oxytocin system and early-life experience-dependent plastic changes." *Journal of Neuroendocrinology* 33, no. 11 (2021): e13049.

[65] Eapen, Valsamma, Mark Dadds, Bryanne Barnett, Jane Kohlhoff, Feroza Khan, Naomi Radom, and Derrick M. Silove, "Separation anxiety, attachment and inter-personal representations: disentangling the role of oxytocin in the perinatal period." *PloS one* 9, no. 9 (2014): e107745.

[66] Eapen, Valsamma, Mark Dadds, Bryanne Barnett, Jane Kohlhoff, Feroza Khan, Naomi Radom, and Derrick M. Silove, "Separation anxiety, attachment and inter-personal representations: disentangling the role of oxytocin in the perinatal period." *PloS one* 9, no. 9 (2014): e107745.

[67] Schore, Allan N. "Attachment, affect regulation, and the developing right brain: Linking developmental neuroscience to pediatrics." *Pediatrics in review* 26, no. 6 (2005): 204-217.

[68] Schore, Allan N. "Attachment, affect regulation, and the developing right brain: Linking developmental neuroscience to pediatrics." *Pediatrics in review* 26, no. 6 (2005): 204-217.

[69] Schore, Allan N. "Early organization of the nonlinear right brain and development of a predisposition to psychiatric disorders." *Development and psychopathology* 9, no. 4 (1997): 595-631.

[70] Schore, Allan N. "Attachment and the regulation of the right brain." *Attachment & human development* 2, no. 1 (2000): 23-47.

[71] Norholt, Henrik, "Revisiting the roots of attachment: A review of the biological and psychological effects of maternal skin-to-skin contact and carrying of full-term infants." *Infant Behavior and Development* 60 (2020): 101441.

[72] Brahm, Paulina, and Veronica Valdes, "Benefits of breastfeeding and risks associated with not breastfeeding." *Rev Chil Pediatr* 88, no. 1 (2017): 15-21.

[73] Turner, Samantha, Jessica Mayumi Maruyama, Alicia Matijasevich, and María Pastor-Valero, "Breastfeeding and the development of socio-emotional competencies: A systematic review." *Breastfeeding Medicine* 14, no. 10 (2019): 691-704.

[74] Smillie, Christina M., Suzanne Hetzel Campbell, and Susan Iwinski, "Hyperlactation: how left-brained 'rules' for breastfeeding can wreak havoc with a natural process." *Newborn and Infant Nursing Reviews* 5, no. 1 (2005): 49-58

[75] Mesman, Judi, Marinus H. Van Ijzendoorn, and Abraham Sagi-Schwartz, "Cross-cultural patterns of attachment." *Handbook of attachment: Theory, research, and clinical applications* (2016): 852-877.

[76] Peterman, Katherine, "What's love got to do with it? The potential role of oxytocin in the association between postpartum depression and mother-to-infant skin-to-skin contact." (2014).

[77] Mahler, Margaret S. "Rapprochement subphase of the separation-individuation process." *The Psychoanalytic Quarterly* 41, no. 4 (1972): 487-506.

[78] Mahler, Margaret S., Fred Pine, and Anni Bergman, *The psychological birth of the human infant symbiosis and individuation*. (Abingdon: Routledge, 2000).

[79] Pechtel, Pia, and Diego A. Pizzagalli, "Effects of early life stress on cognitive and affective function: an integrated review of human literature." *Psychopharmacology* 214 (2011): 55-70.

[80] Kötter, Rolf, and Niels Meyer, "The limbic system: a review of its empirical foundation." *Behavioural brain research* 52, no. 2 (1992): 105-127.

[81] Davis, Michael, and Paul J. Whalen, "The amygdala: vigilance and emotion." *Molecular psychiatry* 6, no. 1 (2001): 13-34.

[82] Lyons-Ruth, Karlen, Pia Pechtel, S. A. Yoon, C. M. Anderson, and M. H. Teicher, "Disorganized attachment in infancy predicts greater amygdala volume in adulthood." *Behavioural brain research* 308 (2016): 83-93.

[83] El Khoury-Malhame, Myriam, Emmanuelle Reynaud, Alice Soriano, Keller Michael, Pilar Salgado-Pineda, Xavier Zendjidjian, Caroline Gellato et al. "Amygdala activity correlates with attentional bias in PTSD." *Neuropsychologia* 49, no. 7 (2011): 1969-1973.

84 Badura-Brack, Amy, Timothy J. McDermott, Elizabeth Heinrichs-Graham, Tara J. Ryan, Maya M. Khanna, Daniel S. Pine, Yair Bar-Haim, and Tony W. Wilson, "Veterans with PTSD demonstrate amygdala hyperactivity while viewing threatening faces: a MEG study." *Biological psychology* 132 (2018): 228-232.

85 Nachmias, Melissa, Megan Gunnar, Sarah Mangelsdorf, Robin Hornik Parritz, and Kristin Buss, "Behavioral inhibition and stress reactivity: The moderating role of attachment security." *Child development* 67, no. 2 (1996): 508-522.

86 Gunnar, Megan R., Erin Kryzer, Mark J. Van Ryzin, and Deborah A. Phillips, "The rise in cortisol in family day care: Associations with aspects of care quality, child behavior, and child sex." *Child Development* 81, no. 3 (2010): 851-869.

87 Liu, Dong, Josie Diorio, Beth Tannenbaum, Christian Caldji, Darlene Francis, Alison Freedman, Shakti Sharma, Deborah Pearson, Paul M. Plotsky, and Michael J. Meaney, "Maternal care, hippocampal glucocorticoid receptors, and hypothalamic-pituitary-adrenal responses to stress." *Science* 277, no. 5332 (1997): 1659-1662.

88 Kochanska, Grazyna, "Emotional development in children with different attachment histories: The first three years." *Child development* 72, no. 2 (2001): 474-490.

89 Lane, Shelly J., and Stacey Reynolds, "Sensory over-responsivity as an added dimension in ADHD." *Frontiers in integrative neuroscience* 13 (2019): 40.

90 Miller, Natalie V., Kathryn A. Degnan, Amie A. Hane, Nathan A. Fox, and Andrea Chronis-Tuscano, "Infant temperament reactivity and early maternal caregiving: Independent and interactive links to later childhood attention-deficit/hyperactivity disorder symptoms." *Journal of Child Psychology and Psychiatry* 60, no. 1 (2019): 43-53.

91 Bussing, Regina, Faye A. Gary, Dana M. Mason, Christina E. Leon, Karabi Sinha, and Cynthia Wilson Garvan, "Child temperament, ADHD, and caregiver strain: Exploring relationships in an epidemiological sample*." Journal of the American Academy of Child & Adolescent Psychiatry* 42, no. 2 (2003): 184-192.

92 McLeod, Bryce D., Jeffrey J. Wood, and John R. Weisz, "Examining the association between parenting and childhood anxiety: A meta-analysis." *Clinical psychology review* 27, no. 2 (2007): 155-172.

93 McLeod, Bryce D., Jeffrey J. Wood, and John R. Weisz, "Examining the association between parenting and childhood anxiety: A meta-analysis." *Clinical psychology review* 27, no. 2 (2007): 155-172.

94 Waters, Everett, Claire E. Hamilton, and Nancy S. Weinfield, "The stability of attachment security from infancy to adolescence and early adulthood: General introduction." *Child development* 71, no. 3 (2000): 678-683

95 Ainsworth, Mary D. Salter, Mary C. Blehar, Everett Waters, and Sally N. Wall, *Patterns of attachment: A psychological study of the strange situation.* Psychology press, 2015.

96 Ihme, H., E. Olié, P. Courtet, W. El-Hage, X. Zendjidjian, P. Mazzola-Pomietto, J-L. Consoloni, C. Deruelle, and R. Belzeaux, "Childhood trauma increases vulnerability to attempt suicide in adulthood through avoidant attachment." *Comprehensive psychiatry* 117 (2022): 152333.

97 Muris, Peter, Birgit Mayer, and Cor Meesters, "Self-reported attachment style, anxiety, and depression in children." *Social Behavior and Personality: an international journal* 28, no. 2 (2000): 157-162.

98 Ainsworth, Mary D. Salter, Mary C. Blehar, Everett Waters, and Sally N. Wall, *Patterns of attachment: A psychological study of the strange situation.* Psychology press, 2015.

99 Bar-Haim, Yair, Orrie Dan, Yohanan Eshel, and Abraham Sagi-Schwartz, "Predicting children's anxiety from early attachment relationships." *Journal of anxiety disorders* 21, no. 8 (2007): 1061-1068.

100 Ainsworth, Mary D. Salter, Mary C. Blehar, Everett Waters, and Sally N. Wall, Patterns of attachment: A psychological study of the strange situation. *Psychology press*, 2015.

101 Holmes, Jeremy, "Disorganized attachment and borderline personality disorder: A clinical perspective." *Attachment & human development* 6, no. 2 (2004): 181-190.

102 National Health Services, "Postnatal Depression." NHS choices, August 4, 2022, https://www.nhs.uk/mental-health/conditions/post-natal-depression/overview/.

103 Mughal, Saba, Yusra Azhar, and Waquar Siddiqui, "Postpartum depression." In StatPearls [Internet]. StatPearls Publishing, 2022.

104 Stack, Rebecca Jayne, and Alex Meredith, "The impact of financial hardship on single parents: An exploration of the journey from social distress to seeking help." *Journal of family and economic issues* 39 (2018): 233-242.

105 UK Government, "Universal Credit: Further Information for Families." GOV.UK. Accessed September 1, 2023, https://www.gov.uk/government/publications/universal-credit-and-your-family-quick-guide/universal-credit-further-information-for-families.

106 InfoFinland, "Parental Leave." Family leave, October 25, 2022, https://www.infofinland.fi/en/work-and-enterprise/employees-rights-and-obligations/family-leave.

107 UK Government, "Statutory Maternity Pay and Leave: Employer Guide." GOV.UK, February 18, 2015, https://www.gov.uk/employers-maternity-payleave#:~:text=Statutory%20Maternity%20Leave,the%20baby%20is%20born%20early.

108 Wheelwright, Trevor, "Paid Maternity Leave across the World in 2022." Business.org, May 15, 2023, https://www.business.org/hr/workforce-management/paid-maternity-leave-across-the-world.

109 Caven, Meg, "Understanding Teacher Turnover in Early Childhood Education." Yale School of Medicine, July 29, 2021, https://medicine.yale.edu/news-article/understanding-ece-teacher-turnover/.

110 Institute of Education Sciences, Staff turnover in the early childhood workforce . Accessed September 2, 2023, https://ies.ed.gov/ncee/rel/regions/northeast/pdf/REL-NEI_ECE-turnover-infographic.pdf.

111 Wanamaker, Melissa C. "A spectrum of shadowed mirroring." *The Psychoanalytic Review* 99, no. 2 (2012): 179-208.

112 Wanamaker, Melissa C. "A spectrum of shadowed mirroring." *The Psychoanalytic Review* 99, no. 2 (2012): 179-208.

[113] Schäfer, Johanna Özlem, Eva Naumann, Emily Alexandra Holmes, Brunna Tuschen-Caffier, and Andrea Christiane Samson, "Emotion regulation strategies in depressive and anxiety symptoms in youth: A meta-analytic review." *Journal of youth and adolescence* 46 (2017): 261-276.

[114] Steinberg, Elizabeth A., and Deborah AG Drabick, "A developmental psychopathology perspective on ADHD and comorbid conditions: The role of emotion regulation." *Child Psychiatry & Human Development* 46 (2015): 951-966.

[115] Abraham, Eyal, Talma Hendler, Irit Shapira-Lichter, Yaniv Kanat-Maymon, Orna Zagoory-Sharon, and Ruth Feldman, "Father's brain is sensitive to childcare experiences." *Proceedings of the National Academy of Sciences* 111, no. 27 (2014): 9792-9797.

[116] Yap, Marie Bee Hui, and Anthony Francis Jorm, "Parental factors associated with childhood anxiety, depression, and internalizing problems: A systematic review and meta-analysis." *Journal of affective disorders* 175 (2015): 424-440.

[117] Stern, Marilyn, John Northman, and Michael R. Van Slyck, "Father absence and adolescent" problem behaviors": alcohol consumption, drug use and sexual activity." *Adolescence* 19, no. 74 (1984): 301.

[118] Schore, Allan, and Jennifer McIntosh, "Family law and the neuroscience of attachment, part I." *Family Court Review* 49, no. 3 (2011): 501-512.

[119] Winnicott, Donald W. "Mirror-role of mother and family in child development 1." In *Parent-Infant Psychodynamics*, 18-24. Routledge, 2018.

[120] Sheng, Julietta A., Natalie J. Bales, Sage A. Myers, Anna I. Bautista, Mina Roueinfar, Taben M. Hale, and Robert J. Handa, "The hypothalamic-pituitary-adrenal axis: development, programming actions of hormones, and maternal-fetal interactions." *Frontiers in behavioral neuroscience* 14 (2021): 256.

[121] Davis, Michael, "The role of the amygdala in fear and anxiety." *Annual review of neuroscience* 15, no. 1 (1992): 353-375.

[122] Davis, Michael, and Paul J. Whalen, "The amygdala: vigilance and emotion." *Molecular psychiatry* 6, no. 1 (2001): 13-34.

[123] Thijssen, Sandra, Ryan L. Muetzel, Marian J. Bakermans-Kranenburg, Vincent WV Jaddoe, Henning Tiemeier, Frank C. Verhulst, Tonya White, and Marinus H. Van Ijzendoorn, "Insensitive parenting may accelerate the development of the amygdala–medial prefrontal cortex circuit." *Development and Psychopathology* 29, no. 2 (2017): 505-518.

[124] Gee, Dylan G., Laurel J. Gabard-Durnam, Jessica Flannery, Bonnie Goff, Kathryn L. Humphreys, Eva H. Telzer, Todd A. Hare, Susan Y. Bookheimer, and Nim Tottenham, "Early developmental emergence of human amygdala–prefrontal connectivity after maternal deprivation." *Proceedings of the National Academy of Sciences* 110, no. 39 (2013): 15638-15643.

[125] Cortes Hidalgo, Andrea P., Sandra Thijssen, Scott W. Delaney, Meike W. Vernooij, Pauline W. Jansen, Marian J. Bakermans-Kranenburg, Marinus H. van IJzendoorn, Tonya White, and Henning Tiemeier, "Harsh parenting and child brain morphology: a population-based study." *Child maltreatment* 27, no. 2 (2022): 163-173.

[126] Johnson, Kayla, "Maternal-infant bonding: a review of literature." International Journal of Childbirth Education 28, no. 3 (2013).

[127] Dubief, Alexis, "Too Young to Cry It Out?" Precious Little Sleep, December 15, 2022, https://www.preciouslittlesleep.com/too-young-to-cry-it-out/.

[128] Owsley, Donald, "The Dangers of 'Crying It Out.'" Relavate, July 21, 2021, https://www.relavate.org/babies/2019/7/2/the-dangers-of-crying-it-out.

[129] Jackson, Aurora P., and J. Choi, "Parenting stress, harsh parenting, and children's behavior.*" Journal of Family Medicine & Community Health* 5, no. 3 (2018): 10.

[130] Stern, Marilyn, John Northman, and Michael R. Van Slyck, "Father absence and adolescent" problem behaviors": alcohol consumption, drug use and sexual activity." *Adolescence* 19, no. 74 (1984): 301.

[131] Psychogiou, Lamprini, Dave Daley, Margaret J. Thompson, and Edmund JS Sonuga-Barke, "Parenting empathy: Associations with dimensions of parent and child psychopathology." *British Journal of Developmental Psychology* 26, no. 2 (2008): 221-232.

[132] Campbell, Jennifer, and Linda Gilmore, "Intergenerational continuities and discontinuities in parenting styles." *Australian Journal of Psychology* 59, no. 3 (2007): 140-150.

[133] Hayes, Kelly, "Here's How Much Money You Need to Make to Be Happy Living in the US, According to Study." FOX 9 Minneapolis-St. Paul, July 7, 2022, https://www.fox9.com/news/heres-how-much-money-you-need-to-make-to-be-happy-living-in-the-us-according-to-study.

[134] Davies, Patrick T., and E. Mark Cummings, "Marital conflict and child adjustment: an emotional security hypothesis." *Psychological bulletin* 116, no. 3 (1994): 387.

[135] Crossman, Sharyn M., and Gerald R. Adams, "Divorce, single parenting, and child development." *The Journal of Psychology* 106, no. 2 (1980): 205-217

[136] Jackson, Aurora P., Kathleen SJ Preston, and Todd M. Franke, "Single parenting and child behavior problems in kindergarten." *Race and Social Problems* 2 (2010): 50-58.

[137] Barber, Bonnie L., and Jacquelynne S. Eccles, "Long-term influence of divorce and single parenting on adolescent family-and work-related values, behaviors, and aspirations." *Psychological bulletin* 111, no. 1 (1992): 108.

[138] Scatliffe, Naomi, Sharon Casavant, Dorothy Vittner, and Xiaomei Cong, "Oxytocin and early parent-infant interactions: A systematic review." *International journal of nursing sciences* 6, no. 4 (2019): 445-453.

[139] Caldwell, Heather K. "Oxytocin and vasopressin: powerful regulators of social behavior." *The Neuroscientist* 23, no. 5 (2017): 517-528.

[140] PLACEHOLDER FOR same sex families Crowl, Alicia, Soyeon Ahn, and Jean Baker, "A meta-analysis of developmental outcomes for children of same-sex and heterosexual parents." *Journal of LGBT family studies* 4, no. 3 (2008): 385-407.

[141] What We Know Project, Cornell University, "What Does the Scholarly Research Say about the Well-Being of Children with Gay or Lesbian Parents?" (online literature review), 2015. Fitzgibbons, Richard P. "Growing up with gay parents: What is the big deal?." *The Linacre Quarterly* 83, no. 2 (2016): 332-336.

[142] Jaslow, Ryan, "Kids of Gay Parents Fare Worse, Study Finds, but Research Draws Fire from Experts." CBS News, January 16, 2014, https://www.cbsnews.com/news/kids-of-gay-parents-fare-worse-study-finds-but-draws-fire-from-experts/.

[143] Davies, Patrick T., and E. Mark Cummings, "Marital conflict and child adjustment: an emotional security hypothesis." *Psychological bulletin* 116, no. 3 (1994): 387.

[144] Mikulincer, Mario, and Phillip R. Shaver, "An attachment perspective on psychopathology." *World Psychiatry* 11, no. 1 (2012): 11-15.

[145] Gibran, Khalil, "On Children". (1923).

[146] Lukianoff, Greg, and Jonathan Haidt, The coddling of the American mind: How good intentions and bad ideas are setting up a generation for failure. Penguin, 2019.

[147] Mahler, Margaret S. "Rapprochement subphase of the separation-individuation process." *The Psychoanalytic Quarterly* 41, no. 4 (1972): 487-506.

[148] Gibson, Eleanor J., and Richard D. Walk, "The" visual cliff"." Scientific American 202, no. 4 (1960): 64-71.

[149] Roach, Ashley, "Supportive peer relationships and mental health in adolescence: An integrative review." Issues in mental health nursing 39, no. 9 (2018): 723-737.

[150] Schore, Allan, and Terry Marks-Tarlow, "How love opens creativity, play and the arts through early right brain development." *Play and creativity in psychotherapy* (Norton Series on Interpersonal Neurobiology), New York: WW Norton (2017).

[151] Gowman, Vince, "The Right Brain Develops First ~ Why Play Is the Foundation for Academic Learning." Vince Gowmon: Healing for a New World, 2019, https://www.vincegowmon.com/the-right-brain-develops-first/.

[152] Hyson, Marion C., Kathy Hirsh-Pasek, Leslie Rescorla, Jessica Cone, and Laura Martell-Boinske, "Ingredients of parental "pressure" in early childhood." *Journal of applied developmental psychology* 12, no. 3 (1991): 347-365.

[153] Garlinghouse, Rachel, "Parents, You Have Permission to Stop Forcing Flashcards on Your Toddler." Momcom, December 2, 2022, https://mom.com/kids/parents-you-have-permission-to-stop-forcing-flashcards-on-your-toddler.

[154] Schore, Allan, and Terry Marks-Tarlow, "How love opens creativity, play and the arts through early right brain development." *Play and creativity in psychotherapy* (Norton Series on Interpersonal Neurobiology), New York: WW Norton (2017).

[155] Gowman, Vince, "The Right Brain Develops First ~ Why Play Is the Foundation for Academic Learning." Vince Gowmon: *Healing for a New World*, 2019, https://www.vincegowmon.com/the-right-brain-develops-first/.

[156] Alzahrani, Mona, Manal Alharbi, and Amani Alodwani, "The Effect of Social-Emotional Competence on Children Academic Achievement and Behavioral Development." *International Education Studies* 12, no. 12 (2019): 141-149.

[157] Zins, Joseph E., Michelle R. Bloodworth, Roger P. Weissberg, and Herbert J. Walberg, "The scientific base linking social and emotional learning to school success." *Journal of educational and psychological consultation* 17, no. 2-3 (2007): 191-210.

[158] Rousseau, Danielle, "Volunteerism as Trauma Therapy." Volunteerism as Trauma Therapy Comments, April 21, 2021, https://sites.bu.edu/daniellerousseau/2022/04/21/volunteerism-as-trauma-therapy/.

[159] Cloud Henry and John Sims Townsend. 1992. *Boundaries: When to Say Yes When to Say No to Take Control of Your Life.* Grand Rapids Mich: Zondervan Pub. House.

[160] Morin, Marie, "How to Set Boundaries and Not Feel Guilty (Five-Step Plan to Create Boundaries)." Morin Holistic Therapy, November 13, 2021, https://morinholistictherapy.com/how-to-set-boundaries-and-not-feel-guilty-five-step-plan-to-create-boundaries/.

[161] Ary, Dennis V., Elizabeth Tildesley, Hyman Hops, and Judy Andrews, "The influence of parent, sibling, and peer modeling and attitudes on adolescent use of alcohol." *International Journal of the Addictions* 28, no. 9 (1993): 853-880.

[162] Dishion, Thomas J., and Rolf Loeber, "Adolescent marijuana and alcohol use: The role of parents and peers revisited." *The American journal of drug and alcohol abuse* 11, no. 1-2 (1985): 11-25.

[163] O'Connor, T. G., J. P. Allen, K. L. Bell, and S. T. Hauser, "Leaving Home: Understanding the Transition to Adulthood (New Directions for Child Development." (1996).

[164] Fareri, Dominic S., Laurel Gabard-Durnam, Bonnie Goff, Jessica Flannery, Dylan G. Gee, Daniel S. Lumian, Christina Caldera, and Nim Tottenham, "Normative development of ventral striatal resting state connectivity in humans." *Neuroimage* 118 (2015): 422-437.

[165] Siegel, Daniel J., and Tina Payne Bryson, "The whole-brain child." London: Constable & Robinson (2011).

[166] Substance Abuse and Mental Health Services Administration (SAMHSA), "Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health." U.S. Department of Health and Human Services, 2021, https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFFRRev010323.pdf.

[167] Substance Abuse and Mental Health Services Administration (SAMHSA), "Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health." U.S. Department of Health and Human Services, 2021, https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFFRRev010323.pdf.

[168] Stuyt, Elizabeth, "The problem with the current high potency THC marijuana from the perspective of an addiction psychiatrist." Missouri medicine 115, no. 6 (2018): 482.

[169] Substance Abuse and Mental Health Services Administration (SAMHSA), "Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health." U.S. Department of Health and Human Services, 2021.

170 Barkus, Emma, and Shon Lewis, "Schizotypy and psychosis-like experiences from recreational cannabis in a non-clinical sample." Psychological Medicine 38, no. 9 (2008): 1267-1276.

171 Schoeler, Tabea, Jason Ferris, and Adam R. Winstock, "Rates and correlates of cannabis-associated psychotic symptoms in over 230,000 people who use cannabis." *Translational psychiatry* 12, no. 1 (2022): 369

172 National Center for Health Statistics, "Suicide Mortality in the United States", 2001–2021, April 13, 2023, https://www.cdc.gov/nchs/products/databriefs/db464.htm.

173 Lynch, F.L., Peterson, E.L., Lu, C.Y., Hu, Y., Rossom, R.C., Waitzfelder, B.E., Owen-Smith, A.A., Hubley, S., Prabhakar, D., Keoki Williams, L. and Beck, A., 2020. Substance use disorders and risk of suicide in a general US population: a case control study. Addiction science & clinical practice, 15(1), 1-9.

174 National Academies of Sciences, Engineering, and Medicine, "The health effects of cannabis and cannabinoids: the current state of evidence and recommendations for research." (2017)

175 Schramm-Sapyta, Nicole L., Q. David Walker, Joseph M. Caster, Edward D. Levin, and Cynthia M. Kuhn, "Are adolescents more vulnerable to drug addiction than adults? Evidence from animal models." *Psychopharmacology* 206 (2009): 1-21.

176 Hammond, Christopher J., Linda C. Mayes, and Marc N. Potenza, "Neurobiology of adolescent substance use and addictive behaviors: prevention and treatment implications." *Adolescent medicine: State of the art review*s 25, no. 1 (2014): 15.

177 Vassoler, Fair M., and Ghazaleh Sadri-Vakili, "Mechanisms of transgenerational inheritance of addictive-like behaviors." *Neuroscience* 264 (2014): 198-206.

178 One Choice Prevention. "Know That Youth Substance Use Is Not Inevitable." One Choice Prevention. Accessed June 14, 2023, https://onechoiceprevention.org/basics-substance-use-not-inevitable.

179 Substance Abuse and Mental Health Services Administration (SAMHSA). "Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health." U.S. Department of Health and Human Services, 2018, https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf.

180 McDaniel, Brandon T. "Parent distraction with phones, reasons for use, and impacts on parenting and child outcomes: A review of the emerging research." *Human Behavior and Emerging Technologies* 1, no. 2 (2019): 72-80.

181 Rohner, Ronald P., Abdul Khaleque, and David E. Cournoyer. "Parental acceptance-rejection: Theory, methods, cross-cultural evidence, and implications." *Ethos* 33, no. 3 (2005): 299-334.

182 Rohner, Ronald P., Abdul Khaleque, and David E. Cournoyer. "Introduction to parental acceptance-rejection theory, methods, evidence, and implications." *Journal of Family Theory & Review* 2, no. 1 (2012): 73-87.

183 O'Connor, T. G., J. P. Allen, K. L. Bell, and S. T. Hauser. "Leaving Home: Understanding the Transition to Adulthood (New Directions for Child Development." (1996).

184 Saner, Emine, "Are Pushy Parents Putting Children off Sport?" The Guardian, September 12, 2015, https://www.theguardian.com/sport/2015/sep/12/are-pushy-parents-putting-children-off-sport.

185 Ellis, Baldwin. "Negative Effects of Parents That Push Their Children into Playing Sports." How To Adult, January 14, 2020, https://howtoadult.com/negative-effects-of-parents-that-push-their-children-into-playing-sports-8221851.html.

186 UNICEF. Adolescent mental health statistics, May 5, 2023, https://data.unicef.org/topic/child-health/mental-health/.

187 Office of the Assistant Secretary for Health. "Substance Use in Adolescence." HHS Office of Population Affairs, accessed June 12, 2023, https://opa.hhs.gov/adolescent-health/substance-use-adolescence.

188 UNICEF. Adolescent mental health statistics, May 5, 2023, https://data.unicef.org/topic/child-health/mental-health/.

189 Office of the Assistant Secretary for Health. "Substance Use in Adolescence." HHS Office of Population Affairs. Accessed June 12, 2023, https://opa.hhs.gov/adolescent-health/substance-use-adolescence.

190 Danielson, Melissa L., Rebecca H. Bitsko, Reem M. Ghandour, Joseph R. Holbrook, Michael D. Kogan, and Stephen J. Blumberg. "Prevalence of parent-reported ADHD diagnosis and associated treatment among US children and adolescents, 2016." *Journal of Clinical Child & Adolescent Psychology* 47, no. 2 (2018): 199-212.

191 Pratt, Laura A. Brody, Debra J., Gu, Quiping. "Antidepressant Use in Persons Aged 12 and Over: United States, 2005–2008". *Centers for Disease Control and Prevention*. October 2011.

192 Nelson, Jason M., and Hannah Harwood. "Learning disabilities and anxiety: A meta-analysis." *Journal of learning disabilities* 44, no. 1 (2011): 3-17.

193 Greenham, Stephanie L. "Learning disabilities and psychosocial adjustment: A critical review." *Child Neuropsychology* 5, no. 3 (1999): 171-196.

194 Willcutt, Erik G., and Bruce F. Pennington. "Psychiatric comorbidity in children and adolescents with reading disability." *The Journal of Child Psychology and Psychiatry and Allied Disciplines* 41, no. 8 (2000): 1039-1048.

195 Pearson, Sarah. "What Are the Long-Term Effects of Adderall Use?" GoodRx, December 14, 2021, https://www.goodrx.com/adderall/long-term-effects-of-adderall.

196 Sansone, Randy A., and Lori A. Sansone. "SSRI-induced indifference." *Psychiatry* (Edgmont) 7, no. 10 (2010): 14.

197 Kerna, N. A., J. V. Flores, H. M. Holets, U. Nwokorie, K. D. Pruitt, E. Solomon, and K. Kadivi. "Adderall: On the Razor's Edge of ADHD Treatment, Enhanced Academic and Physical Performance, Addiction, Psychosis, and Death." EC Psychology and Psychiatry 9 (2020): 65-71.

198 Hilt, Robert J., Monica Chaudhari, Janice F. Bell, Christine Wolf, Kent Koprowicz, and Bryan H. King. "Side effects from use of one or more psychiatric medications in a population-based sample of children and adolescents." *Journal of child and adolescent psychopharmacology* 24, no. 2 (2014): 83-89.

199 Carskadon, Mary A., Amy R. Wolfson, Christine Acebo, Orna Tzischinsky, and Ronald Seifer. "Adolescent sleep patterns, circadian timing, and sleepiness at a transition to early school days." *Sleep* 21, no. 8 (1998): 871-881.

[200] Carskadon, Mary A., ed. Adolescent sleep patterns: Biological, social, and psychological influences. Cambridge University Press, 2002.

[201] Pandi-Perumal, Seithikurippu Ratnas, V. Srinivasan, G. J. M. Maestroni, D. P. Cardinali, B. Poeggeler, and R. Hardeland. "Melatonin: Nature's most versatile biological signal?." *The FEBS journal* 273, no. 13 (2006): 2813-2838.

[202] Bubenik, G. A., and S. J. Konturek. "Melatonin and aging: prospects for human treatment." *Journal of physiology and pharmacology* 62, no. 1 (2011): 13.

[203] Centers for Disease Control and Prevention. "Sleep in Middle and High School Students." Centers for Disease Control and Prevention, September 10, 2020, https://www.cdc.gov/healthyschools/features/students-sleep.htm.

[204] Vogels, Emily A. "Teens, Social Media and Technology 2022." Pew Research Center: Internet, Science & Tech, August 10, 2022, https://www.pewresearch.org/internet/2022/08/10/teens-social-media-and-technology-2022/.

[205] Vogels, Emily A. "Teens, Social Media and Technology 2022." Pew Research Center: Internet, Science & Tech, August 10, 2022, https://www.pewresearch.org/internet/2022/08/10/teens-social-media-and-technology-2022/.

[206] Ehmke, Rachel. "How Using Social Media Affects Teenagers." Child Mind Institute, March 13, 2023, https://childmind.org/article/how-using-social-media-affects-teenagers/.

[207] Jarman, Hannah K., Mathew D. Marques, Sian A. McLean, Amy Slater, and Susan J. Paxton. "Social media, body satisfaction and well-being among adolescents: A mediation model of appearance-ideal internalization and comparison." *Body Image* 36 (2021): 139-148.

[208] Hunt, Melissa G., Rachel Marx, Courtney Lipson, and Jordyn Young. "No more FOMO: Limiting social media decreases loneliness and depression." *Journal of Social and Clinical Psychology* 37, no. 10 (2018): 751-768.

[209] Keles, Betul, Niall McCrae, and Annmarie Grealish. "A systematic review: the influence of social media on depression, anxiety and psychological distress in adolescents*." International Journal of Adolescence and Youth* 25, no. 1 (2020): 79-93.

[210] Wongkoblap, Akkapon, Miguel A. Vadillo, and Vasa Curcin. "Researching mental health disorders in the era of social media: systematic review." *Journal of medical Internet research* 19, no. 6 (2017): e228.

[211] Sadagheyani, Hassan Ebrahimpour, and Farin Tatari. "Investigating the role of social media on mental health." *Mental Health and Social Inclusion* 25, no. 1 (2021): 41-51.

[212] Liu, Mingli, Kimberly E. Kamper-DeMarco, Jie Zhang, Jia Xiao, Daifeng Dong, and Peng Xue, "Time Spent on Social Media and Risk of Depression in Adolescents: A Dose–Response Meta-Analysis." *International journal of environmental research and public health* 19, no. 9 (2022): 5164.

[213] Twenge, Jean M., and W. Keith Campbel,. "Associations between screen time and lower psychological well-being among children and adolescents: Evidence from a population-based study." *Preventive medicine reports* 12 (2018): 271-283.

[214] Twenge, Jean M., and W. Keith Campbell, "Associations between screen time and lower psychological well-being among children and adolescents: Evidence from a population-based study." *Preventive medicine reports* 12 (2018): 271-283.

[215] American Academy of Pediatrics, "Media and Young Minds." *Pediatrics* (2016).

[216] Vedechkina, Maria, and Francesca Borgonovi. "A review of evidence on the role of digital technology in shaping attention and cognitive control in children." *Frontiers in Psychology* 12 (2021): 611155.

[217] Fuhrmann, Delia, Lisa J. Knoll, and Sarah-Jayne Blakemore. "Adolescence as a sensitive period of brain development." *Trends in cognitive sciences* 19, no. 10 (2015): 558-566.

[218] Gilmore, John H., Rebecca C. Knickmeyer, and Wei Gao. "Imaging structural and functional brain development in early childhood." *Nature Reviews Neuroscience* 19, no. 3 (2018): 123-137.

[219] Kolb, Bryan, and Robbin Gibb. "Brain plasticity and behaviour in the developing brain." *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 20, no. 4 (2011): 265.

[220] Huttenlocher, P. R. "Synaptogenesis, synapse elimination, and neural plasticity in human cerebral-cortex In: Threats to optimal development: integrating biological, psychological, and social risk factors." (1994): 35-54.

[221] Casey, Betty Jo, Sarah Getz, and Adriana Galvan. "The adolescent brain." *Developmental review* 28, no. 1 (2008): 62-77.

[222] Casey, Betty Jo, Sarah Getz, and Adriana Galvan. "The adolescent brain." *Developmental review* 28, no. 1 (2008): 62-77.

[223] Casey, Betty Jo, Sarah Getz, and Adriana Galvan. "The adolescent brain." *Developmental review* 28, no. 1 (2008): 62-77.

[224] Shapka, Jennifer D. "Adolescent technology engagement: It is more complicated than a lack of self-control." *Human Behavior and Emerging Technologies* 1, no. 2 (2019): 103-110.

[225] Kestenbaum, Gerald I., and Lissa Weinstein. "Personality, psychopathology, and developmental issues in male adolescent video game use." *Journal of the American academy of child psychiatry* 24, no. 3 (1985): 329-333.

[226] Mahon, Noreen E., Adela Yarcheski, Thomas J. Yarcheski, and Michele M. Hanks. "Relations of low frustration tolerance beliefs with stress, depression, and anxiety in young adolescents." *Psychological Reports* 100, no. 1 (2007): 98-100.

[227] Wahlstrom, Dustin, Paul Collins, Tonya White, and Monica Luciana. "Developmental changes in dopamine neurotransmission in adolescence: behavioral implications and issues in assessment." *Brain and cognition* 72, no. 1 (2010): 146-159.

[228] Dresp-Langley, Birgitta. "Children's health in the digital age." *International journal of environmental research and public health* 17, no. 9 (2020): 3240.

[229] Dresp-Langley, Birgitta. "Children's health in the digital age*." International journal of environmental research and public health* 17, no. 9 (2020): 3240.

[230] Post, G. B., and H. C. Kemper. "Nutrient intake and biological maturation during adolescence. The Amsterdam growth and health longitudinal study." *European Journal of Clinical Nutrition* 47, no. 6 (1993): 400-408.

231 Sherman, Lauren E., Ashley A. Payton, Leanna M. Hernandez, Patricia M. Greenfield, and Mirella Dapretto. "The power of the like in adolescence: Effects of peer influence on neural and behavioral responses to social media." *Psychological science* 27, no. 7 (2016): 1027-1035.

232 Blakemore, Sarah-Jayne. "Development of the social brain in adolescence." *Journal of the Royal Society of Medicine* 105, no. 3 (2012): 111-116.

233 Butterfield, Rosalind D., and Jennifer S. Silk. "The Role of Neural Self-Referential Processes Underlying Self-Concept in Adolescent Depression: A Comprehensive Review and Proposed Neurobehavioral Model." *Neuroscience & Biobehavioral Reviews* (2023): 105183.

234 Hare, Todd A., Nim Tottenham, Adriana Galvan, Henning U. Voss, Gary H. Glover, and BJ18452757 Casey. "Biological substrates of emotional reactivity and regulation in adolescence during an emotional go-nogo task." *Biological psychiatry* 63, no. 10 (2008): 927-934.

235 Choukas-Bradley, Sophia, Savannah R. Roberts, Anne J. Maheux, and Jacqueline Nesi. "The perfect storm: A developmental–sociocultural framework for the role of social media in adolescent girls' body image concerns and mental health." *Clinical Child and Family Psychology Review* 25, no. 4 (2022): 681-701.

236 Fardouly, Jasmine, and Lenny R. Vartanian. "Social media and body image concerns: Current research and future directions." *Current opinion in psychology* 9 (2016): 1-5.

237 Choukas-Bradley, Sophia, Savannah R. Roberts, Anne J. Maheux, and Jacqueline Nesi. "The perfect storm: A developmental–sociocultural framework for the role of social media in adolescent girls' body image concerns and mental health." *Clinical Child and Family Psychology Review* 25, no. 4 (2022): 681-701.

238 Choukas-Bradley, Sophia, Savannah R. Roberts, Anne J. Maheux, and Jacqueline Nesi. "The perfect storm: A developmental–sociocultural framework for the role of social media in adolescent girls' body image concerns and mental health." *Clinical Child and Family Psychology Review* 25, no. 4 (2022): 681-701.

239 Anderson, Monica. "A Majority of Teens Have Experienced Some Form of Cyberbullying." Pew Research Center: Internet, Science & Tech, September 27, 2018, https://www.pewresearch.org/internet/2018/09/27/a-majority-of-teens-have-experienced-some-form-of-cyberbullying/.

240 John, Ann, Alexander Charles Glendenning, Amanda Marchant, Paul Montgomery, Anne Stewart, Sophie Wood, Keith Lloyd, and Keith Hawton. "Self-harm, suicidal behaviours, and cyberbullying in children and young people: Systematic review." *Journal of medical internet research* 20, no. 4 (2018): e9044.