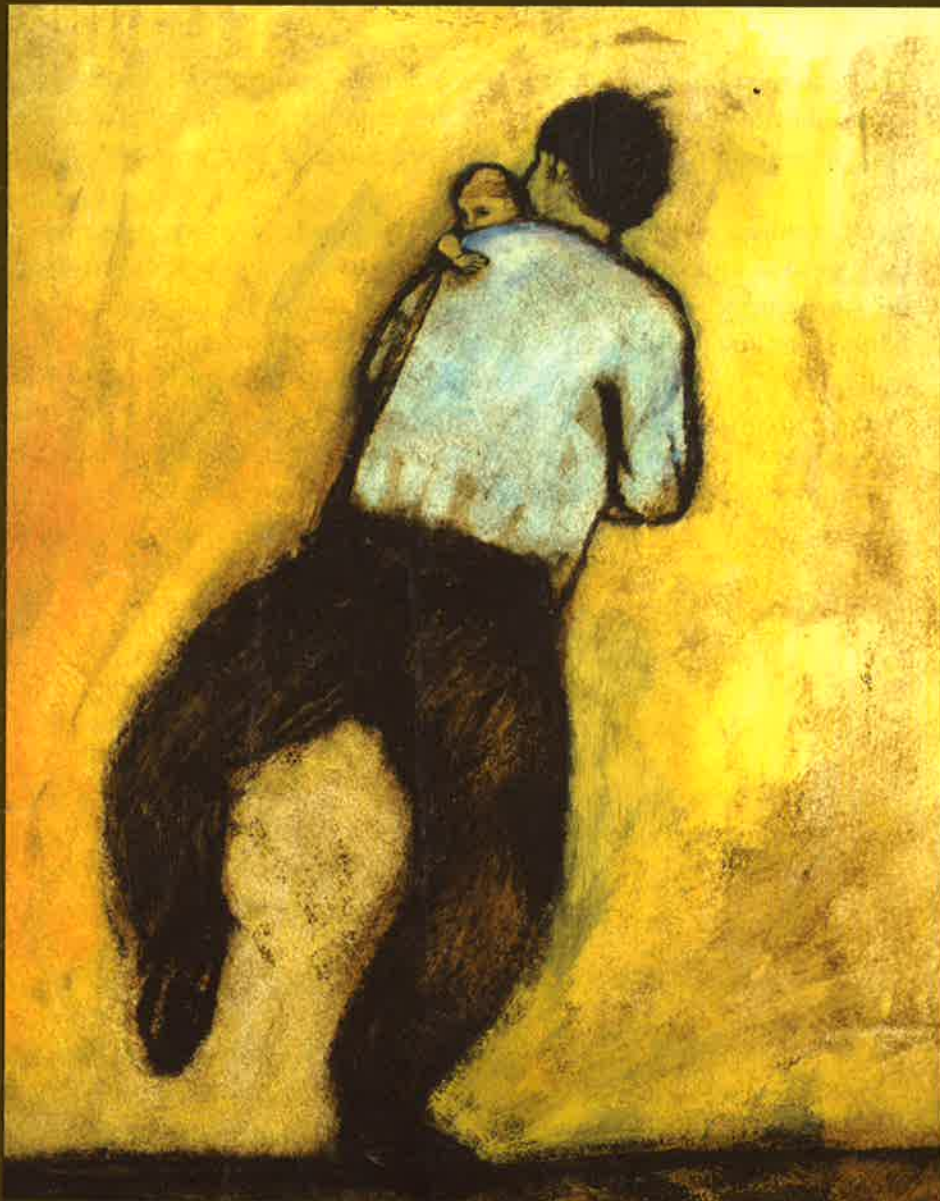


A Report to the Nation from
the Commission on Children at Risk

Hardwired to Connect

The New Scientific Case for Authoritative
Communities



YMCA of the USA
Dartmouth Medical School
Institute for American Values

THE COMMISSION ON CHILDREN AT RISK is a group of 33 children's doctors, research scientists, and mental health and youth service professionals. Our mission is to investigate empirically the social, moral, and spiritual foundations of child well-being, evaluate the degree to which current practice and policy in the U.S. recognize those foundations, and make recommendations for the future.

Our methodology has included interdisciplinary deliberation (including a conference in June of 2002 at Dartmouth Medical School), a comprehensive literature review, and the evaluation of 18 commissioned papers. This report, *Hardwired to Connect*, is the summary and culmination of our work to date.

The Commission is an independent, jointly sponsored initiative of YMCA of the USA, Dartmouth Medical School, and the Institute for American Values. The commission's principal investigator is Dr. Kathleen Kovner Kline of Dartmouth Medical School.

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Hardwired to Connect

The New Scientific Case for Authoritative Communities

Executive Summary

THIS REPORT IS about rising rates of mental problems and emotional distress among U.S. children and adolescents. Written by a group of 33 children's doctors, research scientists, and mental health and youth service professionals, the report does three things.

1. It identifies the crisis.
2. It presents what these experts believe to be a main cause of the crisis.
3. And it introduces a new concept, *authoritative communities*, intended to help youth service professionals, policy makers, and the entire society do a better job of addressing the crisis.

What's the Crisis?

THE CRISIS COMES in two parts.

The first part is the deteriorating mental and behavioral health of U.S. children. We are witnessing high and rising rates of depression, anxiety, attention deficit, conduct disorders, thoughts of suicide, and other serious mental, emotional, and behavioral problems among U.S. children and adolescents.

The second part is how we as a society are thinking about this deterioration. We are using medications and psychotherapies. We are designing more and more special programs for "at risk" children. These approaches are necessary. But they are not enough. Why? Because programs of individual risk-assessment and treatment seldom encourage us, and can even prevent us, from recognizing as a society the broad *environmental* conditions that are contributing to growing numbers of suffering children.

What's Causing the Crisis?

IN LARGE MEASURE, what's causing this crisis of American childhood is a lack of connectedness. We mean two kinds of connectedness — close connections to other people, and deep connections to moral and spiritual meaning.

Where does this connectedness come from? It comes from groups of people organized around certain purposes — what scholars call social institutions. *In recent decades, the U.S. social institutions that foster these two forms of connectedness for children have gotten significantly weaker.* That weakening, this report argues, is a major cause of the current mental and behavioral health crisis among U.S. children.

Much of the first half of this report is a presentation of scientific evidence — largely from the field of neuroscience, which concerns our basic biology and how our brains develop — showing that the human child is “hardwired to connect.” We are hardwired for other people and for moral meaning and openness to the transcendent. Meeting these basic needs for connection is essential to health and to human flourishing.

Because in recent decades we as a society have not been doing a good job of meeting these essential needs, large and growing numbers of our children are failing to flourish.

What Can Solve the Crisis?

WHAT CAN HELP most to solve the crisis are *authoritative communities*.

Authoritative communities are groups that live out the types of connectedness that our children increasingly lack. They are groups of people who are committed to one another over time and who model and pass on at least part of what it means to be a good person and live a good life. Renewing and building them is the key to improving the lives of U.S. children and adolescents.

“Authoritative community” is a new public policy and social science term, developed for the first time in this report. It is intended to help all those in our society working to understand and improve the lives of children.

Much of the second half of the report is a definition of authoritative communities, an analysis of their role in society, and proposals for strengthening them.

What Is To Be Done?


THE REPORT PROPOSES three big goals and 18 recommendations. All of the goals and recommendations focus on renewing and building authoritative communities.

The goals and recommendations ask something of all of us. Youth service organizations and youth service professionals. All levels of government. Employers. Philanthropists and foundations. Religious and civic leaders. Scholars. And families and individuals.

Reaching these goals and implementing these recommendations would constitute fundamental social change in our society. The report argues that nothing less will do.

What's New about this Report?

AMONG SCHOLARLY REPORTS on children at risk, this report is distinctive in several ways.

- For what may be the first time, this project on children's mental and emotional health brings together prominent neuroscientists and children's doctors with social scientists who study civil society. As a result, this report represents an early serious effort to integrate the "hard science" of infant attachment and child and adolescent brain development with sociological evidence of how civil society shapes outcomes for children. Call it a new — watch out, big word coming — bio-psycho-social-cultural model of child development. This new model is intended both to deepen our understanding of today's crisis of childhood and to provide practical help to youth professionals, policy makers, and others working to improve the lives of our children.
- For what may be the first time, a diverse group of scientists and other experts on children's health is publicly recommending that our society pay considerably more attention to young people's moral, spiritual, and religious needs.
- It is not new, but it is not common either, for doctors and other professionals involved in the delivery of social and medical services to recommend a fundamental social change model, as opposed to an improved service delivery model, as a key to improving the mental and emotional lives of children.
- The authors of this report have come together from across the philosophical and political spectrum.
- The report introduces and argues for the importance of a new public policy and social science concept: authoritative communities. This concept is the report's major innovation and, potentially, its most important contribution. What's new is not just the term itself, but more importantly, what it seeks to designate. For what may be the first time, a concept has been developed to help policy makers, youth service professionals, scholars, journalists, philanthropists, and others to identify the specific traits across social institutions that are most likely to produce good outcomes for children. 

Hardwired to Connect

The New Scientific Case for Authoritative Communities

The Two-Part Crisis

IN THE MIDST of unprecedented material affluence, large and growing numbers of U.S. children and adolescents are failing to flourish. In particular, more and more young people are suffering from mental illness, emotional distress, and behavioral problems. Let's call this aspect of the crisis epidemiological.

The second part of the crisis is intellectual. It concerns failures of understanding. The result is our inability as a society to respond effectively to these deteriorations in child and adolescent well-being. Let us look briefly at both parts of the crisis.

1. Our waiting lists are too long.

Many of us on this commission are children's doctors and mental health professionals. Everyday we see children and adolescents who are suffering. We are seeing far too many of them. One of the main reasons we formed this commission is that our waiting lists are too long.

Scholars at the National Research Council in 2002 estimated that at least one of every four adolescents in the U.S. is currently at serious risk of not achieving productive adulthood.¹ According to another recent study, about 21 percent of U.S. children ages nine to 17 have a diagnosable mental or addictive disorder associated with at least minimum impairment.² These high numbers appear to reflect actual increases in these problems, not changes in methods or rates of treatment.³

Despite increased ability to treat depression, the current generation of young people is more likely to be depressed and anxious than was its parent's generation.⁴ According to one study, by the 1980s, U.S. children as a group were reporting more anxiety than did *children who were psychiatric patients* in the 1950s.⁵ High levels of anxiety, or neuroticism, are not only problems in themselves, but are also associated with major depression,⁶ suicide attempts,⁷ alcohol abuse,⁸ marital problems,⁹ and a wide variety of physical ailments, including asthma, heart disease, irritable bowel syndrome, and ulcers.¹⁰

Several studies have found that an estimated eight percent of U.S. high school students suffer from clinical depression. Other studies, including World Health Organization surveys and a study showing possible errors in school-based depression screening, suggest that the total number of U.S. children suffering from serious depression (clinical or otherwise) may be higher than eight percent.¹¹

About 20 percent of students report having seriously considered suicide in the past year.¹² A recent study of mental health problems among college students at a large Midwestern university finds that, over the past 13 years, the number of students being seen for depression doubled; the number of suicidal students tripled; and the number of students seen after a sexual assault quadrupled.¹³ A growing body of research also finds that children entering out-of-home care for mental and developmental problems are more disturbed than in the past.¹⁴

Beyond the specific areas of mental illness and emotional and behavioral disorders, recent additional indicators of U.S. child and adolescent well-being are mixed at best. A recent report from the Annie E. Casey Foundation, *Children at Risk: State Trends 1990-2000*, finds that eight of 11 indicators of child well-being — all material and demographic indicators, such as living in poverty, living with a household head who is a high school dropout, and living in a single-parent family — improved at least slightly between 1990 and 2000.¹⁵ A similar study from 2001, using an Index of Child and Youth Well-Being consisting of 28 mostly material and demographic indicators, reports that overall U.S. child well-being, after dropping sharply from 1975 to the early 1990s, rose during the middle and late 1990s, while still remaining, as of 1998, lower than it was in 1975.¹⁶

Large and growing numbers of U.S. children are suffering from mental illness, emotional distress, and behavioral problems.

It is important to note that most of this good news is linked to broad recent improvements in our *material* well-being, which in turn are closely connected to the astonishing economic growth that characterized most of the 1990s, as well as to impressive recent drops in U.S. crime rates. We are heartened by these changes. But *despite them*, U.S. young people not only appear to be experiencing sharp increases in mental illness and stress and emotional problems, but also continue to suffer from high — we as a commission believe unacceptably high — rates of related behavioral problems such as substance abuse, school dropout, interpersonal violence, premature sexual intercourse, and teenage pregnancy.

For example, there has been a recent, and welcome, downward trend in recent years in U.S. births to teenagers.¹⁷ At the same time, according to the Centers for Disease Control, the U.S. is still the world leader among developed countries in the proportion of births occurring to teenagers.¹⁸ Similarly, the number of high school students who say that they have never had sexual intercourse rose by almost ten percent between 1991 and 2001.¹⁹ Yet about one of every three U.S. teenagers is sexually active.²⁰ One consequence is high levels of sexually transmitted diseases, particularly among adolescent girls and young women, who are biologically more susceptible to chlamydia, gonorrhea, and HIV.²¹

Almost half of U.S. teenagers report having used marijuana. The use of other illegal drugs by teenagers appears to be increasing. As many as one in three teenagers report having engaged in binge drinking. In spite of an aggressive anti-smoking campaign, frequent cig-

arete use among teenagers has risen slightly during the past decade.²² About 11 percent of U.S. teenagers drop out of high school.²³ More than one of three U.S. adolescents report having been involved in a physical fight at school in the past year, and about nine percent report having been threatened or injured with a weapon while on school property.²⁴

Overall, the nature of childhood suffering and death in the U.S. has changed dramatically in recent decades. For example, since the 1950s, death rates among U.S. young people due to unintentional injuries, cancer, and heart disease have all fallen by about 50 percent. Death rates overall have dropped by about 53 percent.

But during this same period, homicide death rates among U.S. youth rose by more than 130 percent. Suicide rates — the third leading cause of death among U.S. young people, and famously recognized more than a century ago by Emile Durkheim, one of the fathers of modern sociology, as a key indicator of social connectedness — rose by nearly 140 percent.²⁵ More and more, what is harming and killing our children today is mental illness, emotional distress, and behavioral problems.²⁶

The Curious Case of the Children of Immigrants

Consider this disturbing paradox. Low birth weight and infant mortality are actually *higher* among babies born to U.S.-born women than among babies born to immigrant mothers — despite the immigrant mothers' generally lower socioeconomic status, and despite the fact that immigrant mothers typically receive less prenatal care.²⁷ Similarly, adolescents from immigrant families are less likely than U.S.-born adolescents to experience school absences due to health or emotional problems, and are also *less* likely to report engaging in risky behaviors, from early sex to substance use, delinquency, and violence.

Even more unsettling is the fact that, as one recent study points out, while children in immigrant families “are healthier than U.S.-born children in U.S.-born families,” this “relative advantage tends to decline with length of time in the United States and from one generation to the next.” Thus, as the children of immigrants live in the U.S. for longer periods of times, they “tend to be less healthy and to report increases in risk behaviors. By the third and later generations, rates of most of these behaviors approach or exceed those of U.S.-born white adolescents.”²⁸

The implication of these findings is unmistakable. For the children of immigrants, and for U.S. children overall, some of the basic foundations of childhood appear currently to be at best anemic, in the sense of weak and inadequate to foster full human flourishing, and at worst toxic, inadvertently depressing health and engendering emotional distress and mental illness.

Our waiting lists are too long.

2. Our intellectual models are inadequate.

The Pharmacological Model

The psychopharmacological revolution of recent years has yielded enormous benefits for millions of suffering patients. Moreover, mental illness is still under-treated in the U.S., not over-treated, among children and adolescents, and especially among those living in less affluent communities. Indeed, we as a commission believe that the current lack of resources to treat children with major mental illness is a serious problem that must be addressed.²⁹

But as mental health professionals, and as a society, we must also probe deeper. Why are apparently growing numbers of our children suffering from depression, anxiety, attention deficit, conduct disorders, thoughts of suicide, and other serious mental and emotional problems? In the field of medicine, any steady increase in an illness prompts doctors not only to treat (more and more) individual patients, but also to examine the larger environments that would appear to be contributing to the spread of disease and poor health. We should do the same today in the field of mental health. Even though psychotropic drugs and related psychotherapies and treatments permit us as professionals to pull many drowning children out of the river, surely we must still ask: Why are so many of today's children in the river?

The tension is between a few of us taking action to treat individual victims of a calamity and all of us, or at least many of us, taking action to eliminate or reduce the calamity. To use a bit of jargon, the tension is between a treatment (or deficit) model and a prevention (or ecological) model.

Obviously, we need both. But we as a commission are saddened and disturbed to conclude that, today in the United States, just as we are making significant progress in many areas of individual treatment, especially those using psychotropic drugs and specific psychotherapies, we are collectively *regressing* in the area of prevention. We as a society seem to be inattentive, and at times even indifferent, to some of the basic foundations of overall child and adolescent well-being. *We are steadily losing ground when it comes to keeping our children out of the river in the first place.*

Consider this analogy. What if environmental experts today focused almost exclusively on remediating some of the worst consequences of pollution — perhaps by encouraging people to wear masks, or to stay inside on certain days — while acting as if nothing can or should be done about the pollution in the environment?

Thankfully, a focus on prevention now permeates much of the medical field and much of our approach to public (physical) health. Yet we mental health workers, more than

*We are progressing in the
area of treatment and
regressing in the area of
prevention.*

almost any other group of related professionals, have been comparatively slow to make this crucial transition from private to public, from treatment alone to treatment plus prevention. We today urgently challenge ourselves and our mental health colleagues — as we urgently challenge all of our fellow citizens — to become much better at thinking ecologically, and to do much more, in the area of child and adolescent mental health, to become environmental advocates of childhood.

Moreover, we have already learned from the medical field that preventive public health seldom consists only of targeted treatments and services delivered by trained professionals. Instead, much broader approaches and partnerships, deeply rooted in the institutions of civil society, must be mobilized to attack foundational problems that contribute to disease. The same is almost certain to be true of preventive mental health.

The At Risk Model

We call our group the “Commission on Children at Risk” for two reasons. One is that we recognize both the usefulness and prevalence of the term “at risk.” The second is that we wish publicly and respectfully to insist on the term’s important limitations.

Certainly, when it comes to helping children in need, no term is more widely used or more conceptually influential among scholars, philanthropists, youth service workers, policy makers, journalists, and other opinion leaders. In particular, the language and categories of “at risk” strongly guide most current scholarly and public policy discussions of youth problems and programs.

The term seems partly to have originated in the insurance industry, which has long used the concept of “risk” as a way of developing mathematical models aimed at predicting future insurer liability under various circumstances, and therefore determining the costs of providing insurance to various groups of individuals. As we commonly use it today, however, the term “at risk” comes to us primarily from the field of epidemiology, a branch of medical science that deals with the incidence, distribution, and control of disease in a population.

Specifically, the term refers to a methodology for identifying individuals or groups within a population that are vulnerable to disease. The term carries with it the implication that what is necessary are specific treatments or interventions aimed at reducing the incidence or severity of the disease. Thus the “at risk” model, as we use it today, is essentially a disease-based model of understanding.

From these quite specific roots, the term has grown to its current influence and ubiquity in the fields of youth studies and youth programming. The “at risk” model of thinking about youth problems has some important uses. At times, this model gestures toward the goal of prevention. But as a way of thinking, today’s “at risk” model does not take us nearly far enough.

First, the model tends to focus on individual pathology and dysfunction. It typically locates the problem as “inside” the person, rather than as stemming at least partly from the environment. Consider, say, a student who drops out of high school. The “at risk” model would lead us to ask: What is wrong with this student? (What’s the “disease”?) Does he need special instruction? Medication? Counseling? Does she need to attend a special class? Find a mentor? Should the school hire credentialed specialists to try to help her and other students who appear to be “at risk” of dropping out?

These are important questions. But are they the only questions? Are they even the *most* important ones? We believe that the answer is no. Regarding school dropouts, for example, it seems clear that much of this problem in the U.S. today is traceable to deficits that are not just personal and individual, calling for treatment by professionals in clinical and quasi-clinical settings, but also social and communal. For example, what if the poor quality of the school itself is a problem, not just for the minority of students who drop out or contemplate doing so, but also for the majority of the students? From another angle, what if one important factor associated with dropping out is living in a father-absent home? (In fact, research tells us that it is.³⁰) Yet the bias of the “at risk” model is consistently *against* recognizing and confronting those dimensions of a problem that are structural, systemic, and social, and *in favor of* interventions that are clinical, highly targeted, and oriented to individual pathology.

*The “at risk” model is
necessary, but insufficient.*

Second, a frequent corollary of the bias toward individual pathology is the notion that meeting the needs of “at risk” youth is largely a task for professionals. For this reason, the “at risk” model sometimes recognizes,³¹ but seldom places primary emphasis on, issues such as family structure or the role of local, voluntary civic and religious institutions in improving children’s lives.

Third, the “at risk” model typically encourages us to focus on the most extreme and advanced manifestations of problems. In that respect, the “at risk” model closely resembles what doctors serving soldiers in combat call a “triage” approach. Based on the presumptions of a short time frame and scarce resources, the “triage” model seeks to determine which wounded soldiers to help, and in what order, in order to maximize the number of survivors.

But when the population in question is an entire generation of a society’s children and youth, rather than a small number of wounded soldiers on a battlefield, the ideas contained in the “triage” approach are largely inappropriate. For example, when it comes to improving life for our children, short-term thinking is important, but longer-term thinking is equally important. Also, we are by far the materially richest society in the world. That fact does not mean that our resources for helping children are limitless, but neither does it mean that we can afford to do nothing other than try to prevent the most seriously wounded among us from dying.

For these and other reasons, as Bill Stanczykiewicz of the Indiana Youth Institute has stressed, it is seldom a good idea to focus only on the most troubled children exhibiting the worst extremes of the problem. Of course pathology must be treated. But treating pathology is not the same as positive youth development. The "at risk" model focuses on illness. The ecological model focuses on health. The former emphasizes the need to direct help to a few of us. The latter emphasizes the need to shift probabilities for most of us. As a result, the former seeks to solve a problem when it is big. The latter recognizes that arguably the wisest way to solve a big problem is to solve it when it is small. *Both approaches are necessary.* But today, in our view, we as a society do not have the balance right. As a result, our currently dominant ways of thinking about the crisis are inadequate. Our deepest challenge today is to think and act much more ecologically — to broaden our attention to the environmental conditions creating growing numbers of suffering children.

The New Scientific Case

IF TOO MANY of our children are in the river, and if our current approaches to helping them are insufficient, what is to be done? That is the central question with which this commission has struggled.

To try to find answers, we have looked carefully at recent scientific findings in our respective fields. We are heartened by them. We believe that these findings fit together into a discernible whole. Taken together, they tell us a story. Moreover, we believe that this scientific story can help to guide us as a society toward a better, truer understanding of the crisis of American childhood.

Essentially, science is increasingly demonstrating that the human person is hardwired to connect.³²

First, a great deal of evidence shows that we are hardwired for close attachments to other people, beginning with our mothers, fathers, and extended family, and then moving out to the broader community.

Second, a less definitive but still significant body of evidence suggests that we are hardwired for meaning, born with a built-in capacity and drive to search for purpose and reflect on life's ultimate ends.

Meeting the human child's deep need for these related aspects of connectedness — to other people and to meaning — is essential to the child's health and development.

Meeting this need for connectedness is primarily the task of what we are calling *authoritative communities* — groups of people who are committed to one another over time and who model and pass on at least part of what it means to be a good person and live a good life.

The weakening of authoritative communities in the U.S. is a principal reason — arguably the principal reason — why large and growing numbers of U.S. children are failing to flourish. As a result, strengthening these communities is likely to be our best strategy for improving the lives of our children, including those most at risk.

The Ten Main Planks

Here are the ten main planks of the new scientific case for authoritative communities:

1. The mechanisms by which we become and stay attached to others are biologically primed and increasingly discernible in the basic structure of the brain.
2. Nurturing environments, or the lack of them, affect gene transcription and the development of brain circuitry.
3. The old “nature versus nurture” debate — focusing on whether heredity or environment is the main determinant of human conduct — is no longer relevant to serious discussions of child well-being and youth programming.
4. Adolescent risk-taking and novelty-seeking are connected to changes in brain structure and function.
5. Assigning meaning to gender in childhood and adolescence is a human universal that deeply influences well-being.
6. The beginning of morality is the biologically primed moralization of attachment.
7. The ongoing development of morality in later childhood and adolescence involves the human capacity to idealize individuals and ideas.
8. Primary nurturing relationships influence early spiritual development — call it the spiritualization of attachment — and spiritual development can influence us biologically in the same ways that primary nurturing relationships do.
9. Religiosity and spirituality significantly influence well-being.
10. The human brain appears to be organized to ask ultimate questions and seek ultimate answers.

We are hardwired to connect to other people and to moral and spiritual meaning.

Let us look at each of these propositions in greater depth.

1. The mechanisms by which we become and stay attached to others are biologically primed and increasingly discernible in the basic structure of the brain.

Let's start with the human infant. Here is how Allan N. Schore of the UCLA School of Medicine puts it: "The idea is that we are born to form attachments, that our brains are physically wired to develop in tandem with another's, through emotional communication, beginning before words are spoken."³³

Let him say it a bit more formally. Schore has done extensive research on affect regulation — how we regulate our emotions and behaviors — among young children. He presents a large body of interdisciplinary data underscoring the importance of infant attachment and suggesting that:

the self-organization of the developing brain occurs in the context of a relationship with another self, another brain. This relational context can be growth-facilitating or growth-inhibiting, and so it imprints into the developing right brain either a resilience against or a vulnerability to later forming psychiatric disorders.³⁴

Let's look at other ways in which this proposition appears to hold true. Recent animal studies have helped to clarify the role of the neuropeptides, oxytocin, and vasopressin in male-female bonding.³⁵ In females, large numbers of oxytocin receptors in the reward circuitry located deep in the cortex of the brain suggests that social bonding manifests itself biochemically. In males, the presence of large numbers of vasopressin receptors in the brain suggests the same phenomenon. In a sense, then, these pair-bonded couples can be described as being "addicted" to one another.

In the area of parental care, in several animal species it has been shown that attachment hormones help to trigger parental care, which in turn helps to trigger the release of more attachment hormones. For example, as male marmosets begin to care for their offspring, their levels of prolactin increase, which likely reinforces the bonding process. Thus we see social behavior and biology involved in an intricate dance of mutual reinforcement, in which caretaking, among other things, boosts some of the very neurotransmitters which appear to facilitate caregiving.³⁶

Other studies implicate numerous other neurotransmitters and hormones in the human bonding process. These hormones include dopamine, prolactin, endogenous opioid peptides, and steroid hormones such as estrogen, testosterone, and progesterone.³⁷

In a preliminary study, Rebecca Turner and her colleagues at the University of California show that the hormone oxytocin enters a female's bloodstream during sexual intercourse, affecting the brain and limbic system in ways that appear to promote emotional intimacy and bonding (also sometimes known as "love").³⁸ Oxytocin is also released during birth and lactation and appears to strengthen the mother's attachment to the baby.³⁹

Similarly, in males, the steroid hormone testosterone is associated with both sexual desire and aggression. Researchers have found that for men, getting married — becoming sexually and intimately bonded with a spouse — seems to lower testosterone levels. The result is a diminished biological basis for violent male behavior and male sexual promiscuity and infidelity. Researchers also report, not surprisingly, that drops in testosterone seem also to be connected to better fathering. Call it a “neuroendocrine basis” for recognizing that male connectedness resulting from marriage tends to guide men away from bars, brawling, and tomcatting around, and toward washing the dishes and making sure the kids do their homework.⁴⁰

To take another example, at the Ohio State University Medical Center, Janice K. Kiecolt-Glaser and her colleagues have conducted a series of studies examining the connections between close sexual relationships, especially those of married couples, and physiological processes such as immune, endocrine, and cardiovascular functioning. These researchers report growing evidence linking relationship intimacy to better health, including stronger immune systems and physical wounds taking less time to heal. Conversely, high-conflict (anti-intimate) marital relationships appear to weaken the immune system and increase vulnerability to disease, especially among women, including worsening the body’s response to proven vaccines and lengthening the amount of time required for physical wounds to heal.⁴¹

*Brain researchers are
mapping out the
biochemistry of connection.*

In short, brain researchers and other scientists are now clearly mapping out what might be called the biochemistry of connection.

2. Nurturing environments, or the lack of them, affect gene transcription and the development of brain circuitry.

Let’s start by looking at, well, rats.⁴² Specifically, let’s look at how the parenting of the pups influences their basic health, including their capacity to respond successfully to stress, and how such environmentally-engineered traits, in part because they also become expressed genetically, can then be passed from generation to generation.

The neuroscientist Larry Young of Emory University finds that, for rats, early nurturing experiences “have a powerful effect on emotional reactivity of the offspring” and also produce “permanent changes in behavioral responses to stressful situations.” Specifically, “rats that received more maternal stimulation as pups have altered levels of stress hormone receptors (glucocorticoid receptor) in the hippocampus, a brain region that plays a central role in the regulation of the stress response.”⁴³

That’s good. These well-cared-for rats are healthier and more capable. But there is more. In fact, something quite extraordinary has apparently happened. Abundant maternal atten-

tion — good mothering — not only measurably enhances a pup's emotional and physiological resilience, but can also be passed on by that pup to future generations. As Young describes it:

Not only do these differences in maternal attention predict emotionality of the offspring, but they also predict how the offspring will mother their own pups. That is, the offspring of high licking [high nurturing] mothers also showed high levels of licking [nurturing] towards their own pups in adulthood.⁴⁴

And how, exactly, does this intergenerational transmission occur?

On the one hand, cross-fostering experiments — in which some of the young are transferred at birth to genetically unrelated mothers — show that some of this positive transmission can occur non-genetically, simply through the pup's own social experience of having been so intensively licked and groomed as a baby. At the same time, however, Young reports that “the underlying neural systems believed to mediate these behaviors are also changed.”

As a result, these positive traits have effectively become *biologically patterned* in the pup. They even influence genetic transcription! That is, the well-mothered pup will be predisposed, *at the cellular level*, to pass on this same confluence of good nurturing and physiological resilience to the next generation. Call it passing on the neurobiological ties that bind.⁴⁵

These are rats. What about humans? In fact, the presence in humans of many of these same hormones connected to sexual bonding, birth, and lactation suggests that they may also be relevant to human behavior and relationships. Available human data,⁴⁶ as well as these and other similar findings from animal studies,⁴⁷ suggest that our deep need for attachment and connectedness to others can be traced back to the brain's deepest centers of reward and gratification.

Even as children grow into adolescence, parental presence can have an impact on their biology. Several recent studies have explored the connections between adult male pheromones and the age at which adolescent girls reach sexual puberty.

Pheromones are chemical substances secreted by the body that, when inhaled through the nose by others, can help to stimulate one or more behavioral responses. Researchers have found that, for an adolescent girl, living in close proximity to her biological father tends to slow down the onset of puberty. Conversely, living with a biologically unrelated adult male — for example, a stepfather, or mother's boyfriend — seems to speed up the onset of puberty. Why? In part, the researchers suggest that exposure to an unrelated male's pheromones accelerates a girl's physical sexual development, whereas exposure to her father's pheromones has exactly the opposite effect.⁴⁸

3. The old “nature versus nurture” debate — focusing on whether heredity or environment is the main determinant of human conduct — is no longer relevant to serious discussions of child well-being and youth programming.

Social contexts can alter genetic expression. That extraordinary fact is why the traditional “nature versus nurture” debate is obsolete.

A social environment can change the relationship between a specific gene and the behavior associated with that gene. Changes in social environment can thus change the transcription of our genetic material at the most basic cellular level.

This fact turns the entire “nature versus nurture” debate inside out. For it turns out that there is no “versus” in it at all. It’s futile to ask which one is dominant. Instead, new scientific findings are teaching us to marvel at how wonderfully the two interact — not like boxers, with each one trying to knock the other out, but more like dancers, with each subtle move producing a reciprocating move.⁴⁹

For parents, community leaders, and youth service providers, this is important news. It’s also sobering news. The various social environments that we create or fail to create for our children matter a great deal, for both good and ill. They matter not only because of all the soft reasons with which we are familiar, such as the desire to “help” a child or be a “good influence” on a child, but also because of the hardest facts now flowing from our microscopes and laboratories. These hard facts tell us that the environments we create influence our children’s genetic expression.

To see more clearly how this phenomenon works, let’s first turn to some research with monkeys. Stephen Suomi of the National Institute of Child Health and Human Development has done extensive research on rhesus monkeys. In particular, Suomi has studied how genes and social contexts interact to influence behavioral outcomes. Here is one of the main questions he has sought to answer. In one social context, a gene clearly seems to put an individual monkey “at risk” — that is, the gene seems to predispose that monkey toward negative outcomes. Yet in a different social context, the very same gene either appears to have no effect on behavior, or, amazingly, even the *opposite* effect on behavior. (That is, in some environments the supposedly “risky” gene actually served to *reduce* the likelihood of bad behavioral outcomes.) Why?

About 15 to 20 percent of rhesus monkeys appear to carry a heritable trait associated with anxiety. In situations that most young monkeys would experience as novel and interesting, these anxious monkeys typically withdraw and become quite timid and nervous. To an outside human observer, they clearly resemble a human child lingering on the edge of the playground, fretfully looking down, afraid to join the other children.

Good parenting can be passed on to future generations at the cellular level.

Compared to other monkeys in similar situations of potential stress, these anxious monkeys generate significantly more “stress hormones,” such as cortisol. Also, when given unlimited access to a sweetened alcohol solution, these anxious monkeys participate much more readily and heavily in this “monkey happy hour” than do their less-stressed-out peers — an alcohol consumption pattern closely resembling what many alcohol counselors and medical professionals among us humans would call “self medication,” in which anxious or depressed patients seek to relieve their suffering by abusing alcohol.

Yet when members of this same minority of supposedly genetically “at risk” infant monkeys are cross-fostered at birth, and placed under the care of particular female rhesus monkeys that have been identified as being especially capable and nurturing — what might be called “supermom” monkeys — an extraordinary change takes place in these young rhesus monkeys. The tendency toward anxiety and timidity disappears. So does the tendency to abuse alcohol. What has happened? *An improved social environment has modulated a heritable vulnerability.*⁵⁰

Suomi has also wrestled with the genetic and social influences on aggression and impulsivity. In some rhesus monkeys, a variation in one of the genes associated with the neurotransmitter serotonin seems to predispose the monkeys not toward anxiety, but instead toward aggression and poor impulse control. These aggressive monkeys also drink a lot of alcohol at monkey happy hour, and they are more likely than either anxious monkeys or the other monkeys to engage in “binge drinking.” Typically, these overly aggressive young monkeys are not well-liked or accepted by the other monkeys, for obvious reasons. As a result, they fare quite poorly in monkey society, with high rates of mortality.

Yet when these same genetically “at risk” monkeys are raised in supportive environments, the harmfully aggressive behavior disappears, as does the excessive and binge drinking. But there is more. These potentially “at risk” monkeys not only survive. They flourish. They do very well. They appear to be especially successful in making their way to or near the top of the rhesus monkey social hierarchy! What has happened? *An improved social environment has changed a heritable vulnerability into a positive behavioral asset.*

Recall again the old “nature versus nurture” paradigm. According to that framework, what is going on with these aggression-prone rhesus monkeys? Are they genetically vulnerable or environmentally vulnerable? Is it nature or nurture? The answer, we now know, is *both and neither.*

Whether a particular gene or combination of genes ends up helping or hurting these monkeys *depends largely on the social context!*⁵¹

Among humans, research to date points to a similar phenomenon. Human gene expression, as well as brain growth and structure at the neuronal level, can apparently be altered as a function of experience.⁵²

For example, the same physiological trait — such as cardiovascular reactivity, measured by an unusual spike in blood pressure in response to stress — can be linked to either positive or negative behavioral outcomes, *depending on social context*. As the researcher W.T. Boyce puts it: “both extreme vulnerability and uncommon resilience can be found in the same highly reactive children depending on the basic stressfulness or supportiveness of the surrounding social context.”⁵³

In the last decade, prompted largely by the 1994 publication of Charles Murray’s and Richard Herrnstein’s *The Bell Curve: Intelligence and Class Structure in American Life*, there has been much public discussion of the meaning and role of general intelligence, as measured by IQ tests, in U.S. society. Some of this discussion has been based on the premise, which is present in *The Bell Curve*, that the genetic, or heritable, component of IQ is quite high. One implication of such a premise, also repeatedly suggested in *The Bell Curve*, is that social environments, including the interventions of public policy, can have little impact on intelligence and are therefore largely futile.⁵⁴

*Whether particular genes
help or hurt depends
largely on social context.*

However, the more recent research findings summarized in this report — as well as some specific scholarly analyses of *The Bell Curve*⁵⁵ — support a quite different presumption. Social environments matter. They can impact us at the cellular level to reduce genetically based risks and even help to transform such risks into behavioral assets. They can also help substantially to raise intelligence and measures of intelligence. The old “nature versus nurture” debate is obsolete. The two interact in complex ways that add up to good news — a reason for optimism — for those who seek to improve the social environments for U.S. children and adolescents.

4. Adolescent risk-taking and novelty-seeking are connected to changes in brain structure and function.

In recent years, considerable academic and public attention has focused on brain development during the first three years of life.⁵⁶ This focus has been important, but incomplete. For example, recent advances in neuroimaging demonstrate that the period of significant brain growth, maturation, and remodeling extends into the third decade of human life.⁵⁷

In particular, recent research is producing important insights into adolescent brain development. More importantly, today’s increases in mental health and emotional problems among U.S. young people suggest that we as a society should do more to recognize adolescence as an especially critical period of life.

Adolescence is partly a social and cultural construction. At the same time, there is also something nearly universal about it: Adolescence emerges as a key period of change and

transition in the life cycle of many mammalian species and in most known human societies.⁵⁸

In general, the journey away from the protection of the family, and toward the wider social world, is a time of peril. Characterized by increased risk-taking and peer affiliation in many species, this period of transition also often sees high rates of certain forms of adolescent mortality. For example, homicides, suicides, and accidents account for about 85 percent of all deaths among early to late U.S. adolescents.⁵⁹

Why are teenagers the way they are? There are many valid answers to this question, but here is one of the best: Current research suggests that *alterations in brain structure and function* may best account for some of the most distinctive behavioral and psychological changes that typically accompany adolescence.

Specifically, recent neuroscientific evidence demonstrates that considerable maturational changes are seen through adolescence in the prefrontal cortex and related brain regions — regions of the brain that are critical for cognitive functions such as judgment and insight.⁶⁰

Some of these brain transformations are quite dramatic. Adolescents can experience a decline of nearly 50 percent of the connections to some regions of the brain.

Consider an example. It appears that alterations in levels of activity of the neurotransmitter dopamine in parts of the adolescent brain can produce in these young people, in comparison to adults, a relative “reward deficiency.”⁶¹ Translation: For the adolescent, *any* pleasurable stimulus, from music to drugs, may need to be especially powerful and intense in order to pass the adolescent brain’s recently altered (“reward deficient”) threshold of interest, pleasure, or excitement. Thus many teens’ quest for adventure, novelty, and risk may simply reflect their efforts to feel good.

Teenagers may also suffer the *consequences* of risk-taking more intensely than do adults. For example, young people who abuse alcohol and drugs may be biologically primed to suffer more harm than adults who do the same thing. Why? Here’s a clue: “[T]he brain of the adolescent differs considerably from the adult in a number of neural systems prominent in the action of these drugs.”⁶²

In general, adolescents do not appear inherently to suffer from higher rates of mental illness than do adults. But they *do* seem to suffer disproportionately from, well, moodiness and unhappiness. For example, one study finds that between childhood and early adolescence — from about the 5th to the 7th grade — the proportion of young people who say that they feel “very happy” drops by about 50 percent.⁶³ The developmental psychobiologist Linda Spear suggests that this (relatively mild and transient) anhedonia may be directly linked to changes in the dopamine function of the adolescent brain.

In short, scientific research is increasingly demonstrating that adolescence is a biological as well as a social phenomenon. The teenage propensity for risk-taking, novelty-seeking, excitement, and peer affiliation is partly biologically based. This conclusion highlights the importance of the social environments that we create, or fail to create, for our adolescents. As stressed throughout this report, the interplay between environment and biology is profound, and its consequences run deep. *Social context can alter genetic expression and impact neurocircuitry itself.*

We as a society are doing a remarkably poor job of addressing our adolescents' partly hardwired needs for risk, novelty, excitement, and peer affiliation. Wishing that teenagers were different won't make them so. Treating immaturity as pathology will cure very little. Pressuring young people to focus on other priorities will only go so far. Worst of all, leaving them largely to their own devices, with one another as their main sources of wisdom regarding how to take risks and pursue novelty, has shortcomings which those of us in the mental health field see every day.

*Why are teenagers the way they are? A clue:
• Their brains are different.*

Meeting the challenge of this special period of life requires a society-wide mobilization of a particular kind — one that understands and embraces, rather than denies or walks away from, what is distinctive about adolescence, and one that carefully guides the adolescent need for risk, novelty, excitement, and peer approval toward authentic fulfillment, leading toward maturity.

5. Assigning meaning to gender in childhood and adolescence is a human universal that deeply influences well-being.

In recent years, dozens of studies of the behavior of young children show that boys and girls differ significantly in a number of areas, including who they want to play with, the toys they prefer, fantasy play, rough-and-tumble play, activity level, and aggression.⁶⁴

Some portion of these differences is likely attributable to (just as the differences are also reinforced by) environmental factors, including boys and girls being treated differently by parents and other caregivers. But a number of basic differences in gender role behavior are also biologically primed and even established prenatally. In particular, male and female brains appear to develop differently in utero, each responding to gonadal hormones released by the ovaries (in females) and the testes (in males). During this period of fetal development, for example, the male brain appears to develop in ways that heightens its sensitivity to testosterone, which in turn is linked (among humans and in a diversity of other animal species) to aggression.⁶⁵

At the same time, as we have stressed often in this report, *social contexts can affect biological systems.*⁶⁶ In the area of gender identity, when the young child (typically at about

18-24 months of age) begins to show a deep need to understand and make sense of her or his sexual embodiment, the child's relationships with mother and father become centrally important. For the child searching for the meaning of his embodiment, both the same-sex-as-me parent and the opposite-sex-from-me parent play vital roles. So the process of early gender identity is not only physiological, but also familial and psychosocial.⁶⁷ The resulting gender identity continues to develop and is deeply influential throughout the life cycle.

Moreover, puberty and adolescence — a time of rapid physical, sexual and reproductive maturing, guided in part by increases in estrogenic hormones in females and in testosterone in males⁶⁸ — is a time in which human communities across time and cultures typically mobilize themselves quite purposively to define and enforce the social meaning of sexual embodiment and thereby seek to guide burgeoning adolescent strength, energy, aggression, and sexuality in pro-social directions. These mobilizations are commonly expressed through sex-specific rituals, tests, and rites of passage.

For young women, many world rituals suggest that with menarche comes heightened introspective powers, greater spiritual access, and an enriched inner life.⁶⁹ For boys, such rituals tend to involve tests of endurance, stamina, bravery, and physical capacity.⁷⁰

For these and other reasons, *the need to attach social significance and meaning to gender appears to be a human universal.*

In much of today's social science writing, and also more generally within elite culture, gender tends to be viewed primarily as a set of traits and as a tendency to engage in certain roles. Yet the current weight of evidence suggests that this understanding, while accurate, is seriously incomplete. Gender also runs deeper, near to the core of human identity and social meaning — in part because it is biologically primed and connected to differences in brain structure and function, and in part because it is so deeply implicated in the transition to adulthood.

In recent decades, many adults have tended to withdraw from the task of assigning pro-social meaning to gender, especially in the case of boys. For some people, actual and desired changes in sex roles, including a desire for greater androgyny, make some of our culture's traditional gender formulations appear anachronistic and even potentially harmful. We recognize the important issues at stake here.

But neglecting the gendered needs of adolescents can be dangerous. Boys and girls differ with respect to risk factors for social pathology. For example, adolescent girls' capacity for pregnancy places them at special risk for lower educational achievement and future poverty related to teenage childbearing. Boys' aggressive tendencies put them at increased risk for being perpetrators and victims of homicide, suicide, or injuries. Similarly, what works best in efforts at prevention and intervention often vary significantly according to gender.⁷¹

We recognize the perils of oversimplifying or exaggerating gender differences. But as the medical world has discovered, the risk of not attending to real differences that exist between males and females can have dangerous consequences.

Ignoring or denying this challenge will not make it go away. Indeed, when adults choose largely to neglect the critical task of sexually enculturating the young, they are left essentially on their own — perhaps with some help from Hollywood and Madison Avenue — to discover the social meaning of their sexuality. The resulting, largely adolescent-created rituals of transition are far less likely to be pro-social in their meaning and outcomes.

Young people have an inherent need to experience the advent of fertility, physical prowess, and sexual maturing within an affirming system of meaning.

Neglecting the gendered needs of adolescents can be dangerous.

6. The beginning of morality is the biologically primed moralization of attachment.

Recall a point stressed earlier in this report: The human infant, as the anthropologist Sarah Blaffer Hrdy puts it, is “born to attach.”⁷² Now we want to relate that finding to the issue of morality. Why? Because for the child, this born-to-attachness is the essential foundation for the emergence of conscience and of moral meaning.

In this sense, if the fundamental idea of morality is love of neighbor, we can therefore say, speaking scientifically as well as poetically, that the human child is talked into talking and loved into loving.⁷³

In her empirical study of the development of conscience, Barbara Stilwell of the Indiana University School of Medicine describes the child’s quest for parental approval as the foundation for the emergence of conscience: “Moralization is a process whereby a value-driven sense of oughtness emerges within specific human behavioral systems, namely the systems governing attachment, emotional regulation, cognitive processing, and volition.”

Moreover, this “moralization of attachment” is partly hardwired: “Biological substrates prepare us to moralize experience under the tutelage of available morally tuned support systems.” The process begins as early as infancy:

Very early in development, infant attachment and parent bonding interact to form a security-empathy-oughtness representation within a child’s mind. Physiological feelings associated with security and insecurity combine with intuitively perceived, emotionally-toned messages that certain behaviors are parent pleasing or non-pleasing; prohibited, permitted, or encouraged; while other behaviors gain no attention at all. A

*bedrock value for human connectedness guides the child's readiness to behave in response to parent wishes and attentiveness.*⁷⁴

What happens when this “bedrock value for human connectedness” is ignored or denied? Evaluating seven decades of attachment research, Robert Karen writes:

*[A]ll of the [early] researchers, though unaware of one another's work, had unanimously found the same symptoms in children who'd been deprived of their mothers — the superficial relationships, the poverty of feeling for others, the inaccessibility, the lack of emotional response, the often pointless deceitfulness and theft, and the inability to concentrate in school.*⁷⁵

In sum, our sense of right and wrong originates largely from our biologically primed need to connect with others. In this sense, moral behavior — good actions — stem at least as much from relationships as from rules. Thwarting the child's need for close attachments to others also thwarts basic moral development, the social consequences of which can be stark and tragic.

This finding also suggests that our moral sense is an integral part of our personhood. An important implication is that the moral needs of children are not merely personal and private. They are also social and shared. They are needs that, in a good society, will command the attention and resources of the community as a whole.

Conversely, ignoring the moral needs of children can be a form of child neglect.

7. The ongoing development of morality in later childhood and adolescence involves the human capacity to idealize both individuals and ideas.

The moralization of attachment that begins with the infant-parent bond later extends outward, to the larger community, as growing cognitive capacity and widening networks of relationships lead young people to identify new and additional sources of moral meaning. For the developing child and adolescent, then, forming a moral identity is an on-going and increasingly complex process. In a society that cares about moral conduct, it cannot be left on autopilot.

What may be particularly important in this process is what the psychiatrically trained anthropologist David Gutmann calls “the human capacity for awe, worship, and idealization.” Summarizing cross-national research on the development of adolescent moral and social identity, Gutmann describes how the adolescent in human societies “discovers the ideal self outside of the self,” typically by recognizing “an equivalence between his own, usually inchoate, origin myth and the founding legacy of some worthy group, vocation, profession, religion, or nation.”⁷⁶ Acquiring a mature moral identity, he writes, is largely

based on a profound redirection of the idealizing tendency, from being introversive and reflexive (that is, fixed on the self) to being focused on some worthy version of otherness. We can say that adulthood has been achieved when narcissism is transmuted, and thereby detoxified, into strong, lasting idealizations and into healthy narcissism ... Instead of himself, the true adult venerates ideal versions of his community, his vocation and his family.⁷⁷

This process can happen in a good or bad way, but either way, it happens. Several years ago in a television commercial for Nike, Charles Barkley, the basketball star, famously declared, "I am not a role model." He was wrong. Because of the "idealizations" to which we humans are perhaps distinctively prone, we clearly tend to imitate — in moral terms, we tend to become — those whom we admire, whether those persons wish it or not. Accordingly, the challenge for civil society is to expose young people to morally admirable persons. As Barbara Stilwell puts it:

*Charles Barkley said,
"I am not a role model."
He was wrong.*

What really holds potential for making a moral impact on a mid-adolescent is a powerful connection with individual adults whom he can admire or idealize. It is that individual teacher, coach, counselor, religious youth worker, Big Brother, neighbor, stepparent, grandparent, police officer, or other individuals in the community who can inspire him to make moral sense of the social confusion of his surroundings.⁷⁸

We can put this another way. In the sometimes dense language of the social sciences, "moral" often appears as "pro-social," and what promotes pro-social conduct is described as "protective." Fair enough. So listen to Michael Resnick of the University of Minnesota:

Numerous researchers have demonstrated the protective impact of extra-familial adult relationships for young people, including other adult relatives, friends' parents, teachers, or adults in health and social service settings, among others. This sense of connectedness to adults is salient as a protective factor against an array of health-jeopardizing behaviors of adolescents and has protective effects for both girls and boys across various ethnic, racial and social class groups.⁷⁹

8. Primary nurturing relationships influence early spiritual development — call it the spiritualization of attachment — and spiritual development can influence us biologically in the same ways that primary nurturing relationships do.

The famous Swiss psychologist Jean Piaget once observed that "the child spontaneously attributes to his parents the perfections and abilities which he will later transfer to God if his religious education gives him the possibility."⁸⁰

At least regarding monotheistic religion, ample research now suggests that children's conceptions of God — who God is and how God acts — initially stem partly from the child's actual day-to-day experiences with the parents, and partly from the child's magnified, idealized conceptions of who the parents are.⁸¹ The first tendency, attributing to God traits that come from experiences with parents, is an example of what might be called the *spiritualization of attachment*. The latter tendency, attributing to God those larger-than-life traits that the child had first attributed to one or both of the parents, is an example of the drive to idealize. In addition, many religious traditions reinforce these related phenomena when they teach children that God is like a father or mother.

Children often associate both maternal and paternal qualities with God, and their early positive or negative experiences with their parents can predispose or hinder their development of religious faith later in life. In some cases, the image of God is more strongly influenced by the child's experience with the parent of the opposite sex, or with the preferred parent.⁸²

At the same time, some religions and spiritual traditions are non-theistic, and not all conceptions of God are personal. Some children may describe God as being "like the sun," or "like a cool breeze." In these cases as well, many of the descriptions of God, and the qualities that children are likely to associate with the divine, relate to trust and a sense of security and peace — descriptions and attributes that are quite similar to those associated with the experience of healthy parental nurture.

As the child matures in religious faith, her or his images of God become more complex and developed, fed by a diversity of ideas and experiences other than those linked to parents. For this reason, among others, religious and spiritual commitments can never be crudely reduced to mere surrogates for early parental attachments.⁸³ At the same time, the child's earliest experiences of parental attachment and idealization, and the happiness or disappointment that comes with them, can lay an important foundation for the beginnings of religious comprehension and may set a course in spiritual and religious development that will influence the rest of the child's life.

But there's more. We have seen that, along with the drive to idealize, attachment helps to shape early religious experience. But influence also goes in the other direction. Religious experience also appears at times to do some of what attachment does. For example, in her work with HIV-infected men and women, Gail Ironson of the University of Miami discovered that, among these patients, spirituality is positively associated with long-term survival. The benefits of spirituality and religiosity associated with increased survival included lower levels of stress hormones (cortisol), more optimism, and commitment to helping others.⁸⁴

Thus we discover an amazing fact. The physiological and emotional resilience that Ironson finds associated with spirituality is *the same kind of* resilience that, as the report has shown, is associated with effective early parental nurture.⁸⁵ In short, the two kinds of connectedness analyzed in this report — connection to others and connection to the transcendent — seem

to influence the same biological systems in quite similar ways. This phenomenon may help explain why some people find, in their religious faith and spiritual practice, some of the very sources of security and well-being that were not available to them from their parents.

9. Religiosity and spirituality significantly influence well-being.

Paul C. Vitz of New York University puts it this way: “Emerging in contemporary psychology is a general belief that the good life involves a significant spiritual component.”⁸⁶ Regarding our children, what are the implications of this general belief? Religion is a truth claim, not a therapy, or a youth policy, or a way to network more effectively or improve one’s health. Going to a house of worship or embracing a religious creed because “it’s good for you” may make practical sense for some,⁸⁷ but ultimately such a strategy assumes that some of the possible consequences of the thing are the same as the thing itself. They are not.

Connection to others and connection to the transcendent influence our biological systems in similar ways.

At the same time, one way of assessing a phenomenon is to examine some of its consequences. And when the phenomenon itself tends to center on “things unseen”⁸⁸ and the most vexing and enduring philosophical problems known to human beings, a strategy of selectively isolating a few of the more likely by-products, while obviously insufficient, may at least be one valid way to approach the subject. For this reason, we as a commission report that seeking connectedness to the transcendent through religious and spiritual belief and practice appears frequently to yield psychological benefits and reduce the risk of certain pathologies.⁸⁹ This generalization is as true for children as for adults.

By almost any measure, U.S. young people are quite religious.⁹⁰ About 96 percent of U.S. teenagers say that they believe in God.⁹¹ More than 40 percent report that they pray frequently. About 36 percent are members of a church or religious youth group.⁹² Notwithstanding these robust social facts, however, Byron Johnson of the University of Pennsylvania reports that, to date, the influence of religion on U.S. young people has been “grossly understudied.”⁹³ At the same time, existing research is highly suggestive. For adults, religious faith and practice appear to have a sizable and consistent relationship with improved health and longevity, including less hypertension and depression, a lower risk of suicide, less criminal activity, and less use and abuse of drugs and alcohol.⁹⁴

Religious practice also correlates to higher levels of reported personal happiness, higher levels of hope and optimism, and a stronger sense that one’s life has purpose and meaning. Part — but almost certainly not all — of the explanation for these findings is that people who are religiously active appear to benefit from larger social networks and more social contacts and support. Byron Johnson stresses: “The beneficial relationship between religion and health behaviors and outcomes is not simply a function of religion’s constraining function, or what it discourages — opposition to drug use, suicide, or delinquent

behavior, but also through what it encourages — promoting behaviors that can enhance hope, well-being, or educational attainment.”⁹⁵

For adolescents, religiosity is significantly associated with a reduced likelihood of both unintentional and intentional injury (both of which are leading causes of death for teenagers).⁹⁶ Compared to their, less religious peers, religious teenagers are safer drivers and are more likely to wear seatbelts. They are less likely to become either juvenile delinquents or adult criminals.⁹⁷ They are less prone to substance abuse.⁹⁸ In general, these young people are less likely to endorse engaging in high-risk conduct or to endorse the idea of enjoying danger.⁹⁹

Looking at the other side of the developmental coin, religiously committed teenagers are more likely to volunteer in the community. They are more likely to participate in sports and in student government.¹⁰⁰ More generally, these young people appear to have higher self-esteem and more positive attitudes about life.¹⁰¹ Much of this research is based on large national studies.¹⁰² While these and similar findings demonstrate clear correlations between religiosity and good outcomes for young people, they do not prove a causal connection.¹⁰³ (Definitive proof regarding causation is all but impossible in social science research.) Yet there are good reasons to suspect that causal factors may be involved.

First, religious involvement appears to increase social connectedness. It also commonly exposes young people to messages about good behavior and connects them to other young people who are presumably sympathetic to those messages.

Second, positive religious coping mechanisms — including a framework of meaning as well as specific religious practices, such as the cultivation of gratitude¹⁰⁴ — may help children and others deal with stressful situations and orient them towards specific goals.¹⁰⁵

Third, it can be helpful to compare the influences of what the sociologist James Coleman calls *purposive* institutions, such as corporations, state welfare agencies, or even clubs or athletic leagues, to the influences of *primordial* institutions, such as religious groups and (even more primordial) the family. One major distinction is that primordial institutions are more likely to treat children as *ends in themselves* rather than largely as means to one or more particular ends, such as buying a product or winning a game. For example, because religious institutions are inherently oriented to passing on a body of belief and practice from one generation to the next, they tend to demonstrate what Coleman calls “an intrinsic interest” in “the kind of person the child is and will become.”¹⁰⁶ Consequently, religious institutions are more likely than many others to offer a shared vision of the good life, communal support for good behavior, a long-term rather than short-term outlook, and thick networks of relationships that are multi-generational rather than uni-generational.

Fourth, some research indicates correlations between religiosity and several aspects of good parenting, including expressions of affection, monitoring, effectively establishing dis-

cipline, and parental involvement in children's schools. One recent study finds that these correlations are stronger for poor and working class families than they are for middle and upper class families.¹⁰⁷ The domains of religiosity, parenting style, and child outcomes appear to affect one another in complex ways. For example, one study focusing on adolescent alcohol abuse points to the value of those families that provide "an important social context for the development of adolescent religiosity," partly due to the fact that "religious commitment, in turn, reduces the risk for alcohol use among teens."¹⁰⁸ In general, according to W. Bradford Wilcox of the University of Virginia, religious commitment on the part of parents appears to be associated with "significantly higher investments in parenting and better parenting environments."¹⁰⁹

Research shows clear correlations between religiosity and good outcomes for young people.

Finally, for adolescents, one religious quality that appears to be especially beneficial, in terms of the range of mental health and lifestyle consequences that we are describing, is what some scholars call personal devotion, or the young person's sense of participating in a "direct personal relationship with the Divine."¹¹⁰ Personal devotion among adolescents is associated with reduced risk-taking behavior. It is also associated with more effectively resolving feelings of loneliness,¹¹¹ greater regard for the self and for others,¹¹² and a stronger sense that life has meaning and purpose.¹¹³

These protective effects of personal devotion are *twice as great for adolescents as they are for adults*.¹¹⁴ This particular finding clearly reinforces the idea, found in many cross-national studies, of adolescence as a time of particularly intense searching for, and openness to, the transcendent.¹¹⁵ For this reason, we believe that our society as a whole, and youth advocates and youth service professionals in particular, should pay greater attention to this aspect of youth development. This task will not be easy. Because we are a philosophically diverse and religiously plural society, many of our youth-serving programs and social environments for young people will need to find ways respectfully to reflect that diversity and pluralism.

But that is a challenge to be embraced, not avoided. Denying or ignoring the spiritual needs of adolescents may end up creating a void in their lives that either devolves into depression or is filled by other forms of questing and challenge, such as drinking, unbridled consumerism, petty crime, sexual precocity, or flirtations with violence. Here is how Lisa Miller of Columbia University puts it: "A search for spiritual relationship with the Creator may be an inherent developmental process in adolescence."¹¹⁶

10. The human brain appears to be organized to ask ultimate questions and seek ultimate answers.

Human beings have a basic tendency to question in order to know. Why am I here? What is the purpose of my life? How should I live? What will happen when I die? Exploring

these questions of ultimate concern, and making choices and judgments about what we value and love, are characteristic human activities. They reflect the deep human drive to order and draw meaning from experience and are part of what distinguishes us as a species.¹¹⁷

Calling these activities “religious” partly misses the point, since they are more an aspect of personhood than a result of institutionalized religion. Better, perhaps, simply to call them human. At the same time, across time and cultures, this distinctively human pursuit has been closely connected to spiritual seeking and experience and to religious belief, ritual, and practice.

Recent advances in neurobiology also suggest that these spiritual and religious experiences stem partly from processes and structures that are deeply embedded in the human brain.

For example, the neuroscientists Eugene d’Aquili and Andrew B. Newberg have used brain imaging to study individuals involved in spiritual practices such as contemplative prayer and meditation. During such states, they have found an increase in activity in a number of frontal brain regions, including the prefrontal cortex.¹¹⁸ They report that these

... experiences are based in observable functions of the brain. The neurological roots of these experiences would render them as convincingly real as any other of the brain’s perceptions. In this sense ... they are reporting genuine, neurobiological events.¹¹⁹

This research suggests that the human need to know what is true about life’s purpose and ultimate ends is connected to brain functions underlying many spiritual and religious experiences. These findings are one reason why these researchers suggest that human beings appear to have “no choice but to construct myths to explain their world.”¹²⁰

These findings may also help to explain why modern psychiatry in recent years has appropriated some spiritual practices, such as mindfulness, in an effort to alleviate patients’ suffering and enhance their functioning.¹²¹

Studies also reveal that children whose parents have low levels of religiosity report levels of personal religiosity quite similar to those of other children — additional evidence to support the thesis that the need in young people to connect to ultimate meaning and to the transcendent is not merely the result of social conditioning, but is instead an intrinsic aspect of the human experience.¹²²

Even the intensified search for meaning commonly seen during adolescence may be in part biologically determined, given that the brain regions that are activated during religious experiences, such as the prefrontal cortex, are also among the regions undergoing considerable developmental change during adolescence.

Spiritual questioning is biologically high during adolescence

Authoritative Communities

RECALL THE TWIN dimensions of the crisis of American childhood:

First, disturbingly high and apparently rising rates of depression, anxiety, attention deficit, conduct disorders, thoughts of suicide, and other forms of mental and emotional stress among U.S. children and adolescents.

Second, influential intellectual models of individual risk-assessment and treatment which, while valuable, seldom encourage us, and often prevent us, from recognizing the broad environmental conditions that are contributing to growing numbers of suffering children.

*Drawing meaning from
experience is part of what
makes us human.*

In search of solutions, we have considered the weight of scholarly evidence in our respective fields. As part of our literature review, we have also paid special attention to recent research findings from the field of neuroscience and in the behavioral sciences. We are impressed by mounting scientific evidence suggesting that, in two basic ways, the human child is hardwired to connect.

First, we are hardwired to connect to other people.

Second, we are hardwired to connect to moral meaning and to the possibility of the transcendent.

Meeting these basic needs for connectedness is essential to health and to human flourishing.

These data, and our reflections on them, lead us in turn to a fundamental conclusion and recommendation: We believe that building and strengthening authoritative communities is likely to be our society's best strategy for ameliorating the current crisis of childhood and improving the lives of U.S. children and adolescents.

Here's the core proposition:

Authoritative communities are groups that live out the types of connectedness that our children increasingly lack.

Here's the core rationale:

If children are hardwired to connect, and if the current ecology of childhood is leading to a weakening of connectedness and therefore to growing numbers of suffering children, building and renewing authoritative communities is arguably the greatest imperative that we face as a society.

The Ten Main Characteristics

Here's the definition: As an ideal type,¹²³ an authoritative community (or authoritative social institution) has ten main characteristics:

1. It is a social institution that includes children and youth.
2. It treats children as ends in themselves.
3. It is warm and nurturing.
4. It establishes clear limits and expectations.
5. The core of its work is performed largely by non-specialists.
6. It is multi-generational.
7. It has a long-term focus.
8. It reflects and transmits a shared understanding of what it means to be a good person.
9. It encourages spiritual and religious development.
10. It is philosophically oriented to the equal dignity of all persons and to the principle of love of neighbor.

This definition owes much to the work of others. It is largely consistent with a number of previous attempts to think environmentally and institutionally about problems facing U.S. children and youth. Several decades ago Diana Baumrind coined the term "authoritative parenting," distinguishing it as superior to permissive, authoritarian, and neglectful parenting.¹²⁴ Since then, numerous studies have shown that authoritative parenting — warm and involved, but also firm in establishing guidelines, limits, and expectations — tends to correlate with the best psychological and behavioral outcomes for children.¹²⁵ Indeed, for this reason, one of the chief missions of what we are calling authoritative communities is to help parents be authoritative parents.

James P. Comer of Yale University, in his work with the New Haven public schools, has done much to show how schools can improve children's education, and their lives, by becoming authoritative communities.¹²⁶ Martin Seligman and the positive psychology movement have attempted to identify those individual, family, and communal characteristics that promote psychological heartiness, resilience, and character strengths.¹²⁷

The Search Institute of Minneapolis has proposed 40 “assets” that contribute to optimal child and youth development. These include external or community assets, such as “family support” and the availability of “youth programs,” as well as internal or characterological assets, such as high “achievement motivation” and a “sense of purpose” in life.¹²⁸

In recent years, scholars such as Robert N. Bellah,¹²⁹ Peter L. Berger,¹³⁰ Don Eberly,¹³¹ Amitai Etzioni,¹³² Francis Fukuyama,¹³³ Robert D. Putnam,¹³⁴ and others¹³⁵ have helped to launch an important national discussion of the importance of “mediating structures” and “civil society” in addressing both youth problems and overall societal vitality.

We are grateful for, and depend on, these and other contributions. The primary value of “authoritative community” as an analytic and diagnostic tool is that it seeks to spell out those basic group traits or qualities that, *across a wide diversity of social institutions*, appear to be most likely to improve probabilities for U.S. children and youth.

What exactly do authoritative communities look like? How does being in one feel? Looking from the outside, how can we tell more precisely whether a particular group is or is not one? Let’s go through the ten major characteristics, examining each one in a bit more detail.

Why “Authoritative”?

OUR CHOICE OF the word “authoritative” comes after considerable reflection, especially since we are concerned that readers of this report, and members of the public who may hear about it, might confuse “authoritative” with “authoritarian,” a word which is commonly associated with a largely coercive (“command and control”) approach to raising children and relating to others. We are eager to avoid that confusion. But we believe that the word authoritative is worth reclaiming and using.

First, the word refers to a strong body of scholarly evidence demonstrating the value of that particular combination of warmth and structure in which children in a democratic society appear most likely to thrive. Second, the word comes from the Latin *auctor*, which can mean “one who creates.” We like that. Authoritative communities don’t just happen. They are created and sustained by dedicated individuals with a shared vision of a building good life for the next generation.

1. It is a social institution that includes children and youth.

Whatever their other virtues, neither the U.S. Army nor the American Association of Retired Persons meet this criterion. Families with children, including extended families, do. So do all civic, educational, recreational, community service, business, cultural, and religious groups that serve or include persons under age 18. There are a lot of them. They come in all shapes and sizes. The diversity is astonishing. One of them that almost everyone has heard of is the YMCA — the organization that is helping to sponsor this report.

Even relatively informal institutions can meet the standard. The weekly Father-Daughter Saturday morning Pancake Breakfast at the downtown Kiwanis Club, and the without-an-office, volunteer-run “Mommy and Me” group that involves ten neighborhood families and gets together when it can, would be two examples.

2. It treats children as ends in themselves.

The rule is not that children can never be treated instrumentally, as a means to an end, such as winning a trophy at the debate tournament, or the basketball championship, or having the largest school band in the district, or selling lots of cookies. The rule is that children can never be treated merely as means to an end and that they must always, at the same time, be treated as ends in themselves. Authoritative communities, according to this criterion, relate to the whole person of the child and care about the child for his or her own sake.

3. It is warm and nurturing.

Rules matter, but so do close relationships. The central importance for the child of attachment and connectedness to others is a central theme of this report.¹³⁶ To frame the issue negatively, a style that combines firm rules for the child with cold, distant relationships with adult caregivers is not authoritative. It is authoritarian, and its consequences for children are usually less than optimal.¹³⁷ To frame the issue positively, children typically learn to be what they admire, and having warm, nurturing relationships with admirable adults is arguably the single finest way to help children learn.

4. It establishes clear limits and expectations.

Close relationships matter, but so do clear rules and expectations. Children need adults to set clear standards and a positive vision of the goals they are to achieve and the people they are to become. Again, to frame the issue negatively, a style that combines warmth and affection for the child with no, or few, or unclear, limits and boundaries — and therefore few if any clear adult expectations regarding the child’s conduct and character — is not

authoritative. It is what Diana Baumrind and others call permissive, and its consequences are also less than optimal.¹³⁸

5. The core of its work is performed largely by non-specialists.

Specialists and experts have their place. Some leaders may even have professional degrees. But in authoritative communities, the main action is largely in other hands. Accordingly, while many (though by no means all) authoritative communities pay some individuals to do work, and while many may rely at least in part on various types of professionals and various forms of expertise, the basic ethos and mode of operation of an authoritative community differ from those of fully “professionalized” and expert-led organizations. Authoritative communities are more likely to be largely defined and guided by family members, volunteers, and citizen-leaders.¹³⁹

*Authoritative communities
connect us to persons
currently living, to persons
who have died, and to
persons not yet born.*

Further, while many authoritative communities may value and seek to make use of technocratic efficiency — arguably the hallmark theme of modern professionalism — technocratic efficiency is seldom their basic purpose or style. In this regard, language is often revealing. Authoritative communities are less likely to use words such as “client” or “services,” for example, and more likely to use the words such as “neighbor,” “friend,” and “family.” They are also more likely to employ moral reasoning and offer moral judgments.

6. It is multi-generational.

An authoritative community ideally brings together people of all ages: the young, the middle-aged, and the old. A sizable body of scholarship confirms what most people sense intuitively: Children benefit enormously from being around caring people in all stages of the life cycle. They benefit in special ways from being around old people, including, of course, their grandparents.¹⁴⁰

In addition, a community that is multi-generational is significantly more likely to reflect, as a core part of its identity, the quality of *shared memory*, a key dimension of human connectedness and a vital component of civil society. Shared memory says: This is where we came from. This is what happened. This helps explain why we are who we are. We heard the stories; we tell the children; we remember.

Shared memory can help to deepen identity and define character, largely by giving the child clear access to lessons and admirable persons from the past. In this way, shared memory can deepen our connectedness not just to other persons currently living, but also to persons who have died, and also, in some respects, to persons not yet born.

7. It has a long-term focus.

Me first. Instant gratification. What have you done for me lately? These are some of the slogans of a social environment in which all connections to others, even including marriages, are increasingly viewed as contingent, non-permanent, and prospectively short-term. Perhaps the most celebrated observer of American democracy, Alexis de Tocqueville, called this set of values “individualism” and warned at length of its capacity eventually to separate the American from his ancestors, his descendants, and his contemporaries, throwing him “back forever upon himself alone” and threatening in the end “to confine him entirely within the solitude of his own heart.”¹⁴¹

An authoritative community cuts the other way. It connects us to others and to posterity in ways that extend our time horizon.¹⁴² An authoritative community cares about today and tomorrow, but it also recognizes and takes into account the immediate and distant future — often including, especially in the case of religious organizations, the perspective of eternity. An authoritative community cares about the children of its children. For this reason, authoritative communities are more likely to generate two social realities which, especially from the perspective of child well-being, are vital to human flourishing. First, enduring and frequently permanent relationships with others. And second, trust.¹⁴³

8. It reflects and transmits a shared understanding of what it means to be a good person.

The psychologist Jerome Kagan of Harvard University says: “After hunger, a human’s most important need is to know what’s virtuous.”¹⁴⁴ More than anyone or anything else, authoritative communities must and can meet that basic human need.

For this reason, an authoritative community stands for certain principles and, in its treatment of children, seeks to shape and launch a certain type of person. Put a bit more formally, an authoritative community clearly embodies a substantive conception of the good and includes effective communal support for ethical behavior.

A multi-generational Fencers’ Club displays its “Code of Honor” on its wall — members will “graciously extend themselves” to welcome newcomers and will “treat themselves, each other, and our facility with the highest degree of respect” — and requires its members to follow it. A YMCA summer camp teaches children the motto “Better Faithful Than Famous.” And the children know and appreciate what it means. A high school teaches the value of respect for others by requiring it, and teaches the meaning of charity in part by encouraging students to do charitable things. A mother tells her teenage son, “That’s not what we do in this family.” And the son knows and appreciates what she means. These are examples of authoritative communities demonstrating and teaching conceptions of what it means to be a good person and lead an ethical life.

Because of our society's philosophical and religious pluralism, and because of the remarkable complexity and variety of our civil society, these institutionally embodied conceptions of the good will be richly diverse and anything but uniform, even as there is some area of common moral ground. In a pluralistic society, there is great diversity among authoritative communities.

9. It encourages spiritual and religious development.

An authoritative community recognizes that religious and spiritual expression is a natural part of personhood.

Pretending that children's religious and spiritual needs do not exist, or arguing that it is too hard to address them in ways that respect individual conscience and pluralism, is for an authoritative community a form of denial and even self-defeat.¹⁴⁵

*Equal human dignity
is the essential universal
moral law.*

10. It is philosophically oriented to the equal dignity of all persons and to the principle of love of neighbor.

Sometimes also described as either the principle of "equal moral regard" or as the "golden rule" ethic, this credo is also evident in characteristic number two (above) and constitutes what almost all moral philosophers view as the necessary minimum foundation of any philosophical stance consistent with basic human and moral values.

The principle that one should love one's neighbor as oneself is found in many religions.¹⁴⁶ For believers, the call to neighbor-love commonly flows from the belief that all persons are created in the image of God. But the "golden rule" ethic is not restricted to religion, nor does it require or presuppose religious reasoning for its validity. In the late 18th century, the German philosopher Immanuel Kant, in the second formulation of his so-called "categorical imperative," famously insisted that "all rational beings stand under the law that each of them should treat himself and all others never merely as means but always at the same time as an end in himself."¹⁴⁷

Today, that basic principle, which can also be summarized as the principle of equal human dignity, is the starting point for almost all liberal moral thought. It has become the essential universal moral law. In our own country, the signers of the U.S. Declaration of Independence in 1776 affirmed as a "self-evident" truth — made clear by both "Nature and Nature's God" — the idea that all persons possess equal dignity ("all men are created equal"). In 1863, President Abraham Lincoln echoed the Declaration in his Gettysburg Address when he insisted that, at its core, the United States is "dedicated to the proposition" of equal human dignity. Internationally, the United Nations Universal Declaration of

Human Rights of 1948 states in Article 1 that "All human beings are born free and equal in dignity and rights."

Including this philosophical orientation as a basic trait of authoritative communities is important because, as many analysts of civil society point out, there are examples of immoral, and therefore harmful, civil society. (An example would be the Klu Klux Klan.) Therefore, any formal institutional definition, or ideal type, must necessarily address the issue of morality.

At the same time, it is important to stress that the call to neighbor-love and the principle of equal human dignity constitute a floor, not a ceiling. They are necessary philosophical starting points, but they are only starting points. Many — probably most — real-life authoritative communities will clearly embody and seek to pass on to children numerous other moral norms and specific spiritual and religious values that richly add to, without negating, the foundational moral principle.

What Happens When Authoritative Communities Get Weaker?

In recent years, social institutions reflecting these ten characteristics appear to have gotten significantly weaker in the United States.

For starters, consider the family, arguably the first and most basic association of civil society, and a centrally important example of what should be an authoritative community. The family is usually the source of the most enduring and formative relationships in a child's life. As 24 civil society scholars and leaders put it in 1998: "As an institution, the family's distinguishing trait is its powerful combination of love, discipline, and permanence. Accordingly, families can teach standards of personal conduct that cannot be enforced by law, but which are indispensable traits for democratic civil society."¹⁴⁸ These traits include honesty, trust, loyalty, cooperation, self-restraint, civility, compassion, personal responsibility, and respect for others.¹⁴⁹

Over the course of three decades, from the mid 1960s through at least the mid 1990s, U.S. families overall got steadily weaker. For example, during these years, U.S. adults became significantly less likely to get and be married.¹⁵⁰ Marriage is important in part because it is one of society's principle ways of supporting and sustaining the consistent, enduring, nurturing relationships that children require of parents and kin.¹⁵¹

Structurally, very high rates of divorce¹⁵² and increasing rates of unwed childbearing¹⁵³ have led in recent decades to a significant disintegration of the two-parent family. One result of this trend is that, virtually with each passing year, a smaller and smaller proportion of U.S. children are living with their own biological, married parents.¹⁵⁴ One particularly harmful aspect of this trend is the widespread absence of fathers in children's lives.¹⁵⁵ Another relat-

ed aspect is the effective disconnection in our society of so many adult males from what the famous psychiatrist Erik Erikson called generativity, or the concern for establishing and guiding the next generation.¹⁵⁶

Finally, this particular community's loss of authority has been not only structural, but also broadly cultural. As a social value, familism has lost much ground in recent decades to other and in some cases competing values, such as individualism and consumerism.

Since about 1995, a number of these family-weakening demographic trends appear to have either slowed down considerably or come to a halt. Some evidence suggests the proportion of U.S. children living in homes headed by married couples (now about 73 percent), may even have increased slightly since the late 1990s. Similarly, the number of US children residing with two biological parents may also have increased in recent years.¹⁵⁷ Among African Americans, for example, there has been a clear increase since 1995 in the proportion of children living in two-parent, married-couple homes.¹⁵⁸ Some recent research also suggests that U.S. rates of divorce are modestly decreasing¹⁵⁹ and that levels of reported marital happiness, which declined steadily from the early 1970s through the early 1990s, have stabilized and may be slightly increasing.¹⁶⁰

Is the trend toward family fragmentation being replaced by a trend toward reintegration?

This is good news. But these recent changes, while suggestive, are not large or definitive, and it remains to be seen whether the decades-old trend toward family fragmentation in the U.S. is about to be replaced by a trend toward reintegration. Much of the answer, of course, will depend on what U.S. leaders and citizens in the near future choose to value and decide to do.

For children, the family is the first and probably most important authoritative community. But what are the trends regarding the vitality of the many other relationships-rich, values-shaping institutions of U.S. civil society?¹⁶¹ There has been much recent scholarly research in this area, much of it prompted by and centered around Robert D. Putnam's now famous 1995 essay, "Bowling Alone," and his book, *Bowling Alone: The Collapse and Revival of American Community*, published in 2000.¹⁶²

Putnam presents evidence suggesting that the great majority of U.S. social institutions focusing on what he terms civic engagement — political clubs and parties, civic and community groups based on face-to-face relationships and activities, houses of worship and other religious organizations, unions and other workplace associations, philanthropic organizations, and a vast array of informal social networks and institutions, from card-playing groups to family meals — have declined significantly in recent decades. In the late 1990s, Putnam's thesis was widely debated by scholars. This scholarly attention has been fruitful and has led to some valuable findings and important qualifications.¹⁶³ But today there is also a rough scholarly consensus: Putnam was right. Those U.S. social institutions

that most directly build and sustain our connectedness to one another and to shared meaning have deteriorated significantly in recent decades.

So here is the story so far. On the one hand, a large body of evidence, including recent findings from the field of neuroscience, suggesting that the human person is hardwired to connect to other people and to moral and spiritual meaning. And on the other hand, a long-term weakening of precisely those social groups that connect us to one another and to shared meaning. Is it logical to conclude that the diminishment of these authoritative communities is at least partly responsible for the steady rise in the proportion of U.S. children suffering from mental, emotional, and behavioral problems? We believe that the answer is yes.

Other scholars seem to agree with us. A recent analysis of 269 studies, dating back to the 1950s, links steady increases in self-reported anxiety and depression among U.S. young people primarily to the decline of "social connectedness."¹⁶⁴ A major population-based study from Sweden — that is, a study focusing on *all* Swedish children — concludes that children living in one-parent homes have more than double the risk of psychiatric disease, suicide or attempted suicide, and alcohol-related disease, and more than three times the risk of drug-related disease, compared to Swedish children living in two-parent homes. These findings remained *after* the scholars controlled for a wide range of demographic and socioeconomic variables.¹⁶⁵

To us, the Swedish study is important not only because of its large scale and rigorous controls,¹⁶⁶ but also because Sweden has long been a world leader in developing social policies that ameliorate the *economic and material* consequences of growing up in one-parent homes. As a result, the higher rates of mental and emotional problems experienced by *Swedish* children in one-parent homes would appear to be less likely to stem solely or even primarily from economic circumstances. Obviously the lack of money can be a critical problem. But another obviously important — and partially independent — problem is the fracturing of the child's primary authoritative community.¹⁶⁷

Looking more broadly at organizations and institutions that help to build what some scholars call social capital¹⁶⁸ by fostering face-to-face civic engagement, Robert Putnam carried out a small but fascinating experiment in *Bowling Alone* to test the hypothesis that higher levels of social connectedness correlate with significantly better outcomes for children and youth. On the one hand, he highlighted the Annie E. Casey Foundation's ten leading indicators of child well-being for 1999 and the Foundation's research based on those indicators, which was carried out on a state-by-state basis. Putnam and his colleagues then developed their own list of 14 leading indicators of social connectedness, which they called the Social Capital Index, and similarly carried out their research related to these indicators on a state-by-state basis. He then compared the state rankings on child well-being to the state rankings on social connectedness and social capital. Here is what he found: "Statistically, the correlation between high social capital and positive child development is as close to perfect as social scientists ever find in data analyses of this sort." This robust correlation

held true even after Putnam controlled for a range of socioeconomic and demographic characteristics.¹⁶⁹

Numerous other studies similarly support the proposition that the thinning out of social connectedness is contributing significantly to a range of childhood problems, including child abuse and adolescent depression, and conversely, that thickening the networks of meaningful relationships contributes significantly to better outcomes for children and youth.¹⁷⁰ Combined with the mounting evidence about the harmful consequences of the weakening of marriage and of the two-parent home,¹⁷¹ these findings lead us to conclude that *strengthening authoritative communities* is an urgent national priority for all of us who are seeking to understand and confront the crisis of childhood in the United States.

*In recent decades, groups
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to meaning have gotten
weaker.*

Renewing Authoritative Communities

Of course, as with any set of problems this large and multi-faceted, there can be no such thing as the one ideal solution. Many proposals, many solutions, are necessary. We have noted, for example, the great importance of pharmacological and therapeutic interventions and of programs based on the “at risk” model of youth services, even as we have insisted on the important limitations of those approaches.

More broadly, our commission, focusing as we have on the spread of mental, emotional, and behavioral problems among U.S. young people, has largely neglected many other issues relevant to children and youth. For example, in this report we touch only briefly upon issues of material insecurity and economic status and well-being. Nor does this report focus directly on issues of physical health.¹⁷² Yet these are obviously important issues, requiring their own careful analyses and recommendations.

At the same time, as a social change goal, and in light of the scientific evidence summarized in this report, we believe that strengthening authoritative communities constitutes a logical and necessary response to the “de-connection” that appears to be contributing to the suffering of so many of our children. For this reason, we recommend and hope to participate in a serious national conversation, leading to sustained national action, directed toward achieving the goal of strengthening authoritative communities.

A brief word about strategy. Building authoritative communities is more an “us” strategy than a “them” strategy. We think that’s fitting. “Them” strategies can be valuable and certainly have their place. The main idea linking such strategies is that some other person or group should do something. The experts should focus on it. The professionals should fix it. The media should highlight it. The government should get busy. Parents should wise up. Teenagers should have to. There oughta be money for it; there oughta be a program.

All of us at times have supported “them” strategies, often for very good reasons. But an “us” strategy is quite different. It is much broader and more radical. Its focus is cultural, not merely political or programmatic. It aims less at a specific intervention than a fundamental social shift — a change that involves the society as a whole. A “them” strategy is about getting a specific thing done. An “us” strategy includes getting specific things done, but it is more fundamentally about guiding an entire society in a certain direction.

For obvious reasons, an “us” strategy is much harder to carry out, and in almost every sense is more costly, than a “them” strategy. An “us” strategy is most appropriate for those fundamental societal problems that simply cannot be delegated to specialists or solved by “them.” Today’s crisis of childhood in the United States is one of those problems — arguably our single most important one.

Most successful movements for social change employ both “them” and “us” strategies. But the deepest and most lasting social changes — think of the impact of the civil rights, women’s, and environmental movements — ultimately require something from almost all of us. Regarding the current suffering of our children, we as a commission believe that nothing less than an “us” strategy is adequate to the challenge we face.

Building Authoritative Communities in Low-Income Neighborhoods

What is the relevance of this report’s findings for our neediest children living in our poorest, most troubled neighborhoods? Put a bit more sharply, is the basic challenge of revitalizing authoritative communities the same for all of us everywhere, regardless of economic context and neighborhood conditions?

To us, the answer to this last question is both yes and no. The answer is yes, insofar as the basic needs of children, and the importance of authoritative communities, do not vary significantly according to skin color, economic circumstance, or place of residence. Moreover, many youth problems — from early sex to drug use to delinquency to involvement in violence — that some in the past may have tended to view largely as inner-city or poor people’s problems are in fact present and spreading today in many middle-class and affluent neighborhoods.¹⁷³ In general, “them” problems in our society are getting rarer with each passing year, while “us” problems are becoming more common.

But the answer is also *no*, insofar as what will be required to renew authoritative communities in tough, low-income neighborhoods is different from, and in many ways more than and harder than, what will be required in our nation’s safer, more affluent communities. Building those authoritative communities that can improve the lives of our neediest children will require special, intensive attention and investment — not only from the leaders and residents of these low-income neighborhoods, but from the nation as a whole. This special challenge, as much as any discussed in this report, is an urgent “us” challenge, an important *national* priority.

What is distinctive — and harder — about this task in low-income neighborhoods? Listen to Ernie Cortes. Besides the civil rights movement, the community organizing movement has emerged as one of the most serious and promising efforts in recent generations for positive social change in low-income neighborhoods. One of the leading organizations in this movement is the Industrial Areas Foundation, and one of the IAF's most prominent organizers is Ernesto Cortes, Jr. of San Antonio, Texas.¹⁷⁴ According to Cortes, the processes and methods of effective community organizing are quite different today, compared to those used by earlier generations of organizers.

What is the essential difference? In earlier generations, organizers in low-income neighborhoods sought to mobilize a vibrant civil society — families, churches, civic and educational groups, all kinds of neighborhood associations — for social and political change. Today, these forms of civil society frequently *cannot be mobilized*, because they are too weak and depleted. Too often, they are non-existent. As a result, the first task of today's community organizer is less to mobilize civil society than to renew and even recreate it. Posing the challenge to today's organizers, Cortes asks: "It's been said *ad nauseum* that it takes a village to raise a child. Well, do we know what it means to build a village?"¹⁷⁵

Rebuilding authoritative communities is a key to reducing poverty and inequality.

We are convinced that building the village — in short, building authoritative communities, in some cases from the ground up — must become a primary goal for all those who are committed to reducing poverty and inequality in the U.S. and to improving the life prospects of our neediest children.

This challenge must involve the society as a whole, not just government. But to be successful, this work of renewal will also require greater attention and investment from all levels of government. First, the crisis-level weakening and disappearance of authoritative communities in these neighborhoods demands this level of intervention. In addition, a range of other problems in these neighborhoods — joblessness, poverty, crime, lack of medical and mental health care, and others — is making everything harder, including the critical task of revitalizing authoritative communities. Addressing these problems in part through improved public policies is therefore one necessary component of any serious strategy for revitalizing authoritative communities in these neighborhoods.

There are grounds for optimism. Some (though not enough) inspiring work is being done in this area. James P. Comer's work with public schools in New Haven, Connecticut, has convincingly demonstrated the capacity of public schools in low-income neighborhoods to become genuine authoritative communities.¹⁷⁶

Recognizing the positive family and civic effects of religious involvement, and also that religious institutions are frequently among the strongest civic institutions in low-income neighborhoods,¹⁷⁷ scholar-leaders such as Robert Michael Franklin, the former president

of the Interdenominational Theological Seminary, are examining ways in which urban churches can provide more and better leadership in efforts to rebuild marriage, strengthen fatherhood, and revitalize family and civic life in low-income neighborhoods.¹⁷⁸

The Annie E. Casey Foundation's "Making Connections" program, launched in 1999, is a major, ten-year investment by the Foundation to bring together diverse leadership and organizing coalitions in a number of low-income neighborhoods around the country. A major premise of this initiative is that family strengthening and neighborhood strengthening go together, each enhancing the other.¹⁷⁹

This insight is important. The community shapes families. A number of scholars have documented the strong community effects on child and family well-being.¹⁸⁰ But causation flows in the other direction as well: Families shape the community.

Consider, for example, the role of marriage. Married couples tend to be more civically engaged.¹⁸¹ Research also indicates that married-couples families are significantly less likely to experience poverty than other family types, including those with at least two potential earners. Even after controlling for other relevant variables, current research suggests that marriage in low-income neighborhoods can play an independent role in reducing the likelihood of poverty and improving economic well-being.¹⁸²

Some research also suggests that well-functioning marriages in poor communities do more than other close relationships to reduce the likelihood that economic pressure will in turn either cause emotional distress or cause parents to lose confidence in their efficacy as parents.¹⁸³

Linda M. Burton and Anne C. Coulter of the Pennsylvania State University, as well as other scholars, have done a series of studies investigating the complex interactions between family structure and process on the one hand, and neighborhood life and development on the other, especially when viewed from the perspective of child and adolescent well-being.¹⁸⁴

This research, as well as the important community-level work being done by James P. Comer, the Annie E. Casey Foundation, the Industrial Areas Foundation, and numerous others, points toward what we believe can and should be a new model for leaders and organizations working to reduce poverty and inequality in the United States.

This new model seeks to combine the (usually more top-down) professional delivery of social services with a strong focus on bottom-up, citizen-led community organizing. It also seeks to combine the techniques and insights of family therapy and family and marriage education with the techniques and insights of neighborhood empowerment and development.

Social Change

WILL WE AS a society find the will, identify the material and moral resources, and engage in the hard thinking necessary to improve the lives of our children by building and renewing authoritative communities? We do not know. But we do know that the answer to that question is not hardwired, either biologically or historically.

At this time in our society, in this vital area of our communal and civic life, what happens to us will depend mostly on us. Our future in this respect is less an externally structured or preordained process than an event in freedom and an act of choice. In that spirit, and with hope and solidarity, we offer the following goals and recommendations.

Goals

1. To deepen our society's commitment to those values that build and sustain authoritative communities, and to reconsider our commitment to those values that often replace or undermine them. The former include enduring marital relationships and family connectedness, community action and civic engagement, and concern for the moral and spiritual well-being of all children. The latter include "me first" and consumerism as ways of living, materialism, and the notion of the individual person as self-made and owing little to others or to society.
2. To increase measurably in the next decade the proportion of U.S. children who are members of authoritative communities and whose lives are improved through their participation in them.
3. To win support for a major shift in public policy, in which policy makers at all levels seek to meet youth needs by utilizing and empowering authoritative communities.

The old model is essentially mechanistic and problem-oriented. It focuses on specific youth deficits and responds to those deficits with direct government regulations and government-initiated programs, often including an emphasis on "new" programs. This directly governmental approach tends to be top-down, bureaucratic, centralized, rigidly secular, ethically bland, and expert-driven.

The new model is essentially ecological. It focuses on what children need to thrive and responds to those needs by building and empowering nearby authoritative communities that can most effectively meet them. The new model therefore tends to favor decentralization, a rich diversity of approaches, moral and spiritual robustness, and community-based leaders. The basic aim of the new model is to improve child well-being by creatively using the tools and resources of public policy to strengthen authoritative communities.

Recommendations

Concerning all citizens:

1. We recommend that all adults examine the degree to which they are positively influencing the lives of children through participating in authoritative communities, and try where possible to do a better job.
2. We recommend that all families with children and youth-included organizations and initiatives examine the degree to which they meet the ten basic criteria for authoritative communities, and try where possible to strengthen themselves in accordance with those criteria.¹⁸⁵

Concerning families, neighborhoods, and workplaces:

3. A child's first and typically most important authoritative community is her family. We recommend that we reevaluate our behavior and our dominant cultural values, and consider a range of changes in our laws and public policies, in order substantially to increase the proportion of U.S. children growing up with their two married parents who are actively and supportively involved in their lives.
4. We recommend that some U.S. "work-family" advocates change their priorities, putting less emphasis on policies that free up parents to be better workers, and more emphasis on policies that free up workers to be better parents and better guides for the next generation. Examples of the latter include flexible and reduced work hours, tele-working, job sharing, part-time work, compressed work weeks, career breaks, job protection and other benefits for short-term (up to six months) parental leave, and job preferences and other benefits, such as graduated re-entry and educational and training benefits, for long term (up to five years) parental leave. We suspect that, if more leading advocates and analysts were to reconsider their priorities, at least some corporate decision makers might follow suit. Perhaps the new emphasis could be conveyed by a new label, "family-work." This shift would benefit not only families, but also neighborhoods and civic life generally.
5. We recommend that large employers reduce the practice of continually uprooting and relocating married couples with children.

Concerning adolescents:

6. We recommend a creative society-wide effort to respond more effectively to adolescents' needs for risk-taking, novelty-seeking, and peer affiliation. The goal is to pro-

vide healthy opportunities for young people to meet these needs in the context of significantly greater adult support, participation, and supervision. "Integral to these efforts," according to Michael Resnick of the University of Minnesota, "is a philosophical commitment that young people are resources to be developed, not problems to be solved."¹⁸⁶

7. We recommend that authoritative communities attend more purposively to the gendered needs of adolescents. Equal opportunity and equal rights do not mean that boys and girls have identical patterns of development. The goal is to address their needs for meaning and sexual identity in pro-social ways, including mentoring, rites of passage, opportunities for adventure, exploration and service, discussions about the meaning of fertility, and guidance regarding the appropriate means of managing sexual and aggressive energies. Much more than it is today, adolescence should become a time for adult engagement with, not retreat from, young people.

Concerning moral and spiritual development:

8. We recommend that youth-serving organizations purposively seek to promote the moral and spiritual development of children, recognizing that children's moral and spiritual needs are as genuine, and as integral to their personhood, as their physical and intellectual needs. For organizations that include children from diverse religious backgrounds or no religious background, this task admittedly will be difficult. But it need not be impossible and should not be neglected. In a society in which pluralism is a fact and freedom a birthright, finding new ways to strengthen, and not ignore or stunt, children's moral and spiritual selves may be the single most important challenge facing youth service professionals and youth-serving organizations in the U.S. today.

Concerning private and public resources:

9. We recommend that a major funding priority for philanthropists who want to help children at risk should be the goal of empowering and extending the influence of authoritative communities.
10. We recommend that corporate foundations and charitable giving programs reconsider the practice of refusing even to consider giving grants to faith-based organizations whose mission is to improve the lives of children.

There is nothing inherently improper about religiously informed efforts to help children, and these efforts, just like purely secular efforts, should be judged strictly by the (secular) results that they produce. The issue is understandably difficult and complex.

In a pluralistic society such ^{as} ours, there are significant differences in viewpoints and values, and tolerance for these differences is essential. But religious and philosophical pluralism is a challenge to be embraced, not avoided by arbitrary exclusiveness.

11. We recommend that the U.S. Congress, as well as state legislators, shift their approach to providing social services for children, seeking wherever possible to use and empower authoritative communities to deliver services and meet human needs.
12. We recommend a special national commitment of both private and public energy and resources to rebuild authoritative communities in disadvantaged, low-income neighborhoods.
13. With Isabel V. Sawhill of the Brookings Institution and her colleagues,¹⁸⁷ we recommend that, in order to improve the life prospects of children in low-income families and neighborhoods, the United States in the near term allocate an additional one percent of its gross domestic product to children, and especially to the goal of strengthening those authoritative communities that affect the lives of children in low-income, troubled neighborhoods.
14. We recommend that the U.S. Congress create a new federal tax credit for individual contributions of up to \$500 (\$1,000 for married couples) to charitable organizations whose primary purpose is improving the lives of children and youth.

The goals of this policy change are to increase charitable giving and volunteerism and to diversify and decentralize the financial supports for authoritative communities and other non-profit youth-serving organizations.

Concerning scholars:

15. We recommend more and stronger partnerships between scholars and youth-serving organizations. Access to relevant research findings, scholarly analysis, and evaluation tools can help youth leaders do a better job. Connectedness to front-line leaders and local communities and organizations can help scholars do a better job, both professionally and as citizens.
16. Building in part on Robert Putnam's work showing correlations between high levels of social capital and good outcomes for children, we recommend that interested scholars develop scientific measures of the reach and effects of authoritative communities in the United States.

Doing this work would permit scholars to examine correlations between authoritative communities and child outcomes. It would also permit scholars to develop data,

including trend line data, on the vitality of U.S. authoritative communities and their precise effects on child well-being.

17. We recommend that scholars and others consider revising their methodology in order to include families in the definition of civil society.

This issue might at first glance appear to be purely of academic interest, but it is not. Conceptually separating families from civil society has many practical consequences — most of which, in our view, tend to be unhelpful and even potentially harmful. For example, based in part on this conceptual exclusion of families from civil society, researchers and policy makers often simply assume that family structure is not a legitimate area for inclusion in policy recommendations.¹⁸⁸ It is. More generally, as this report has tried to demonstrate, it is important for policy makers and society as a whole (not just scholars) to view the environment of childhood holistically, transcending the largely arbitrary intellectual dichotomy between family life and civic and public life.¹⁸⁹

Concerning immediate next steps:

18. We recommend that youth service and civic leaders across the country, drawing on this report as well as other resources, help to lead a new and sustained national conversation about the crisis of childhood in the U.S. and the most effective ways to meet that crisis. ■

Authoritative Communities: A Summary

The Ten Planks

1. The mechanisms by which we become and stay attached to others are biologically primed and increasingly discernible in the basic structure of the brain.
2. Nurturing environments, or the lack of them, affect gene transcription and the development of brain circuitry.
3. The old "nature versus nurture" debate — focusing on whether heredity or environment is the main determinant of human conduct — is no longer relevant to serious discussions of child well-being and youth programming.
4. Adolescent risk-taking and novelty-seeking are connected to changes in brain structure and function.
5. Assigning meaning to gender in childhood and adolescence is a human universal that deeply influences well-being.
6. The beginning of morality is the biologically primed moralization of attachment.
7. The ongoing development of morality in later childhood and adolescence involves the human capacity to idealize individuals and ideas.
8. Primary nurturing relationships influence early spiritual development — call it the spiritualization of attachment — and spiritual development can influence us biologically in the same ways that primary nurturing relationships do.
9. Religiosity and spirituality significantly influence well-being.
10. The human brain appears to be organized to ask ultimate questions and seek ultimate answers.

The Ten Characteristics

1. It is a social institution that includes children and youth.
2. It treats children as ends in themselves.
3. It is warm and nurturing.
4. It establishes clear limits and expectations.
5. The core of its work is performed largely by non-specialists.
6. It is multi-generational.
7. It has a long-term focus.
8. It reflects and transmits a shared understanding of what it means to be a good person.
9. It encourages spiritual and religious development.
10. It is philosophically oriented to the equal dignity of all persons and to the principle of love of neighbor.