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## "Healthy Children and Adolescents"

So, what characterizes mentally healthy children and adolescents? Some of these characteristics usually appear when parents, coaches or others know what they are and look for them, as they relate with children and adolescents. However, it should be noted that the discussion here is a brief one. Each child or adolescent should be viewed as an individual who lives in her or his personal, family, and social world.

For example, one child may live with a mother, father, and four siblings among whom there is a lot of family support, while another child lives with a single dad who holds two jobs and struggles with his diabetes. Also, compared with disturbed others, mentally healthy children and adolescents receive little attention. When they receive attention, though, several characteristics emerge.

The first characteristic is that *the mentally healthy child or adolescent carries an ever present awareness of her/his freedom to choose*. This may seem to be an odd feature of a mentally health person. The importance of it may be easily seen in those who deny their freedom to choose. For example, the child who displays inappropriate anger in many different situations, even when there is no need for anger, denies her freedom to choose. In contrast, the child who displays anger, as most others would, also usually understands and chooses to display anger appropriately including anger that comes from disagreements with their parents. More than displaying anger, the healthy child or adolescent recognizes that this is a decision. They feel the weight of personal responsibility. Their freedom to choose includes the likelihood that they also more readily commit to teamwork and shared family responsibilities. They can enjoy their freedom to be generous or more readily supportive of others. More generally, parents and others want their growing children and adolescents to demonstrate increasing freedom as they develop and to express their freedom in healthy, socially appropriate ways.

*The mentally healthy child or adolescent person has a heightened and effective sense of proportionality*. The meaning of this is fairly simple. Proportionality means that a child or adolescent is relatively free from distortions in personal judgments and behaviors. This characteristic may seem to be odd one, too. Clearly, some children and adolescents—even healthy ones—lack a sense of proportionality. Also, the younger the child, the less proportionality is likely to be seen. For example, a child who is ten years of age will display immature judgment, compared with most adults, because the child is indeed immature. When the idea of proportionality is applied to athletic activities, the mentally healthy child or adolescent is more likely than other children or adolescents to recognize the opportunities and limits of team membership and competition. Among many possibilities, adults may observe that the child or adolescent may display these traits:

- Enjoys competition, but does not “prove” his worth by winning or losing.
- Feels great about winning, but respects those who lost in their competition.
- More than self-punishing, takes pride in doing well and striving to improve.

- Acknowledges and enjoys the success of others, including opponents.
- Recognizes the risks of competition and enjoys the adventure of competing.
- Increasingly discovers belonging among peers, even with occasional disputes with them.
- Sees the demands of competition as opportunities as much as trials and tests. To define this idea in another way, the mentally healthy child's or adolescent's sense of proportionality means that he welcomes alternate ways of thinking about things. They show a readiness to evaluate new ideas and behaviors.

*The mentally healthy child or adolescent demonstrates cognitive complexity.* She accepts the fact that life is complex and adapts to this fact. While this characteristic does not appear in any child, adolescent or adult in a perfectly consistent manner, the healthy older child or adolescent persists in adapting to an increasingly complex social world in which they face continuing demands. For example, the child who is thirteen years of age is significantly different from the adolescent who is sixteen years of age, with regard to their thinking about and experience of their sexuality, although only three years separate them. Whether the issue is sexuality, athletic competition, religious beliefs, algebra, or political conflict, the healthy child or adolescent is far more likely to welcome these puzzling aspects of their lives than those who are not quite so healthy.

Whether they are more or less expressive with their feelings than others, *mentally healthy children or adolescents are considerably more tuned in to their feelings*, commonly able to express a wider range of feelings than others. Likewise, in their relations with others, they show a readiness to be receptive to a wide variety of expressions of emotions, too. While anyone may be overly reactive to others' feelings at times, the mentally health child or adolescent is much less reactive. Generally, their attunement to their internal world equips them to be more likely to manage their emotions well and to be more attuned to attending effectively to their feelings and the feelings of others.

This characteristic may be confusing, mainly because we usually have no easy way to know who is attuned to her or his feelings and who is not. Being attuned to feelings is not the same as expressing feelings. And, much of what may be expressed often comes from family and social training and, not necessarily an individual's ability to know what she or he feels. For example, an adolescent may dislike a member of her softball team—and maybe for good reasons—but actively supports her team member, anyway, appreciating her dislike but also deciding to manage her feelings so that she shares the goals of her team. All of this may be truly difficult to observe.

*Mentally healthy children and adolescents possess strong and positive relational skills.* They know that they have relationships that truly matter to them, although they may not verbally express this well. Commonly, this is seen in a child or adolescent who has had few, if any, reasons to doubt the love and support that he receives from his family or friends. In short, they have learned to relate well with others. They feel positively valued. And, usually, they know how to positively value others.

### **What To Do:**

If you are a parent or coach of an older child or adolescent, what may you do to promote emotional and social health in your child or adolescent? Here are some recommendations:

*Keep in mind that children and adolescent change*—dramatically and sometimes rapidly. Hormones overcome them. Peers pressure them. School sets changing and rising expectations. Sex-related thoughts and feelings evolve and take control sometimes. Self-regard rises and falls, frequently. Effective self-management rises and falls, too. Family involvement gradually decreases, as they appropriately find other attachments.

*Be a smart example.* Make your own emotional well-being a priority. If you want your child or adolescent to be mentally and socially healthy, give attention to your own health. Talk with other parents about how they help their

children. Ask for feedback from your child's teachers and coaches. And, of course, talk supportively, candidly, with your child. If your uncertainties about how to be a good example to your child persists, consider seeking and receiving professional counseling.

*Set and practice healthy goal-setting*, with as much mutuality between you and your child as possible. Toss aside any expectation of perfection for yourself or your child. After all, common mistakes can become a "gold mine" of valuable clues about how to improve. When your child throws a bat, after striking out, a reasonable response may be to help your child to gain from her mismanagement of frustration. Gaining from difficult experiences is a good goal.

*Respect the differences between you and your child*. Whether it's your favorite color or your chosen occupation, your child may have different preferences. You may be gregarious, while your child is introverted. You may be physically awkward, while your child shows professional-quality athleticism. Consider placing as much positive value on your differences as you can. Both of you will gain from this.

*Harvest benefits from conflict*. When you disagree with your child, remind yourself and your child that you welcome disagreement, you love and respect your child, you carry responsibility for your side of arguments, and you know that honest disagreement will improve your relationship. After all, you want your child to honestly disagree with others when they have honest disagreements and to express disagreement in ways that lead to positive results.

*Manage your thoughts and feelings*, with no expectation that your child will or can manage them for you. Your anger is yours, not your child's. Your understandable but hopefully infrequent disappointment from your child is yours, not your child's. Likewise, some thoughts and feeling are made to be shared. Your enduring affection for your child is yours to share with your child. Playing and laughing are important to share, too. They add bonding to your relationship.

*Caution: Life gives us problems*. If you are now facing problems that you believe tell you that you are not a mentally healthy individual, please reconsider what you are telling yourself. When you consider the list of qualities of the mentally healthy child or adolescent, above, keep in mind that no one has all of these qualities, let alone showing them perfectly well or consistently. Clearly, neither you nor your child has all of these qualities all of the time. So, even if you now face problems and carry distress within you, keep in mind that feeling stress and being unhealthy are not the same things. Your normally pleasant manner may not look so good, if your father is critically ill or you discovered a lump in your breast or your sixteen-year-old child came home drunk or your company relocated your desperately needed job to another country or your wife fell down a flight of stairs or, well, you get the idea. Life gives us problems. The honest stress of real problems do not indicate mental illness, let alone personal failure.

Carter, C. (2010). *Raising Happiness: 10 Simple Steps for More Joyful Kids and Happier Parents*. New York, New York: Ballantine Books.

Gottman, J. M., and DeClaire, J. (1998). *Raising an Emotionally Intelligent Child*. New York, New York: Fireside Books.

Riera, M. (2017). *Staying Connected to Your Teenager: How to Keep Them Talking to You and How to Hear What They're Really Saying*. Brentwood, TN: Hatchette Books: Mental Health America. Live Mentally Healthy. MHA website: <https://mhanational.org>

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**EMERGENCY**

In a crisis call "911" immediately

● If considering self-harm, call "988"  
The National Suicide Intervention Lifeline

**SEXUAL MISCONDUCT**

To speak to a counselor,

Call (800) 656-4673  
RAINN

**BULLYING/HAZING, VIOLENCE,  
ADDICTIONS & SUBSTANCE ABUSE**

For helpful resources,

[thebmsproject.org/Safety](https://thebmsproject.org/Safety)

**CHILD ABUSE**

To report suspected child abuse,

Call (800) 422-4453

Childhelp National Child Abuse Hotline

It is recommended that incident(s) of serious misconduct be reported to law enforcement.  
Minors should report incidents of misconduct to their parent(s) or guardian(s).