

How Important is Permanency Planning for Children? Considerations for Pediatricians Involved in Child Protection

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ABSTRACT. “Permanency planning” refers to maximizing stability in living situations for children in the care of child protection agencies. This issue concerns pediatricians who may be involved in assessing and providing care for these children. In North America, permanency planning is widely advocated if not always effectively implemented. The concept, however, is still controversial from the perspective of protecting parents’ interests. This paper examines the principles and evidence underlying the concept of permanency planning in order to ascertain whether emphasizing it remains justified in terms of children’s emotional health and development. Three related bodies of literature are reviewed: requirements for healthy child development, conditions that create risk for children, and outcomes for children in care. The findings suggest that permanency planning is vitally important for children and is not only justified, but should be given major emphasis. The implications for pediatricians are discussed. *J Dev Behav Pediatr* 25:285–292, 2004. Index terms: *permanency planning, parenting, child development, child protection, emotional health.*

When parents cannot, or do not, care adequately for their children, thereby necessitating child protection interventions, it is generally the case that someone suffers—children, parents, or both. Everyone involved in child protection must balance the interests of both children and parents, which may be in conflict, in order to reduce harm for both as much as possible. However, children’s interests take precedence.¹ The concept of “permanency planning” arose in the child protection field as a way to further reduce harm and suffering specifically for children. Permanency planning in this context refers to systematically planning to maximize stability for children in the care of protection agencies. This is accomplished by minimizing the number of placements and caregivers that children are exposed to, by reducing the time during which children experience uncertainty regarding long-term placement, and by ensuring that parents receive

adequate supports.^{2–4} Permanency planning does not just ensure a single long-term placement, however. It also ensures a good enough living environment (either within or outside the birth family) with good enough parenting to meet a child’s basic and developmental needs.

Permanency planning has been widely advocated in recent decades in child protection planning. However, the concept is still controversial from the perspective of parents and their advocates because parents may see permanency planning as contributing to the loss of their children if children are removed from their care. Given the potential for harm to parents, permanency planning requires justification. Here, we examine the principles and evidence underlying the concept of permanency planning in order to ascertain whether its continuing emphasis is justified. We take the perspective that benefits to children should be the paramount consideration. Consequently, we focus on children’s needs and interests, and in particular, on children’s emotional health and development.

Knowledge about children’s emotional health and development comes from a variety of disciplines related to pediatrics including psychology, psychiatry, nursing, education, and social work. While social work is the discipline

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where many ideas about permanency planning originated, there is no single body of literature that links concepts about permanency planning with knowledge about child development. Consequently, we take an interdisciplinary approach to explore three key related bodies of literature: requirements for healthy child development, conditions that create risk for children, and outcomes for children in care. Taken together, these three bodies of literature offer evidence about the importance of permanency planning for children and suggest implications for pediatricians involved in child protection.

BACKGROUND

In North America, our thinking about childhood has evolved considerably over the past century. In many communities and cultures previously, we essentially viewed children as miniature adults who were the economic property of parents, but we have since come to appreciate that children have special developmental needs and require nurturing.^{5,6} By the early 1900s in North America, changing ideas about childhood led to the recognition that children sometimes needed to be rescued from their parents or from social situations for their own protection.^{1,7} Initially, child protection efforts focused on assisting maltreated children, “illegitimate” children and “juvenile delinquents,” as well as parents who could no longer care for their children due to incarceration, poverty, or ill health.^{1,7} Child protection services then expanded in the latter decades of the 1900s to incorporate a variety of institutional and foster care options where children were removed from their parents’ care.⁸

Over time, it became clear that existing institutional and foster care options were associated with suffering for many children. Child protection agencies were often not able to, or did not, ensure sufficient stability for children, moving them too frequently or taking too long to make final placement decisions.⁹ Children tended to drift from foster home to foster home.¹⁰ The legal system also tended to emphasize parents’ interests over children’s.¹¹

These problems led Goldstein, Freud, and Solnit,¹² among others, to introduce the notion that children’s interests should take precedence over parents’. As a logical extension of this notion, they advocated that children should have continuity when brought into protective care, and suggested that the primary goal in placement planning should be to implement “the least detrimental alternative” for children in as timely a manner as possible (page 53). They also suggested that it was important to consider a child’s sense of time, and to value the role of psychological parenting (in addition to birth parenting) when making placement decisions.

The work of Goldstein, Freud, and Solnit was instrumental in shifting the emphasis in child protection planning in the 1980s away from institutional and foster care towards early adoption to try to maximize stability for children.⁸ The concept of permanency planning eventually came to be equated with adoptive care and grew to become both an ideal and a “movement” among child protection decision-makers (page 137).¹³

As the emphasis on permanency planning grew, critics began to notice associated problems, particularly for parents.

Bush and Goldman¹⁴ contended that the permanency emphasis polarized ideas about parenting, often pitting the interests of children against those of parents unnecessarily, to the detriment of both. They also commented on the need to recognize degrees of parenting ability, suggesting that the permanency emphasis led to overly simplified views of “good” or “bad” parenting. Other critics noticed structural class biases inherent in permanency planning. For instance, Pelton¹⁵ argued that parents from “lower” socioeconomic backgrounds were often inadvertently penalized and further disadvantaged when child-centered rescue efforts took precedence over family preservation and support programs that might enable parents to improve their parenting and ultimately keep their children. Freeman and Hunt¹⁶ also noted that parents often felt further penalized when services intended to help them were poorly coordinated or simply did not materialize.

Looking at outcomes for both children and parents, Steinhauer⁸ commented that the permanency emphasis—with its “push” to “free all children in foster care” (page 220)—contributed to the widespread but arguably mistaken belief that foster care was a poor option for children compared to adoption. He agreed that continuity in caregiving relationships was key for children. However, he argued for more flexibility in defining permanency, and promoted enriched long-term foster care as an alternative that could provide adequate stability for children. He also suggested that typical permanency models were too restrictive regarding preserving ongoing relationships between children and parents. He argued could be maintained in some circumstances regardless of whether parents and children resided together.

The permanency emphasis arose in child protection planning in response to concerns about the harm to children caused by multiple placements once they came into care, and concerns about parents’ rights being overemphasized. It is now generally recognized that children’s needs should take precedence over parents’ where the two are in conflict. However, it continues to be a struggle to balance the rights and interests of both children and parents because they are not mutually exclusive. Therefore, it is important to ensure that continuing to emphasize permanency is well justified. Given this background, we now explore three related bodies of literature that offer evidence about the importance of permanency planning for children’s emotional health and development: requirements for healthy child development, conditions that create risk for children, and outcomes for children in care.

REQUIREMENTS FOR HEALTHY CHILD DEVELOPMENT

Basic Requirements for All Children

Healthy development is a complex process involving social, cognitive, emotional, biological, and spiritual domains.^{17,18} Development essentially comprises a dynamic series of qualitative reorganizations between these domains as children mature through different ages and stages.¹⁹ Children bring their own individual characteristics and

capacities to development, such as temperament and learning abilities.²⁰ As well, parents facilitate development.²¹

Much of what matters to children, however, also happens “beyond the four walls where parenting takes place”²² (page 394). Development always occurs in a larger ecology where children live and grow in families, communities, and societies, and where there are continual reciprocal interactions between individuals and their contexts.^{23,24} Family, community, and societal characteristics interact with children’s individual characteristics to influence developmental outcomes over time. At each stage of development, there are new possibilities, as well as vulnerabilities, for altering developmental pathways and outcomes.^{29,20} Development is also characterized by the ability to change and adapt. For instance, the effects of early negative experiences can be buffered by later positive ones, and vice versa,¹⁸ although early experiences likely have a disproportionate influence on development compared to later ones.²⁵ As well, all children and their families benefit from living in supportive and cohesive communities and societies where everyone’s basic needs are met and where they can thrive.²⁶

In this complex ecology, the concept of stability is crucial.²⁴ Stability involves ensuring a basic level of consistency and protection from harm so that nurturing and development can occur.²³ All children need stability in terms of both their overall environment and their primary caregivers. Furthermore, there is no evidence that instability benefits children. Permanency planning attempts to maximize stability, particularly regarding the provision of a consistent, safe, and nurturing caregiving situation. Support for the concept of permanency planning, therefore, arises from the literature on basic requirements for healthy child development.

Parenting

Parenting is obviously central to childhood and to all aspects of children’s health and development. As Postman⁵ (page xi) commented, “children are the living messages we send to a time we will not see.” Parenting always occurs in a social context, but individual parents are primarily responsible for these “living messages.” The specifics of what actually constitutes good enough parenting are often debated because views about parenting are deeply embedded in the histories and values of the communities and societies where parents and children live.^{5,27,28} There are also limitations in how we assess parenting. While many different instruments have been developed to assess specific aspects of parenting (such as nurturing or abuse), few assess parenting comprehensively, and few have been thoroughly evaluated. Regardless, there is little debate that parenting is a crucial vehicle for facilitating children’s health and development.^{21,29}

Many authors have commented more specifically on what parents need to provide in terms of stability. For example, Baumrind³⁰ suggested that children fare best when parents are authoritative, as opposed to authoritarian or permissive, and provide a good balance of both consistency (or stability) and nurturing. Mrazek, Mrazek, and Klinnert³¹ suggested

that parenting comprises five core domains: emotional warmth and availability, consistency and control, knowledge of children’s needs, commitment, and absence of mental health disturbances that interfere with parenting. They, like Baumrind, emphasized the need for both stability and nurturing. Steinhauer⁸ emphasized that stability in caregiver relationships is paramount, particularly for children who had experienced excessive instability previously, such as those involved with child protection systems.

In the general literature on parenting, stability again emerges as a fundamental requirement for children’s emotional health and development. Providing stability is a fundamental role for parents and for child protection agencies when they are acting as surrogate parents. Support for the concept of permanency planning arises, therefore, from this literature on parenting.

Attachment

Attachment is defined as the intensive affective tie that develops between young children and their primary caregivers.³² A positive or secure attachment is a protective aspect of the parent-child relationship and creates a secure and reliable emotional base for children.^{29,33} As the development of this affective tie is highly correlated with the continuity of care, it has been considered a singular justification for permanency planning.^{2,34}

The concept of attachment was first proposed by Bowlby³² in an effort to link ethology with evolutionary, psychoanalytic, and cognitive developmental theories. Bowlby’s work was inspired by early studies showing that children raised in institutional settings often failed to thrive,³⁵ and by animal studies showing the importance of social contact for development.³⁶ Bowlby suggested that early human attachments were the result of a biologically based desire for proximity and contact between infants and adults, and were essential for healthy social development. He proposed that there were critical phases in the development of attachment such that, by ages six to 12 months, infants developed selective attachments to key caregivers. He also suggested that failure to develop selective attachments during this early period could lead to serious emotional and developmental problems later in life.

Bowlby’s ideas stimulated considerable debate and empirical testing. Several studies subsequently demonstrated support for the contention that positive early selective attachments were necessary for children’s normal emotional development.^{37,38} It was also demonstrated that for children under age six months, attachment was not as much person-specific as it was linked with the provision of consistent routine.²⁹ In contrast, after six months, attachment generally became more person-specific.²⁹ Later studies showed that children could actually develop selective attachments for the first time well beyond the period originally specified by Bowlby, although social impairments were sometimes associated with such situations.^{37,38} Overall, most studies confirmed that continuity in relationships was necessary for children, suggesting that disruptions in attachment should be minimized, particularly in the first several years of life.

The quality of the attachment relationship was also identified as a predictor for establishing the foundation for

future functioning in relationships.^{33,39,40} In general, children who experience insecure or poor attachment have greater difficulties in interpersonal relationships in later childhood. The availability of consistent, sensitive, and nurturing parenting from a primary caregiver is crucial for children to establish secure attachments, particularly in the preschool years.⁴¹

While it is not the only requirement for healthy child development,⁴² the type of attachment children experience is nevertheless important. Preserving continuity in relationships and minimizing disruptions in attachment are important goals for children's development, particularly in the context of protection planning. The attachment literature supports the concept of permanency planning.

CONDITIONS THAT CREATE RISK FOR CHILDREN

Adversity

In an ideal world, all children would experience optimal parenting, social conditions, and development. However, many children are exposed to adversity, as are their families. Adversity may take many forms including poor parenting, illness, disability, poverty, overcrowding, or maltreatment. Most forms of adversity occur on a continuum of severity, with their impact depending on the duration and number of negative events, as well as on the availability of a stable and supportive context within which to deal with negative events.^{43–45} For instance, an injury, a medical procedure, or even an assault may be events that do not necessarily have a negative long-term impact on emotional health and development if they are time-limited, if there are few associated adversities, and if children have stability and supports. In contrast, exposure to parental conflict may be more deleterious because it may be chronic, may be associated with additional forms of adversity, and may interrupt stability and supports. Essentially, all aspects of a child's life and development can be disrupted by serious adversity and effects can be cumulative and synergistic.^{19,44}

Adversity that causes instability in caregiving relationships appears to be particularly harmful for children. This includes exposure to parental inconsistency, conflict, and mental health problems.^{13,43,46} Prolonged exposure to parental inconsistency and conflict is a causal risk factor for the development of mental disorders such as conduct disorder (or severe antisocial behavior) in children and youth.⁴⁷ When parents have severe mental health problems, including depression, psychotic disorders, substance abuse, and personality disorders, children also have increased rates of emotional and behavioral disturbances.⁴⁸ The underlying mechanisms by which these problems cause harm to children's emotional health are thought to involve disruptions in parents' abilities to meet their children's basic needs for stability and nurturing.⁴⁶

While all children may be harmed by exposure to severe adversity, particularly when caregiving relationships are involved, there is nevertheless considerable variation in how individual children respond.⁴⁵ Reactions may vary according to developmental stage. For instance, preschool children may react to severe adversity with anxiety and

confusion, older children with guilt and shame, teenagers with anger, and young adults with grief.⁴⁴ Initial responses to adversity such as anxiety, guilt, and anger can progress to become clinically significant emotional and developmental disorders if the situation is prolonged. Furthermore, there is no specific link between the type of stressor and outcomes in children. For example, exposure to chronic disruption in caregiver relationships may be associated with aggression in some children, while others become depressed or anxious, or exhibit social or cognitive delays.⁴⁹ Individual risk and protective factors also exacerbate or buffer responses to stressors.^{38,45,46} Since each child reacts differently, individual assessment is imperative.

Adversity usually has an impact on both children and parents and is greatly influenced by social context, for which parents may not be responsible. However, adverse social circumstances do not necessarily mean that parents cannot do a good job of raising children.¹⁵ Many parents dealing with poverty, for example, still provide the stability and nurturing that their children need.⁵⁰ Consequently, individual assessment of parenting capacity is also imperative in any context where there are concerns about parenting.⁵¹

Even in long-term studies of children in adverse situations, certain protective factors have been linked to resiliency, or the ability to do well despite adversity, for a small but significant proportion of children.^{45,52} These protective factors include having consistent adult caregiving, good learning abilities, good social skills, easy temperament, few siblings, a sense of skill or competency, and positive beliefs about the larger world. For children to do well, it has been suggested that protective factors should outweigh risk factors.⁵² Consistent adult caregiving is likely the most crucial protective factor in terms of stability.

In the literature on adversity, stability (particularly regarding caregiver relationships) emerges as an important factor for children's emotional health and development, providing support for the concept of permanency planning. In addition, children in need of protection have usually experienced chronic and multiple adversities.⁸ These children may be less able to tolerate further adversity in the form of instability in living situations or caregiver relationships. Permanency planning is even more crucial for these children.

Maltreatment

Maltreatment—abuse or neglect resulting in harm—constitutes one of the harshest forms of adversity for children, and is often what leads pediatricians and others to refer to child protection services. Several specific types of maltreatment have been recognized, and often co-occur. Psychological or emotional abuse refers to a repeated pattern of behavior that conveys to a child that they are unloved, unworthy of value except to meet others' needs, or are threatened with harm.⁵³ Neglect is the failure to provide adequate physical or emotional care such that there is harm to a child's emotional, social, physical, or cognitive development or functioning.⁵⁴ Physical abuse refers to force inflicted on a child causing harm or imminent risk of

harm.⁵⁵ Finally, sexual abuse refers to any sexual activity with a child where consent is not or cannot be given.⁵⁶

Maltreatment is associated with a variety of serious sequelae for children. As with other kinds of adversity, children's responses to maltreatment may include symptoms of depression, anxiety, aggression, as well as learning and social impairments.^{57,58} There is no specific syndrome indicative of child maltreatment; rather, maltreatment has a negative impact on all domains of development and functioning.^{41,59} Given these wide-ranging sequelae, the priorities for anyone working with children at risk involve preventing maltreatment, as well as detecting and stopping it early.¹³

Each of the different types of maltreatment threatens—often acutely—the stability and nurturing that children need. The literature on child maltreatment supports the idea that maximizing stability helps children, adding further support for the concept of permanency planning. Maximizing stability is particularly important where maltreatment has been coupled with considerable instability by the time children come into care.

OUTCOMES FOR CHILDREN IN CARE

How well has the emphasis on permanency planning translated into better outcomes for children in care? If stability in this context helps children, better emotional and developmental outcomes should be associated with options that provide greater stability. Unfortunately, on a basic level, stability in child protection planning has not yet been achieved. Recent American data indicate that the numbers of children living in temporary foster situations has increased significantly in recent years, resulting in the need for new federal and state legislation to better promote permanency planning.⁶⁰ Canadian data suggest that, on average, children are exposed to five different placements and three different workers after they come into the care of child protection agencies.⁶¹ Data from other jurisdictions also demonstrate repeated admissions and multiple moves for children in care.¹³

Emotional health and developmental outcomes have nevertheless been studied for children in care. There is pertinent evidence from follow-up studies for two different groups: children who have been adopted and children in foster care. These two groups are important because, presumably, a gradient may be implied with respect to stability, with adopted children showing better outcomes because of greater stability. The notion of a gradient is supported by the following findings.

For adopted children, most studies suggest that emotional health and developmental outcomes are generally good, although adopted children have more problems than children in the general population.¹¹ In contrast, most studies indicate that the majority of children in foster care have emotional problems.⁹ Outcomes in foster care, however, are not necessarily universally negative. Reddy and Pfeiffer⁶² reviewed the literature on enriched foster care and found evidence of relatively positive long-term outcomes for children. Minty⁶³ also reviewed studies of long-term foster care and suggested that outcomes were relatively good

compared to the general population, particularly if foster parents received ample ongoing supports.

Recently, two well-designed follow-up studies have shown improvement in children's functioning related to foster care. In a longitudinal Connecticut study of young children aged 11 to 76 months entering foster care, adaptive functioning was shown to improve over a one-year follow-up from a mean score below average to a mean score within the normal range.⁶⁴ Taussig and colleagues,⁶⁵ in a California study involving a prospective cohort of 7- to 12-year-old children placed in foster care, showed that those who were reunified with their biological family over a six-year period experienced more behavioral and emotional disturbance than those who did not reunify. The authors suggest that their findings pose a challenge to the common belief that reunification with birth parents is always best for children.

While more research is needed, studies to date suggest that maximizing stability is beneficial for children, and that there may be a gradient, with greater stability leading to better outcomes. Stability in this context means ensuring consistent and nurturing caregiving in a safe environment, but not necessarily a single long-term home with a caregiver who is unable to meet the developmental needs of the child (such as an abusive or neglectful parent). These findings also support Steinhauer's⁸ contentions that adequate levels of stability for children may be achieved using enriched long-term foster care, that long-term foster care should be considered as a promising permanency planning option, and that such arrangements do not have to preclude parental relationships if stability can be preserved. Overall, the concept of permanency planning is also supported, then, by the literature on outcomes for children in care.

SUMMARY AND IMPLICATIONS FOR PEDIATRICIANS

The concept of permanency has been widely promoted in child protection planning as a way to reduce harm for children by maximizing stability in caregiver relationships and in living situations. Three bodies of literature supply evidence about the importance of permanency planning for children.

The literature on healthy child development indicates that stability in environment and caregiver relationships is a fundamental requirement for all children. Permanency planning helps achieve this for children in the care of child protection agencies. The literature on conditions that create risk for children suggests that adversity harms children by interrupting stability, particularly if key caregiver relationships are involved, putting children at risk of developing serious emotional and developmental problems. Permanency planning helps reduce this form of adversity, particularly for children in care who have already experienced considerable adversity. The literature on outcomes for children in foster and adoptive care further suggests that children have better outcomes when stability is maximized using options such as adoption and enriched long-term foster care. Permanency planning can help achieve needed stability, therefore, even for these high-risk groups.

These three bodies of literature suggest that stability is a fundamental requirement for children and should be maximized through permanency planning. The emphasis on permanency planning continues to be justified because it is crucial for children's emotional health and development.

What are the implications for pediatricians involved in child protection? There are four arenas—clinical, administrative, legal, and policy—where pediatricians can be active in supporting and implementing permanency planning for children by advocating for children and by educating everyone involved.

Clinically, pediatricians can play a central role with the children they care for individually. In addition to monitoring parenting issues as part of standard care, pediatricians can closely monitor and advocate for children who are in the care of either birth families or child protection agencies to ensure that their needs are addressed and that permanency planning is adequately promoted.

Administratively, once children come into care, decision-makers struggle with achieving basic stability for children. The track records of many agencies are discouraging in that children are often still exposed to unacceptable numbers of changes in caregivers, placements, and protection workers. The situation is particularly discouraging given that this instability occurs in a climate favoring permanency planning. Children should not be moved once they come into care without compelling clinical reason. They should also have access to the same protection worker over time. Further, child protection agencies need to ensure that foster parents are appropriately matched to children and adequately supported to care for children long-term. In these settings, permanency planning is not only justified but needs to be emphasized more than it is currently. Pediatricians can assist child protection agencies by monitoring these issues and educating child protection staff on the specific developmental needs of children.

Legally, decision-makers have struggled to balance both parents' and children's interests, putting an explicit focus on children's interests in many jurisdictions. In the United States in the late 1990s, *The Adoption and Safe Families Act* was implemented to promote permanency planning for children by establishing "expedited timelines" for moving children from foster care into permanent homes⁶⁰ (page 88).

Legislation in other jurisdictions also places limits on the time periods during which children may experience uncertainty regarding long-term placement.^{66,67} However, these limits still often allow a maximum of 15 months to two years for placement decisions to be finalized, exposing children to uncertainty for periods far longer than most children can tolerate without suffering emotional consequences. For children, six-month to one-year time limits are preferable, particularly in the preschool years. While many jurisdictions are moving in the right direction, by still allowing time limits for decision-making that are intolerable for children, the legal system appears to implicitly favor parents' interests. In addition, delays caused by backlogs in the courts can force decisions to be made which favor parents (by returning children to their parents care despite ongoing concerns and risks) in order to comply with timelines identified by the legislation. Permanency planning in legal settings is therefore not only justified, but needs to be made more of a priority. Pediatricians can play a role in the legal system, when called upon, by educating the courts and advocating for children.

Finally, on a broader social policy level, even improving our clinical, administrative, and legal approaches will not obviate the fact that, in child protection matters, we still often intervene far too late in the course of problems that cause great suffering for children. While permanency planning is crucial for children, prevention of serious parenting problems should be everyone's highest priority. The permanency emphasis should not distract attention and resources away from this goal. Because most prevention approaches focus on improving parents' situations and abilities, emphasizing prevention should also help mitigate harm for many parents. Pediatricians can play a key role, finally, in advocating for the prevention of serious parenting problems at a broader social policy level.

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Literary Quotes

Emerson-Temperament Defined

We understand temperament as those largely innate behavioral style traits that determine how we experience and respond to our environments. They mediate and moderate our interactions with the world around us. Philosophical and scientific beliefs about temperament have varied over the history of western civilization, starting with widespread acceptance of the humoral theory in ancient Rome and for much of the next two millennia, to its general rejection as nonexistent in the early twentieth century, to a rebirth of interest and scientific research at mid-century, to the present period of neglect attributable to the current fascination with brain pathology. However, starting as early as Dante in the fourteenth century, leading literary writers have made valuable observations worthy of the attention and respect of modern behavioral scientists. Emerson is a good example.

Ralph Waldo Emerson (1803–1882), “the sage of Concord,” was an eminent American essayist, poet, orator, and philosopher. His epigrammatic prose style is often hard to follow but it contains many intuitive insights into the human condition. His comments on temperament in his essay on Experience (Essays, Second Series, 1844), previously mentioned in passing in these pages (JDBP. 1998;19:433), deserves a more extended presentation here.

“Life is a train of moods like a string of beads, and as we pass through them they prove to be many-colored lenses, which paint the world their own hue, and each shows only what lies in its focus. From the mountain you see the mountain. We animate what we can, and we see only what we animate. Nature and books belong to the eyes that see them. It depends on the mood of the man whether he shall see the sunset or the fine poem. There are always sunsets, and there is always genius; but only a few hours so serene that we can relish nature or criticism. The more or less depends on structure or temperament. Temperament is the iron wire on which the beads are strung. Of what use is fortune or talent to a cold and defective nature? . . . Of what use is genius, if the organ is too convex or too concave and cannot find a focal distance within the actual horizon of human life? Of what use, if the brain is too cold or too hot, and the man does not care enough for results to stimulate him to experiment and hold him up in it? or if the web is too finely woven, too irritable by pleasure and pain, so that life stagnates from too much reception without due outlet?”

Emerson's nineteenth century views and florid literary style should not interfere with our appreciation of his impressive ability to observe and describe the important role of temperament in our lives. The modern science of psychology was not born for another 40 years and would not duplicate Emerson's insights for over 100 years.

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