What Is a Highly Healthy Child?

Eight-year-old Daryl was a very impressive young boy. I don’t think I’ve ever met a person with a more positive mind-set. His attitude was always upbeat, his laugh infectious. I wish you could have seen his smile. It could light up even the darkest room. Daryl was loved by his family and had a deep faith in God. In short, he was incredibly healthy emotionally, relationally, and spiritually. He was more highly healthy than most of my patients, and more healthy than most people I had met.

Daryl’s overall health was all the more impressive because of where I met him. He was visiting “Give Kids the World,” a very special village near Disney World where dying children and their families can escape the world of hospitals and medical treatments and enjoy a week of being lavished with hugs, smiles, and entertainment by their favorite Disney characters. Although Daryl was as bald as a cucumber and skin and bones from end-stage cancer, he was living life to the fullest. He greatly expanded my understanding of health. He demonstrated to me what it means to be healthy—not just disease- and symptom-free—but whole in the most important ways.

Having interacted with Daryl, I knew I needed to get to know his parents. Young children are so influenced by their parents that whenever I meet children who are as impressive as Daryl (or who are negatively impressive), I want to know more about their parents and home setting. Mark and Sue were indeed remarkable people. I was blessed to be able to spend a little time with them.
Mark and Sue worked to keep their marriage healthy, and they considered the job of raising highly healthy children to be the most important one on earth. They knew their children's health wasn't the responsibility of doctors or schools, churches or coaches, the YMCA or Scouting groups. Of course these people and groups could help, but Mark and Sue knew that the personal investment they made in their children was crucial. Although their son was withering physically and would live no longer than a few months, they had truly done their job well.

WHAT IS HEALTH?

Initially, because I was trained in conventional medicine, I emphasized the physical side of health, especially the treatment of trauma and disease. If my patients were free from injury and disease, I considered them to be healthy. But the longer I practiced medicine and the more I encountered individuals like Daryl, the more I realized there's more to being highly healthy than having a physically functioning body. So what's the relationship between physical well-being and true health? I explored this in my book *10 Essentials of Highly Healthy People*, and I want to summarize these ideas because they are crucial to our understanding of children's health.

Many modern-day writers and physicians have wrestled with the meaning of health and how to achieve it. Like the ancient clergy, physicians, and philosophers, virtually no one equates health with physical health alone. Even the word *health* comes from Old English words meaning “whole.” So the definition of *health* is intended to include those things that “make a person whole.”

What does it mean to “be whole”? What, other than physical well-being, constitutes health?

The more I asked this question, the more intrigued I became. I searched for an answer by informally surveying health care experts and physicians in various countries and asking, “What is health?” and “What are the essentials of health?” I then searched medical literature from around the world, reviewed many studies and medical reports (some of which I’ll refer to later), and focused intently on the subjects of wellness and longevity. The more I read, the more excited I became. All the evidence suggests that there is a powerful connection between a child’s physical body and his or her emotional, relational, and spiritual well-being.
Dr. Nick Zervanos, a family physician who has taught residents and medical students for more than thirty years, came closest to expressing my belief about health when he said, “True health involves our entire beings. The physical, mental, and spiritual elements must all be functioning as God designed them to function if we are to be truly healthy. The physical may actually be the most unimportant of the three, because with good mental and spiritual health we can still be content, even though our bodies may be unhealthy.”

His definition is exactly what intrigued me about little Daryl. The music of Daryl’s life was music to my ears. If you are uncertain about the spiritual aspect and are thinking, Isn’t my child’s physical health enough? please consider this: If our children are to be highly healthy, we have to think way beyond their bodies and emotions. We need to look beyond their family and social relationships. We need to look at their spiritual health.

Spirituality plays a key role in our health and dramatically affects the health of our children, so I propose that in addition to looking at the highlights of important medical studies, historical medical wisdom, and current medical advice, we look at a book filled with timeless principles—principles that can be applied to people of all ages, in any culture, and at any time. They can help us understand and apply the essentials we need in order to become highly healthy. This book, known throughout the world as “The Good Book,” is the Bible. As surprising as it may seem, the Bible’s age-old, time-proven principles of health are supported by an impressive amount of scientific research, and I’m eager to share some of these principles with you.

**THE BIBLE’S PERSPECTIVES ON HEALTH**

Although the Bible appears to say little about health in strictly medical terms, it reveals important principles about health. First and foremost, it views
health as a state of completeness and wholeness. It gives us clues as to what constitutes a high degree of health, for us as parents and for our children.

In his book *The Bible and Healing*, John Wilkinson, a British physician and biblical scholar, wrote, “Human wholeness or health is the main topic of the Bible. . . . It is only when human beings are whole and their relationships right, that they can be described as truly healthy.” Even the language and stories of the Bible reflect this perspective.

You may be familiar with the Hebrew word *shalom*, for example. It is found 338 times in the Bible and expresses the concept of health as it was viewed during pre-Christian times. Although *shalom* sometimes expresses “peace,” its root meaning is that of wholeness, completeness, and general well-being. It conveys more than physical and emotional well-being, however. *Shalom* conveys a strong emphasis on relational and spiritual well-being—especially concerning one’s relationship with God.

The Bible teaches that true *shalom* comes from God: “The LORD gives strength to his people; the LORD blesses his people with peace [*shalom*].” Thus the Bible seems to indicate that all people, including children, cannot be highly healthy physically, emotionally, or relationally unless they are also healthy spiritually. Furthermore, the Bible teaches that the principles taught within it are so crucial to our well-being that we parents are to teach them to our children on a daily basis. Various people in the Bible also recognized and described the connections between spiritual, emotional, relational, and physical health. King Solomon, purported to be one of the wisest men in all of human history, noted, “A cheerful look brings joy to the heart, and good news gives health to the bones.” Solomon’s father, King David, poignantly described how guilt over wrongdoing affected his physical, spiritual, and emotional health. After committing adultery and murder, he wrote, “When I kept silent, my bones wasted away through my groaning all day long. For day and night your hand was heavy upon me; my strength was sapped as in the heat of summer.” The apostle John linked our overall well-being to our spiritual vitality: “Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well.”

I hope it’s becoming clear that the well-being of highly healthy children depends on their inner life as well as their physical health. God wants to nourish and promote a healthy emotional and spiritual life because without it, our children simply will be less healthy than God designed them to be (Proverbs 17:22; Matthew 5:3–12; 6:33; 16:26; Luke 6:20–26; and 1 Corinthians 11:29–30 are just a few Bible passages that support this statement).
Does this timeless biblical view really matter in the twenty-first century? I believe it does. Many children I cared for in my practice were healthy physically, yet were involved with parents or families whose relational, emotional, and spiritual lives were disasters. These families were simply unable to grasp what it meant to be highly healthy, and the consequences to their children were devastating. In contrast, I’ve also cared for children who have suffered trauma and disease that resulted in chronic disability, pain, or fatigue. Yet, although these children suffered daily in ways most of us could not begin to imagine, they have become highly healthy individuals.

One such child is Jill, who had a lot to overcome. She had cerebral palsy, which made it difficult for her to communicate, made it impossible for her to feed herself, and required her to be in a wheelchair. Although Jill’s father abandoned the family while she was still very young, Jill’s mom did everything possible to nurture all aspects of her daughter’s health.

Jill’s mom made sure that Jill had male role models in her life and that she was involved with other children, despite the painful teasing she sometimes had to endure. (Jill once lost motorized wheelchair privileges for a week at school because she intentionally ran into and injured a boy who had teased her. The punishment worked well, however. The boy was required to push her manual wheelchair for the week, and they ended up becoming good friends.)

The last time I saw Jill, she was in her late teens. She was a delightful young woman who had many friends and was highly healthy—despite her devastating physical problems. The level of health she exhibits doesn’t happen by accident. It’s a result of loving, committed, deliberate parenting that is focused on all aspects of health. Let’s turn now to explore what I call the “four wheels of health” and discover why each is so important in helping children achieve the highest possible degree of health.

**UNDERSTANDING THE FOUR WHEELS OF HEALTH**

In order to understand how to nurture our children’s health, we need to understand a concept taught to me by Harold, who lived in a small cabin on a hill above the Nantahala River near Bryson City, North Carolina. Harold’s true joy in life was refurbishing Model T Fords. To him, they were works of art. When I expressed an interest in learning more about these old cars, Harold invited me to his shop, where I gained a greater appreciation for his hobby.

Harold labored over body repairs and reupholstering seats, but he specialized in repairing wheels. He showed me how a weakness in just one or two
spokes could cause a multispoked wheel to collapse and, potentially, cause a
wreck. He explained that if a driver wanted a long, smooth ride, the wheels
needed to be as perfectly balanced as possible. An imbalance in even one wheel
could put a strain on the engine, chassis, and other wheels. In short, it could
goof up the whole car.

I began to think about the components of health in the way Harold
viewed the components of a sturdy wheel: four wheels attached to a stable car
(the four health “wheels” of a highly healthy person), with all wheels in bal-
ance (all aspects of a highly healthy child developed in balance). The four
“wheels” of highly healthy children are

- **physical health**—the well-being of a child’s body;
- **emotional health**—the well-being of a child’s mental faculties and con-
  nection with his or her emotions;
- **relational health**—the well-being of a child’s associations with parents,
  family members, friends, and community; and
- **spiritual health**—the well-being of a child’s relationship with God

These four components of health were critical in the life of Jesus, even during
childhood. According to the Bible, Jesus “grew in wisdom and stature, and in
favor with God and men.” In other words, he grew mentally/emotionally,
physically, spiritually, and relationally.

Parents who want to raise highly healthy children will work hard to keep
the wheels of their health and those of their children in balance. So let’s con-
sider the effect of each of the four wheels of health and explore the essential
principles you can begin implementing to nurture a highly healthy child.

### The Physical Wheel

The simplest definition of maximum physical health is that the child’s
body—all its chemicals, parts, and systems—is working as closely as possible
to the way God designed it. In order for a child to be physically healthy, dis-
ease must be prevented whenever possible and treated as early as possible.
When illness or disorder occurs, physical health involves learning to cope and
adapt as needed. With good emotional, relational, and spiritual health, a child
whose body lacks optimum physical “wholeness” can still be highly healthy.

Allow me to share a personal illustration. Our oldest child, Kate, was born
with cerebral palsy. Most of her right brain and about one-half of her left brain
died and dissolved while she was in the womb. Kate's brain damage was such that it was as though she had had a stroke before she was born—resulting in the left side of her body being weaker and more spastic than the right side, although the right side, too, was affected. The brain damage dramatically slowed her physical development. By the time she was a teenager, she had had many operations to straighten her limbs and eyes. She had worn braces and splints, casts and eye patches, and for a time she was in a wheelchair. At the age of twelve, she developed a severe seizure disorder. She spent time in an intensive care unit on a ventilator and nearly died.

Although Kate made it through many medical obstacles, she is still not “normal” physically. She has significant disabilities, and her condition is incurable. Nevertheless, she has learned to cope and adapt. Although she doesn't eat as well as she might and could exercise a bit more, for the most part she cares for herself physically. Kate is up-to-date on her immunizations. She takes her medications, makes her doctor appointments, and does her own self-care. Her mom and I consider her physical wheel to be fairly healthy—not because her health is perfect, but because it is reasonably balanced.

Given her physical challenges, it would be easy for Kate to become unhealthy. I have known patients with similar disabilities who were very unhealthy emotionally, relationally, or spiritually. They were miserable people. They became obese, and their physical health was terrible. So Kate's physical health cannot be taken for granted. It takes a concerted effort on her part to maintain her physical wheel, and her physical health is strongly dependent on the constant work she does to keep her emotional, relational, and spiritual wheels in balance. If these three wheels were flattened, weak, or unbalanced, Kate could not be nearly as healthy as she is physically.

Dose of Wisdom

A healthy child is one who is not only physically healthy—exercises, eats the right amount of each food group (including a little chocolate thrown in now and then)—but is also emotionally and spiritually healthy.

Kate Larimore
The Emotional Wheel

Great emotional health is not the absence of emotional distress. Emotional health involves learning to cope with and actually embrace the full spectrum of human emotions—positive and negative—that each of us faces in life. Emotional health in children is greatly enhanced by the love, security, and well-defined boundaries of the parent-child relationship. On the foundation of our love, we parents must teach our children how to appropriately recognize and express the full range of human emotions. Four-year-old Samuel, the child of a friend, surprised me with the level of emotional health he demonstrated one day in our home.

Samuel’s little sister crawled over to where he was playing with a train set. She sat up and reached over to take one of the cars.

“She, I wish you wouldn’t do that.” He glared at her.

She looked him in the face, then grabbed one of the train cars and pulled it into her lap.

His mom, Barb, and I watched to see what Samuel would do.

He fumed for a moment. “Rachel,” he continued, “if you put the train back on the track, we can play together.”

I was quite amazed by this little boy’s maturity.

Then Rachel surprised us all. She took the little train car and banged it on her brother’s head!

He grimaced. Had he been my child, I would have bolted to his side to attempt to prevent the coming eruption. Samuel’s mom, however, sat and watched.

He looked up with tears forming in his eyes. Then he stood and walked to his mom. “Mommy, Rachel hit me on the head.”

“How did that make you feel?” she asked.

“I felt really, really, really angry, and my insides wanted to punch her.”

“Why didn’t you?”

“I knew it was wrong.”

She hugged him tightly. “Samuel, I love you so much—no matter what decisions you make. But I’m so very proud of this decision. You and I will do something special together as soon as we get home.”

At his young age, Samuel was well on his way to being emotionally healthy. His response was not natural behavior; it was learned. His parents had taught him principles on which he now acted. He was fully aware of his feelings and made a conscious decision as to how he would respond. Rachel will likely learn these lessons as she grows older, too.
The Relational Wheel

Great relational or social health can be defined as the state of maximum well-being in all of a child’s relationships—those with siblings, parents, relatives, friends, schoolmates, teachers, coaches, clerics, neighbors, and the broader community. Early on, relational health requires parents to involve their children in healthy relationships and protect them from toxic or dangerous relationships. As children mature, it involves teaching them how to exercise discernment in their relationships.

Although relational stress and discord are inevitable as children learn to interact with other people, it’s critical to our children’s well-being that we parents learn how to develop healthy relationships ourselves and that we be diligent in preventing or “treating” disordered relationships to which our children will be exposed (including our own). Whether we want them to or not, our relationships have a direct impact on our children for better or for worse. Marshall stands out in my mind as an example of how parental relationships affect the relational health of a child.

When Barb and I lived in Bryson City, we taught the young boys’ Sunday school class. One of the boys, Marshall, was a gifted athlete. He was full of spunk and energy. He was intellectually gifted and seemed to grasp spiritual truth. But he was a deeply wounded child. No one in Marshall’s family had learned how to have healthy relationships, so the entire family was involved in toxic relationships. His father was an alcoholic who, we believe, abused Marshall in terrible ways. His oldest brother was a delinquent. His mom was physically weak and lived in constant pain—a pain she took out on her kids.

These extremely disordered relationships affected Marshall emotionally and flowed over into his relationships with others. It is not surprising that by the time we met Marshall, his interactions with other children were characterized by either anger or selfishness. While other children accepted correction, Marshall rebelled. While other children followed instructions, Marshall disobeyed. It was no wonder he was failing in school.

As concerned adults, Barb and I poured much time into Marshall. We tried to help him balance this unhealthy wheel. We knew that if we could not help him develop a strategy for balancing it, the road ahead for him most likely would be rough. And indeed the road was rough. Marshall eventually dropped out of school and became an alcoholic.
The Spiritual Wheel

Although not everyone may share my view, I’m convinced that the spiritual wheel is the most crucial. Good physical, emotional, and relational health are not enough. Spiritual well-being needs to be nurtured from a very early age so that it will be a consistent priority of children who will become highly healthy adults.

Great spiritual health can be described as the state of a child’s maximum well-being in a personal relationship with God the Creator. To be spiritually healthy, a child needs to be taught what a personal relationship with God is and to see other people model that kind of relationship. Then the child must choose to have this type of relationship with God. Finally, he or she must grow in this relationship over time—just as in any other relationship.

Even young children need to learn about God’s plan for them in terms of their physical, emotional, relational, and spiritual conditions. They must learn about their Creator’s personal instruction and direction in their lives, and they must learn how to apply it in simple, practical ways. Children can begin learning this at a very young age.

One mother told me about taking a walk with her two-year-old daughter. They sat down for a rest, and the child looked up at the sky and said, “Ky. God make ‘ky.”

“Yes, God made the sky,” her mother replied.

The wind gently rustled nearby tree branches. The child said, “Trees. God make trees.”

“Yes, God made the trees,” her mother replied.

Just then a bird flew by. “Birdie. Grammie Rosie make birdies!”

“Oh!” her mother laughed. “Grammie Rosie makes lots of things for you that are soft and fluffy like birdies, but God makes the birdies, just like he makes the trees and sky.”

Making the nurturing of spiritual health a priority in everyday life is essential, especially because so many people view physical, emotional, relational, and even financial health as their top priorities. Children often receive this message from schoolmates, advertisements, movies, and their interactions with adults, but this is not a view held by parents of highly healthy children. These parents echo Jesus’ perspective when he said that it is most important to seek God’s kingdom and his righteousness, and that the material needs of food and clothing would then follow. These parents ask, as did Jesus, “What good will it be for a man [child] if he gains the whole world, yet forfeits his soul?”
Does my emphasis on spiritual health mean that physical, emotional, and relational health aren’t important? Certainly not! These should be enjoyed and appreciated, nurtured and developed. Nevertheless, if the spiritual wheel receives less attention than the other three wheels, our children will not be highly healthy. Nor will they grow up to be highly healthy adults unless they develop this wheel on their own. Balance in all four health wheels is essential. Unfortunately, many people put the spare tire on the car and toss the spiritual wheel in the trunk!

Dose of Wisdom

*Man must be arched and buttressed from within; else the temple wavers to the dust.*

Roman Emperor Marcus Aurelius

**ASSESSING YOUR CHILD’S HEALTH**

I believe you want to help your child become as highly healthy as possible, so I’d like to share an easy way to assess the four wheels of health for each of your children. I designed this measurement tool for children approximately ages four to twelve. It’s simple—and as such it will be only a crude representation of your child’s overall health—but it will help you quickly develop a picture of your child’s health balance, or lack thereof. Understanding these wheels is fairly simple, and using them to evaluate your child is fairly intuitive. So let’s begin. On a separate sheet of paper, reproduce or copy the illustration found on page 32.

Notice that each of the four health wheels has a hub and two sets of spokes. The hub is the central point around which the entire wheel turns, and it involves faith—not in the religious sense, but in terms of the confidence that if you provide what your child needs to be healthy, he or she will most likely become healthier over time. The spokes represent the measure of health your child possesses in each of these areas. The longer the spoke, the better. In this exercise, you’ll assess the length of each spoke of each wheel, which will show how smooth a ride your child will enjoy on the road to health.

Warning! This exercise is not to be used to show your child where he or she comes up short. To do so could be highly damaging to your child. This tool
is designed for your eyes only—to show where you need to improve in order to raise a healthier child. This measurement tool has not been scientifically verified. My guidance for you on measuring these spokes is based on both my experience and my review of the research literature.

As you read each description below, mark the appropriate spoke to represent your evaluation of your child’s health in this area. The more accurately you assess your child, the more helpful this tool will be. The hub is the zero point.

**Physical Wheel**

Hub = trust that your child’s body will develop properly if nurtured  
Vertical Spokes = activity and rest  
Horizontal Spokes = nutrition/growth and immunizations
Activity

This spoke represents your child’s average daily physical activity over the last two or three months. If your child is sedentary (no physical education at school; no sports activity; more than three hours a day of television and computer time), mark the spoke at the zero or one-quarter point. If your child exercises only on weekends, give him or her a quarter to one-half mark on the spoke. If he or she exercises (plays and runs outside) at least thirty minutes a day, four to six days each week, make a mark on the spoke three-quarters of the way up. If your child exercises at least thirty minutes daily, place a mark at the end of the spoke.

Rest

How much healthy rest does your child receive? If he or she goes to bed late, doesn’t sleep well most nights, is tired during the day, doesn’t spend at least one day a week playing, resting, and relaxing, and isn’t taken on adequate vacations (adequate in terms of length, frequency, fun, and rest), mark the spoke at the zero or one-quarter point. If your child goes to bed at a reasonable hour; has eight or more hours of restful sleep and usually wakes up refreshed; has one or two days a week for play, rest, and recreation; and enjoys adequate family vacations, place a mark at the end of the spoke. If your child does some, but not all, of these healthy activities, mark the spoke at a point that accurately represents where he or she is at present.

Now let’s turn our attention from the vertical spokes of the physical health wheel to its horizontal spokes.

Nutrition/Growth

This spoke represents your child’s nutritional health, and each component accounts for no more than one-half of the spoke.

First, let’s assess the nutrition portion of the spoke. If your child drinks plenty of water daily, eats more than four or five servings of fruits and vegetables daily, eats at least three nutritious meals per day, has minimal intake of caffeine, soft drinks, saturated fats, highly processed foods, fast food, and sweets—and is not using or exposed to tobacco products or illicit drugs—give a full half-spoke credit. Otherwise, lower the measurement accordingly. For example, if your child rarely eats fruits and vegetables, typically eats no
breakfast, grabs an unhealthy lunch, constantly drinks soda, and is exposed to tobacco smoke daily, give zero credit.

Now let’s consider your child’s growth. If your child is less than two years old, ask your child’s doctor for a children’s growth chart or use the chart on my website (www.highlyhealthy.net). If your child’s height and weight are between the 5th and 95th percentiles, add a half-spoke credit to the nutrition mark, but if the height or weight is below the 5th percentile or above the 95th percentile, add only a quarter-spoke credit to the nutrition mark. If both the height and weight are below the 5th percentile or above the 95th percentile, give zero credit.

If your child is two years old or older, the most accurate assessment of healthy growth is the Body Mass Index (BMI). Ask your child’s doctor for a BMI chart for children or use the chart on my website (www.highlyhealthy.net). If your child’s BMI is normal, add a half-spoke credit to the spoke. If the BMI is borderline, then it’s a quarter-spoke credit. If the BMI is abnormally high or low, give zero credit. Your final mark on this spoke should be the sum of the nutrition and growth marks.

**Immunizations**

You may be surprised that I’ve dedicated an entire spoke to immunizations, but of all the preventive measures available to positively influence our children’s physical health, this one may be the most essential. Vaccines have had a greater impact on reducing children’s death and disability from infectious diseases than almost any other public health intervention, and I’ll discuss their importance in chapter 3.

To measure this spoke, determine how many recommended immunizations your child has received. You can find a list of these on my website (www.highlyhealthy.net). If your child has received all recommended vaccines, place your mark at the outer end of the spoke. Otherwise, mark the spoke to represent the percentage of vaccines your child has received.

**Emotional Wheel**

- Hub = trust that your child’s emotions will develop properly if nurtured
- Vertical Spokes = stimulation and peace and quiet
- Horizontal Spokes = learning and security/love
Stimulation

In America, the problem is almost never a lack of stimulation but rather too much or the wrong kind. To measure this spoke, estimate whether your child’s level of stimulation is—as Goldilocks once declared about porridge—“too hot,” “too cold,” or “just right.” Be sure to consider the amount of television, video, and computer stimulation your child receives. Estimate the level as “just right” if your child is routinely exposed to less than an hour of television and computer activities daily but “too hot” if the child has two or more hours a day of this potentially harmful stimulation. Consider also the degree of touch you (and your spouse, if you are married) give your child. If you share hugs and appropriate touch, and sit close together when you talk and at bedtime, give a “just right” estimate. If you don’t share physical touch with your child, estimate the level as “too cold.”

If your child’s mental and emotional stimulation is “just right,” place your mark at the outer end of the spoke. Place your mark closer to the hub if your child generally experiences stimulation that is “too hot” or “too cold.”

Peace and Quiet

Most children do not have nearly enough quiet time. The “Goldilocks formula” works well for estimating your child’s health in this area, too. Mark the spoke according to whether your child’s life seems “too loud,” “too quiet,” or “just right.” As you assess this area, remember that emotional pain caused by lack of self-worth, lack of intimacy with others, and lack of intimacy with God can diminish your child’s peace and tranquility, even if he or she seems to have enough quiet time. If any of these causes of emotional imbalance play a role in your child’s life, mark the spoke accordingly.

Learning

Lifelong learning, which is important to an adult’s health, almost always begins during childhood. Research shows that the brain, like a muscle, must be exercised in order to remain highly healthy. Just as physical activity helps your child’s heart, muscles, and bones become and stay healthy, his or her brain benefits from mental activity. Mental activities such as regular times of reading, ongoing education, challenging tasks, and playing board games with family members are linked with sharper minds throughout life. If your child enjoys
learning, no matter what his or her style of learning is, place a mark at the outer end of this spoke. Otherwise, shorten it accordingly.

**Security/Love**

A child’s sense of safety and security, coupled with the knowledge that he or she is loved, is essential to his or her health. Let’s assess the safety and security component first. If your child feels safe, and you use appropriate boundaries, discipline, and punishment, allow a half-spoke credit. To the degree that your home lacks security and safety, lessen the credit. If your punishment is excessive and given in anger, or if you are too permissive and rarely use appropriate discipline and punishment, lessen the credit on this spoke.

Now let’s assess the love component. Unconditional love from a child’s parents is essential for healthy contentment as an adult. Unconditional love balances love with discipline, freedom with limits, and nurture with training. Such a relationship with your child is healthy and enjoyable, and marked by affection. If you love your child unconditionally and verbalize your love more than once a day, give a half-spoke credit. In contrast, if your love is conditional on what your child does or says and you don’t verbally express your love daily, give less than a half-spoke credit. Your final mark should be the sum of the learning and security/love components.

**Relational Wheel**

Hub = trust in and nurturing healthy relationships with others and self  
Vertical Spokes = relationship with parents and family relationships  
Horizontal Spokes = connectedness and play

**Relationship with Parents**

Of all the characteristics of highly healthy parents, with the exception of learning how to love their children unconditionally, the most important is the quantity of time both mom and dad sacrificially give to their child. Quality time occurs only within quantity time. Period. We’ll explore this in greater depth in a later chapter.

Parental relationships are critical to a child’s self-concept and ability to develop and maintain healthy relationships. If both you and your spouse spend
more than thirty minutes each day with your child, mark the spoke at the outer end. If one of you spends more than thirty minutes a day and the other spends between two and three hours a week, mark the spoke at three-quarters. If both you and your spouse spend between two and three hours weekly with your child, mark the spoke at the halfway point. If both you and your spouse spend less than two hours weekly with your child, mark the spoke at the hub.

Family Relationships

If both of the child’s biological parents live together and feel they have a great marriage, mark the spoke at the outer end. If both biological parents live together and have a good marriage, mark the spoke at three-quarters. If the marriage is only fair, mark the spoke at one-half. If both biological parents live together and have a poor marriage, mark the spoke at one-quarter.

If your child is adopted, subtract one-quarter spoke from the above measurement. Please understand that I am not saying your relationship with your adopted child cannot be highly healthy—indeed it can be. However, in the case of an adopted child, as well as a single-parent or blended family (see below), added risks affect the parent-child relationships. We’ll further investigate these risks later in the book.

If you are a single parent who spends at least thirty minutes a day with your child and involves significant role models of the other gender in the life of your child three hours or more a week, mark the spoke at three-quarters. If you are a single parent who spends at least thirty minutes a day with your child but doesn’t provide significant role models of the other gender, mark the spoke at one-half. If you are a single parent and you spend less than thirty minutes a day with your child and don’t provide role models of the other gender, mark the spoke at one-quarter. In any case, if you are divorced from or were never married to the child’s other parent, and that parent has a poor or uninvolved relationship with the child, subtract one-quarter of a spoke.

If you are in a healthy, married, blended family, mark the spoke at three-quarters. If your relationship with your spouse or stepchildren is fair to poor, however, mark the spoke at zero to one-quarter. If you are in a blended family but not married, mark the spoke down another one-quarter. In any case, if you are divorced from or were never married to the child’s other parent, and that parent has a poor or uninvolved relationship with the child, subtract an additional one-quarter spoke.
Connectedness

Connectedness is foundational to your child's relational and emotional health. Children are created with the ability to connect, although some children have disorders, such as autism or Asperger Syndrome, that prevent connectedness. Connectedness begins with unconditional love and security and safety, which we’ve already measured.

Connectedness exhibits itself in a willingness to play constructively with others, a can-do attitude, a willingness to tackle new adventures, a sense of optimism, and an ability to make friends comfortably. If your child demonstrates these traits, mark a full spoke. If your child demonstrates none of these traits, mark the spoke at zero. If your child demonstrates some of these traits, mark the spoke accordingly.

Play

The “work” of childhood is play. By “play,” I don’t mean a schedule of tutored, taught, or competitive events; I mean unstructured play, such as when you tell your child to “go out and play!” Play builds creativity, resourcefulness, and imagination. It fosters cooperation and problem solving. Even solitary play teaches inspiration, ingenuity, and inventiveness.

If your child enjoys play and has time each day to just play—alone or with others—place a mark at the outer end of the spoke. (Remember, don’t count television and computer time as “play” time.) If your child’s life is full of activity, but there’s no time to play, place your mark at zero.

Spiritual Wheel

Hub = trust in and nurturing a healthy relationship with God  
Vertical Spokes = personal relationship with God and prayer  
Horizontal Spokes = spiritual instruction and spiritual activity

Personal Relationship with God

I define true, positive spirituality in terms of a personal relationship with God resulting in an internal change that yields love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control. As I’ll discuss in chapter 8, the greater the depth of a child’s spiritual health, the more likely the child is to be physically, emotionally, and relationally healthy.
If your child believes in God and shows evidence of a relationship with God, mark this spoke at the outer end. If your child believes in God but has no discernable relationship with God, a mark at the halfway point may be appropriate. If your child has no belief in or relationship with God, then place your mark at zero.

**Prayer**

In its simplest form, prayer is an intimate conversation between your child and his or her Creator. Prayer can occur anywhere and anytime. It doesn't require a church or synagogue, a particular place or position. Prayer can be as simple as thanking God for the good things that happen each day.

If your child prays every day, mark the spoke at the end. If it's only a few days a week, mark the spoke at three-quarters. If it's a few times a month, mark the spoke at half. If your child prays only on special holidays or before family meals, mark the spoke at one-quarter. If your child never prays or prays only during a crisis, mark the spoke at zero.

**Spiritual Instruction**

The foundation for spiritual health is most effectively laid during childhood and must include spiritual instruction. Activities such as family Bible reading, Sunday school classes, confirmation classes, vacation Bible school, church youth group, church camp, and the like all play a role in spiritual instruction.

Your child's *daily or weekly* religious instruction accounts for up to one-half a spoke. If your child participates in two or more weekly activities, such as attending a faith community and joining in your family’s Scripture reading, give a full half-spoke credit. If these activities occur monthly, give a quarter-spoke credit. If your child does none of these, mark the spoke at zero.

For the other component, evaluate *annual* spiritual activity such as attending church camp and vacation Bible school or being in a church play. For two of these activities per year, allow a full half-spoke credit. For one activity, give a quarter-spoke credit. Your final mark on this spiritual instruction spoke should be the sum of the weekly and annual spiritual instruction marks.

**Spiritual Activity**

For up to half of this spoke, evaluate your child’s *involvement* in a faith community such as a church or synagogue. If you and your child are involved
in a healthy, positive spiritual community in which you receive supportive
guidance and practice accountability, allow a full half-spoke credit. If your
involvement is less than weekly but at least monthly, allow a quarter-spoke
credit. If it’s less than once a month, mark this spoke at zero. Also, if the faith
community itself is unhealthy, allow less credit accordingly.

The other half of this spoke focuses on giving. If your child gives away
time, treasure, or talent at least monthly (volunteering at a soup kitchen, help-
ing a neighbor, cleaning up along a roadside, giving money to a church or
charity, and so on), give a full half-spoke credit. If your child does this once a
year, give a quarter-spoke credit. Your final mark on this spiritual activity spoke
should be the sum of the involvement and giving marks.

**The Whole Picture**

Now that you’ve marked the estimated length of the spokes on your child’s
four wheels of health, draw the rim of the wheel by connecting the marks on
each spoke with the marks on the adjacent spokes.

Take a look. Are the wheels round, or are they flat in spots? Are they
approximately the same diameter, or is one much smaller than the others? Are
they all fairly round and similar in size but small in diameter? If any of these
conditions exist, your child is less than highly healthy.

If the tires on your car looked like your child’s wheels of health, would
you be concerned? Can you imagine how a vehicle would run if it had four
wheels like those of your child?

The illustration on the following page shows the assessment of a child of
a good friend of mine. “Walt,” he said, “I need to go to work! These flat tires
are primarily my fault. I’m going to start today to fix them. I not only want
to have a highly healthy child, I want to be a highly healthy parent.”

If you are to raise highly healthy children, you need to take responsibility
for and be proactive regarding your health and the health of your children.
You will need to study and learn, read and evaluate, in order to accomplish
your goal of lengthening the short spokes of your child’s wheels of health. If
you repeat this exercise annually or semiannually, you’ll see different spokes
lengthen as you make the decisions of a parent who intends to raise a highly
healthy child.

I must warn you, however, that it’s hard work. Just as it’s important to
check your car’s tire pressure, keep the wheels balanced, and watch for exces-
sive wear or road damage to reduce the risk of an unexpected blowout further
down the road, you need to be watchful of your child’s health. You must monitor the balance of each wheel, check for signs of damage, and do all scheduled maintenance to avert future problems and help ensure a long, smooth ride. You will be tempted to take shortcuts, but each one of us is responsible to make the best decisions and take the most appropriate actions to help our children become highly healthy people. I can’t emphasize this enough.

No one else can be your child’s parent. I hope you are excited about improving your child’s health. No matter where you and your child are on your journey toward health, let this chapter serve as a reference point—a beginning point—as you become a more highly healthy parent of a more highly healthy child. I’m confident that what you learn will pave the way for a great trip.

What Is a Highly Healthy Child?

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Relational

Spiritual