

Temperament and Goodness-of-Fit



Everyone is born with an individual way of approaching and experiencing the world—also known as “temperament.” Temperament is part of how we are wired, and it is the result of both biological and environmental factors working together. Every child has a unique temperament, and parents may begin to see it emerge even in the first few months of life!

Parents have their own temperament as well. How well a parent’s temperament “fits” or works with their child’s temperament can influence the quality of their relationship and impact their child’s healthy development. When parents understand how their own and their child’s temperament work together, they can adjust their parenting approaches to meet their child’s needs.

THERE IS NO RIGHT OR WRONG, BETTER OR WORSE TEMPERAMENT.

It’s true that some temperaments are easier to handle than others. An intense, reactive child can be more difficult to soothe than a laid-back, flexible child. A child who is very shy and slow-to-warm-up may require more time and support at his preschool’s morning drop-off. The most important thing parents can do is let children know they are loved and accepted for who they are. By learning about temperament, parents can get to know their unique child and use caregiving approaches that support healthy development.

TEMPERAMENT IS THE WAY WE EXPERIENCE THE WORLD.

There are nine components of temperament that are briefly described below. Thinking about these components can give parents a sense of their child’s temperament. Asking these same questions of themselves can help parents understand their own temperament.

1. How active is the child? Some children are not action-oriented. They are “watchers,” and are happy to hang out and play quietly. Other children are “movers and shakers” who seem to always be crawling, climbing, and running. These children love to move and aren’t “bad” or “out of control,” but they may need lots of supervision.
2. How distractible is the child? This refers to how easily a child can maintain attention on an activity. For example, if you can give your baby a rattle during a diaper change and he quickly quiets down, he may be higher on the distractible scale. If a child continues to fuss even when you try distractions, she may have low distractibility.
3. How intense is the child? Children vary in emotional intensity. Some children are intense and reactive—when they are happy, they are joyful and when they are upset, they are sobbing. Other children show less intensity in their emotional responses.
4. Does the child have fairly regular biological patterns? This component refers to how regular or predictable a child’s sleeping, eating, and toileting patterns are. Do these activities occur at about the same or at different times each day?
5. How sensitive is the child to sensory input? Some children react strongly to sensory stimuli, such as tags in clothing, seams in socks, light or sound, or food textures. These children may have a low sensory threshold. Children who are unbothered by this type of sensory input have a higher sensory threshold.
6. How does the child approach new people, places, and activities? Some children are “slow-to-warm-up” and cautious around people or in situations they don’t know. “Bring-it-on” children approach new people and situations with excitement.
7. How adaptable is the child to change? Children vary in how they cope with and tolerate everyday changes (such as a new jacket) and larger changes (such as moving to a new house). Some children adjust to change easily while others find changes more difficult.
8. How persistent is the child? Children with a high degree of persistence generally keep trying and show less frustration when faced with a challenge, such as finding the right space for a puzzle piece. Children who are lower on the persistence scale may give up sooner or grow frustrated faster with a puzzle, for example.
9. What is the child’s typical mood? This component refers to whether a child’s typical mood leans toward fussy and negative, or content and positive.

For more information, see the *Temperament* parent article that is suggested at the 2-month visit. This assessment tool may also be useful at the 18-month and 24-month visits.

