



SOME ISSUES IN THE DEVELOPMENT OF CHILDREN AND YOUNG PEOPLE

Chris Taylor



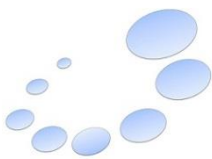
SOME ISSUES IN THE DEVELOPMENT OF CHILDREN AND YOUNG PEOPLE

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Introduction

Although child development is a topic that has been both well researched and widely written about, it remains a necessary starting point for thinking about working with children and young people who have experienced early trauma and developed attachment difficulties. Indeed, regulators in England and Wales expect residential care staff and foster carers to receive training in 'normal' child development. Professionals caring for other people's children and making decisions about young lives that have been deeply affected by poor primary experiences should have a broad understanding of the typical path of development, as well as the sequelae of suboptimal early experiences. It is also important to understand the effect of the child's early attachment experiences in relation to other developmental tasks and milestones. Rather than attempting to give an exhaustive account of child development, this booklet highlights key aspects of development in preparation for thinking further about attachment development across childhood, and the potentially devastating impact of early abuse and neglect.

Training, consultancy and resources for working with attachment in mind are available from the author.

Learning Outcomes

In this book you will learn:

- Different ideas and models of child development (including the Nature vs. Nurture debate);
- The importance of temperament in individual development;
- An outline knowledge of brain development;
- The biological roots of emotions;
- Theory of Mind, empathy and mind-mindedness;
- Key stages in development of play;
- Childhood sexual development;
- Some steps in the development of problem-solving abilities;
- Stages in identity development;
- Steps to develop a child's healthy self-esteem;
- How development is influenced by responding to needs.

An Overview of Child Development

Thinking about childhood changes according to time and place. Our view of childhood is rooted in our economic circumstances, our culture and our time. For example, from the fourth century, Christianity depicted children as born with original sin, needing discipline in order to be saved; in medieval Europe, children were thought of as miniature adults; and historically the poor have seen children as an economic resource and protection against old age.

The development of formal education changed the period of childhood from a time of commercial contribution to a time of education. The concept of the teenager first emerged in the 1950s as the male workforce of Britain and the United States, returning from the war, required work that hitherto had been undertaken by younger men.

In whatever way we think of a child and childhood, no one disputes the fact that children change during childhood. We refer to these changes as development. Development is essentially "change over time". What develops may be clear enough; compare the capabilities of a new-born infant and a five-year-old just starting school. However, how that development proceeds is still open to debate.

Providing the necessary conditions of sufficient food, safety, etc. are in place, the child's physical development proceeds in a fixed, orderly sequence through universal stages; children sit before they can crawl, and walk before they can run. Much development is genetically driven; infants do not learn to have teeth, they acquire them as their biological clock ticks on and, although they learn to walk, this learning is driven by deep physiological changes in muscle mass and skeletal strength along with developing mental processes such as balancing and a drive to explore.

When we consider social, emotional and cognitive development, the picture is less clear. Even though stage models of development, such as suggested by Piaget and Inhelder (1969), may not hold up completely, children develop cognitively (for example beginning to remember, reason, and think in more abstract ways) according to a broadly predictable sequence. Except in cases of developmental disorder, language begins with babbling and develops universally, although what form that language takes is clearly influenced by the child's environment. These universal developmental drives are powerful. Even if parents and children cannot hear, language still develops according to the assumed typical developmental pathway, for example, Takie (2001) showed that deaf children with deaf parents use hand gestures that are equivalent to babbling before acquiring sign language.

Emotions seem to be universal, and yet there are great differences in the way they are expressed by individuals. Although, to some degree, differences may be within the individual (perhaps they have a short temper, or are notably placid, etc.) cross-cultural comparisons indicate strong similarities in the expression of emotions within cultures, indicating that even if emotions develop as a result of our common genetic inheritance, children learn ways of expressing their feelings through culturally guided environmental processes.

Theories of development

There is still a great deal of popular debate about how child development proceeds. Although most people may not be aware of subscribing to a particular theoretical explanation of how children develop, the main theories of child development are woven into common knowledge and the cultural influences that can be seen in our understanding and perception of childhood.

It is worth asking how far an adults' view of children and childhood is influenced by the needs of the adult world. In an affluent technocracy adults require children to enter late into the workplace, well equipped with advanced skills necessary to function in the adult world, but in societies where unskilled labour is more useful, the helplessness of childhood is viewed as a short period before a contribution can be made towards satisfying economic needs.

Super and Harkness (1982) coined the concept of a *developmental niche* to conceptualise the socio-emotional environment in which children grow. Children are socialized into the norms and expectations of their immediate culture as the developmental niche is shaped by wider cultural and environmental influences, for example, gender expectations or the values of liberal democracies. However, during a child's early development, their developmental niche is more strongly shaped by closer factors than the background culture and environment. The beliefs and values and ways of caring of early carers, which are themselves influenced by cultural factors, are the dominant influence.

Just as parents bring their beliefs and values to their child rearing practices, so we all bring beliefs and values to the work of caring for other peoples' children. Many of these beliefs are influenced by long existing theories of child development. In Western countries, two conflicting views of how child development proceeds have been competing for supremacy for many years.

This debate is summed up in the questions of "Nature or Nurture?" That is to say, how far does a child develop according to the innate qualities with which they are born, and how far is their development a product of what they learn or are taught during childhood?

Behaviourism

Based on the ideas of John Locke and developed by theorists such as B.F. Skinner, behaviourism proposes that the new-born child is a blank slate, written on by experience, by interactions with people, and by the environment. Individual children are born with differences in temperament and intelligence, but without knowledge. All behaviour is learned. Children learn and develop through association, imitation and repetition. Nurture (external forces) drives development. Behaviourist theories have taught us that children's behaviour can be controlled through reinforcement and shaped by models they can imitate. Development is seen as a linear, continuous process that occurs gradually. Children are different from adults because of the quantity and complexity of information. As the behaviourist approach came under attack from growing research evidence, theorist such Bandura, and Bijou & Bauer added the idea that human behaviour is also learned by watching and imitating.

Nativism

The behaviourist argument that the child is born as a 'blank slate' and their development is shaped and reinforced by the external world stands in

contradiction to nativist views. *Nativism* emphasises the role of nature, or internal forces, on child development. Rousseau saw the child as a noble savage, with knowledge of right and wrong, who matures through a series of stages that are set by a biological timetable. Development is seen as the result of the maturation of innate structures and abilities. Nativist theories have shown us the importance of innate potential, and that biological factors must be taken into account when we look at development.

Constructivism

Jean Piaget (1970) put forward a comprehensive theory of development. His theory of *constructivism* stresses the role of both maturation and learning, and sees cognitive development as the result of an interaction between the individual and the environment, arguing that children construct higher levels of knowledge by combining innate capacities and environmental influences. It sees the child as an active participant in, and a solitary explorer of, their own development, adapting to and influencing their environment. Development is seen as a process of moving through set stages in which fundamentally new types of behaviour emerge. Children have distinct, qualitatively different, modes of thinking, feeling and behaving at different stages of development. It is the child's task to reach the developmental milestones of each stage, by active interaction with their social environment, as this has the building blocks required for the next stage.

Social constructivism

Vygotsky (1962a; 1962b) expanded on these constructivist ideas by suggesting that the social context in which development is constructed will determine the outcome of the same biological and environmental influences. His *Social Constructivism* emphasises the role of social structures in shaping development and stresses the role of more competent adults or peers in providing developmental opportunities for the child. Social constructivism sees the child not as a solitary explorer, but as an apprentice who learns from more competent others within a narrow layer of their next developmental capability (named by Vygotsky as the *zone of proximal development*).

Albert Bandura proposed the useful idea that children learn within a social context from adults around them and from one another by observing both the behaviour of others and the outcomes of those behaviours, and by imitating and modelling those around them.

Nature via nurture

In June 2000, a breakthrough announcement was made about the completion of the mapping of the human genome (International Human Genome Sequencing Consortium, 2001.) Increasingly, we now understand the nature of development to be an interplay between environmental factors and the givens of our genetic make-up. Nature versus Nurture is now generally understood as a complex interplay of genetic and environmental influences on human behaviour and development (Nature via Nurture).

Our genes are not deterministic. They represent probabilities. Genes set limits that can be reached, and environmental factors influence development within these limits. Genes represent potential that is unlocked by environmental influences. We cannot exceed our genetic potential; we only reach as much of your potential as is switched on by the environment. These interactions are

made more complex by the way genes interact with other genes. Research supports the contention of a genetic predisposition toward certain behaviours, but this research does not dismiss the need to constructively shape a child's developmental niche to enhance both motivation and temperament.

When working with children, it is important to keep in mind this complex interplay between the innate and the learnt. Children can perhaps best be understood as developing through a complex process of exchanges; bundles of genetic potential switched on (or not) by their developmental environment, and actively constructing their developmental pathway, which comprises an over-layer of behaviours learned from adults (or from other children who have also learned from adults) that reacts with and shapes an innate core. Added to this complex interchange is the notion that developmental tasks are also *transactional* in nature; that is, this complex interplay that is the developing child is also changing the nature of the bio-psycho-social-emotional-cultural environment in which individual children develop.

Temperament

By *temperament* we mean the biologically rooted individual differences in an individual's habitual style of responding to people and events. It is the general features of a behavioural style that can be seen as influencing an individual's behaviour in a wide variety of settings; general features that are stable over time and across settings. Temperamental differences do not mean that a person either shows or does not show a particular behaviour; rather, temperament explains the coherence of an individual's behaviour across settings and time, and identifies underlying regularities within the changing repertoire of a person's behaviour and shifting relationships.

Temperament is seen as highly influential in the development of personality. Personality is a rather vague and ill-defined term. It is generally agreed that personality emerges late on in development (early adulthood) and is a more active organization of the person than temperament. Personality has complex components, such as identity, values and attitudes, overlaying biologically rooted temperamental characteristics.

Temperamental differences not only influence the child's behavioural style, but also their social experiences. Temperament appears to influence three broad areas of behaviour. First, a child's emotional responses: the quality of their mood, reactions to unfamiliar people and settings, and the child's tolerance to internal states such as hunger and boredom. Second, attention; how readily can a child be comforted, how easily can they be distracted? Third, activity level; the vigour and frequency of activity, and the individual's ability to modify activities appropriately.

Most models of temperament use the idea of a set of dimensions. We can think of an individual's temperament as their unique mix of points along each of these dimensions within the set. Theorists and researchers have stressed different sets of dimensions. One model, described by Thomas and Chess (1977) suggests nine dimensions of temperament:

1. *Activity level*: Extent of mobility in everyday situations; daily proportion of active and inactive periods;
2. *Regularity*: The predictability of any function;

3. *Approach-withdrawal*: Response (either changes in mood or motor activity) to any new stimulus;
4. *Adaptability*: The ease with which behaviour can be modified in a desired direction;
5. *Threshold to responsiveness*: Intensity of stimulation required to evoke a response;
6. *Intensity of reaction*: Energy level of response;
7. *Quality of Mood*: Amount of pleasant, friendly response;
8. *Distractibility*: How easily external stimuli interfere with on-going behaviour;
9. *Attention Span*: Length of time a particular activity is pursued.

Thomas and Chess derived a system of categories, based on a child's temperamental interaction with the social environment. They suggest three categories of temperament: *easy*, *difficult*, and *slow-to-warm*. A significant number of children were not close enough to the other categories across the dimensions, and were therefore assigned as *hard to classify* (Table 1).

Category	Summary of traits
Easy (40%)	Regular behaviour, Highly adaptable to change, Mild, positive mood
Difficult (10%)	Irregular behaviour, Difficulty in adapting to change, Intense, negative mood
Slow-to warm (15%)	Mild negative responses to new stimuli, Slow adaptability, Gradually come to show quiet and positive interest
Difficult to classify (35%)	Mixture of temperamental traits

Table 1: Thomas and Chess - Frequency of Temperamental Types

Buss and Plomin (1984) consider temperament to be a broad personality disposition rather than specific personality traits. How these dispositions develop into personality traits depends on how they interact with the environment. A temperament is more a matter of style (how a response is made) than of content (which response is made). They criticised the complexity of Thomas and Chess' model and suggested an alternative model which identified three dimensions that showed early emergence and strong genetic influence: *emotionality*, *activity* and *sociability* (often referred to as *EAS*).

Emotionality refers to the intensity of emotional reactions. Children who are high in this disposition become frightened and angry very quickly. As adults, they easily become upset and display a "quick temper." Activity represents a person's general level of energy output. Children who are high in this disposition do not sit still long and prefer games of action. High-scoring adults keep busy most of the time and prefer active to quiet pastimes. Sociability relates to a person's tendency to affiliate and interact with others. Both children and adults who score high on this disposition seek out others and generally enjoy their company.

Goodness of fit

When the demands, attitudes and expectations of parents, carers or teachers in the developmental niche match the child's temperament, optimal development occurs. Thomas and Chess talked about a *goodness of fit*. Where the characteristics of the individual and environment do not match, distorted development and maladaptive functioning occur (*paucity of fit*). Disturbing behaviour results from a paucity of fit between the demands and expectations of the social environment and the capacities, motivations and behavioural style of the child. This idea acknowledges the effect of the child's temperament on their relationships and on their behaviour. In a developmental niche that matches the child's needs, a child's difficult temperament does not lead to behavioural difficulties.

An easy temperament is no guarantee of an easy life. If there is a mismatch in the developmental niche, parent and child experience stress. However, an easy temperament is a protective factor. Children who have a difficult temperament, and grow up in a developmental environment that does not meet their needs (including poverty and social exclusion) are additionally at risk of poor outcomes. A difficult temperament is therefore seen as risk factor for children who are in difficult circumstances.

A transactional account of temperament and environment

Buss and Plomin recognized that while heredity may point personality in a certain direction, the course of development is also influenced by the environment. Thus, while a highly emotional child is more likely than a less emotional one to become aggressive, parents who reward problem-solving skills over the overt expression of anger may shape the child into a cooperative, altruistic adult. However, infants are not blank slates on which parents may "write their child's personality." However, it is too simplistic to see the developmental niche shaping the development of a child's behaviour in a one-way process. It is perhaps more accurate to think of these two (child and environment) as being in a relationship where each influences, and is influenced by, the other, in a *transactional* process. The child plays a significant role in producing their own experiences, both directly by selecting activities, and indirectly by the influence their behaviour has on caregivers.

This is illustrated by the reinterpretation of findings that showed that parents of aggressive children tended to use punitive discipline strategies within a permissive parenting style. The initial interpretation was that this social environment is the cause of the development of aggression in children. However, a transactional model of the development of anti-social and pro-social behaviours illustrates how the temperament of the child influences their socio-emotional environment. Difficult temperament in a child can change the parenting style of caregivers; parents of difficult children may become more authoritarian in response to their child's temperament, especially if there are other risk factors in the environment, such as poverty and social exclusion.

This idea is supported by, for example, Barkley, Karlsson, Pollard, and Murphy (1985), who demonstrated this reversal of direction of effect with a long-term study of a group of six-year-olds presenting problems of restlessness, impulsivity and short attention span. Children in the study were diagnosed as hyperactive and some were prescribed Ritalin to reduce hyperactivity. Barkley observed a rapid change in the interaction styles of the mothers of the children whose behaviour was modified by the medication; within a week the mothers'

interactions had become less controlling and they were initiating interactions at a far higher level.

These observations question whether the direction of effect runs from child to mother or from mother to child. In a transactional model effect runs in both directions, parents and child are mutually influential in a relationship. In this way, the developmental niche is seen as a changing social environment shaped by the child and the parent, who continue to influence each other as part of a dynamic, transactional process (Figure 1).

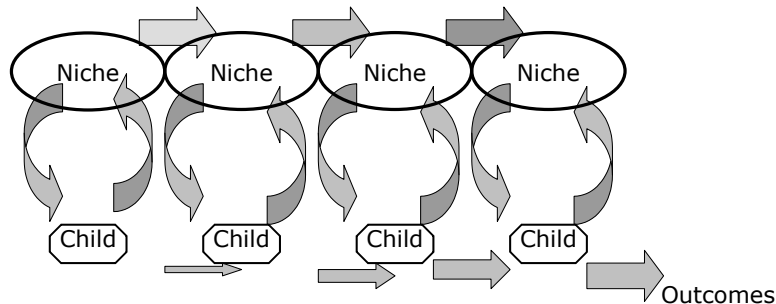


Figure 1: Change Over Time - A Dynamic, Transactional Process

Temperament and fit

As adults involved in caring well for other people's children, it is important to ask ourselves, how well do the emotional demands and expectations of the social environment (the children's home, family, school etc.) fit with the temperament of the child? Must all the adjustment be on one side? You might find it useful to check above for the definitions of the nine dimensions of temperament proposed by Thomas and Chess, or use Buss and Plomin's three dimensions, and try to think for each where is the child on a continuum between High and Low. Now you can explore how far the socio-emotional environment you provide takes account of these temperamental characteristics. Try to think how the child is predisposed to act in certain away, and if you are able to adjust to provide a developmental niche that meets the individual child's predisposition. For example, if a child is high on activity level and low on regularity, the developmental niche could take account of this by ensuring good access to high activity leisure according to a flexible but planned and explicit timetable. Do we provide a developmental niche that is a good fit, or are there adjustments that could be usefully made?

From this exercise, we can consider two important aspects of how care is provided. Paucity of fit between the environment and the child's temperament is stressful and damages self-esteem, the child feels like a square peg pushed into a round hole. Layered on top of their temperamental predisposition is their learning. As the child's development is a transactional process, their behaviour, which expresses the interplay between their innate predisposition and their learning, will shape their developmental niche, so we are left with a stark choice: to have our way of caring pushed around by the child attempting to have their developmental needs met (a process through which they experience abandonment, conflict or both) or structure the niche to be adaptive to their developmental needs, in which case, the child experiences sensitive responsiveness, which builds security and attachment.

The Human Brain

The structure of the brain can be thought of as following an evolutionary path from a simple "reptilian" brain to the most a complex structure in the known universe. Most brain development is pre-natal, but the brain cells (*neurons*) are poorly connected before birth. In contrast to the brain stem and spinal cord, the cerebral cortex produces most of the connections between neurons after birth. The brain development of a human infant follows a genetically programmed sequence of new connections. Neural pathways are wired into the infant's developing brain as a consequence of stimuli in the environment firing sequences of neurons. Neurons that fire together wire together. With these new connections come a baby's many mental milestones, such as colour vision, a pincer grasp, or a strong attachment to his parents. During the first two years, given sufficient stimulus, the brain over-produces these connections between brain cells, although this overproduction is later pruned according to information received.

"Good enough" environmental stimuli, which includes the opportunity to be involved in a few key relationships, cause sufficient neural pathways to form so that brain development proceeds to important higher order processes of planning, inhibition, attention, reflection and meta-cognition (thinking about thinking). Brain patterns that produce thoughts and behaviours that help an infant thrive are laid down permanently, whereas those that are useless fade.

However, poor primary experiences can leave fear and insecurity wired in the brain, and may even impair brain development. Impulse control is located in the prefrontal cortex, the development of which is impaired in traumatised and severely neglected children. Effects on brain development of poor primary experiences include poor impulse control, hyper-arousal (persistent, deregulated stress), and hyper-vigilance (unable to relax, constantly scanning for threats). There is some hope for recovery due to high brain plasticity in the young; the brain adapts other areas to compensate for poor functioning. Although brain plasticity decreases with age, children can change throughout childhood through relationships. However, this may be more difficult the older they become; the longer they follow one developmental pathway, the further it is back.

Brainstem

The brainstem, sometimes called the reptilian brain, is the most basic structure of the brain, controlling basic life functions such as reflexes, blood pressure, heart rate and body temperature. It is centrally involved in the regulation of the physiological state and directs automatic control of the eye, face, and head. It also helps us interpret basic sensations involving taste, hearing, vision, and balance.

Midbrain

The mid-brain can be thought of as corresponding to an older, simpler mammalian brain, and takes care of our social instincts. This 'old brain' is concerned with emotions, motives and relationships. The midbrain includes the *limbic system*. The limbic system is the collective term referring to several brain parts, including the hippocampus (which processes memory, and is important in emotional regulation, linking words to feelings and learning) and the amygdala, which operates the brain's 'alarm system', recording and responding to threats, and is the central generator of states of mind that have evolved to aid survival under threat: fear (panic combined with flight), appeasement, and rage. The

amygdala activates 'fight, flight, or freeze' reactions when we perceive a life-threatening situation is present, and the body's immune systems react in nanoseconds. The reaction starts a cascade of biochemical responses and activates other areas of the limbic system.

Cerebral Cortex

The cortex is the "highest" region of the brain, both in location and function. It controls the lower, older, more automatic parts of the nervous system. The posterior regions of the cortex control movement and process sensory information. This region is sometimes referred to as the 'monkey mind' to emphasise that it is the frontal cortex, located behind the forehead, that is much larger in humans than other great apes, and that it is this region that differentiates humans. The frontal cortex is involved in planning complex cognitive behaviours and in the expression of personality and appropriate social behaviour. It is linked with making decisions and judgments, and where higher-level thinking, planning behaviour, and goal formulation take place, as well as being involved in modulating emotional tone.

Biological Roots of Emotions

Essentially, emotions are survival mechanisms triggered in the brain's limbic system and rooted bodies that have evolved to turn us away from danger and draw us towards things that are of benefit. The two way traffic between the thinking and feeling parts of the brain (the cortex and the limbic system) means that we are conscious of the mental component of these mechanisms as feelings.

Emotions are embedded in social relations and mediated by our thinking (cognition). Parents have no direct knowledge of an infant's inner emotional state and therefore have to make judgements based on body tone, activity level, vocalizations and facial expression. Infants react with recognizably appropriate expressions, which are present at birth and mature during early months, becoming more focussed and differentiated. Infants are sensitively attuned to their mothers' emotional signals, providing evidence of emerging empathy. As emotions seem to show no sign of cultural deviation and can be detected in infants at an early stage it is thought that basic human emotions are universal and innate. Charles Darwin (1859) suggested that there were two innate abilities of emotion: expression and recognition.

Emotions are shared with others, talked about and thought about. They play a central role in any social interactions, and are most reliably seen through facial expressions, gestures and voice cues. A number of distinct emotional expressions can be seen in new-born infants; others appear according to a universal timetable during infancy. The development of emotions along a predictable and universal timetable reinforces the view that emotions are innate; humans are born with emotions, although the different ways of expressing them are culturally mediated.

There are obvious advantages for an infant to arrive in the world already equipped to communicate needs to their caregivers, and emotional facial expressions can be seen as fixed action patterns selected in the course of evolution as useful signalling behaviours. Each discrete emotion is linked to a neural substratum in the brain and is associated with a specific feeling tone. The

distinctive nature of the various emotions means that they figure predominantly in a child's ability to communicate need, and to establish a bond with others.

Although there are still disputes about how many discrete emotions and to what degree they are linked to neural pathways, or are modified by experience, there is some agreement that universal, primary emotions are disgust, fear, anger and parental love.

It is clear that emotions are highly important in influencing individual and interpersonal behaviour. At an individual level, our feeling state is of paramount importance for us knowing something about our psychosocial reactions to events and the environment. At an interpersonal level, we use emotional expressions to gather reliable information about others. Since infant and adult emotional expressions correspond, adults can accurately read, and respond to, a child's emotional state.

Emotions provide useful information for social exchanges, and emotional feedback allows the developing emotional system to regulate itself. For a child, the developmental task is to recognize, understand, and reflect upon emotions. A child's developing cognitive skill to monitor and self-regulate emotions is termed emotional intelligence.

OVER EMOTIONAL

Throughout our lives, our emotional history saturates our social present, and our emotions easily override our thoughts. However, our thoughts do not easily outbid our feelings. Emotions are remembered in part of the brain directly affected by our senses and are able to "short-circuit" the cortex (where conscious memory and reflection are located).

Social Referencing

After nine or ten months, children monitor adults' emotional reactions to their behaviour and to other people and events. Their ability to read the emotional expression of others enables their own reactions to others to be *socially referenced* (Schaffer, 1996). The child's response is determined not only by the child's perception, but also by the reaction of others. Over time, that information comes to be integrated into the child's understanding of the event.

This social referencing provides an important avenue for feelings, and is highly useful at times of uncertainty. It is also selective, the child referencing to those who are a familiar source of security. It indicates a kind of mental sharing, and is an active mental process by which the child makes sense of the world through the reactions of trusted adults.

Theory of Mind

Theory of mind is not a conscious theory, but an intuitive grasp about human actions; a practical knowledge that gradually develops from 2½ – 3 years of age. The term, theory of the mind, refers to the ability of an individual to understand that other people know, want, feel and believe things, and that different people can experience the same world in different ways. It refers to the ability to understand or 'read' the mind of another, and respond to this empathic understanding rather than simply responding to the other individual's overt

behaviour. Baron-Cohen (Baron-Cohen, Leslie, & Frith; 1985) distinguished eight ways that theory of mind might manifest:

- Intentionally communicating with others;
- Repairing failed communication with others;
- Teaching others;
- Intentionally persuading others;
- Intentionally deceiving others;
- Building shared plans and goals;
- Intentionally sharing a focus or topic of attention;
- Pretending.

Autistic children do not appear to manifest these abilities, and therefore their ability to socialize, communicate and employ imagination is adversely affected. They are also unable to understand the linguistic communicative intentions of others. This close relationship between a theory of mind and language is further supported by the fact that autistic children demonstrate language delay (Baron-Cohen) indicating the vital role theory of mind plays in an effective social life.

SALLY-ANNE TASK (LESLIE & FRITH, 1988)

The Sally Anne task tells a story, and asks questions that reveal if the child is able to take another's perspective.

One day, Sally is playing in her room with a ball. Her dad comes in and says, "Sally, put away the ball, it's time for breakfast." Sally puts her ball under her bed and goes down for breakfast. But while she is away, her dad takes the ball from under the bed and puts it in the toy chest.

Maintenance Question: *"Where is the ball now?"* (Checks understanding of the story)

Research question *Where does Sally look for the ball?"*

If the child answers "In the chest" they are not taking Sally's perspective, and are answering for Sally from their own perspective, demonstrating that Theory of Mind has not yet developed.

Theory of mind can be shown by research techniques like the 'Sally-Anne Task' (Leslie & Frith, 1988), which establishes whether or not a child can understand that one of the characters in the story can hold a false belief. Until about age four, children assume that there is only one reality, which accords with their own experience. Around this age, a new cognitive ability to represent to themselves another person's conflicting views emerges. From this age children develop understanding that others will have differing points of view dependent on information that they hold. Understanding this dichotomy requires theory of mind.

Development of Empathy

The capacity for empathy is present in infancy, but development of this complex concept requires both cognitive and emotional growth in the child, who must develop the ability to experience emotions, the ability to discriminate emotional cues in others, and the ability to take another's role and perspective.

Empathy thrives in an environment that satisfies the child's emotional needs, but discourages excessive self-concern, encourages the child to identify and express a broad range of emotions, and where the child observes other people's emotional responsiveness. The early years' development of empathy is summarised in Table 2, following the work of Hoffman (1987).

<i>Age</i>	<i>Stage</i>	<i>Functioning</i>
Year 1	Global Empathy	Child may match the emotions they witness
Year 2 +	Ego-centric empathy	Child actively offers help, but emotion is involuntary and undifferentiated
Year 3 +	Empathy for another's feelings	Emerging role-taking skills allow child to become aware that other people's feelings can differ from their own
Late Childhood	Empathy for another's life conditions	Growing awareness that others' feelings also stem from their life conditions. Empathy with groups

Table 2: Development of Empathy (Hoffman, 1987)

Altruism, the selfless concern for the welfare of others, develops alongside emerging empathy. The development of both altruism and empathy is subject to parental influences. Parents encourage the development of altruism if they:

- Provide clear rules and explanations of consequences (e.g. "If you bite your sister it will hurt her") and do not merely give commands ("Don't bite your sister!");
- Have genuine emotional conviction;
- Assume pro-social qualities in their child;
- Model altruism and empathy to their child through their actions and attitudes;
- Provide empathetic care-giving that is warm, responsive and accepting.

Mind-Mindedness

Children are born needing to be part of a family and a culture. They strive to understand the world through sharing experiences. Infants' earliest interactions involve taking an active part in developing shared understanding with caregivers, fitting their own subjective experiences to the caregiver's subjective consciousness. This intersubjectivity is the process that makes it possible for individuals to understand and change each other's minds and behaviour. It is achieved through recognition and coordination of intentions in caregiver-infant dyads. Rogoff, Mosier, Mistry, and Goncu, (1993) suggest that this intersubjectivity is probably innate. The capacity for social understanding grows out of this intersubjectivity. Bateman & Fonagy (2000) suggest that this human capacity to represent ourselves and others as thinking, wishing, feeling beings

does not arrive solely as a consequence of maturation, but is a developmental achievement rooted in the quality of early relationships. It is the ability to see how things might look for another person, and is the basis of empathy, relationship skills and moral behaviour.

Empathy and mutual mind-mindedness, often referred to as *mentalization*, are essential for both psychological development and social competence. Caregivers who respond appropriately to the child's cues and their state of mind fulfil an important aspect of sensitive responsiveness. Mind-minded caregivers are good at translating the child's psychological experiences into an active, coherent dialogue that helps achieve security of attachment and facilitates emotional understanding. By the care giving adult choosing to focus on the child as an individual with a mind and their own subjective experiences, rather than an entity with needs to be met, the child learns how to understand their own inner states, which lays the foundation for mental well-being.

Mind-mindedness involves keeping the child aware of the cognitive components of their experience. It can be introduced into the way we talk to children, when we ask, during peek-a-boo games, "Who do you *think* that is?" rather than "Who is that in there? Is it you?" we are being mind-minded; and when the child asks us, "What is such and such?" and we reply, "Tell me what you *think* it is".

Play

Playing is one of the main ways that children learn. They expand their understanding of themselves and others, their knowledge of the physical world, and their ability to communicate with peers and adults through play, and they practice important skills and develop physically. Different types of children's play reflect the complexity of human lives, and give children opportunities to practice necessary skills and understanding.

Infants and toddlers experiment with bodily sensation and movements, and with objects and people. By six months infants can make interesting things happen, such as pushing and grasping, through trial and error and practice. As they master new motor abilities, simple actions are coordinated to create more complex play sequences. At nine months infants apply the same limited actions to all objects and see how they react.

In the second year, the child becomes more aware of the functions of objects in the social world (putting a cup on a saucer etc.). During the last half of this year, toddlers begin to represent their world symbolically as they transform and invent objects and roles (they may give imaginary cups of tea to others). Adults initiate and support such play, and the child's responses regulate the adult's actions (if the swing is pushed too high, a child's cries will guide the adult to push more gently). Among other things that the child learns through this process is that they are effective in the world; the building block of healthy self-esteem, self-efficacy, self-reliance and autonomy.

From early on, children play in many ways, each of which fulfils a developmental purpose. Play is where children express their world as a child, and consequently adults sometimes fail to understand its importance. Children or young people with behavioural problems may manifest these in the way they play, which can prove alarming to adult caregivers. One aspect of this is that children who may need to work out their experiences through play may be discouraged from playing as it is too worrisome for adult caregivers. *Physical play*, as well as

helping develop strong bodies through exercise, also encourages children to develop a clear inner sense of their own body, so that they become aware of their physical capabilities, develop coordination and understand physical boundaries. Children growing up in care often miss out on opportunities for physical play due to (understandable) concerns about safeguarding and child protection.

Pretend play allows children to explore the world and the possibilities it offers. As pretend play usually begins with acting out familiar domestic situations, it provides opportunities to practice different social roles, but it also encourages children neurons to develop their imagination through creating make-believe worlds.

Even toddlers seems to enjoy *play with words*, but older children and even adolescents seems to enjoy word games, double meaning, puns, etc.

A great deal of children's play does not involve toys at all, but some does. From a young age, children will *play with objects*, holding. Sucking and being interested in a specific object. Lowe (1975) showed how this changed over the first three years of life, from holding, waving or banging objects in the first nine months, to getting a toy to 'act' for themselves (e.g., getting a doll to put other toys to bed) by age three.

As children get older they become interested in *social play*. Essentially, there are three main types of social play: *free play*, which is worked out by the children as they go along; *formal play*, which has clearly defined rules and procedures, such as skipping games or card games; and *creative play* in which children develop a new game together, perhaps involving imaginary characters or entirely new rules.

In a now classic study, Parten (1932) discovered that social participation among pre-school children increased with the child's age and observed different levels of social participation that emerged in a developmental sequence. Pre-school children's play preference from two-and-a-half to three-and-a-half years was parallel play, and from three and a half to four and a half, it was associative play.

1. *Unoccupied play*: a child is not playing but occupies themselves with watching anything that happens to be of momentary interest. When there is nothing exciting taking place, they play with their own body, gets on and off chairs, just stands around, follows the caregiver, or sit in one spot glancing around.
2. *Solitary, independent play*: a child plays alone and independently with toys that are different to the toys other children choose. They pursue their own activity without reference to what others are doing. Although they are likely to be within speaking distance they make no effort to get close to other children.
3. *Onlooker behaviour*: a child spends most of their time watching other children play. They talk to them, ask questions and give suggestions, but do not enter into the play. This type differs from unoccupied in that the onlooker is definitely observing particular groups of children rather than anything that happens to be exciting. The child stands or sits within speaking distance from other children.

4. *Parallel play*: a child plays independently, but the choice of activity and toys brings contact with other children. Toys chosen are similar to others children's, but they play with the toys as they see fit. They do not try to influence or modify the activity of children nearby. They play beside rather than with the other children.
5. *Associative play*: a child plays with other children. Conversation concerns the shared activity. Children share toys, engage in similar activities, and follow each other. There is borrowing and loaning of play materials; following one another with trains or wagons, and mild attempts to control which children may or may not play in the group. All the members engage in similar activities. There is no division of labour
6. *Cooperative play*: children play in a group that is organized for the purpose: making something, sharing a competitive goal, or dramatizing adult life. There is a marked sense of belonging or not to the group, which is controlled by one or two group members. There is a division of labour so that the efforts of one child are supplemented by those of the others.

As children develop the ability to represent experience symbolically, pretend play becomes prominent. In this complex type of play, children carry out action plans, take on roles, and transform objects as they express their ideas and feelings about the social world. Children adopt roles in play. These may be functional (driver on a bus), family roles in home making games, or stereotyped characters drawn from the larger culture, such as nurse. Play related to these roles tends to be more predictable and restricted than play related to direct experiences such as family life.

As socio-dramatic play emerges, objects begin to influence the roles children assume. For example, household implements trigger family-related roles. Three-year-olds can invent and transform objects to conform to the game. By the age of four or five, children's ideas about the social world initiate most pretend play. A great deal of shared meaning must be negotiated among children to implement and maintain pretend play.

Construction play with symbolic themes is also popular with pre-school children, who use blocks, toy cars and people to create model situations related to their experience. Rough and tumble play is also popular for some children at this age. Groups of children run, jump, and wrestle. Although adults need to monitor this type of play, children who participate become skilled in their movements, and can distinguish between real and feigned aggression, and learn to regulate each other's activity.

Older children's more logical and socialized ways of thinking make it possible for them to play games together. Children become interested in formal games with peers shortly before five years, and games with rules are the most prominent form of play during middle childhood. The main organizing element in game play consists of explicit rules that guide children's group behaviour.

Benefits of play

Because play produces feelings of satisfaction and achievement, children who are absorbed in play are likely to be happy. Play also prevents boredom, and the bad temper, irritability and destructiveness that come from boredom. Play can reduce stress; children will act out unfamiliar situations in order to become familiar with them and therefore find them less stressful, for example, the way

children act out being in school. Play can also channel aggressive impulses, children finding safe ways to act out these impulses in rough, noisy games.

Adults supporting play

All children will at times need support with their play. Children with attachment difficulties often struggle with peers in social settings and sometimes adults deal with this by keeping them away from other children. At times this may be necessary, but the child who does not have opportunities for social play is missing out on essential peer interactions and learning. Adults can actively support and promote play:

- Value children's play and talk to children about their play; adults rarely say, "I like the way you're playing."
- Play with children when it is appropriate, especially during the early years. If adults pay attention to and engage in children's play, children get the message that play is valuable.
- Create a playful atmosphere. It is important for adults to provide materials that children can explore and adapt in play.
- When play appears to be stuck or unproductive, offer a new prop, suggest new roles, or provide new experiences.
- Be clear to the child what expectations you have of play with peers, and why peers do not like inappropriate play ("If you kick him when you are playing, it will hurt him").
- Keep in mind the child's developmental level. This may be below their chronological age, and it is important to recognize when problem-solving skills may not be as developed as is typical in a child of their age as they may be less well equipped to solve social problems that arise in play.
- Intervene to ensure safe play. Even in older children's play, social conflicts often occur when children try to negotiate. Adults can help when children cannot solve these conflicts by themselves.

Development of Problem-Solving Abilities

Children undergo many cognitive changes during childhood, and the development of problem solving abilities is an important developmental achievement. In the normal course of development, the ability to solve problems develops according to a predictable timetable. Developmental tasks that follow a predictable timetable are important evidence of the role "nature" plays in a child's development.

Before two years of age, children are able to coordinate their actions to achieve goals at only a rudimentary level. Successful peer interactions rely on a supportive context (adults or more able peers supporting and encouraging problem solving) and are more easily achieved in open-ended tasks, such as symbolic play.

At two years a dramatic change happens; children begin to engage in reciprocal play and can collaborate to solve simple problems. Pre-school children show fragile skills at creating a shared understanding with peers. However, they are more successful in solving problems if goals are flexible (e.g. during play) than if

goals are fixed (e.g. when asked to collaborate to solve a particular problem task).

In middle childhood, children gain an increasing ability to initiate, sustain and repair collaboration. They become able to share understanding and collaborate in problem solving, though increased understanding of fairness and reciprocity. They are able to better regulate their emotions and experience less frustration. However, when asked to perform difficult tasks they are likely to experience frustration and anxiety, which can then inhibit their performance on the task.

During adolescence group exchanges and interactions become highly significant. There is a dramatic growth in communicative, collaborative and metacognitive skills such as planning, monitoring and evaluating evidence. Adolescents are able to achieve a shared understanding of collaboration and tasks across a wide variety of situations.

Some children turn to aggression as a consequence of problem solving deficits, learning that aggression is effective and lacking more pro-social ways of problem solving.

Childhood sexual development

We usually think about typical sexual development as following a predictable sequence of stages, indicating that this is fundamentally a biological developmental process, even if there are strong cultural influences.

1. **Childhood sexual development: from birth to five years** exploratory behaviours such as touching, tasting, looking, hugging and kissing emerge. Young children have periods of inhibition (shyness) and disinhibition (e.g., wandering round naked). They may imitate and copy behaviours of life around them including 'mummies and daddies' and 'doctors and nurses'. At this stage, parents and carers are most influential, and children learn the social rules and what is permissible from them. It may be misleading to label behaviours displayed by young children in the birth to five category (or even the five to nine) category, as 'sexual'. Because it is not clear how aware younger children are of sexual feelings, we should recognize that a child who plays with his or her genitals may or may not be seeking sexual pleasure and that behaviours are more likely to be seen as sexual because of the perception of the adult making the observation.
2. **Sexual development: five to seven years** is characterised by the emergence of more exploratory behaviour with peers. This age also sees an increased desire for privacy, but there is also more comparison with others' bodies and more questions. Children of this age know rude words and provoke reaction from adults by using them, although they might not understand the meanings. The influence of peers is beginning to emerge, and children are learning about sex from each other, even if what they learn is inaccurate.
3. **Sexual development: seven to twelve years.** Cognitively, children can better understand and process information. They are learning about sex, procreation and bodies and peers and media are significant influences

at this stage. Myths about sex flourish at this age and sexual language may have progressed and swear words, which are learned and repeated, although not necessarily with an understanding of the meaning. As puberty begins, some young people will show an interest in sexual activity at petting level; a few will go beyond petting. Competitive comparison of bodies begins, and anxieties about appearance and likability may develop. Children who are gay or lesbian begin to define themselves as feeling different and may feel pressure to conform.

4. **Sexual development 13-15 years.** This is the beginning of the grown-up phase and young people are gaining fully developed adult bodies. Peers and media provide a strong influence, and young people can be embarrassed to discuss questions or concerns with adults. They may have anxiety about status and performance. Some may have practiced low level petting behaviours and some might be moving onto advanced sexual behaviours. Emotional romantic attachments become important and there is growing pressure to be seen to be knowledgeable.
5. **Sexual development 15-18 years.** Biologically this is the adult phase. Knowledge, language and behaviours are common, although there is competition with peers in these areas. The need for intimacy and emotional closeness is more important. Hugs and kisses reinforce peer emotional attachments, along with sexual desire and pleasure. Young people might revisit and challenge the cultural scripts of their parents and caregivers at this stage.

Internal Identity

By our internal identity, we mean our theory of ourselves. It is our understanding of who we are, and our place in the world, who we believe ourselves to be based on, our experiences, our interpretation of those experiences, other's reactions to us, and significant role models. It may sometimes seem like a persistent sameness within ourselves, some part of the "I" who is living my life, although it may also be highly flexible.

As an adult, with a career, perhaps a family, interests, a history, etc. you may have a sense of your own identity. For many of us, our identity rests on five building blocks:

1. Our *self-category*; includes our interests, tastes, attitudes, etc.;
2. *Relationships*; what we understand others think of us;
3. *Social groups*; description of ourselves derived from in-group cohesion and out-group hostility;
4. *Temperament*; largely innate, it represents our characteristic ways of acting;
5. *Embodied identity*; pleasure or worry about the body as social signal.

These may not be equally important for everybody, and some people define themselves much more by one than another (e.g. self-category versus social groups). However, a new-born child cannot be thought about as having an internal sense of identity; this is something that emerges over the course of a

child's development, and is not fixed by the end of childhood. Indeed, an important identity theorist (Erik Erikson, 1968) argued that identity continues to form and reform throughout our lives. However, most people agree that our childhood and teenage years are important times in the emergence of identity.

Emerging identity

Eric Erikson proposed a stage model for the development of identity. At each stage there is a developmental task and a conflict to be resolved, and each stage builds on the achievements of the previous stage.

First year.

In a sufficiently stimulating environment, first year developments occur suddenly and at roughly the same age. In the first year, children are not yet subjective, and do not have a sense of themselves as independent of other people. There is considerable neural development during the first two years, and the development of "mind" with its various learning abilities can be seen as a developmental interaction between the brain and the environment. Given good enough care, children develop a confident expectation that care will be provided, and at the same time as they discover that this can and does fail. For healthy development, the child needs to integrate these feelings of confidence and uncertainty. This is the process through which the child develops a basic sense of trust and mistrust.

Two to three years

Children's loco-motor skills develop considerably in this period, which is dominated by an explosion of psychological functioning and provides the groundwork for later personality development and an emerging sense of identity. Cognitively, the child becomes able to fantasize and begins to use language to communicate thoughts, ideas and feeling, and to use symbolism for understanding and communication. At this age a child experiments with, and discovers, harmonious social relationships. Continuing into the third year, children struggle towards freedom and creativity, and experience a battle for independence where setting boundaries helps them manage aggressive feelings. Consequently, during these years, there is an emerging sense of autonomy, shame and doubt. Guilt begins to develop as an inner regulator and children acquire self-controls and formation of conscience in response to parental limits. However, according to Erikson, a child's main feeling is ambivalence between wanting to comply and wanting to be autonomous. A sense of autonomy generates pride, but parental control induces shame and doubt. Although shame and doubt are necessary for healthy development, they should not be excessive.

Three to six years

Children acquire a sense of what their bodies can do, and they come to know who they are. They are learning basic skills and learning to master the world around them. They can now construct sentences and they feel pleased about how influential their use of language can be. These emerging language skills enable them to remember thoughts as well as images. Erikson saw the child as reconciling initiative and guilt; learning either a sense of purpose if initiative is rewarded and encouraged, or low self-esteem if consumed by guilt.

Six to eleven years.

These years see the development of gender identity and a direct sense of sexuality, reflected in playing as adults and looking forward to be grown up. Memory is well functioning and the child is able to connect dissimilar information to integrate knowledge. Life is a struggle between impulses and its controls. Erikson describes the child as needing to reconcile industry and achievement, answering the question, "Am I good at what I do?" against a sense of inferiority. The child acquires a sense of either competence or helplessness. The dangers in this period are seen in children who demonstrate identity confusion. They show poorly established empathetic capacities, which may be combined with, for example: fire setting, enuresis, and injury to living animals.

Eleven to sixteen years

Adolescence is a transitional period between childhood and adulthood; the move towards adult integration is fairly advanced and most cognitive capacities are in place. Adolescence has been characterised as a period of storm and stress although there is little research evidence to support this idea for the majority of adolescents, where the predictable issues and worries of adolescence seem to peak at different ages. It is when difficulties coincide that stress will occur; something that is highly probable for young people with a history of trauma and instability. For Erikson, adolescence is a time of great social changes in terms of new roles and responsibilities accompany the physical and chemical changes of puberty, and adolescence can be characterised by mood swings and inconstant behaviour. Although the identity task of adolescence is to achieve identity, adolescents can be left with little sense of their role as they feel they are neither an adult nor a child (role diffusion). They may face a crisis of their sense of identity versus confusion over roles they need to adopt, and their behaviour can contradict their verbal statements.

The physical changes of puberty are accompanied by psychological changes. For some young people this triggers a period of introspection in which the individual attempts to redefine their role in life. Erikson suggests that as young people become uncertain about their present and future status, they experience an *identity crisis*; their uncertainty of identity is reflected in feelings of self-doubt and lowered self-esteem.

Young people who have been subjected to painful experiences may be confused, have disconnected memories, and have a low sense of their own worth. They may lack resilience and may repress painful aspects of their experiences. Some children attempt to fill these gaps, others become distressed about them.

Marcia (1980), elaborating on the work of Erickson, suggests that adolescent identity is related to two dimensions, *exploration* (seeking out information that leads to personal choice) and *commitment* (a genuine investment in a particular choice). He found evidence of four identity statuses in adolescence that relate to these two dimensions (see Figure 2). His research also showed that the process may take longer than the period of adolescence, and that there could be many aspects of identity, not all of which are achieved at the same time (or ever). Gender and parenting style are also important influences.

		COMMITMENT	
		YES	NO
EXPLORATION	YES	IDENTITY ACHIEVEMENT	MORATORIUM
	NO	FORECLOSURE	IDENTITY DIFFUSION

Figure 2: Identity Statuses (Marcia)

Marcia's four identity statuses

1. *Identity achievement* through being thoughtful and reflective: after exploring alternatives, the adolescent has made a choice that fits their individuality.
2. Continuing to explore and not able to make a commitment to an identity that fits their individuality, the individual is in a state of *Moratorium*; anxious and animated, the adolescent is still searching for identity.
3. *Foreclosure*; a commitment is made and strongly defended, but there has been little exploration.
4. *Identity diffusion*: no commitment has been made and there is little sign of searching for one.

Erikson's identity theory into adult life

Erikson argued that identity development continued into adult life. In early adulthood the individual achieves either intimacy and develops personal relationships or is isolated and is beset by loneliness. In middle adulthood, individuals are either generative, constructing links between old and new experiences, establishing and guiding the next generation, and expressing care for others, or they are self-absorbed and stagnate. In late adulthood, the individual either achieves integrity and a sense of fulfilment, or acquires a sense of despair at the disappointments in their lives.

Self-esteem

Of all social concepts, the self is most basic. It enables the individual to adopt a stance from which to view the world. Self-esteem is an individual's feeling of his or her own worthiness, a self-evaluative system that is related to the image of an ideal self that we all have. Self-esteem is sometimes understood as a single global entity, but can also be seen as specific to a number of domains of behaviour, each of which an individual may feel differently about. Harter (1987) distinguished between five domains: *scholastic competence*, *athletic competence*, *social acceptance*, *physical appearance*, and *behavioural conduct*. The gap between how important it was for a child to do well in each domain, and how well they believed they did, can be seen as a measure of self-esteem in each domain. Children's self-esteem can vary considerably from one domain to another.

Self-esteem: the gap between selves.

Children also have a generalized feeling of self-worth that is not tied up to any specific domain. This emerges later, once a child is able to assess themselves independently of any activity (about age 7 or 8). When there is little discrepancy between the *ideal self* and the *perceived real self* (between the idealised image of ourselves and what we perceive ourselves to be) an individual experiences high self-esteem. If the discrepancy is great, an individual experiences low self-esteem. Healthy self-esteem is built upon a realistic sense of both the ideal self and the perceived real self, and goes up and down within limits. Warmth and genuine praise contribute to a healthy self-esteem, but unearned, indiscriminate praise (in contrast to unconditional warmth) can leave an individual with unrealistically high self-esteem. They may appear arrogant, unrealistic about their achievements and narcissistic. Healthy self-esteem requires a sense of place and connectedness to our personal history and warmth, value and security.

Self-esteem in children in public care.

Children who do not live at home for whatever reason, often believe it is their fault. This alone is enough to seriously damage their self-esteem. If, as is often the case they are the victims of emotional, physical or sexual abuse, their self-esteem could well be destroyed.

When we have low self-esteem we are likely to misunderstand and misinterpret those around us, seeing everything as a threat. We are likely to be short tempered and pessimistic. And the child with low self-esteem is likely to project their low value of themselves outwards at others.

If time in foster or residential care and special education has one satisfactory outcome for the children who we look after, it must be that they leave us with a greater sense of their own worth than they joined us with, and as professionals working in this field, we must carefully watch every response to ensure that we do not contribute to either their low opinion, or a narcissistically inflated opinion of themselves.

This must be genuine. Children are not without self-awareness and they resent false praise and are likely to be de-motivated by it. Nothing is likely to motivate a child more than genuine, empathetic praise. Even giving tangible rewards for achievements has been shown to be of questionable benefit. Andersen showed that children who receive material rewards for achieving a task (gold stars, prizes) are likely to spend less time on that task in future, whereas children who receive appropriate praise are likely to spend longer (Donaldson, 1978).

Development of self-esteem.

Self-esteem is influenced by parental attitudes (Figure 3). Of course, children in public care may experience parenting from foster parents or residential workers that boosts self-esteem and parenting from birth families that diminishes it. This is another example of the way in which the abandoned and traumatized child gets caught by the dilemma of their lived experience.

There is much that can be done to genuinely boost a child's self-esteem, including providing safety and belonging, showing unconditional positive regard, focussing more on strengths than difficulties, as well as providing information about and connection with the child's past, for example through Life Story Work.

We may wish to boost self-esteem through praise, but we should be careful to praise the effort the child has made not some personal quality ("I think you've tried really hard"...not, "You are really good at that"). It is also effective if we help the child make sense and evaluate their own experiences ("What do you think of that?" "Was that fun?" "You seem pleased that you did so well") without judging ("I'm impressed you had a go"). We can also simply describe the event ("Thanks for sitting quietly today, it helped me help out with X").

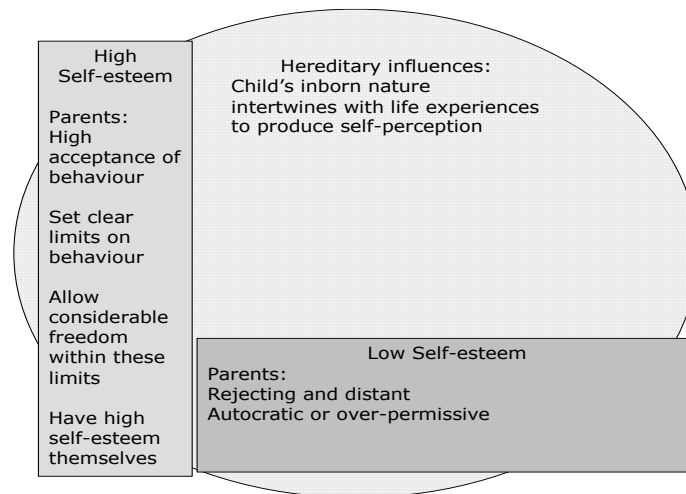


Figure 3: Parental Influence on Self-Esteem

Changes in self-esteem during transitions.

Transitions are an important part of our work. Childhood itself could be seen a series of transitions and the children we look after have may have had innumerable, poorly planned, unexpected and traumatic transitions. Facing transitions impacts on our self-worth, and for children with low self-esteem this is an additional difficulty that they have to deal with. The experience of the children's parents or carers may mirror this. Professional caregivers also face many, often difficult and sometimes unpredictable transition at work (as well as in their ordinary lives).

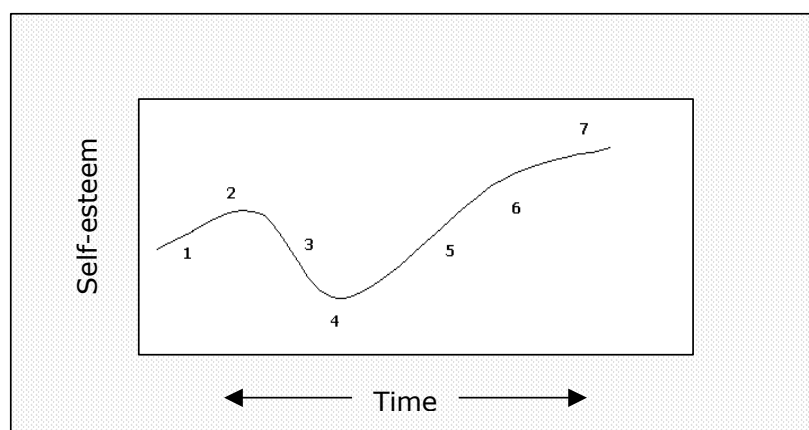


Figure 4: Changing Self-Esteem in Transitions (after Hopson and Adams, 1976)

This model (Figure 4) may help in thinking about some of the behaviour we see in the children we look after as they live through transitions. Recognising where the child is during any transition may give us a clue as to how to help improve the quality of their lives. The stages can be characterised as follows:

1. *Immobilisation*: a sense of being overwhelmed, frozen, unable to act or understand. This stage is intensified by unfamiliar transitions and those for which we predict a negative outcome
2. *Minimisation*: we deny the importance of the change. Denial is an normal and necessary phase which provides a temporary retreat from reality
3. *Depression*: even if the transition is desired, we become depressed as we face up to the implication of the change and the feelings of loss we may experience
4. *Acceptance of reality*: we begin to let go of the old state of being, accepting that there is no going back and we begin to make the most of the new reality
5. *Testing*: acceptance releases new energy to test out new behaviours to cope with the new situation. This may be a testing time for others as those in transition may easily become irritable
6. *Searching for meaning*: a more reflective stage when we try to work out how and why things are different
7. *Internalisation*: the meanings discovered in the last stage are now internalised and become part of our ordinary behaviour.

As with many stage models, progression is not the same for everybody and the stages may occur in a different order or may reoccur, moving backwards and forwards between stages.

Resilience

Self-esteem is inextricably linked to the ability to cope well under pressure, to be "resilient". Resilience has been defined as normal development under difficult conditions (Fonagy, Steele, Steele, Higgitt, & Target; 1994). It is the ability that people have, in varying degrees to cope, to bounce back, to not be overwhelmed. This ability does not exist in isolation inside the individual; it is a product of personal qualities and factors in their social environment (family and the wider community), and, of course, the transactional effects between the two (that is to say, each influencing and shaping the other). Complicated? In some ways, yes; certainly it is not easy to say with any absolute certainty why some children and young people are more resilient than others, but we can talk in general terms about helpful and unhelpful ingredients in the development of resilience, and three fundamental building blocks to resilience:

1. A secure base – people who, support, help, encourage, protect and care about me;
2. Good self-esteem – believing that I am likeable, and respecting others;
3. A sense of self-efficacy – knowing that I can be effective in the world and having self-, with an accurate understanding of personal strengths and limitations.

Adapted from Gilligan, 1997

Daniel & Wassell (2002) in their excellent workbook on promoting resilience in vulnerable teenagers, propose work in six resilience domains (each of which can contribute to the child's resilience or vulnerability) that relate to developing Gilligan's building blocks:

- A Secure Base;
- Friends;
- Positive values;
- Social competence;
- Education;
- Talents and interests.

Daniel & Wassell summarise the resilient child as being able to make a series of positive statements about themselves: I have..., I am..., I can...:

- **I have** people who care about me and will help me. The view the child has of themselves can be boosted by helping them develop a secure base with caring adults and friendships with supportive peers.
- **I am** likeable and respect others. The view the child has of themselves can be boosted by helping them develop a positive set of values and by increasing their social competence.
- **I can** find ways to solve problems and can control myself. The view the child has of themselves can be boosted supporting and encouraging them to engage in and achieve in education, and by supporting them to develop their talents and interests.

Needs

Although there is still some discussion around how needs arise, most social needs are fulfilled in the family, which could be described as a system that produces love, attention, approval, and respect as well as ensuring that we are safe and there is food and shelter. We can identify needs that are common to all children:

- Physical comfort, warmth, shelter and food;
- A stable environment in which to live;
- Protection from ill-use and abuse;
- Proper healthcare and education;
- Opportunities to fulfil their potential;
- Personal privacy and space;
- Association with other children;
- To feel valued;
- Clear, consistent boundaries;
- Consistency in the care they receive;
- Effective, benevolent control;

- To feel safe; this is the most important thing for any future development;
- To receive care that supports them into adulthood.

But these common needs need to be addressed individually. And individual children also have individual needs and wishes. Somehow we have to arrive at an appropriate balance between the individual's needs and wishes, the needs of the group and the protection of others, including the public.

All children need love and nurturing from a family to give them a sense of safety and to help them develop appropriate expectations, and their everyday experiences should provide this. When a child is hungry, someone feeds them, when tired, someone takes them to bed, when they are troubled, someone comforts them, and they are given opportunities to play. These things should happen, not because the child has been good, but because these things are good for children.

For satisfactory development, the child's bio-psycho-socio-cultural environment (or developmental niche) should meet the child's needs in a way that is good enough.

Maslow's hierarchy of needs.

Abraham Maslow (a psychologist particularly interested in motivation, mental health and development) believed that needs emerge as a predictable sequence; when one of a person's needs is satisfied another appears to take its place. He also believed that fundamental needs could be listed in a way that indicated which need would appear when one lower on the list was satisfied, which he described as a hierarchy (Figure 5).

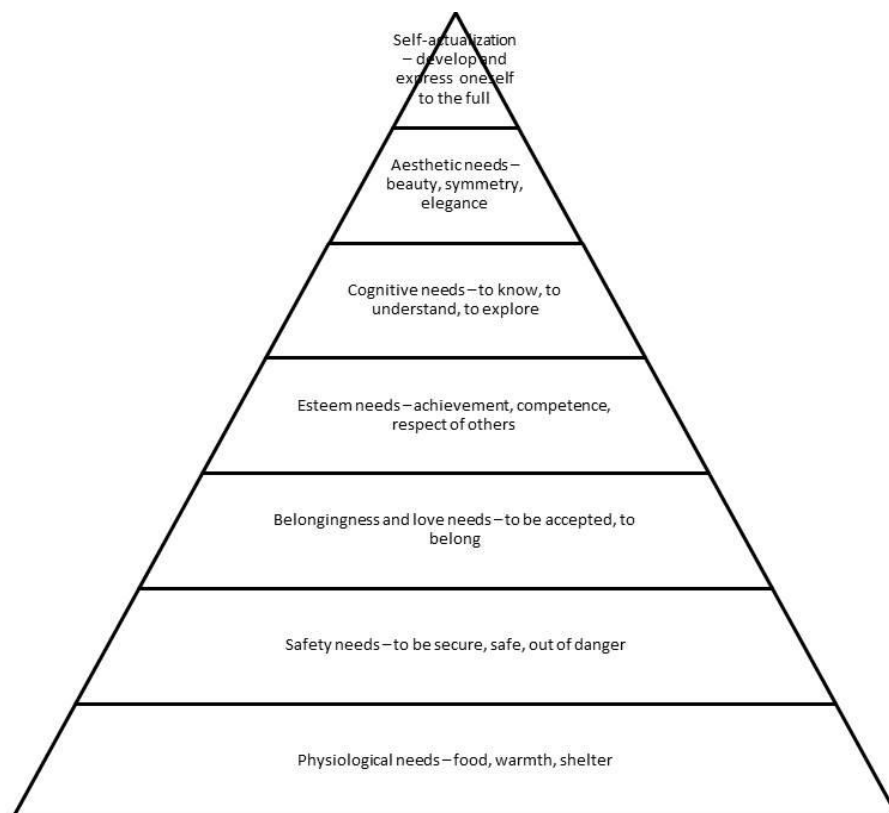


Figure 5: Maslow's Hierarchy of Need

Maslow (1970) argued that when an individual's physiological needs, such as the need for food and drink, are met, they will seek to satisfy the need for safety and security. Once the physiological needs are met the needs fulfilled in satisfactory relationships begin to emerge, such as those for love, attention, belonging and community. If these are met, the need for self-respect and self-esteem becomes prominent. For Maslow, these "higher order needs" are needs that develop after early childhood, and represent more recently evolved needs. Following the satisfaction of these needs a set of motives concerned with psychological growth and development of one's talents appears, which Maslow labelled as self-development, or *self-actualisation*.

Maslow's theory has not been well supported by research evidence, partly because his higher order needs (self-actualisation) has not been clearly found in less developed countries. Burton (1990) sees needs as developmental essentials that emerge without any clear order, although the list of needs he identifies is broadly similar to Maslow. Bradshaw (1992) developed a taxonomy of needs. He argued that real need is a combination of the four domains within the taxonomy, and can be found in the overlap between the domains (Table 3).

<i>Domain of need</i>	<i>Seen as</i>
Normative Need	Defined by expert or professional and based on their view of societal norms
Perceived Need	Felt by the individual in way of self-assessment and may include "wants"
Expressed Needs	Needs expressed by people: a felt need converted into an expressed need by way of a demand
Comparative Need	Refers to the comparisons that people make in defining their needs, and may not reflect more objective judgments

Table 3: Taxonomy of Need (adapted from Bradshaw, 1992)

Arousal-Relaxation Cycle

When a need arises in a child (e.g. hunger) they experience displeasure, which is expressed by crying in infants. If the need is met (e.g. the infant is fed), the child experiences quiescence (a feeling of serenity and completeness) until another need arises. For the child who experiences the complete cycle over many occasions it becomes predictable; creating feelings of trust, security and attachment (Figure 5).

Fahlberg (1991) argues that in the typical path of a child's development, the first relationship is formed in the continuous satisfaction of needs by a responsive caregiver. Children form many close relationships to many kinds of partners: mothers, fathers, siblings, grandparents, aunts and uncles, peers, teachers. At the very beginning of life, children master a complex first relationship, often with their mother, which acts as a prototype for future relationships. It is to an important aspect of this primary relationship we now turn. If a child is secure in their attachment to their early attachment figures, they are likely to experience

both general well-being and healthy relationships in the future. However, many children looked after by others will have missed out on the security and satisfaction of a successful first relationship. How this relationship develops, and the powerful drives and consequences that result when it is disrupted, is the subject for further reading.

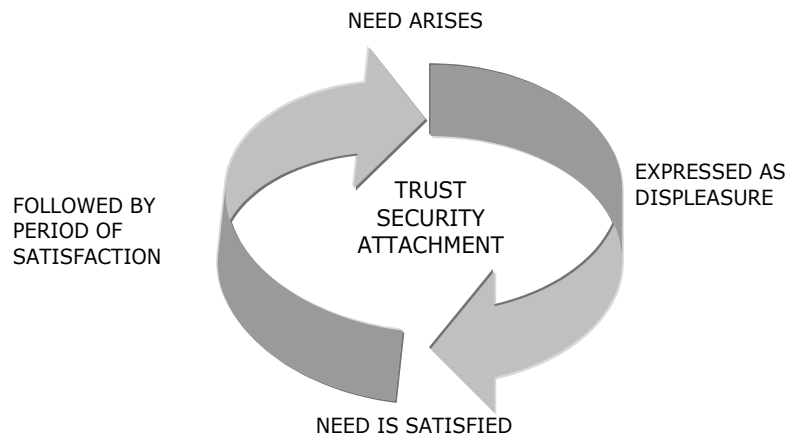


Figure 5: Arousal-Relaxation Cycle (adapted from Fahlberg, 1991).

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