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### BOOK CHAPTER

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## developmental stages

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Early adolescence is a time of major developmental activity. There is a growth spurt, the young person's hands and feet enlarge, their arms and legs rapidly lengthen, their body and face shape changes; most disorientating for them, though, is that their sex hormones become active. Girls have breasts development and sexual hair and start to menstruate; boys grow body hair and become more muscular, and their sex organs enlarge and become active and, at times, feel out of control with erections and wet dreams.

These outward manifestations are paralleled by massive internal psychological and emotional developments. Young adolescents rework many of the developmental phases that they negotiated earlier, and this gives them the opportunity to strengthen good steps or achieve a healthier outcome where previously there were problems. In considering adolescent development, therefore, we need to review earlier stages of development.

### Early developmental tasks

There has been an explosion of research in the last twenty years in the fields of infant mental health and developmental

psychology. This has all indicated that babies come into the world alert, responsive, wanting to interact, and much more aware than previously recognized. They are not blobs to be shaped and moulded like lumps of clay. Babies play an active part in the process and have a profound effect on their carers. Their personality characteristics, their patterns of behaviour, and their emotional states are innate but are also fluid and capable of being changed, enhanced, or reduced, depending on the emotional environment. Intelligence or cognitive capacity is also fluid, again subject to influences from the environment.

Infants come into the world capable of the very powerful emotions of love and hate. They want and need closeness, concern, affection, and intimacy but are also capable of rage, fury, and the wish to destroy. There is a view that the negative feelings only arise as a response to the frustrations of life, but the ferocity with which some babies respond to brief or small frustrations and their prolonged refusal to be calmed or mollified seem to support the innate origins of hate. This recognition of the very early origins of love and hate (innate or developing in the early weeks after birth) is vital in our understanding of children. Children are innocent, but innocence does not involve being made of milk and honey. Rage and destructiveness are part of our humanity and, as such, need to be accepted as normal.

How carers manage negative feelings in the child and demonstrate their own capacity to manage their own rage and destructiveness is crucial. Parents find themselves very distressed at times by the strength of their feelings of anger, rage, and resentment towards their child; it can be very frightening to realize that this small person provokes such fury. When the child is being difficult and defiant or when parents are under pressure, these strong feelings can erupt. Then the parents have to bear being hated by the child, which can be very upsetting, and also bear the fact that at that moment they also

hate the child. But it is the parents' responsibility to keep control of their own rage and hatred and also accept that the child hates them. The wish to retaliate, to hit out if the child has hit, kicked, or spat, is so powerful, but the parents need to protect themselves and the child so that no harm is done. Then, when the situation is calmer, they must reassure the child that he/she is still loved although some behaviours are not acceptable. Babies and small children normally oscillate between love and hate—their longing for closeness alongside their wish to destroy—and at times this leaves them fearful of both their own rage and that of others. Babies also, from the start, have sexual feelings: they are aware that parts of their bodies are more pleasurable than others and are aware of and interested in the bodies of others. It is important also to remember that babies and small children may see others as made up of part objects—that is, the face, the hands, the body—and that at times for them these may not be all part of the same person. This is a normal developmental phase, and fairly rapidly the toddler recognizes that the eyes, hands, and face belong to one person, usually a parent. We now know that babies recognize faces—the configuration of features—almost from birth, so these are not broken down into parts.

Babies and small children also feel omnipotent: they see themselves as the centre of the universe and in control, able to determine what happens. This belief that they are the centre of the universe is, though, challenged by the ordinary everyday frustrations of life—the child has to wait for tea or a favourite TV programme or has to share with a brother or sister or a little friend the whole bag of sweets or crisps when he/she wanted all of it. There will, however, also be major challenges to this omnipotence, leaving them devastated, often shattered, in pieces, and when bad things happen—a death, a divorce, a parent leaving—they believe it was their fault, their responsibility. Small children then are often deeply troubled by guilt, and telling them that it is not their fault provides little relief. How

the baby or small child manages all these powerful feelings depends very much on the carers (the emotional facilitating environment). This is because small children respond much more to the emotional responses of those around them than to the verbal responses. If the adults, the parents or carers, can manage their own feelings and can be thoughtful and in touch, then even if they are sad or angry, the child is aware that they are managing the situation and are responsible. The child is then free to have his/her own feelings but not be burdened by feeling it is all his/her fault. The adults are able to sort things out as best they can, while not denying their distress or anger. A depressed parent, a stressed single parent, a difficult delivery, an unwanted baby, or a sick baby can all make this early period more demanding and problematic than usual, and it is never easy—rewarding, but not easy!

Around the age of 6 months (4 to 8 months), there is a definite developmental step. The infant becomes much more aware of others, a time called psychological birth. The infant develops attachments to whole people, and with this comes separation anxiety and stranger anxiety. Stranger anxiety is not usually understood; a stranger is someone who is not usually in the child's immediate circle. So at this time the extended family—grandparents, cousins, and family friends—appear “strangers” to the young child, and he/she responds by becoming anxious and unsettled for a while.

Also, the infant usually finds a special object—a blanket or teddy (a transitional object)—that provides emotional security and support. The infant has begun the process of individuation: a core self can now emerge that can sense “this is me and I have my own thoughts and feelings and you have your own thoughts and feelings and I want to communicate with you”. From now on, intellectual development, speech, and play really accelerate. There is the development of curiosity, empathy, the wish to please, and the wish to control; but there are also temper tantrums and negativity, fears at night of abandon-

ment. And, all too easily, these can become linked to physical developments—to feeding or to bowel and bladder control.

Bladder and then bowel control by the child are important steps for the adults too. Parents are relieved that no longer do they need to clean their child's smelly bottom and dispose of the contents of the nappy. If potty training is going smoothly, the child is more or less ready and during the day will be aware both that others use the lavatory or potty and also that it is uncomfortable and difficult to wear a bulky nappy. The child is pleased and proud to be able to perform in the "right" place, and this is a gift the child gives a loved parent (sometimes literally presenting the potty with its contents as an offering). Children at this stage feel that the bowel or bladder and their contents are part of themselves, their body/self, hence they are giving of themselves.

If children are angry or upset, they may lose control and mess or wet themselves. A parent who is stressed and angry may find this very difficult and believe the child is retaliating, angry at being told off. If a parent finds the whole business of nappies difficult, they might try to speed up the process of potty training. The parent presents the potty or takes the young child to the toilet and can become frustrated and angry if there is no result, and then a little later the child is wet or messy. The risk is that the parent becomes even more desperate to train the child and sees accidents as deliberate.

Most children are clean and dry by the time they start school at 5 years. But some continue to wet themselves at night until they are 8 or 10 years old. Most children round about 2 years of age start to be aware and want to both imitate older children or adults and go to the lavatory/potty. They also want to get out of uncomfortable wet nappies as they start to be able to walk about confidently. Some parents may try to begin training to use the potty when the child is 6 to 9 months, but even at a year or 2 years or, more rarely, 3 years the child may not be able to exercise control. All children vary as to when they

can begin to achieve control. However, sometimes they can also be uncooperative or preoccupied and may not set out to please the parent. There may be a new younger sibling and the child is angry and upset and also does not want to be clean, seeing the new baby receiving all the attention while they want attention themselves.

Sexual feelings for both male and female carers are very powerful in boys and girls. By the age of 2 years, boys and girls are aware of gender differences, but it is more wanting what they haven't got—a place to grow babies, or a willy/penis. This means they are aware of what they have and what they do not have, and in their imagination they have fantasies of making babies with father or making babies with mother—that is, boys and girls have both fantasies. (They also have fantasies they can do it all by themselves—be hermaphroditic.) Young children are also quite confused about the body openings and what goes in and out of all of them. This is particularly so in relation to where babies come from, how they get out and enter the world. Children talk of babies being born from the mouth, the anus, the wee-wee hole, or the navel, and a few suggest the ears (the top of the head is the place in mythology). All these are normal confusions, and slowly the child sorts out the purpose of the different openings and the normal processes, including the possibility of Caesarean section.

## Pre-school tasks

From about the age of 3 years, children have a sense of self and of their gender, their race, their place in the family. The major conceptual tasks are in place: male/female, grown up/child, and the cycle of life and death—in plants, animals, flies, even if not humans.

These children's thinking is intense. It is concrete, magical, and animistic, and they have their own sense of time. By

concrete thinking is meant the way children take objects or statements at face value. A brick is a brick: it does not become a tower or a bridge or a fort—that is, symbolize something else. And with words a statement is taken literally straight, so that pretend or imagination has no meaning: “this toy train is yours” means it is settled outright and sharing or changing around is not acceptable.

Magical thinking is rather the opposite, which is confusing for the children and those around. Children who long for something or someone come to believe they can make it happen if they think hard enough. Confusions happen as parents anticipate a child’s wishes, and so then the child believes he/she made it happen; then next time when it doesn’t, there is great distress.

Animistic thinking is interesting. Everything possesses the life force. Trees and plants of course, but also inanimate objects: stones, tables, chairs, doors—they all have a life of their own. So the small child who falls over and hits his/her head on the corner of the table believes that the table “chose” to get in the way and trip him/her up. Everything is alive.

Communicating with these pre-school children is delightful but requires recognition of these different thought processes. These processes mean that conversations take interesting turns as this allows the children to talk and recount their view of the world and what is happening out in the park as they scrunch through the leaves and the conkers fall or are on the ground. The whole process has additional levels of meaning. “Does it hurt the leaves to jump on them? Do they like blowing in the wind?” “That big conker knew I wanted it to fall down for me. I made the wind blow to bring them down.” To be followed by: “The leaves are pretty—can we stick them back on again?”

The interaction between the child and those around is vital and determines development in language, play, and social skills. Play—with its educative, fantasy, creative and motor skills aspects—opens up a wonderful arena for the child. But the



key emotional relationships remain pivotal. The intensity of the love, the joy, the excitement, the hope, the fear, the rage, the envy, the rivalry, the shame, the despair, all focus on a few primary and secondary attachment figures. As part of this kaleidoscope of feelings there remain strong sexual feelings for both father and mother in boys and girls. They have to try to clarify how babies are made: if mother is pregnant then they are aware mummy has a baby in her tummy and that is where they came from, but the role of father is less clear.

The child is also, from about 3 years, able to remember emotional relationships (emotional object constancy). Piaget dated *object* constancy from about age 18 months—the toy that can be seen and is then hidden under the cushion continues to exist. *Emotional* object constancy is an emotional holding in mind: “I remember and think about my mum when she isn’t there, and she is remembering and thinking about me and will come and collect me.” In other words, the child can now cope with the parent’s physical absence. This is important as the circle of relationships for the child enlarges, so that grandparents and close family friends remain in the mind as well as parents and siblings.

Pre-school children are also likely to slowly become aware of a whole range of situations in which other children live and grow up. Because pre-school children are sociable now, they want and need other children they can play with rather than alongside, and they can share and play cooperatively. Language is increasingly important, and so the children experience a whole range of people, situations, and attitudes.

Their awareness of disability will depend on their experience: if not disabled themselves, or if there is no one disabled within their family network, it may be that their first contact with disability occurs in this period, and how significant adults respond profoundly influences the child. When these children meet another child who is deaf or blind, they are puzzled by the lack of response—a toy held out but not taken, a smile of

welcome not responded to, a question apparently ignored. Their inclination is usually to walk away and play with others. However, if the adult can talk to the blind and the sighted children and can explain about deaf and hearing children, ways can be suggested for how they can play together: the blind child can have his/her hand held and be talked through activities and can feel play material; the deaf child can be talked to and given materials to feel and look at and will respond to anything in his/her visual field.

Children with mobility problems need help, and the able-bodied children can take turns to support, push wheelchairs, and generally help. Diabetics, asthmatics and cystic fibrosis sufferers can be supported by the other children, who rapidly learn what is happening to their friends.

Normal able-bodied children may have more problems understanding neurological and mental health problems. Children with hemiplegia or paraplegia may need crutches or wheelchairs and other children may respond by assisting them, but epileptic children and children with ADHD, Asperger's syndrome, or autism can be difficult for the other children and their parents to accept, as they may cause disruptions and frightening incidents at school. If the adults feel confident and competent that they can manage most problems, then the other children sense that there are differences but that it is possible to take a matter-of-fact approach, so they can get to know the person of whom the disability is only a part. Where the behaviour is awkward and unpredictable, the adults may become anxious and feel out of their depth, and the children withdraw. Work particularly needs to be done to assist the adults, and they in turn can then help the children find ways of relating to this group of children.

## Primary school years

With the start of school, the child is hopefully ready to move forward in a new way. There is the massive advance in acquiring skills—reading, writing, and maths, riding a bike, climbing—and there is pleasure and pride in these achievements. Other individuals, such as the teacher, become intensely important “best friends”; the love, hate, and sexual longings begin to be less focused on the primary carers. But it is important to remember that the feelings themselves are no less intense. These children become increasingly autonomous and also slowly relinquish their omnipotence, recognizing that they are not the centre of the Universe. The new feelings of smallness and vulnerability are painful, but there is also a reduction in the sense of responsibility and hence feelings of guilt for wrong things—although adults can all too easily revive this. The children’s capacity to think and understand is still focused on what can be seen, or heard, or touched, or tasted. But they no longer think that if they have a thought then it has or will happen (magical thinking), they realize they cannot be in two places at once, for example. They also lose animistic thinking: the table they trip over and bang their shin on did not deliberately get in their way—it was their fault for not looking where they were going.

A sense of time has begun—the days of the week as school days, and weekend days, and the seasons of the year as well as day and night. But actually telling the time—the hours, minutes, and seconds—is a big task, although digital watches help. The big hand and little hand and the recognition of numbers all enable the child to master telling the time, but it is never easy.

It used to be thought that from around age 5 years there was “infantile amnesia”—that is, that early experiences were lost from memory. Many individuals cannot recall much of their early childhood, and memory before 2½ to 3 years is uncom-

mon. Now, however, it is recognized that feelings and sensations may be recalled but that these early preverbal experiences cannot be, and have not been, stored and coded as memories that depend on verbal or symbolic representation. It is likely that once at school, the mind is learning and developing, so symbolic material can be stored in memory for retrieval, which can then easily be recalled. Early learning is much more body-focused, on sensations and feelings, and is linked to relationships, so that retrieval consists of powerful feelings linked to tiny fragments or incidents. Early memories certainly are there and are important, but they often emerge indirectly—that is, when triggered off by some event or thought.

Primary school children have intense feelings, but these feelings are diverted: riding bikes or horses, playing vigorous games, telling rude jokes, and generally fooling around. At the same time, having clarified earlier on whether they are male or female, boy or girl, they have to establish emotionally and in their mind which gender they are so as to feel comfortable in their body. Most boys enjoy physical activities—football, running, jumping, climbing. They are learning to be active and to get on with doing things such as swimming, trampolining, riding their bikes. What they wear tends to fit with this lifestyle: easy comfort, but with an eye to what others are wearing—fashion consciousness is around. Some boys do enjoy other physical activities: they may want to draw, play with a chemistry set, model trains, Meccano, or complex Lego. Others enjoy learning a musical instrument. These areas of play are more unisex, enjoyed by boys and girls. They involve feelings and talents such as artistic or musicality or skills in hand–eye coordination and manual dexterity. Pretend play is seen as more for girls—shops, dolls’ houses, dressing up. The girls may wear either trousers or skirts, but they are very aware of what is “in fashion”.

All children seem to watch television, DVDs, and videos, have Gameboys, and use the computer. It does seem that

even at this age peer pressure to wear fashionable items of clothing and footwear is powerful, so that parents may have to relinquish their ideas of what is appropriate. Keeping girls as children and not allowing precocious sexuality to intrude is not easy. There is also a slow exploration by the children, thinking about, first, their sexual orientation, their ideas about heterosexuality, bisexuality, or homosexuality; then, second, when that choice of possible partner has been considered, further considerations of the object choice. If a girl has moved to a heterosexual orientation, she has to decide whether she will then have a male partner who is much older—her parents' generation—or her own age or younger. These thoughts are only just beginning to emerge in primary school children, focused mainly around celebrities and TV programmes.

Primary school children should have the emotional and mental space and time to explore these issues before actual sexual activity begins. They may find it very hard to put these thoughts and feelings into words, and, as with younger children, play and drawing may be an easier way to communicate. But they may also use the third person or a story or a fantasy. Computers and games can be used to distance and defuse the issues but also to communicate in safety.

## Adolescence

With the onset of puberty and the transfer to secondary school, the equilibrium achieved is broken up. This emotional maelstrom is provoked by the growth spurt and the explosion of hormones, with the imminence of adulthood and the approach of genital sexual encounters that might lead to procreation.

If a child is struggling with or curious about relationships, then talking about the characters in their games or in their drawings and who they like and do not like, and why, can open up the issue. These children often are quite shy and need time

to put any questions or worries into words. They may also chat away to a school friend, and referring back to this can let them know you are interested in their ideas. Often children feel that parents are so busy that it is better to say nothing, so the main hurdle to be crossed is letting the children take their time and not wanting to rush them. It is a delicate balance, because parents often feel they try hard, they ask questions, they try to talk to the young person, but the young person gives them the brush off. This can be quite hurtful for a parent who is trying to be interested and wants to understand. At the same time, the young person can feel that his/her parents never have time for him/her, that they are busy working or out meeting friends. At this stage, parents do need to make time, and they may find themselves sitting alone with the young person up in his/her bedroom, unwilling to come down; however, at other times—and this is frequently quite late in the evening—the young person may wander in and be quite open and eager to talk. Parents then need to avoid yawning despite being very tired and really listen to the young person and how he/she feels if they are to learn what is happening for the young person. Such meetings can create considerable conflicts between the parents, and it is important to ensure that they cooperate with each other.

The intellectual spurt that occurs with the shift to abstract thought and the capacity to develop hypotheses—hypothetical thinking—is exciting and fun. There is a clarity of mind, numerous debates, a desire to change the world, but there is in addition a torment of self-doubt and emotional pain and distress as new projects or ideas are seen to be ill-founded and as new relationships lead to let-down or betrayal. The idealism oscillates with cynicism, contempt, and derision. The omnipotence of early childhood re-emerges, with a sense of being able to do it all, change it all, knowing so much better and more than those boring conventional adults and having much more in common with their friends and their peers. But then when

the sense of omnipotence crashes, is seen to be untrue, the resultant despair leaves a depressed and withdrawn young person, who may opt for the excitement and release of substance abuse, alcohol, or adolescent criminality such as taking and driving away or gang warfare. As individual omnipotence has to be given up, it is the group that is idealized and that holds all the answers. Allegiances such as to football supporters' clubs or pop-group fan clubs are assumed with an intensity bordering on fanaticism. These allegiances do indeed have tremendous significance, because they give the individual an identity and define dress, behaviour, and use of time. What is being conveyed here is that for each individual young person, there is a move from childhood omnipotence ("I can make my wishes come true" and the subsequent "my parents are the centre of the world and know everything") to the search for his/her own independent views, ideas, and knowledge. In the first instance, this is achieved by finding an identity in their peer group as they move out of the immediate family.

An adolescent needs the group both to provide this sense of identity and then, within it, the space to experiment and explore what sort of person he/she is: "who am I, what do I really like, want to be, need?" At this time of emotional lability—when feelings swing dramatically and, at times, for no obvious reason—the young person needs the security of this external identity with "the group" to manage his/her internal bewilderment and confusion. At these times parents need to be around and available if the young person wants to talk, but they must also recognize how important this group of friends is and tolerate the lengthy phone calls or the requests for lifts in the car at inconvenient times—perhaps even manage to avoid negative comments about unusual clothes or headgear, make-up, or body decoration (even piercings or tattoos!).

Early adolescence is a time for reworking sexuality. If as a small child they were left confused or uncertain about their body gender, this may arise again. Most individuals are clear

about their body gender; what is more uncertain is their mind gender—their emotional and psychological view of themselves.

For girls, the onset of menstruation is emotionally highly significant. Often the bleeding can imply to the girl that she is damaged internally, that there is something wrong with her (even if intellectually she knows about “periods”). To accept menstruation as a positive, healthy demonstration of her body’s development, the girl needs to have around her a mother or older woman who enjoys her own sexuality, her own body. She needs to be given “permission” to enjoy her body by an emotionally significant woman if she is to be able to fully develop and take pride and pleasure in herself. Similarly, as boys develop and become men, they need to have confidence in their bodies. They need significant male and female carers to be appreciative of their development, their physique, their change of voice.

Most adults find boys’ development easier to cope with than girls’, and it seems to be a less emotionally charged issue for them. This may be because, with girls, the underlying fear is of possible pregnancy and a wish that puberty and menstruation had been delayed. It might also be because the mother, who perhaps is struggling with the menopause and her own declining sexual power, sees the young girl’s transformation into a sexual young woman as a threat that is too painful to bear. Fathers, too, may be fearful: perhaps they might be attracted to the new sexual young woman in the household. They have to control their feelings as they face their own declining power and the routine nature of their long-standing marital relationship.

Once young people are clear about their bodies and their emotional and psychological sexuality, they have to rethink the kind of other they want as a sexual partner. This means they have a massive mental and emotional task to accomplish, and they need personal space and time to do this. They are likely



to embark on a series of relationships of varying intensity, some with the same gender, some with the opposite gender. They may also have intense relationships with older people—teachers or sixth-formers, footballers or other celebrities. Sometimes they may spend a great deal of time with younger children, baby-sitting, helping friends and relations with their families. Some young people find it all too difficult and retreat into themselves; they may be extremely shy or isolate themselves with their computer, music centre, or TV; this is particularly so if they are afflicted with troublesome acne. Most young people have the freedom to explore the range of relationships, unless, sadly, they have become active at a very young age in a full sexual relationship and have limited their options by becoming fully involved. If a young adolescent seeks same-sex partners, these partners may be a similar age to him/her; more worryingly for parents, though, will be when the young person chooses partners who are much older or much younger than him/herself. Parents then need very carefully to find ways of talking to him/her; this choice of partner may still be part of the adolescent exploration but might also be the emergence of a firm sexual orientation. Parents may need help and support to manage this.