

## Chapter 1

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# Developmental Considerations

Understanding children's psychiatric disorders requires a sound knowledge of normal child development. What is normal at one age may be abnormal, and may be a symptom of a psychiatric disorder, at another age. Many of the problems with which child psychiatrists deal are manifestations of disordered development, rather than clear-cut syndromes. Among the latter are autistic disorders, childhood schizophrenia, obsessive-compulsive disorders and Tourette's syndrome. But the largest group of child psychiatric disorders—*conduct* and *oppositional defiant* disorders—are essentially disorders of the development of appropriate social skills and behaviour. Mental retardation, developmental language disorders and functional encopresis are other examples of disorders that are developmentally defined. Encopresis—or fecal soiling—is normal in babies; it only becomes a disorder when a child fails to attain fecal continence at the appropriate age.

### *Learning about normal child development*

The best way to learn about child development is by being with children as they grow up, preferably in a variety of settings. Those of us with children can learn much about child development within our own families. It is important to remember, however, that the lives of children in the relatively affluent, middle-class families of most health professionals may differ significantly from those in other sections of society—to say nothing of the many other cultures throughout the world. These differences have their implications for child development.

More formal situations in which children can be observed include day-care centres, nursery schools, schools for older children, or indeed anywhere where children of various ages may be found. Supervision of your learning by experienced child health professionals is helpful. Much can also be learned from reading about child development, though this is no substitute for the 'live' observation of children of different ages.

Among the authors whose work on child development you might consult are Erik Erikson (1965, 1968), Jean Piaget [whose theories were well summarized by John Flavell (1963)], Anna Freud (1966), and Melanie Klein (1948). Also relevant is the work of John Bowlby (1969, 1979), and of Mary Ainsworth and her colleagues (1978), on attachment and the process of *bonding* between children and those caring for them. A useful book in this area is *Encounters with Children* (Dixon & Stein, 1992).

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Among the many published studies of child development, the New York Longitudinal Study (Thomas & Chess, 1977; Chess & Thomas, 1984) stands out. These authors followed a cohort of children from infancy to early adult life and the results, reported in a series of books and articles, contain much of importance to child psychiatry.

### *Development stages*

It is only possible here to mention the main points of the complex process we call child development. It is well to remember that the division of the developmental process into different stages is artificial. In fact, the process is a continuous one, and the transition from one stage to the next is not usually abrupt but takes place over a period of time.

#### **The first year of life**

This is a period of rapid change. Its main features are:

- The development of *basic trust* (Erikson, 1965), the child coming to experience the world as a place that is nurturing, reliable and trustworthy. This is considered to be the basis for the development of the capacity for intimacy.
- Great advances in social behaviour and responsiveness. Smiling, at first a reflex act (the *endogenous smile*), becomes selective by two to three months of age (the *social smile*).
- Associated with the above, the ability to distinguish between familiar and unfamiliar people. This appears at six to eight months of age. With it, there are signs of anxiety in the presence of strangers, and *separation anxiety* when the child is parted from the mother or other significant caretaker, especially if in an unfamiliar place or with unfamiliar people.
- *Bonding* between the child and the familiar caretaking figures. Features of attachment behaviour normally evident in the first year include crying, calling and stranger anxiety and separation anxiety mentioned above.
- Rapid development of motor function. By about one year of age the child is walking.
- Rapid intellectual development. The first year is Piaget's *sensorimotor period*. Children learn that objects exist apart from themselves and continue to exist when they can no longer see them; they learn simple cause-and-effect relationships and start to understand spatial relationships; and they acquire an idea of how one thing may symbolise another.

#### **The second year of life**

This is characterised by:

- Development of a sense of *autonomy* (Erikson, 1965)—a sense of being in control of oneself, as opposed to entertaining feelings of shame and doubt.

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—Further acquisition of social skills. As the ability to walk and explore is acquired, the child's behaviours begin to be restricted. This helps the child learn what is permissible and what is not. The child also learns to live as a member of the family group and may have experiences outside the family in day care, nursery school or play group. Toilet training may commence in the second year.

—Rapid further development of motor skills, including walking, climbing and manipulating objects.

—Acquisition of a limited verbal vocabulary.

—Resistance to caretakers' behavioural restrictions, expressed in temper tantrums and other resistive behaviours.

—Continuing evidence of attachment behaviour.

—Further rapid advances in cognitive functioning. The middle of the second year sees the start of Piaget's '*concrete operations of classes, relations and numbers*'. The first part is the *pre-conceptual stage* in which the child starts to become able to represent one thing by another by using language symbols and drawing. In their second year children still feel at the centre of the world and remain closely dependent on their parents.

### **The preschool period (roughly from two to five years)**

This is a period of great change. Its main features are:

—The acquisition of Erikson's (1965) sense of *initiative*—the feeling of being able to do many exciting, even almost magical things, as opposed to feeling frightened or guilty about taking the initiative. Normally developing children emerge from this stage confident in their abilities but with their impulses under adequate control.

—The development of a rich fantasy life, perhaps with imaginary friends and, often, with the use of *transitional objects*. The latter may be almost any object—an old blanket, a teddy bear, a toy—to which the child develops a special attachment and may use as a source of security in stressful situations (Shafti, 1986).

—A further big advance in socialisation, the child acquiring many more of the skills required to live as a member of a family group.

—Identification with the parents and the resulting development of the motivation to do certain things and be a certain kind of person.

—The beginnings of conscience formation. This is closely related to the process of identification with the parents.

—Rapid progress in the development of the child's sense of his or her sexual identity, so that the child begins to have a sense of being a boy or a girl. Psychoanalysts call this the *genital stage* because of the importance that has been attributed to sexual development during this period.

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—Further development of intellectual functioning and cognitive skills. This is a continuation of Piaget's *pre-conceptual stage* (see above), as the ability to represent one thing by another develops further. The child still feels at the centre of the world and considers inanimate objects to have feelings and opinions.

—A rapid increase in the complexity of language used and understood.

—The establishment of a pattern of *mental defence mechanisms*. These are discussed further in the next chapter.

—The development of patterns of behaviour towards the world outside the family.

#### Middle childhood

This is the period from the start of school at age 5 or 6 to about age 10. Its main features are:

—Learning what Erikson (1965) calls the *fundamentals of technology*. As this happens, children gain the satisfaction that comes from doing the things they learn—things that vary from culture to culture. This is the period during which formal schooling comes to occupy a large part of children's lives. A normally developing child comes to enjoy the resulting personal satisfaction, recognition and opportunities to relate to other people. In calling this the stage of *industry versus inferiority*, Erikson (1965) drew attention to the danger that children may fail to learn what they need to at this time of life, and thus develop feelings of inferiority and failure. The teaching of children is not confined to school but also occurs in the family and in many other situations, Boy and Girl Scouts, Sunday school, youth groups and clubs and other organised youth activities.

—Continued psychosexual development, though this may be less obvious (hence to use of the term *latency* to describe this period). While in Western society sexual interests may be concealed, sex play and masturbation (the latter more frequent in boys than in girls) are common during this period of life.

—Continued development of a pattern of *defence mechanisms*. These are discussed further in the next chapter. By this time the normally developing child has a well-developed conscience. Many of the personality attributes the child has acquired tend to persist into adult life.

—Further refinement of cognitive skills. In Piaget's *intuitive substage* children can give reasons for their actions and beliefs, though their thinking is still *pre-operational*—that is based on immediate perceptions rather than on mental representation of concepts. This gives way to the *sub-period of concrete operations*. Children become able to internalise the properties of objects, and their thinking becomes less egocentric. Objects can be put in order, or classified, by size, shape or colour, without being physically compared with each other. This period also sees a great advance in the capacity for cooperative play.

## Adolescence

Adolescence begins with the onset of puberty. This is marked physically by the onset of menstruation in girls and of seminal emissions in boys. These changes usually occur between the ages of 11 and 13 in girls and between 13 and 17 in boys, though the range of normal is wider. The Group for the Advancement of Psychiatry (1968) suggested that the principal developmental tasks to be completed by the end of adolescence are:

- Changing from being nurtured and cared for to being able to nurture and care for others
- Learning to work and acquire the skills to become materially self-sufficient
- Accepting and becoming proficient in the adult sexual role, and coping with heterosexual relationships
- Moving out of the family of origin to form a new family of procreation

In other words, this is the period of moving from childhood to adulthood. Other features of normal adolescence are:

— The achievement of a firm sense of identity. Erikson (1965) contrasted this with *role confusion*. A healthy young adult knows who he or she is and is confident in making this identity known to the world. This personal identity becomes the basis of the individual's relationships. On the other hand, those who are in a state of role confusion have little sense of who they are or where they want to go in life. Identity formation starts long before adolescence, of course, but should be substantially complete by the end of the teen years.

— Acquiring a more flexible cognitive style. Piaget called adolescence the period of *formal operations*. Its main features are:

- The ability to accept assumptions for the sake of argument and to formulate hypotheses and set up propositions to test them
- The ability to look for general properties and laws in symbolic, especially verbal, material and so to invent imaginary systems and conceive things beyond what is tangible, finite and familiar
- Becoming aware of one's own thinking and using it to justify the judgements one makes
- Becoming able to deal with such complex ideas as proportionality and correlation

The above is but an outline of child and adolescent development. It does not take account of the many cultural differences that affect development. Also, the developmental pathways that lead to alternative lifestyles, for example homosexual ones, differ in certain respects from those I have briefly described.

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### *The development of self-esteem*

The acquisition of a sense of self-worth is a major developmental task of childhood. Problems in this area are common in children who are presented for psychiatric assessment and treatment.

The development of self-esteem is a continuing process that starts in infancy and continues throughout childhood and adolescence. It can also continue to develop during adult life. Since there is no absolute standard by which a person's self-worth can be judged, for practical purposes we are what we believe we are. This depends very much on our childhood experiences.

Self-esteem develops initially in the context of empathic relationships with parents (Erikson, 1965). Ideally the parents' and the child's temperaments should be well matched. Parental attitudes, opinions and behaviour, and the child's experience of mastery of the environment largely shape the child's view of his or her self-worth. Parents need to be affirming and supportive, even when they have to set limits to their child's behaviour. They should also set realistic expectations for their children. If their expectations are unrealistically high, their children are likely to experience feelings of failure and, perhaps, guilt.

As childhood proceeds, the attitudes and expressed opinions of people outside the family group—teachers, peers, extended family members—play their part in determining how children grow up feeling about themselves. Important, too, are children's successes and failures. Those with handicaps may compare themselves unfavourably with others. Thus it may be more difficult for them to achieve that sense of mastery over the environment that is a major ingredient of a sense of self-worth.

As the years pass, children's feelings about their worth and capabilities become increasingly internalised so that they are less dependent on the immediate response of their environment. By the time they reach adolescence, their self-images have become part of their personality structures, or what Erikson (1968) calls their *ego-identity*. This, however, is still subject to modification, though self-image change becomes harder as one proceeds through adult life.

The importance self-esteem is acknowledged to have is reflected in the large number of books on the subject. These include books for parents (e.g. Lindenfield, 2000), for teachers (e.g. Battle, 1994), and for children themselves (e.g. Kaufman *et al.*, 1999).

### *Development in adulthood*

Erikson (1965) describes three more 'ages of man'. These are the stages through which children's parents and grandparents pass. The first is that of *intimacy versus isolation*. The young adult, having completed her or his search for identity, is now ready for intimacy with others. This involves close relationships including sexual union. Failure at this stage results in isolation. Instead of developing close relation-

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ships the person may become isolated from, or even attempt to destroy, forces and people that appear threatening in some way.

The next stage is that of *generativity versus stagnation*. The essence of generativity is the establishing and guiding of the next generation. This is achieved not only, nor even necessarily, by parenthood. For many, though, becoming parents is a central feature of this process. Failure to achieve generativity leads to a sense of stagnation and personal impoverishment.

The final stage is that of *ego integrity versus despair*. Ego integrity is the mature integration of one's life experiences, people and things taken care of, triumphs and disappointments accepted. It is the feeling of things accomplished and of a life well lived. If ego integrity is not achieved, the result is despair. A characteristic of despair is fear of death; the person now feels that time is too short to live another life.

It is well to bear in mind that how children develop varies. The variation is due not only to differences in how they are parented but also to inborn differences in temperament and personality. These are biologically determined and, as our knowledge of genetics advances, it is becoming clear that they have strong genetic determinants. These are referred to further in the following chapter.

### *Family development*

Most children grow up within the family unit. In Western society this is usually quite a small unit, the *nuclear family*. Traditionally, this has consisted of the two parents and their offspring. Nowadays, however, such families are in a minority. One-parent families are common and so are *blended families*, in which there is a couple, one or both whom have been married or have had children previously—children they have brought into the family.

In many parts of the world the *extended family* plays a role as big as, or bigger than, the nuclear family. On the traditional African homestead, for example, a *collective* consisting of grandparents, aunts, uncles, older siblings and more distant relatives, or even unrelated adults, care for the children. This extended family is important in developing countries where governments usually do not have the resources to provide a child welfare service that can step in when parents are unable, for any reason, to care for their children.

Families develop while their children grow up and, in making a psychiatric assessment of a child, the developmental stage the family has reached should be considered also. Family development is discussed in *Basic Family Therapy* (Barker, 1998, Chapter 2). Fuller discussions are to be found in *Marriage and Family Development* (Duvall & Miller, 1985) and *The Changing Family Life Cycle* (Carter & McGoldrick, 1989). However families do not always develop in smooth and predictable ways, and the latter book discusses many of the circumstances that affect family development and how they may alter the course of a family's growth and functioning. The assessment of a child should take into account the state of the family, and how it is functioning.

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### ***Further reading***

An excellent source of information on all aspects of children's development is *Child Development and Personality* (Mussen *et al.*, 1990). A brief summary, suitable for use by parents who want to know what to expect as their child grows up, is *Growth and Development* (Pearce, 1994).