Chapter 1
Exploring Child Psychology

In This Chapter
▶ Understanding the importance of child psychology
▶ Taking a look at child development
▶ Looking for help in all the right places

Child psychology and development captures the interest and imagination of anyone who cares for kids. Kids grow, develop, misbehave, play, learn, and love in rapidly changing yet fascinating ways. Parents, educators, grandparents, health-care providers, and child-care workers also wonder and worry about the kids they care about. Raising a child in today’s world requires more than just good intentions. It calls for a comprehensive knowledge about kids, what motivates them, what goes right, and what can go wrong.

In this chapter, you can discover compelling reasons for diving into the topic of child psychology and development and take a look at the wide range of influences that determine how kids ultimately turn out. Here, you can also find an overview about the nature of normal and abnormal development, which we discuss throughout this book. You can find information about how all people involved with caring for kids can maximize good outcomes.

Good outcomes for kids means mastering four key objectives of childhood — the goals of growing up:

✔ Forming good attachments and relationships
✔ Controlling emotions and impulses
✔ Developing healthy self views
✔ Achieving one’s potential

Last but not least (this may be the first section you jump to), you can read about getting help for kids when they need it.
Although this book takes a heavily practical, applied focus, those of you interested in theories of child development may want to review the sidebars in this chapter.


Understanding children helps teachers become better teachers, parents become better parents, child-care workers become better at taking care of kids, grandparents do a better job of grandparenting, and health-care providers give more compassionate and competent health care. Understanding children just makes the world a better place — and that’s the bottom line. The next two sections point out two important reasons why having a basic understanding of child psychology is beneficial.

**Reviewing realistic expectations**

Knowledge about child psychology helps you have realistic expectations for kids. Educators and parents alike always have expectations — whether they realize it or not — for children’s behavior, learning, emotions, and physical capacities. Yet, sometimes these expectations don’t fit reality. For example, a girl who is taller than most kids in her age group may be out on the playground struggling to follow the rules of a game of baseball. She manages to hit a ball, but then doesn’t know she’s supposed to run to first base. An adult watching her confusion may think that she’s delayed, or not really caring about the game like she should. In reality, the girl has not mastered the skill because she’s only 5 years old and most kids that age don’t understand the rules of baseball.

Unfortunately, kids sometimes become the brunt of bullying or abuse when their actions fail to meet the expectations of others. Furthermore, many disabilities (such as mild autism or learning disabilities) are not readily apparent to the untrained eye and may also lead to inappropriate expectations of the child. Therefore, having an increased knowledge of child psychology and development can really aid concerned adults with helping children in the best manner. Knowing about the challenges of childhood can help adults intervene when problems occur.
**Understanding worrisome trends**

Kids today have more troubles than their parents or grandparents. For example, the diagnosis of autism has skyrocketed over the past several decades. Attention deficit disorders, learning problems, and behavior problems are all on the rise. Today, anxiety disorders and depression occur at much higher rates than in past decades. The diagnosis of bipolar disorder, in the past a very rare diagnosis in children, has demonstrated a 40-fold increase in the last decade. Some of these increases are no doubt due to improved awareness of these issues in children among professionals, but most experts believe we are nonetheless observing significantly more troubles among kids than ever before.

In addition, pediatricians find that about half of all patient visits involve questions about emotional, developmental, and behavioral issues. Worried parents want to know more than vague reassurances that their kids will outgrow their problems or “your child seems within normal limits.” This book should serve as a valuable resource for tackling those issues.

**Reviewing the Recipe for Child Development**

A lot more goes into making a kid a kid than the joining of a sperm with an egg. From that moment of conception onward, influences bombard developing children from all directions—media, culture, genetics, and the list goes on. How much any of these influences determine how a given child turns out is utterly unknown (Chapter 2 takes a look at different influences). However, when any of these factors are at extreme levels or endure for a long time, the degree of influence increases.

See Figure 1-1 for an overview of the factors that can influence the development of any particular child.

Note that in Figure 1-1, the arrows run from “outside” the child to the child. In truth, most of these influences run both ways; not only that, these influencing factors affect each other. For example, a school influences kids, but the kids in that school influence the school and its teachers as well. A really good school may succeed in decreasing the impact of learning disabilities or premature birth for some of its students.
Part I: Understanding Children: The Big Picture

Plus, some genes lie dormant and don’t become expressed unless a child has certain experiences or encounters other important triggering events such as toxins or illnesses. Poverty may have a devastating effect on one child, but another child responds to poverty by ultimately finding creative ways to change it. Oppression usually causes children to feel helpless and angry, but the right combination of other influences may allow some kids experiencing oppression to turn into productive leaders.

**Figure 1-1:**
Child development factors.

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**Noting Normal Child Development**

Across the world, children develop with striking similarity when things go right. They typically begin to take their first steps around their first birthday at which time they also begin saying their first few words. Kids form strong attachments to their parents quickly and then slowly form attachments to other kids and adults. They come into the world with almost no ability to control their emotions and will cry and scream at the slightest discomfort. Gradually, they acquire the ability to regulate their emotions.

Part II describes normal childhood development in detail. You may wonder why we provide this much information about normal development. For one, if you know what’s supposed to be happening and at what ages, it’s easier to determine when things aren’t proceeding smoothly. When children fall seriously short on developmental milestones, they may need further assessment and help from a professional. Plus, knowing what to expect helps caregivers provide kids with optimal experiences and guidance.
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Finding Freud’s perspective

Sigmund Freud (1856–1939) was a physician and prolific writer who developed one of the early theories of child development. Freud believed that all humans possess basic drives and motives. People, for the most part, are unaware of these forces that guide their lives. He wrote that babies are born with libido, which is a sexual pleasure-seeking energy or drive.

During the first few months, the baby gets pleasure from sucking. Thus, Freud labeled this stage the oral stage of development. Sometime after a child’s first birthday, the child gets pleasure from having bowel movements and then controlling bowels. This stage, that lasts until about age three, is called the anal stage of development. During the preschool years (roughly ages three to six), the child falls in love with the parent of the opposite sex and realizes the parent of the same sex is a rival.

The child then represses those sexual feelings and identifies with the same sex parent during what Freud called the phallic stage. During the school years, ages 6 to 12 (also called latency) sexual feelings are repressed. Finally during the genital stage of adolescence, sexual feeling reemerge and are directed toward opposite-sex peers.

Freud’s theories of child development have been very influential. Among his enduring contributions to the field of child and developmental psychology are his basic contentions that adult psychopathology is connected to childhood experiences and that people aren’t always consciously aware of why they do what they do. However, his concepts also have been criticized as possibly sexist and lacking in sufficient scientific validation.

However, normal isn’t as black and white as you may think. When it comes to child psychology and development, you can find a lot of gray that may or may not be considered “normal.” Here are two reasons why that’s the case:

- **Abnormal isn’t that abnormal.** When kids have emotional or behavioral problems, it usually involves a normal reaction to abnormal events. Thus, kids become anxious because their worlds are unusually scary; they become depressed when there are people and events that would make anyone sad. They act out when their parents, families, or peers have inadvertently encouraged bad behavior.

- **Normal isn’t all that normal.** Almost all parents say they want their kids to be happy and normal. Terrific sentiments. But what’s normal anyway? No one gets through childhood without a few significant bumps and bruises. In fact, if you review most people’s lives you’ll almost always find problems — substance abuse, struggles over weight, emotional problems, divorces, traumas, tragedies, serious losses, troubles in school, money worries, relationship problems, and much more. How many people do you know who have never struggled with issues like these? Face it: No one is perfect. Normal isn’t normal at all.
Although we use the conventional terms normal and abnormal development in this book, we do so with some reservation. These terms help communicate information about general expectations and common childhood problems. But, be aware that children’s strengths, weaknesses, and struggles cannot be neatly categorized as normal or abnormal.

**Analyzing Abnormal Development**

Knowing the signs of abnormal child development allows teachers, parents, grandparents, counselors, and health-care providers to intervene quickly and appropriately when problems start to emerge. When problems are addressed early, outcomes usually improve.

No one other than a trained health professional should attempt to diagnose disorders in children. However, knowing the signs can alert you to the need for a more thorough assessment, which is how this info comes in handy.

The following sections outline some of the basic areas of abnormal child development, but for a more detailed overview, check out Part IV.

**Focusing on physical problems**

Kids’ bodies don’t always work the way they should. For example, babies can be born too early, have birth defects, or struggle with bodily functions such as elimination, sleep, or eating. Sometimes kids get sick with serious or chronic illnesses. Other times symptoms in the body stem from emotional distress. A child’s pediatrician needs to check out any symptoms involving the body.

Taking care of children who have physical problems can create considerable stress. Caregivers armed with sufficient information deal with the child’s physical problems more effectively. See Chapter 11 for details about these various sorts of physical problems and suggestions for addressing them.

**Looking at learning**

This book describes one of the four goals of childhood as achieving a child’s potential. For most kids, much of that achievement occurs in school. Learning disabilities, attention problems, and intellectual challenges all can stand in the way of reaching this goal. However, much can be done to partially or fully overcome these obstacles in many cases. But first, identifying kids at risk for learning problems as soon as possible is crucial.
Elucidating Erikson’s views

Erik Erikson (1902–1994) was a follower of Sigmund Freud (see sidebar “Finding Freud’s perspective”). Erickson’s developmental theories also acknowledged the relationship between adult problems and unresolved issues of childhood. He viewed the life cycle as a series of challenges that when successfully met, lead to good adjustment. When challenges are not successfully negotiated, these issues can harm later adjustment. He differed from Freud in that his stages more closely tie child development to social and environmental factors.

Here are Erikson’s psychosocial stages of development:

- **Trust versus mistrust**: During this stage, babies figure out to trust that others will take care of their basic needs. When care is poor, they discover how to mistrust.

- **Autonomy versus shame**: Toddlers discover skills during this time such as independent toileting, walking, dressing, communicating, and feeding. Success during this stage leads to feelings of competence. Failure leads to self-doubt.

- **Initiative versus guilt**: Preschoolers continue to catch on to new skills. They may also have some conflict with others and can experience guilt when they do not meet the expectations of their caregivers.

- **Industry versus inferiority**: During the elementary school years, children develop more feelings of competence as they negotiate how to get along with others and master school-related tasks. If they do not meet demands adequately, they are likely to feel inferior.

- **Identity versus role confusion**: Adolescence is the time to develop sexual identity and self-concept and begin to explore occupations. Teens who fail to find their way often become confused about who they are.

- **Intimacy versus isolation**: Older teens and young adults begin to form partnerships or find themselves lonely and isolated.

- **Generativity versus stagnation**: During the adult years, having activities such as raising children or having a vocation leads to contentment and a sense of having made a contribution. Those who do not have these sorts of activities stagnate.

- **Integrity versus despair**: As life comes to an end, some look back at meaningful lives; others look at back with regret.

Erikson believed that people evolve over time. Stages were not discreet but overlapping. His theories have enjoyed popularity for their optimism and belief that humans can age gracefully.

Children at risk for learning problems often show early signs of struggle. Such symptoms can include disinterest in reading, low muscle tone, late talking, delayed motor skills, and impaired self-care skills. Caregivers who are alert to these issues can advocate for prompt assessment and treatment. Chapter 12 gives you considerable information about what to look for.
Analyzing autism

The possibility of autism strikes terror in the hearts of many prospective parents. In part, that’s because the most serious forms of autism are quite debilitating — such children who have profound problems relating to others and the world. However, many of those kids with autism exhibit much milder problems, and all children can benefit from intensive intervention. Like all childhood problems, the earlier the intervention, the better the results.

See Chapter 13 for detailed information about autism, its early signs, and what can be done about it. You can also discover that many children with autism are quite fascinating and a good number of them exhibit extraordinary gifts.

Examining emotional disorders

One of the four goals of childhood highlighted in this book is discovering how to control one’s emotions and impulses. Children come into the world with almost no ability to control their crying, distress, and behavior. Gradually, they acquire the ability to soothe themselves and delay their need for instant gratification.

Because little kids lack self-control skills, many parents find it difficult to tell the difference between a child with normal emotions from abnormal. Signs to look out for include changes in sleep and appetite, increased moodiness, spikes in irritability, withdrawal, listlessness, age-inappropriate fearfulness, and bouts of crying. (See Chapter 14 for information about normal versus abnormal fears, early warning signs of emotional problems, and descriptions of the various types of childhood emotional disorders.)

Investigating behavior disorders

All kids misbehave. They all have temper tantrums and meltdowns. They all refuse to do what they’re told. And they all talk back. (Sounds like quite the pep talk for soon-to-be parents!) However, when tantrums and meltdowns persist and disobedience becomes the norm, you have a potential behavior problem emerging.

Left unchecked, minor behavior problems can easily evolve into more major issues, including shoplifting, serious problems at school, animal cruelty, fire setting, aggression, and even violence. Chapter 15 describes the risk factors for developing behavior disorders and the signs to look out for. It also describes the types of behavior disorders found in children and adolescents.
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Being clear about behaviorism

Behaviorism rose out of a need to be able to study psychology and people with greater objectivity. Because unconscious thought is hard to measure or quantify, behavioral psychologists began to look at how science could measure human activity. John Watson (1878–1958) was one of the early proponents of psychology as the study of human behavior. His belief was that children could be molded by their experiences to turn out to be just about anything from street person to professor. Although his work was based on scientifically validated rules of behavior, his opinions about children’s behavior being completely malleable have not been substantiated.

Later, B.F. Skinner (1904–1990) expanded the theory to include other forms of learning based on consequences of behavior influencing future behavior. Albert Bandura (1925–) developed social learning theory that included observational learning and modeling as a way that children learned through interactions with others. See Chapter 2 for information about specific forms of learning — such as operant conditioning, classical conditioning, and modeling — based on these theorists. These learning principles have had strong, enduring influence on the field of child and developmental psychology as well as education, although they have been criticized as insufficient to explain all outcomes.

Tracing trauma and abuse

Tragedies and traumatic events happen to kids. Kids get abused and neglected by parents, caregivers, family members, and strangers. They suffer from the effects of car accidents, natural disasters, and crime. They also witness traumatic events happening to others, such as domestic violence, and when they do, they often suffer effects similar to that of the one who actually was the direct recipient of the abuse.

Chapter 16 reviews the common sources of childhood trauma and describes the various diagnoses that are generally thought to result from traumatic experiences. You can also find information about the factors that appear to help kids get through traumatic experiences relatively unscathed.

Finding Help for Troubled Kids

When children hurt, most adults passionately want to help. That passion sometimes causes them to lose objectivity. They hope for miracle cures and may buy into seductive, but empty promises. However, you can find sources of effective help abound if you know where and how to look.
Chapter 17 reviews the therapies that are known to work and for which problems. This chapter also warns about a few things to look out for when seeking help for kids’ problems. Go to this chapter if you have concerns about a child with emotional disorders, behavioral problems, learning disabilities, problems resulting from trauma or symptoms of autism.

When kids have trouble, schools can do a lot to help too. For that to happen, parents, caregivers, teachers, school administrators, therapists, and counselors all need to communicate and work together. If a child’s problems are interfering with her ability to learn, schools will provide evaluations and assessments. Chapter 18 provides tips on effective communication, information about tests and evaluations conducted by schools, and appropriate accommodations that schools may make.

Parents and family members also have a crucial role to play in helping troubled kids. They can implement a wide variety of strategies with guidance from a child’s therapist. In order to do so, they may need to work on overcoming fears and other obstacles that sometimes interfere with effective parenting. Chapter 19 lays out the ways parents can support and enhance professional efforts for helping their kids.

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**Covering Piaget’s cognitive theory**

Jean Piaget (1896–1980) started as a biologist and later studied children’s thinking. He came to believe that children’s thinking developed and changed over time. During the first two years, infants move and experience their worlds primarily through their senses. This stage according to Piaget’s model of development is called the *sensorimotor stage*. Around the ages of 2 through 6, children begin to use language and begin to have conscious thought. During this stage, called *preoperational*, children tend to view themselves as the center of the universe. The *concrete operational stage*, roughly ages 6 to 11, involves logical objective thinking. *Formal operational thinking* occurs after age 12 and beyond. During this stage, children are able to think abstractly.

Piaget’s ideas have exerted a lasting influence on the way psychologists look at how children discover how to think. However, most of his work was based on observations of his own children and children from well-to-do, highly educated backgrounds. Thus, his ideas about children’s stages of thinking have undergone significant revisions by others over time. Later research has indicated that Piaget likely underestimated young children’s abilities.