

What have psychologists learnt about typical development from studying children with developmental difficulties?

The development of children is a broadly researched and discussed area of psychology. Psychologists are interested in how typical development enables us to function as human beings and how children will develop as they grow into adults. The study of children with developmental difficulties has enabled psychologists in some ways to define what is considered typical, but this is not without criticism. The definition of what is 'normal' or typical is contentious, and this essay will seek to examine some of the theories and research that either support or reject this

The stability and security of forming early relationships are believed by many to be the building blocks for future psychological well-being. The attachment theory was originally proposed by John Bowlby who believed that children need to form strong emotional bonds with their primary caregiver, namely the mother. He proposed that babies have an inbuilt behavioural system which is activated by the threat of separation from the caregiver. This is usually in the form of crying or clinging (Bowlby, 1958).

Bowlby based his theories on studies based on the experiences of delinquent adolescent boys. He discovered that these boys were likely to have been taken into care and did not have a permanent mother figure. He felt that if children are to be mentally healthy they need to experience a warm and intimate relationship with the mother or primary caregiver. This theory would support earlier work carried out by Goldfarb who carried out assessments on children aged between 10 and 14 who had been institutionalised as infants. He found that these children were usually emotionally unsound, craved attention from adults and were underdeveloped in terms of intelligence (Goldfarb, 1947).

In the United Kingdom today there are still problems within the child care system, but through fostering, nurture and stimulating environments it is possible for children to grow up to well adjusted. Adult carers are now encouraged to take the role of the primary caregiver and to provide some kind of secure attachment.

Bowlby also drew evidence from negative experiences gained from separation. Children who had been hospitalised showed signs of protest, despair, denial and detachment (Bowlby, 1951). The treatment of children in post-war hospitals discouraged parental contact, with children being hospitalised for lengthy periods. It is perhaps from these displays of negative behaviour that today's hospitals operate quite differently. Parents are now encouraged to stay close at hand and children are discharged as soon as they are able.

Despite Bowlby's extensive work, subsequent research has suggested that the primary caregiver need not be the mother if secure attachments are to be made. In a study of

maternal deprivation by Rutter it was found that infant separation could not be conclusively be linked to adolescent delinquency. He believed that the important point

is whether young children are given strong support during an episode of separation, rather than the separation itself (Rutter, 1985).

Today in western society is quite normal for children to grow up in families where they are primarily cared for by the father, grandparents or another relative. However, childcare for pre-schoolers in a nursery school or similar is rather more contentious. For many parents the most important issue is bonding and attachment, whereas some believe that a variety of interactions will enable the child to become more socially competent. In studies carried out by Belsky, the appearance of insecure attachments of young children, experiencing more than twenty hours of non-maternal care have been examined. He concluded that these levels of non-maternal care would inevitably lead to patterns of insecure attachment in the first year (Belsky, 1988). However, other psychologists working in this field have some different interpretations. Clarke-Stewart gave a sceptical appraisal, suggesting that other factors other than separation may have an effect. In addition, Melhuish et al identified variables in childcare provisions such as staff levels and training, as being responsible for behavioural difficulties (Melhuish et al, 1990).

Apart from attachment problems, there are many other explanations for disturbances in behaviour. Psychologists have found it useful to study children with behavioural problems, not only to interpret their actions and thoughts in order to help them, but also as a measure of what types of behaviour are typically applicable to certain age groups. Most assessments of childhood behaviour have been based upon rating scales completed by parents, teachers or psychology professionals.

One study using such assessment was carried out by Rutter, Tizard and Whitmore on the Isle of Wight in 1970. From judgments made by parents and teachers it was found that 6% of 10 and 11 year olds showed significant emotional and behavioural problems. This was compared to a parallel study carried out in inner city London where the rates of disorder were nearly twice as high. However, children are only seen as having problems when they become a problem to others. Acceptable behaviour in one society or culture may not be acceptable elsewhere. It is for this reason that typical behaviour is hard to define and why it is necessary for researchers to have a control group with no apparent difficulties and a 'problem' group against whom their behaviour can be measured.

Following the Isle of Wight study, a comprehensive epidemiological study was carried out by Richman et al on children aged between 3 and 8. They found that even though incidences of behaviour such as bed wetting were higher in the problem group, many problems were age related even in the control group. It was also clear that many problems experienced by both groups were transient and that there was clear evidence of continuity (Richman et al, 1982).

From this research certain risk factors in the problem group have been identified. Social background, marital relationships, mother's mental state and parenting

variables have all been attributed to behavioural disturbance. Richman et al compiled a study of family relationships and problem behaviour at 3 years of age. The percentage of children experiencing adverse family relationships was higher in the

problem group than those of the control group, making the study significantly significant (Richman et al, 1982).

However, this type of study should be viewed cautiously as the other variables such as marital disharmony and socio-economic diversity have not been accounted for. The patterns of causation remain unclear and therefore typified behaviour cannot be deemed conclusive.

The two studies that have been looked at suggest an underlying reason of poverty, deprivation, and an unstable family upbringing for disturbing behaviour in children. A more controversial explanation relates to the influence of temperament. Research carried out by Chess and Thomas has suggested that a 'difficult' temperament in 4 and 5 year olds can lead to behavioural difficulties in later childhood (Chess and Thomas, 1984). This would depend on environmental factors, which has been described as the 'goodness of fit'. The impact of family adversity is therefore dependant upon the child's ability to adapt and cope.

In a more recent study Rutter has been able to make more typified conclusions on temperament. He believes that boys are more vulnerable to difficult behaviour than girls as they are more susceptible to a neurological disorder, which means that they are less able to cope with stress. Boys are also more likely to display anti-social behaviour and their temperamental characteristics make them more likely to be the object of parental criticism (Rutter, 1987).

A major educational development for children is the acquisition of literacy. Psychologists have found that through the development of language and the ability to distinguish sounds, children will typically be able to develop reading and writing skills. Research studies have investigated the relationship between language and literacy by looking at samples of children who experience difficulties in these areas.

Dorothy Bishop et al conducted a series of studies of language impairment and reading disorder during the 1980s. The same group of children was used throughout, and their performance was measured at different stages. The children all began the study at the age of 4 and they had all be referred because they had some form of language difficulty which could not be attributed to low intelligence or hearing disability. However, not all the children were the same as some had non-verbal delayed development as well. The study found that out of the children who were delayed in language alone most of them no longer showed signs of impairment by the age of 5. The children were again revisited at the age of 8 and were found to read as accurately as typically developing children, but with less comprehension. Interestingly, these children who caught up by the age of 5 were able to use sound-based strategies for reading and spelling, which is similar to the control group (Bishop and Adams, 1990).

From this study it emerged that children who still had language impairment at 5 years old, were likely to experience reading and spelling difficulties. The possible problems identified, mainly related to a difficulty with the rules of language structure and the meanings of words and expressions. They also found that children with phonological disorders also had problems due to a lack of awareness of letter-sound familiarity.

The correspondence of letter and sound plays a crucial part in learning to read, and typically it is found that children aged around 7 will use this strategy to decipher words and build on their vocabulary. Before this age children tend to memorise a word in its entirety without logically working through how the word is constructed.

Hearing children are greatly aware of how words sound before they learn to read, but in the case of deaf children it would be expected that difficulties would arise. Obviously they do not have the same audio sensitivity to sound, and lip-reading is not able to adequately compensate for this. In addition, there is a delay in spoken language which means that deaf children are unable to use their linguistic knowledge to the same extent (Gregory, 1995).

Studies have shown that deaf children generally do not attain the same levels of literacy as the average 16 year old. A large-scale investigation was carried out by Conrad, and he found that at school leaving age the average reading age for deaf children was only 9 years (Conrad, 1979). There appears to be varying explanations for this, with the lack of phonological ability being most prominent. Some research has indicated that deaf children with deaf parents are among the most competent readers of all, thus indicating that native signing facilitates reading (Harris and Beech, in press). However, some deaf children who have been taught to communicate orally also have competent reading skills. It therefore is possible that the best readers amongst deaf children are in fact those who have a good understanding of language, regardless of how it is learned.

Psychologists have found that there is a great deal to learn about development in hearing children, by studying the consequences of deafness, not only in issues of literacy, but for relationships, communication, thinking and identity. Language is extremely significant in socialization, as it establishes a sense of identity and gains self-esteem. Exclusion from usual conversations will not only limit the flow of information but will also facilitate the feeling of being an outsider, even within the family (Lee and Das Gupta, 1995). This type of isolation has led to deaf people creating their own communities, which undoubtedly play a much significant role in their lives. It has been argued that deaf communities can be compared to ethnic minorities, in that they have a common language, culture, art forms and history.

From initial and subsequent research of children with attachment problems and the resulting behaviour it is possible to see that there have been improvements to institutions such as children's homes and hospitals. The study of attachment problems has enabled psychologists to recognize typical behaviour and to help make adjustments to parenting styles and child care in general. It is now widely recognized

that children need support and attachment from early infancy in order to achieve emotional well being.

Perhaps more contentiously, the studies of children with general behavioural problems, language and literacy difficulties, as well as physical defects such as deafness, have provided psychologists with a measure with which to study typified behaviour. In one respect studying atypical development has in some ways benefited our knowledge of typified behaviour. Early psychologists in particular had used

children with all kinds of developmental deficiencies to further their knowledge of typified behaviour. However, it is questionable whether using these types of children in current research is desirable or moral. It would seem right that today's researchers should seek to understand problems so that appropriate interventions can be sought, rather than using children as 'guinea pigs' for the greater good of the general population.

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