

# Intentional Parenting

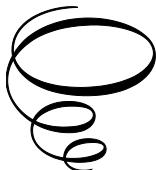
# Intentional Parenting:

*A Practical Guide to Awareness  
Integration Theory*

By

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and Eileen Manoukian

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**From Nicole Jafari:** The African proverb, “It takes a village to raise a child,” suggests the belief that members of an entire community must be involved in creating a nourishing environment that supports the optimum development of all children within the village. As we have painfully learned from our experiences from the onset of the 2019 coronavirus (COVID-19) pandemic which has extended into 2022, it has become abundantly clear that parents need communities of support to assure the wellbeing of their children. Another African expression, “ubuntu,” which translates as “I am because we are,” particularly resonates with me because I view myself as a small part of the greater picture of humanity. These two expressions of wisdom have been the guiding light that has led me to seek the collaboration of my soul sisters and expert colleagues, Dr. Foojan Zeine and Dr. Eileen Manoukian, on like-minded projects that seek pathways of knowledge and skills that support the wellbeing of families. I am grateful to Foojan and Eileen for embarking on this authors’ journey with me. It has required our energies in tirelessly burning the midnight oil and remaining steadfast and true in our synergies to reach and influence our audience. Their abundant dedication and generosity in sharing their knowledge and expertise with our global community have allowed us to continuously collaborate on the projects that we are all passionate about. To my colleagues, I say, “Thank you for your trust in me, for your infinite wisdom and persistent hard work, and for your relentless quest for serving humanity.” To my soulmate and forever love of my life, Jim, I also extend my gratitude and share with him, “You have been my shining star and unconditional support all along. Thank you for being you and being part of my life.” To our precious daughters, Jasmine and Lily, I say, “I dedicate my abundant gratitude for allowing me to blissfully experience the joy of parenting, while reciprocally learning from our shared voyage. You are the proof that parenting is as challenging as it may seem and is indeed highly rewarding.” I am also most thankful to all the parents out there, who, despite all their hardships, struggles, and challenges in their daily lives, continue to strive and to seek solutions in the pursuit of creating the most optimum environment and the community of support for their children. Finally, I dedicate each word of this book to all the wonderful parents, loyal grandparents, compassionate childcare personnel,

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**From Eileen Manoukian:** I would like to acknowledge my friends and esteemed colleagues, Dr. Zeine and Dr. Jafari, with whom I have had the pleasure of writing this book. I am grateful to both for this opportunity. I am forever grateful to Dr. Zeine for trusting me with the implementation of AIT as a unique educational approach for young children at Gem Educare. I am eternally grateful to my professor and mentor Dr. Mary Barbara Trube for sharing her vast knowledge of early childhood education with me and for her unconditional support of my professional growth. I am especially grateful to all the parents, who have trusted me as a caregiver and a teacher for their precious children. I believe that the gift of participating in the experience of raising more than 50 young children during the past several years has reciprocally enriched all our lives. My parents were my first role models of parenting. My mother, Rima Haghnazarian, taught me to be compassionate, caring, and eager to help others. My father, John Manoukian, was my role model in always wanting to learn more, being open to new experiences, and entertaining the ideas and suggestions from others. I am deeply grateful to both. I am also thankful to my only brother, Arvin Manoukian, who is always ready to help and is my cheerleader. I feel blessed and privileged for being given the opportunity by my friends, Karineh Davoodian and Manuel Kazanjian, to be a part of their twin sons' (my godsons) lives and early years of education. Maximus and Alexander Kazanjian were the first two children who received the AIT education method at Gem Educare. I hope that this book will help more parents to overcome parenting challenges and to answer some of their questions.

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## PREFACE

Textbooks on parenting and the study of children and adolescents often focus primarily on perspectives from Western cultures and theories of child development. This approach has been fruitful up to now. What has been missing throughout the more recent years are practical approaches and step-by-step guidance that can be used with diverse cultures. The phenomenon of modern globalization requires that more scholars pay attention to parenting styles that can be adopted on global and international scales. We live in a fast-paced time of technological development and universal change. These times demand that parents become aware and conscious of how rapid changes affect their children's cognitive, emotional, behavioral, and social abilities. As authors of this textbook, our approach to the topic of intentional parenting is a result of our multidimensional backgrounds from different cultures, different types of professional preparation, and different areas of expertise and practice. We have the capacities to present various developmental and parenting processes from both Western and non-Western perspectives. We believe it is important to use practical and multicultural pathways to positively approach and navigate today's global challenges on behalf of children, parents, and educators.

Advances in neuroscience, as well as in cognitive sciences and the biotech industry, have allowed for ample amounts of research on child and adolescent brains resulting in profound discoveries. Such monumental scientific and technological advances command international interest and demand global attention. The effects of globalization require the global adaptation or assimilation of vast amounts of information resulting in dramatic societal change.

Rapid technological advances allow children to have exposure and access to uncensored information from around the world. This wealth of new information brings with it a need for adults to be vigilant by developing greater awareness, attention, and responsibility for the accurate dissemination of information to children and adolescents. With the Internet and worldwide web access, individuals of all ages have access to all sorts of natural and synthetic prescription or street drugs; to the addictive gaming industry that has been linked to the promotion of violent acts; to a variety of firearms with all the accessories; and uncensored social media. In many cases, the

double-edged sword of technology has ripped away parents' abilities to rely on familiar multi-generational parenting guidelines, structures, or approaches. Most parents' experiences with parenting are based on how they were raised themselves, which occurred as recently as only two to three decades ago. Many past-parenting experiences, which have been shared by older generations of parents and younger generations, hold information that is now irrelevant for raising children and adolescents in current societies due to the multifaceted influences of technology with all its benefits and challenges. The emergence of uncertainty about the world within which the next generation will live calls for a parenting approach that is flexible and adaptable for our current families and communities. We need a parenting approach that allows for the rapid plasticity of our current lives. It is now necessary to incorporate the vast array of traditions, globalization, technological advances, and humanity into our ways of being in this changing world. Therefore, with the highest level of compassion, acceptance, and respect, we are introducing Awareness Integration Theory (AIT) as an application to intentional parenting – a parenting model based on awareness integration and intentionality. Furthermore, as authors of this volume, we are committed to presenting a step-by-step guide for all parenting practitioners and professionals. Practical interventions for intentional parenting are offered within these pages as tools for parents, parenting coaches, and educators to apply when parenting, caregiving, teaching, or otherwise working with parents of children throughout the children's lifespans – from infancy to adulthood. The ten chapters in this book are presented in three sections. Part One: Introduction to Family and Parenting presents the overview of the topic outlined in this book on intentional parenting. Part Two, Child Development from Infancy through Adolescence provides specific information related to the stages of development across the life span. Part Three: Career Opportunities offers information about careers related to parenting and child development.

In the first chapter, we begin with a brief overview of parenting. Several factors are elaborated upon such as the differences between Western and non-Western parenting styles, different family structures, parents' functionality in shaping children, worldwide changes in family structures, a comparison of different parenting styles, an introduction to the integrated parenting style, and the role of parents during child-rearing years.

In Chapter Two, developmental theories and educational methods are discussed. This chapter provides an understanding of how developmental theories were founded and the important roles they play in shaping many of

today's parenting behaviors. It also includes similarities and differences in universal educational models, as well as their implementation.

Chapters Three through Nine each focus on one stage of development – infancy, toddlerhood, early childhood, middle childhood, tweens, and early and late adolescence. Information is presented about an individual's developmental domains, such as physical, cognitive, emotional, and social development. Content is included on children's temperaments, cross-cultural influences, and the importance of brain development. These chapters provide information about each specific age group's developmental milestones, expected growth patterns, and potential challenges. Each chapter is accompanied by practical suggestions, examples, and tips.

Chapter Ten, the last chapter of the book, briefly discusses career opportunities. It provides the reader with a list of professions that will benefit from learning about AIT and intentional parenting from this book.

As authors, who collaborated on writing this volume, we would like to dedicate this book to the global community to be used as an instrument in creating awareness, inspiring advocacy, raising human consciousness, and advancing education about intentional parenting.

*Be the change you want to see in the world.*

Credited to Mahatma Gandhi

## LIST OF ABBREVIATIONS

AAP	American Academy of Pediatrics
ADHD	Attention Deficit Hyperactivity Disorder
AIDS	Acquired Immunodeficiency Syndrome
AIT	Awareness Integration Theory
AHA	American Heart Association
AMI	Association of Montessori Internationale
APA	American Psychological Association
ARB	Alcohol-Related Blackout
ASD	Autism Spectrum Disorder
BMI	Body Mass Index
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus 2019
GH	Growth Hormone
GnRH	Gradual Increase in the Production of Gonadotropins
HIV	Human Immunodeficiency Virus
NAEYC	National Association for Education of Young Children
NAREA	North American Reggio Emilia Alliance
NBAS	Neonatal Behavioral Assessment Scale (Brazelton)
NCHS	National Center for Health Statistics
NEDA	National Eating Disorders Association
REA	Reggio Emilia's Approach
RIE	Resources for Infant Educators
SES	Socioeconomic Status
SIDS	Sudden Infant Death Syndrome
STI	Sexually Transmitted Infection
ToM	Theory of Mind
WHO	World Health Organization
ZPD	Zone of Proximal Development



# **PART ONE**

## **CONTEXT FOR INTENTIONAL PARENTING**

# CHAPTER ONE

## INTRODUCTION TO FAMILY AND PARENTING

*Joe and Sarah decided that they are at the right age and in the best phase of life to think about becoming parents. Like any other major decisions in life, they began researching. They started obtaining information on time consumption, financial obligations, required skills, and potential impacts on their relationship. They discovered that the cost to raise a child from infancy to adolescence, which includes costs such as daycare, food, shelter, education, and activities, is enormous. The amount of time required is inestimable and the commitment is forever. In addition, their time spent together as mates and lovers would be compromised, and their careers, on which they have worked so hard, would be impacted. Furthermore, the emotional stress at times will be unmanageable. The astronomical cost, time consumption, emotional stress, and impact on both their relationship and careers seemed to be enormous; however, Joe and Sarah made the definitive decision to become parents. Why do you think they made that decision?*

For centuries, parents have been seeking the most effective methods to raise their children in the best possible way. Their parenting methodologies have been based on trial and error, old folk tales also thought of as folk-wisdom, religious or cultural beliefs, and rituals, or advice from their elders. The state of modern parenting has also been influenced by scientific approaches and evidence-based techniques. Examples include understanding such theories as the Freudian perspective that an individual's mental illness is rooted in their early childhood years, the effects of biology and genetics on an individual's physical development, and the impactfulness of multi-factors within bioecological systems on child-rearing and parenting. However, the complexity of the contexts and the number of perspectives in the field of human growth and development make it difficult to establish a definitive concept that characterizes the best method of parenting. To reach a better understanding of the complexities of raising a child, this chapter is offered as an exploration of the topic of parenting to enrich our understanding of the science of parenting.

## Multidisciplinary Definition and Multicultural Meaning of Family and Parenting

**Table 1-1. Family Types**

Type	Description
Biological nuclear	Heterosexual biological parents choosing to have and raise children
Adoptive	A person choosing to adopt and raise someone else's biological child
Step	A person becoming a parent by marrying someone with children
Blended	Two parents with children born outside of their union joining their family
Childless	Any couple self-identifying as a family unit with no children
Communal	A group of adults assuming the responsibility to raise children in a communal structure
De facto	A family member who assumes the custody of a child awarded by the court system
Extended	Family members living within or outside of the home who contribute to raising a child
Foster	A person assuming the temporary parenting role for a child during a family law proceeding
Same sex	Two individuals of the same sex becoming parents either by biological means or adoption
Single	A person who becomes a sole parent by choice, divorce, or loss of the second or partnering parent

Source: Authors

Anthropologists have been reluctant to generate a universal and global definition for *family*, as a unit. However, there is unanimous agreement that a family is a social unit governed by rules, structure, expectations, laws, and consequences (Gonzalez-Mena, 2009). Members of this unit function in unity to meet the physical, cognitive, and psychosocial needs of a child. If any of these said domains are neglected, the family is acting in dysfunctionality and as a result, the child's development is potentially negatively impacted. Historically, different cultures have defined family in a variety of ways; however, as we approach further globalization, the dynamic of the family is changing, as are its definition and structure. The change in the meaning of family has been caused by such things as economic upheaval, social plasticity, and cultural integration; although, globally, families have continued to address the irreducible needs of the child, such as the basic needs of food, shelter, safety, and cultural continuity. According to the U.S. Census Bureau (2017), family is defined as people living under the same roof who are related by marriage, blood, or adoption. This definition certainly takes the meaning of family, and the types of families, to a much broader understanding. As can be seen in the modern-day era, family types and their descriptions and settings take on many different shapes and forms (see Table 1-1).

## **Parents' Functionality in Shaping Children**

Today's parents hold a high degree of responsibility, which includes meeting the child's biological basic needs, physical and spiritual wellbeing, safety and security, and educational needs. Additionally, modern parents have an obligation to create an environment that provides developmentally appropriate practices and experiences. The psychosocial and emotional needs of a child are also part of the parenting responsibility, which must be met to ensure a child's healthy emotional development, cultural continuity, and spiritual and religious upbringing (Brooks, 2013).

## **Psychological and Social Factors on Why People Choose to Become Parents**

Human beings go through natural biological growth. A part of this biological growth entails continuity of life in the form of procreation. There is also a natural developmental growth process that includes childhood, adolescence, and adulthood, productivity in a career, partnership in a relationship, parenthood, and contribution to society. A person who has received love and care from their parents, caregivers, and community

members naturally develops the desire to recreate that same care and love toward another human being. If the experience of being parented was pleasurable and loving, then the desire to give back is natural. However, if the experience of being parented was not pleasurable, then the desire for becoming a parent dissipates and the person does not intentionally want to bring another human being into this world to experience a similar painful experience. Then again, a person may intentionally choose parenthood and learn how to offer a child all that they felt was missing from their upbringing.

According to Erikson's fifth stage of ego, the natural process of intimacy versus isolation is realized between the ages of 20 and 30 years of age during adulthood (cited in Berger, 2017). Preceding this developmental stage, the need to procreate arises once the intimacy and finding of a mate have successfully taken place. As an alternative theory, Erikson's psychosocial theory states that the reason for the desire to reproduce comes from social pressures, and from a desire to experience shared events such as getting married and having children. Not giving in to that social pressure of becoming a parent might lead individuals to miss out on that shared experience and may also lead to the feeling of being left out (Berger, 2017). Usually, parents of children of the same age socialize together, share stories of their children of different ages, learn from each other, travel together, and support each other.

Today, the fertility rate in developing countries is at its all-time low. In a survey by the *New York Times*, Miller (2018) writes that 1,858 men and women aged 20 to 45 years are having fewer children than their previous generations. This decision is due to the high cost of childcare, time constraints, financial and economic concerns, instability of geopolitics, climate change and global conditions, not having the right partner with whom to raise a child, and a lack of confidence about being a good parent (Miller, 2018). Based on the same survey, Miller suggested that the group of participants who consciously decided not to have children provided their leading reasons, as follows: they wanted more leisure time, prioritized their careers, had personal health problems, or worried about the affordability of their current financial status. Reasons connected to finances that supported individuals' decisions for not becoming parents included not wanting to buy a home, not being able to afford to go to college, not being able to stop working to have time to become a parent, or there was not enough paid family leave.

## Worldwide Change in Family Structure

**Table 1-2. Family Composition**

<b>Percentage of Children Living with Two-parent families</b>	
European & Oceanic Countries	76% to 89%
Asian & Middle Eastern Countries	85% to 94%
Africa & Central/South American Countries	56% to 77%
United States	69%
<b>Percentage of Children living in households with extended family members (In addition to their parents)</b>	
Most of Asia, the Middle East, Central/South America, & sub-Saharan Africa	40%
Canada & most of Europe	<40%
United States	29%
Mexico	45%
<b>Percentage of Married Couples of Reproductive-age Adults</b>	
Europe and North America	37% to 63%
Central/South America	20% to 44%
Most of Asia & the Middle East	75%
United States (Suneson, 2019)	48.2%

Sources: Sutherland, 2014; Suneson, 2019

Worldwide, in many regions, marriage rates are on the decline, yet they remain quite high in parts of Asia and the Middle East. However, non-marital childbearing rates have risen worldwide in recent years. In the article, “How the World’s Families Are Changing,” Sutherland (2014) noted the following:

Rates of nonmarital childbearing are highest in Central/South America, followed by those in much of Northern and Western Europe. In South America, well over half of children are born to unmarried mothers, with Colombia registering the highest levels (84 percent). In much of Europe, between one-third and half of the children are born outside of marriage. (p.6)

Studies have shown that developmentally, children need a stable, two-parent home structure; therefore, the trend described by Sutherland does not seem promising for their development. The table below shows the change in the dynamics of family and the new trends in global family structures (see Table 1-2).

According to the Organisation for Economic Co-operation and Development (2018), the number of children born to unmarried women jumped to 41%. The Netherlands, Norway, and Slovenia have seen the largest increases. In these three countries, the proportion of children born outside of marriage has increased by roughly 50%; only Japan and Greece have seen increases of less than 10%.

## **Basic Parenting Styles in Western Culture**

The original study on concepts of family and parenting in Western and non-Western societies was developed by Diana Baumrind (1967). By 1960, Baumrind became affiliated with Berkeley's Institute of Human Development, where she conducted extensive studies of family socialization, developmental competence, adolescent risk-taking, and ethics. Her published seminal research on styles of parenting remains the protocol for human development views on Western styles of parenting. Baumrind's prototypical parenting style was first published in 1966, wherein she introduced three parenting styles: authoritative, authoritarian, and permissive. Later, Maccoby and Martin (1983) expanded Baumrind's categories and added a fourth style – indifferent or neglectful parenting – to Baumrind's existing styles.

## **The Four Basic Parenting Styles**

Most parenting styles can be labeled as one of the four basic styles that have been researched and categorized by human developmentalists. There are parents, who heavily implement rules and disciplines, yet do not particularly cater to the child's needs. Also, some parents are more child-centered and extremely responsive, without having a lot of rules or discipline strategies

in place. Recognizing which category of parenting that parents use will help them identify their weaknesses and improve their skills (Jafari et al., 2018).

Baumrind's (1967) categorization of parenting style was based on studies she conducted at the child center at Berkeley University. She studied 32 preschoolers, aged between 3 and 5 years of age, to observe the relationships between each child and their parent. The study focused on the type of practices the parents adopt when it comes to their child-rearing methods and the behaviors that children exhibit in response to those practices. Baumrind's study primarily focused on the dynamics and interactions between the parent and child. To establish such a connection between parent and child, Baumrind recorded and analyzed observations of the rigidity of the demands, rules, and structure set by the parent and the degree of responsiveness and attentiveness by the said parent.

The main criteria that Baumrind (1967) was looking for were the *demandingness* (control) of the parent in comparison to their *responsiveness* (warmth). The study defined demandingness in terms of control and structure that are fair and reasonable based on the child's capabilities. Responsiveness was based on the degree of sensitivity that the parent shows toward the child's needs and expectations such as warmth, love, and affection. Based on these two dimensions, the four basic parenting styles are categorized as the following: authoritative, authoritarian, permissive (also known as indulgent), and indifferent (also known as neglectful) (Berk & Meyers, 2015).

### **Authoritative Parenting Style (High Demandingness/ High Responsiveness)**

According to Western scientific studies, the authoritative parenting style is considered as one of the best parenting practices because it offers rules, structure, and discipline in addition to affection, and responsiveness to a balanced and moderate degree. Parents, who use the authoritative parenting style, tend to be high in demandingness and high in responsiveness. Research shows that most middle-class American families use this method of parenting, and they tend to be more educated and accomplished individuals themselves. This type of parenting style involves reasonable directives that are combined with issue-oriented situations. For example, if there are rules to be followed and the authoritative parent is faced with resistance from the child, the parent is willing to communicate, negotiate, rationalize, and compromise to not only teach the child the art of communication but also to persuade the child to conform to the set rule.

Authoritative parents allow the child to make decisions appropriate to their ability and competency, with a gradual level of autonomy (Baumrind, 2013).

### ***Methods Used in the Authoritative Parenting Style***

Parents reward children for positive behavior and discipline them for inappropriate behavior. Discipline and consequences are discussed and understood by the child. The discussion and explanation of consequences are at the level that makes sense to the age of the child. In this method, the child learns the art of effective communication, negotiation, and ways to compromise. These parents use consistency in their rules and consequences, so the child knows exactly what to expect. Rules are firm, yet there is room to compromise. Guidelines and expectations are appropriate, reasonable, and gauged to the behavior and circumstances of the situation. Authoritative parents model decision-making processes by using a high level of cognitive and executive functioning skills, which will become a long-lasting skill for children in their later developmental stages (Sosic-Vasic et al., 2017).

The age and abilities of the child also play an important role in setting the rules and structures, which are explained to the child in advance. Children parented with this method learn to become effective communicators, negotiators, and compromisers. For example, if a child has a school project to finish and at the same time wants to go outside and play, an authoritative parent will say: "If you finish your schoolwork by 5:00 p.m. today, you can play outside for an hour." In this method of parenting, the child knows the expectations and the consequences. The choice is now the child's as to whether they want to meet the standard that was just set for them. These parents value autonomy, offer their perspectives, yet solicit the child's input. They also teach values and use the child's objections to rules as a teaching opportunity to instill individuality and independence. The inductive reasoning method used by authoritative parents leads to a healthier and more balanced cognitive ability (Choe et al., 2013).

### ***Qualities of Children Raised within an Authoritative Parenting Style***

Children who are raised in an authoritative parenting environment tend to be lively, happy, and self-confident. They have confidence about mastering tasks, are independent, and have a secure attachment disposition. They have developed healthy emotional regulation techniques and appropriate social skills. They are high in executive functioning, self-esteem, social skills, and

curiosity (Fay-Stammbach et al., 2014). These children learn to take responsibility for their actions and to face the consequences.

### **Authoritarian Parenting Style (High Demandingness/ Low Responsiveness)**

In this method of parenting, rules are firm and rigid, and there is no room for negotiation or compromise. Authoritarian parents often tend to set unreasonable rules and expectations. If the child does not meet the expectation, the punishment is usually harsh or even physical. In this style of parenting, parents use physical punishment to assert rules and instill conformity. Control of children's behavior is a priority among authoritarian parents, who want to make sure the rules are followed, and their authority is recognized. They use fear to deter a behavior instead of teaching the correct behavior. Often, guidelines are enforced with harsh consequences for compliance, and little or no explanation is given to explain the rules. These parents are highly critical of their children and any infraction, whether small or large, may result in harsh punishment. In the authoritarian parenting style, parents often shout, yell, or use aggressive behavior to make a point instead of calmly explaining the situation or getting the child engaged in a conversation. "Because I said so" seems to be the mantra of these parents with no explanation as to the why of the decision made by the parent. Authoritarian parents are high in demandingness and low in responsiveness (Jafari et al., 2018).

#### ***Methods Used in Authoritarian Parenting Style***

Authoritarian parents set rules and expect complete obedience. They do not reward positive behavior as it is expected of children to do well and behave wisely, so there is no reward given for good behavior (Baumrind, 2013). In non-Western cultures, where authoritarian social and political structures are prevalent, this type of parenting is accepted, highly regarded, and practiced. Parents control and shape the behavior of their child following rigid and absolute standards typically structured by a higher authority, which are not compromised or modified. Children in this group are faced with no choice but to abide by the rules set for them, to follow authority without questions, and to conform to the rules (Rose et al., 2018).

The authoritarian parent is restrictive. Autonomy is discouraged, and consequently, parents do not want the child to become independent of family and its hierarchical structure (Rose et al., 2018). These parents value

obedience and practice forceful-punitive measures to curb undesired behavior. "Father knows best" is the motto of these parents.

### ***Qualities of Children Raised within an Authoritarian Parenting Style***

Children who are brought up in this kind of environment, experience fear instead of respect for the adult as a role model. They do not develop appreciation, nor do they understand the necessity of guidelines and rules; therefore, they either obey the rule with resentment and fear of getting punished, or they rebel against it. Children may become aggressive due to parents' use of physical punishment. They also seem to be unhappy, have low self-esteem, and often use aggressive behavior, when faced with problems. Children in an authoritarian parenting environment are conformers to rules and they do not necessarily engage in antisocial behavior; however, it may be that during their adolescent years they may become non-conformists, particularly dealing with frustrating peer pressure and interaction (Gagnon et al., 2014). Problematic behavior in children raised by authoritarian parents may manifest in preschool and exacerbate by their adolescent years (Baumrind et al., 2010). Particularly, adolescents in this type of parenting style have shown a tendency to be rebellious and prone to excessive risky behavior. Since obedience to authority is a must in the authoritarian parenting method, children in this parenting category may do well in academic performance as do the children in an authoritative parenting style. Gender differences in this type are that girls are more submissive, and boys tend to become more hostile.

### ***Permissive (Indulgent) Parenting Style (Low Demandingness/High Responsiveness)***

Permissive parents are the opposite of authoritarian parents, which means they conform to their child's wants, desires, and whims, without having a lot of expectations. Without control and demands, the parent does not hold the child responsible to any externally defined standards. Permissive parents allow the child to set their own rules and regulations as much as possible, which, consequently, makes them frustrated because the child may behave out of control. These parents set few demands for household rules or give very few firm guidelines for what is supposed to be appropriate behavior. They make themselves the source where the child can get anything they wish for, but they do not represent themselves as role models for the child to emulate, learn guidance from, or gain any other social skills necessary for the child's future growth. Additionally, academically they may also become low-level achievers and show less learning performance consistency, and

eventually may exhibit behavioral problems at school (Jewell et al., 2008). The child has free rein without any control; therefore, there is no opportunity to learn to exercise control or to uphold any externally defined standards. Permissive parents use low demandingness and high responsiveness.

### ***Methods Used in Permissive Parenting Style***

To keep the child from getting upset, the usual method used by permissive parents is to give in to their child's every whim and want. Allowing children to have their way creates an atmosphere that is frustrating at times because when the parents try to avoid giving in, it leads to tantrums and excessive crying by the child to get what they want. Children raised by permissive parents show very little self-control or self-regulatory capacity (Piotrowski et al., 2013). At this time, parents may resort to screaming or to getting overly upset to counteract the child's tantrum. This does not allow for an effective nurturing environment as a role model for teaching the child emotional regulations, social cues, or how to deal with anger.

### ***Qualities of Children Raised within a Permissive Parenting Style***

Permissive parents raise children who have poor emotional regulation and cannot read and understand social cues. These children are defiant and non-compliant when challenged because they are not in the habit of being told "No!" As a result of not having expectations or demands, they have low persistence when faced with a challenge or a project. Their parents have not taught them how to set boundaries, follow standards, or have limits, which causes frustrations when facing challenges. Not having had to abide by any externally formulated standards, children who were raised by permissive parents demonstrate antisocial behavior and do not have many friends. The lack of academic competency and emotional self-regulation, combined with behavioral rebellions, can continue from early childhood to adolescent years, thus creating a more challenging and stressful family environment (Hoeve et al., 2011).

### ***Indifferent (Neglectful) Parenting Style (Low Demandingness/Low Responsiveness)***

As mentioned before, in addition to Baumrind's (1967) three parenting styles, the indifferent parenting style is a method often used by dysfunctional parents. It is noteworthy to recognize that an indifferent parenting style is not always considered to be a true parenting method because it usually involves parents who suffer from mental disorders,

traumatic events, or illness, and are normally of low socioeconomic status (SES). SES is defined by categorizing a population into three levels by (a) education, (b) income, and (c) occupation. Families with low SES, who lack proper education, income, and occupation, often fall into this category of indifferent parenting. Lack of parental warmth often leads to children who are raised in this parenting style being more likely to develop depression and to become emotionally detached (Baumrind, 2012).

### ***Methods Used in an Indifferent Parenting Style***

The indifferent parenting style has low demandingness and low responsiveness, which are often paired with individuals having a low socioeconomic status and living in a high conflict environment. According to Hoffman (2003), parents who exhibit an indifferent parenting style resort to harsher and punitive parenting practices. Conger et al. (1994) found that acute declines in income often lead to increased family conflict and parental hostility. The child, who experiences an indifferent parent, does not have the skills, the cognitive ability, or the psychological ability to take care of themselves. Even though the Western culture encourages independence and freedom to be expressive during childhood, children still need supervision and adult intervention to develop and flourish as best as they can. In severe cases of neglect, various social agencies will, if reported, become involved to mediate the situation, especially in cases of child abuse, child endangerment, and child abandonment. Being in an indifferent environment is detrimental to a child's wellbeing and healthy development in all domains of learning – physical, cognitive, social, and emotional. Indifferent parenting often leads to emotional problems during adolescent years (Sullivan et al., 2010).

### ***Qualities of Children Raised within an Indifferent Parenting Style***

Indifferent parenting paired with low SES can often mean the absence of a parent, such as in a single or divorced family situation which often includes a lack of parental supervision of children. Children always need guidance, supervision, and teaching. The absence of a loving, warm, and responsive environment, depletes the child's ability to learn about emotional relationships (Sullivan et al., 2010).

**Table 1-3. Scenarios of the Four Basic Parenting Styles**

Parenting Style	Scenario
Authoritative High Demandingness/High Responsiveness	<p>a.k.a. Giving Choices</p> <p><i>Parent:</i> You can't go to the mall with your friends because we must go to grandma's house for a visit.</p> <p><i>Child:</i> But that is not fair, I have made plans with my friends. Can I please go with them?</p> <p><i>Parent:</i> Let's see what we can do. You'll have to visit grandma; however, later we can drop you off at the mall, but you will only have one hour with your friends.</p>
Authoritarian High Demandingness/Low Responsiveness	<p>a.k.a. Giving Orders</p> <p><i>Parent:</i> You can't go to the mall with your friends. It is Sunday, and we are having a family dinner.</p> <p><i>Child:</i> But why can't I go???</p> <p><i>Parent:</i> Because I said so. This is my house and I make the rules.</p>
Permissive/Indulgent Low Demandingness/High Responsiveness	<p>a.k.a. Giving In</p> <p><i>Parent:</i> Joey, don't worry if you ruined your brand-new tablet, you can have a new one. Don't cry. I will pay for a new tablet!</p> <p><i>Child:</i> But I want my tablet and one like the one Billy has. I want both.</p> <p><i>Parent:</i> Ok, dear. You got it! Just stop crying!</p>
Indifferent/Neglectful Low Demandingness/Low Responsiveness	<p>a.k.a. Giving Up</p> <p><i>Parent:</i> I am working tonight; you are on your own.</p> <p><i>Child:</i> But I want to go to my friend's house.</p> <p><i>Parent:</i> Do whatever you want to do.</p>

Source: Authors

Parents of latch key kids, who come home to an empty house, are often labeled as indifferent or neglectful parents. These latch key children are often home alone and are responsible for the care of themselves and often the care of other siblings. When parents are absent, children are not provided with standards and structures that could provide guidelines for positive behaviors. This lack of control often leaves the child with decision-making responsibilities that require an adult's cognitive abilities; therefore, the result may be disastrous. Children, who are left alone to fend for themselves, can easily get in trouble, be injured, or even die. These children frequently end up in the custody of social services, or the legal system, either as a criminal or as a fugitive. Diana Baumrind (1967) emphasized the importance of parental responsiveness and appropriate demandingness; however, indifferent/permisive/authoritarian styles of parenting do not maintain a healthy balance between control and care. On the other hand, the authoritative parenting style uses the right degree of rules combined with communication, attentiveness, and responsiveness. It is only with a healthy balance between demandingness and responsiveness that parents can raise physically, cognitively, and emotionally healthy children.

## **Sibling Relationships**

Research has supported the notion that healthy sibling relationships can be instrumental and beneficial in a child's continuous development. Children learn their first dyadic and reciprocal relationship mechanisms from their parents and later use them on siblings to practice and to prepare for future socialization outside their home-life (McHale et al., 2012). Parents are the facilitators of their children's sibling relationships by mentoring and directing them to learn effective ways to navigate and manage this process. This relationship becomes more prominent in middle childhood as it matures and is shaped by development during a child's adolescent years. The five common patterns of sibling relationships that are most present in families are, as follows: caregiver, buddy, critical, rival, and casual (Jafari et al., 2018). These are described in the following section.

## **Caregiver Relationship**

This type of sibling relationship is more common in traditional and non-Western cultures, where the older child takes on the responsibility of care for younger children. The caregiver's gender and age mediate the type of care and the quality of care. Older male siblings more often play with younger siblings as older females take on a more nurturing role (Wikle et

al., 2018). Although some parents may see this as adult-in-training, educational, or skill-building, the truth is that children should not take on the responsible adults' roles as it deprives them of normal and organic developmental milestones.

## **Buddy Relationship**

Siblings who are close in age often gravitate toward this type of sibling relationship, particularly if they are of the same gender, making it easier to form a deep and meaningful relationship (Kramer, 2010). Parents can welcome and foster this type of relationship while keeping in mind that the siblings also need to create their social network and peer relationships outside of the family home, where they can learn to practice what they have learned and not limit themselves in socialization.

## **Critical Relationship**

Conflict and discord in any relationship are never healthy, especially if they are between siblings, which might even lead to bullying and physical altercation (Kramer, 2010). The presence of a critical relationship between siblings may be the result of many factors such as temperamental inefficiency, lack of rules or expectations, absence of a hierarchical system, parental permissiveness, or other environmental/genetic influences. Regardless of the reason or reasons, parents must step in, redirect, and guide the relationship to a healthier state.

## **Rival Relationship**

Healthy competition may be beneficial in increasing vicarious reinforcement when siblings are motivated by the success of their brother or sister. However, an unhealthy competition may promote rivalry relationship among siblings, which could lead to feelings of inadequacy, incompetency, and resentment toward the other person. Parents must be aware of not intentionally creating an atmosphere of rivalry between their children and, if one is formed unintentionally, to immediately address it and correct the unhealthy relationship.

## **Casual Relationship**

This type of sibling relationship is the opposite of the “buddy” relationship, where the siblings are either too far apart in age, being of the opposite

gender, possess opposite temperamental or genetic characteristics, or lack parental encouragement to form a close and intimate relationship. In a larger age group gap, a hierarchical relationship may also form which may lead to an imbalance of power particularly if the younger sibling lacks adaptability in behavior thus decreasing the degree of warmth and closeness. A casual relationship is more like two ships at sea that are passing each other without making a connection. Of course, this type of sibling relationship may correct itself as the siblings grow older or as they develop more commonalities due to developmental shifts (Jafari et al., 2018).

Sibling relationships are important developmental milestones that are opportunities for learning and improving dyadic relationships. Parents have the responsibility to observe, manage, and navigate the relationships between their children. In doing so they are charged to use effective communication skills to address and correct any unhealthy signs between siblings.

## **Basic Parenting Styles in Non-western Culture**

Western scientists' outlook on parenting style outside the American majority culture has dubbed the non-Western parenting style to be authoritarian, which is low in responsiveness and high in demandingness. Chua (2011) argued that this is a one-sided and biased view of the non-Western parenting style, which is an important point to consider when exploring the concepts of parenting in African American, Asian, Hispanic, or Middle Eastern cultures. Western studies define authoritarian parenting as low responsiveness and high demandingness; however, traditionally those parenting behaviors can also be viewed as a show of respect and conformity to authority. On the other hand, researchers have suggested that rigid structures and too many rules may be met with objection once the child has reached their adolescent years. Traditionally, non-Western cultural values dictate that authority is to be obeyed without question, and parents in these types of cultures inherently have more authority over children. Across all cultures, parents use a variety of strategies and disciplinary methods to control children (Cauce, 2008). Parents using an authoritarian style do not feel they need to explain, compromise, or communicate rules to children; therefore, children will face harsh punishment if they break the rules or disobey authority. Due to this traditional parenting style in many non-Western cultures, the likelihood of adolescents' rebellion and risky behavior is very high.

## **Latin American Parenting Style**

Generally, Latin American parents have been categorized as authoritarian parents (Calzada et al., 2012). The belief of *Respecto*, which is a Latin cultural belief, is deeply set in the idea that parents and elders (especially fathers) are to be respected without question. In addition, the cultural belief of *Familismo*, which is the love, closeness, and family obligation, leads adolescents into conformity to authority (Calzada et al., 2012). Most Latino/a parents are protective parents, which does not specifically capture the Baumrind (1967, 2012, 2013) parenting typology (Domenech Rodríguez et al., 2009). Furthermore, while mothers and fathers were similar in their parenting styles, their expectations were different for male and female children. The importance of considering the cultural context in understanding parenting in Latinx families is emphasized by Domenech Rodríguez et al. (2009). The collectivistic cultural value is also very much practiced and observed by the Latin American family. More emphasis is placed on the importance of family and group mentality than on the individualistic views held by Western families.

## **Asian Parenting Style**

An overview of research on the Asian parenting style reveals that it is labeled as traditional; therefore, it is categorized under the authoritarian style. However, not all researchers agree with that categorization. Chao (1994), an Asian scholar, disagrees with the Western researchers' conclusion on Chinese parents' classification in that taxonomy. According to Chao (1994), Asian adolescents, by tradition, obey and abide by authority; therefore, they experience none of the negative effects that other traditional parenting styles may face. Adolescents who are raised in the Asian parenting style, for the most part, are high academic achievers, show very little or no rebellious behavior, and are conformists to authority beyond middle childhood. According to Xu et al. (2005), Chinese parents couple discipline with warmth, which is shown to be linked to higher cognitive competency. This shows that there is a fundamental difference between the non-Western authoritative parenting style, where rules are expected to be followed *without question*, and the Asian parenting style, where rules are followed *without objection*.

## African American Parenting Style

The structure in African American families is slightly different in that, although the preferred style is usually authoritarian, the authority is most likely coming from the matriarchal side. Traditionally, historical events of injustice, discrimination, slavery, the absence of the male figure, and other detrimental influences have led the families to form a unique structure of the female head-of-the-household as the authority figure. Studies of African American adolescents and their mothers revealed that Black parents have more of a take-charge philosophy to parenting than their white, middle-class counterparts. African American parents' strict use of discipline is for the safety of their child (Weis & Toolis, 2010). They use a harsher tone and techniques with their children to prepare them for their future place in the world that they expect will treat them with discrimination and societal biases that have not and do not favor people of color (History Editors, 2009).

Researchers have also shown that African American and Asian American families share similar values and traditions in their parenting practices (Bradley, 1998; Wu & Qi, 2004). Other commonalities are in establishing strong family ties, respect for authority and their elders, and obedience and conformity to parental rules, expectations, and disciplinary methods (Bradley, 1998).

## Globalization and Non-Western Parenting

In traditional cultures, upbringings and restrictions imposed by the parents of male and female children differ. For example, during adolescent years, the female's socialization is more restricted, while male socialization is more relaxed. However, the phenomenon of globalization is shifting adolescent compliance and rebellion. The traditional parenting style, a collectivistic, cultural value where the wellbeing of the family is a priority over individual needs and wants, is shifting, mainly because globalization and the Internet have led adolescents across the globe to become more individualistic in their cultural views versus their traditional collectivistic upbringing. Gender differentiation in parenting style has been linked to children exhibiting maladaptive perfectionism, doubts about self-abilities, and more concern for mistakes, and being the subject of more criticism (Hibbard & Walton, 2014).

## **Positive Spin on Cultural Parenting**

Baumrind's parenting is based on the relationship between two variables of parental control (demandingness) and the way parents respond to their child's needs (responsiveness). The western scientific world labels the non-western parenting style as "authoritarian" meaning that the non-white parents exert too much demand and control on the child with low responsiveness. This may lead to a negative view on cultural parenting styles such as Asian and Latino ways of parenting. However, higher control and demandingness combined with low responsiveness is not necessarily a negative concept. In non-white parenting practices, parents support their children and control their behavior, but in a very different way than white American parents. Comparing the Caucasian parents with other parenting styles may imply that non-western parents are stricter and lack warmth. However, for these parents, being strict and using rigid non-negotiating parental techniques are more for the child's benefit in protecting them against societal unfair treatment and unjust influences.

For example, Chinese parents although labeled as authoritarian (for exerting more structure and more rules, and demanding more obedience); emphasize effort over innate talent. Amy Chua, a Yale law professor and the daughter of Chinese immigrants to the United States argues that "The Chinese believe that the best way to protect their children is by preparing them for the future, letting them see what they're capable of, and arming them with skills, work habits and inner confidence that no one can ever take away." Other researchers have also disagreed with the western scientists labeling Asian parents as authoritarian. For example, the research findings of Hong Kong Chinese (Leung et al, 1998) and Chinese immigrants to North America (Chao, 2001) have all shown a link between the authoritarian parenting style and higher school achievement. Other studies have implied that the authoritarian parenting style portrayed by western studies creates a perceived coldness and distanced relationship between the authoritarian parent and their child. However, strict Chinese parents experience a sense of closeness with their kids (Chao, 2001).

## **Qualities of Children Raised in a Non-Western Parenting Style**

The one parenting style that best fits traditional cultures is the authoritarian technique, where rules are to be obeyed without explanation, compromise, or communication. It is noteworthy that obedience to authority, being a cultural inheritance in the Asian community, may be an indication of conformity to authority without questioning it. Asian adolescents do not ask

for an explanation or compromise of the rules because there is no need for such communication; therefore, when there is no objection to the rules as a matter of cultural inheritance; there is no defiant or insubordinate behavior as a consequence. The parenting technique and disciplinary methods, and the degree of control and warmth showed, must also be measured against the cultural norms and the context of parenting (Sorkhabi, 2005).

## **Intentional Parenting Styles**

In the last few decades, new parenting practices have broken out of the Baumrindian styles discussed previously such as the positive approach to parenting, mindful approach to parenting, and awareness integration approach to parenting. Positive parenting is based on relational dynamics between the child and parent. This type of parenting relies on nurturing, guidance, recognition of the child's achievements, and setting appropriate boundaries (Juffer et al., 2008). An increased state of awareness to environmental stimuli, heightened attention and being in the moment or present are some of the tools mindful parents use to raise their children's self-consciousness, self-efficacy, and focus (Ceder, 2017). The awareness integration approach to parenting is based on the parent being respectful to both the parent's and the child's inner processes and guiding the child toward intentionality in both learning and creating (Zeine, 2017).

## **Positive Approach to Parenting**

The positive parenting style is based on the principles of attachment theory. It focuses on the quality of the parent-child relationship and the positive impact of this reciprocal interaction. Attachment, an invisible emotional tie between the parent and child, is a developmental milestone that takes place between the ages of 9 and 24 months old. The precursor of attachment is bonding, a physical relationship that starts prenatally and continues until attachment takes place. A healthy attachment style requires the caregiver's sensitivity and responsiveness, and the mutually reciprocal relationships that appear because of all the interactions (Juffer et al., 2008).

Positive parenting helps parents to develop and sustain their capacities for caring, teaching, leading, communicating, and providing for the needs of a child consistently and unconditionally (Seay et al., 2014). Positive parenting positions parents so they can provide a nurturing and empowering environment for their children and recognize and acknowledge their children's accomplishments. Parents who use the positive parenting style give clear

guidelines, provide consistent, non-violent, and unconditional love, and demonstrate respect for their children's developmental stages and unique needs within each stage. The objective of positive parenting is to teach discipline in a way that builds a child's self-esteem and supports a mutually respectful parent-child relationship without breaking the child's spirit (Godfrey, 2019). The overall picture of positive parenting is that of a warm, thoughtful, and loving – but not permissive parent.

### **Qualities of Children Raised within a Positive Parenting Style**

Parental use of a warm, loving, and supportive style, results in children developing a strong sense of prosocial behavior, the ability to appropriately function in social settings, and the understanding of social conventions. Children raised within a family that follows a positive parenting style can focus on their assets, express their emotions in a healthy way, and appropriately handle problems (Eisenberg et al., 2005). Children's emotional modulation and expression are recognized in the habits they formed during their early childhood years from being raised in positive parenting families. Generally speaking, there are many aspects of positive parenting that nurture children's self-esteem, creativity, belief in a positive future, ability to get along with others, and sense of mastery over their environment.

### **Mindful Approach to Parenting**

Based on the Buddhist mentality, a mindful parenting style uses a parent's consciousness and awareness of their child's behavior in context. This means that the parent focuses their attention and the child's conscious attention on what is happening in the present, instead of allowing emotions to influence decisions and dictate behaviors. Children are positively influenced when parents model how to deal with stressful situations and make positive decisions for their behaviors in a consistent manner. A mindful parent regulates their own emotions and demonstrates sound decision-making, thereby teaching their child a set of skills that is needed to function in all settings. Being a role model for children by no means guarantees that one is functioning as a perfect parent; rather, being a role model fosters a parent's ability to be mindful of taking the time to make conscious decisions, and to act as opposed to being reactive (Ceder, 2017). Even at times when parents forget to be mindful or are distracted, they can consciously bring themselves back to be present.

## **Qualities of Children Raised within a Mindful Parenting Style**

Parents who use a mindful parenting style are conscious, patient, and understanding of the situation; therefore, a child's relationship with the parent strengthens and improves. Because the parent acts mindfully and does not act impulsively, the child learns that they will not be able to push the parents' emotional hot spots and trigger points. Therefore, a peaceful relationship develops between the child and the parent. Researchers have indicated there is a link between self-reported mindful parenting and observed interactions between parents and their children, particularly during adolescence (Duncan et al., 2015).

## **Awareness Integration Approach to Parenting**

Awareness Integration Theory (AIT), a multidisciplinary perspective, emphasizes the responsibility and accountability of parents to become observant and aware of their thought processes and beliefs while parenting their children. An individual's ideas about parenting are based on several factors. These include their own childhood experiences within the family unit, their relationships with both of their parents, their exposure to cultural beliefs and customs within the family unit and community as a whole, and their multiple individual life experiences. These factors lead to an individual's preconceived notion on how they will parent their child. However, once an individual becomes a parent, they may experience a heightened awareness of how they can put into practice what they had previously believed to be the best style of parenting. Parents, who use AIT, become more aware of their emotions toward the child, their behavior toward the child, and the influences of their thoughts, emotions, and behaviors on their child. Through AIT, parents also take responsibility for being aware of their thoughts and emotions, and the way they treat themselves. Parents who practice the AIT model of parenting model this heightened self-awareness to their children; therefore, their children will also learn how to become aware of their thoughts, emotions, and actions (Zeine, 2021).

Between the ages of 18 and 24 months, self-awareness develops. The milestone of self-awareness eventually leads to the development of the self-concept, which is another milestone that is necessary for children's cognition and socialization (Jafari et al., 2018). A child's development of self-awareness can be supported by parental intervention by using a foundational technique from the AIT model. Parents can support their child's ability to recognize differences among thoughts, emotions, and

behaviors, and the impact of their behaviors on others (Zeine, 2021). In this section, we will further discuss the mechanism of AIT in more detail.

### **AIT Mechanism**

Using AIT, parents can expedite both processes of emotional regulation (ER) and theory of mind (ToM) by teaching their children how to accurately label their emotions and become aware of their thought patterns that follow as early as infancy, thus enhancing their child's social-emotional development. Theory of mind (ToM) is the ability of one individual to understand others' emotions and learn that others have their own unique thought processes. Emotional regulation (ER) is a milestone and a precursor to developing ToM, which children can master between the ages of 4 and 6 years of age, leading to the development of their ToM. Parents can use the AIT interventional method to guide the child in their abilities to look toward the goal at hand and create a pathway that is designed by their thinking and actions to reach their goal. By observing the created goal-focused result of the child's conscious and mindful decision-making, the parent guides the child to validate their competency in having reached the intended outcome, fostering confidence and a sense of efficacy in the child. If the child did not create what the child had intended, then the parent guides the child to examine their thoughts, emotions, or actions that led to this result. Sometimes the outcome is not desirable and at other times, it is a pleasant surprise.

This wholistic and heightened awareness enables the child to recognize the type of thoughts, alternate emotions, and actions that are needed to create the desired results. The outlook of AIT parents on the child is the utmost respect, recognition that their child is a capable individual, and always regarding their child in high esteem. Understanding the importance of a child's self-recognition and self-esteem is key to raising a healthy child. Using the AIT technique, parents demonstrate the highest degree of respect, love, and compassion. The parent can proactively guide the child to become aware of the self, help them shape their identity, and intentionally co-create the desired results.

### **The Importance of Proactive Intervention**

Proactive parenting is essential for predicting, intervening in, and adjusting a child's behavior in time and before it becomes habitual. Seizing the moment and creating various teaching opportunities and experiences, AIT

proactive parents, teach the child how to regulate their emotions by doing the following: (a) becoming physiologically aware of the emotion they are experiencing and naming it; (b) focusing on the emotion; (c) recognizing the thought process behind the emotion; (d) releasing the emotion by a variety of releasing skills; (e) supporting the child to come up with the desired outcome; and (f) formulating the action plan toward obtaining the desired outcome that led to a change of their state of being.

### **Qualities of Children Raised within an Awareness Integration Parenting Style**

Structured and rule-based parenting, combined with constructive dialogue wherein parents discuss boundaries, leads to children's optimal development, higher self-esteem, enhanced emotional regulation, and healthier parent-child relationships (Zeine, 2021). Parents who use AIT modeling, share rules and guidelines with children by explaining the reasons and benefits of upholding the rules, and the costs and consequences of not upholding them. These rules can be explained by reflecting the realities of a rule-based society. Children raised with this parenting style, learn to associate between emotions and thought processes. They demonstrate higher self-esteem and are responsible and accountable for formulating their own identities (Zeine, 2021). They can regulate their feelings, are loving and compassionate, and proactively co-create their agency in their ever-changing world.

### **The Cumulative and Changing Roles of Parents During Child-Rearing Years**

Parents must be aware of their changing roles while raising their children. Each role contains unique functions and responsibilities that progress with the child's developmental needs and requirements. An infant's need for parental attention certainly changes as the child reaches toddlerhood or later preschool years. Parents need to shift their thought processes and focus on each child to reflect these developmental shifts accordingly. Parents are constantly learning and tackling newfound parenting challenges while they are also going through developmental changes (Myers, 2011). Examples of the many roles that a parent will adapt to are demonstrated in Table 1-4.

Today's millennials as parents, in many cultures, are re-inventing the art of parenting and creating new concepts on how to raise children. Concepts, such as positive parenting, mindful parenting, and awareness integration parenting, reflect the need for parents to approach parenting and raising

children differently. A sense of community and togetherness has made parenting techniques more contextual and involved in style (Jafari et al., 2018).



Figure 1-1. Learning the Value of Money. *Photo Source:* Gem Educare

Today's parents are raising a generation of young children who are more aware and present in the environment around them. Young children think about what is happening around them and they learn by observing others – especially the important adults in their lives. They appear to be eager to learn new skills and acquire knowledge that they will need to be competent members of society. Today's children want to fully participate in making decisions that involve their own wants and needs. For example, when a parent tells a child that she does not have enough money to buy a toy, the child may ask the parent to use their credit card to pay for the toy. Some children may refuse to eat fast food and say to the parent, "No, I don't want it! It is not good for my health." The following chart demonstrates many different parenting roles and functions that parents may experience during their lifetime.

**Table 1-4. Many Roles of a Parent During Their Lifetime**

<b>Roles of Parents</b>	<b>Function</b>	<b>Age Group of the Child</b>
Caregiver	To provide love and meet basic needs, establish a bond and trust	Infancy
Protector	To guard against harm because of a child's independence and explorative nature	Toddler and Preschool
Manager	To supervise a child's school affairs and extracurricular activities	School Years
Advisor	To assist the adolescent in following their dreams, life goals, and aspirations	Adolescent
Consultant	To be a guiding counselor while maintaining and encouraging a child's cognitive and social independence	Young Adults
Friend	To be a confidant and a friend	Adulthood
Reversal of Role (ROR)	Sandwich generation (The term "sandwich generation" was introduced to the social work and gerontology communities, respectively, by D. A. Miller [1981]).	One becomes a caregiver to a parent (sandwich generation: taking care of their parents, while also dealing with the adolescence and puberty of their own child)

*Sources:* Adapted by the authors from Miller, 1981

## CHAPTER TWO

### DEVELOPMENTAL THEORIES AND EDUCATIONAL METHODS

*Hana is an 18-month-old healthy girl with an older sister named Karen, who is nonverbal and has an autism spectrum diagnosis. Karen behaves aggressively toward her parents and Hana. The parents treat both children as if they are autistic based on their first experience with child-rearing. Hana is showing signs of speech delay and aggressive behavior toward other children and their parents. Doctors do not believe that Hana has autism. It appears that Hana is following Karen's modeling of aggression. The children's therapist suggested that the parents enroll Hana in childcare. After two weeks of attending the daycare and interacting with other children and adults, Hana started repeating some words, using simple sentences, and her aggression subsided. After two months in childcare, Hana showed signs of a typically developing child in all domains for her age and stage of development. How would Hana's behaviors be best explained when applying developmental theories? What is Hana's natural development stage? Let's Explore.*

To explore this scenario further, let's look at the evidence and research-based support to determine why and how humans change or why and how they stay the same. Opinions do not constitute facts, and facts alone cannot be interpreted without a theory or theories. Einstein has been credited with saying, "Theory decides what we observe." His statement suggested that humans tend to make observations and determine reality based on their own assumptions and biased opinions. However, when considering Einstein's words, the application of theories makes and supports connections between facts and observations. As a matter of interest, we constantly create and act on theories all the time. Developmental theories can be used to explain past behaviors and predict future behaviors. Let's explore the scenario in the paragraph below.

Imagine if you will, that you are having coffee with your best friend at your favorite coffee shop. The server accidentally knocks over your cup and there is coffee all over you (hopefully, it had already cooled off, so no burning). The server apologizes and you accept the apology (although you are upset). In this scenario, you acted upon a series of facts that were made evident. Observations of the facts indicate that a cup of coffee was spilled, someone was sorry, and someone was upset, however, someone accepted an apology. To theorize, the action and reaction were based on a set of facts and observations that took place, and the next move is predictable. You may go home and change or go to the restroom and wash up or some other reactionary movement. Every piece of that event was based on connecting facts to observation (theory) and predicting your future behavior (how you would handle this small misfortune). Now, let's delve further into what developmental theories have to say about parenting!

## **Developmental Theories: A View on How It All Started**

*Before I got married, I had six theories about bringing up children; now I have six children and have no theories.*

—Unknown, often attributed to John Wilmot, 2nd Earl of Rochester (n.d.)

### **Foundational Developmental Theories**

Why is it important for parents and caregivers to learn developmental theories? As the quote attributed to Wilmot above suggests, everybody has some kind of theory on how to raise children – their own and the children of others. As the science of developmental psychology progressed and became modernized, many realized that to be an effective parent, one also needs to understand and learn the foundational developmental theories that were developed in the 19th and 20th centuries and continue to evolve in the 21st century. Parents, caregivers, and teachers understand and are educated about children's natural developmental stages, they have the knowledge and understanding to support parenting, caregiving, and teaching. In your respective role, you reflect on and modify, adjust, or adapt theories, to continuously improve your parenting, caregiving, or teaching styles.



Figure 2-1. Sibling Play and Teaching. *Source:* Canva.com, n.d.

In Chapter Two of this volume, we will elaborate on the ever-changing definition of parenting and how its structure and function have evolved over time in multidimensional ways. At the same time, we recognize that some forms of family and child-rearing practices have not only stayed the same over time within cultures, but they are also constant and common in a variety of aspects. The concept of developmental change and constancy brings us to the most important questions in human development: (1) Why and how do we change? (2) What is the degree of our plasticity? (3) Why and how do we stay the same? (4) What is the degree of our stability?

To answer these important questions, we seek help from various foundational theories. These *grand theories* are the foundation and framework that structured the evolving field of human development across the lifespan. They are the lighthouses that offer parents, caregivers, and educators, insights into child and adolescent development to shine light into the complex world of parenting.

### **Developmental Theories Framework**

The term “developmental theories framework” refers to the fact that the earlier theories were established at the time that the field of psychology was gaining notoriety and popularity in the later years of the 19th century.

Psychology, which is the study of the mind and the behavior of humans, emerged from philosophical views. Its discipline has now expanded into lifespan research on several domains of development including the physical, cognitive, emotional, and social domains, or psychosocial domains. As more theories were developed, the field of psychology expanded further into other practices such as developmental psychology. The latter focuses on human growth (both plasticity and stability) throughout one's lifespan with an emphasis on normal development, while the former focused more on the study of the mind and of behavior (Jafari et al., 2018).

Earlier theories, although revolutionary in their origin, have been found to have shortcomings. Flaws recognized in early theories were due to such factors as, the following: (1) the generalization of human growth and development; (2) the recognition of important developmental principles and ideologies, yet limitations in the details offered as an explanation of the theories; (3) the presentation of a one-sided view of development or a box-shape mentality; and (4) the omission of influential factors of plasticity and stability such as the role of context, culture, environment, and so forth. However, over the years more psychological theorists researched and developed theories were further developed. The table below illustrates some of the early developmental theories.

**Table 2-1 Developmental Theories Framework**

Framework	Theory	Theorist	Type
Biological-Maturational	Psych-maturational Psychoanalytic Psycho-analytic Ego	Gesell Freud Erikson	Endogenous
Environment-Learning	Behaviorist	Pavlov Watson Bandura	Exogenous
Constructivist	Cognitive Socio-Cultural	Piaget Vygotsky	Both endogenous and exogenous
Ecologist	Contextual/ Systems	Bronfenbrenner	Both endogenous and exogenous

Source: Jafari et al., 2018

## Defining Scientific Theory

At the time that scientists were looking at human behavior, a few psychologists such as Stanly Hall, an American physician and psychologist, encouraged colleagues to document their observations and connect the dots between facts and assumptions. This led to scientists developing theories to understand the human psyche and the potential cause of the behavior. Scientific theories aim to connect facts and observations, explain behaviors, and predict possible developmental outcomes. The reader should be aware that theories and the understanding of human behaviors are constantly changing. Additionally, scientific views of human development and the influential factors are constantly evaluated and modified. No psychological theory can explain all human behavior in its entirety; therefore, the reader is cautioned to consider that no theory is perfect.

### **Psychoanalytical Theory of Personality**

**Sigmund Freud (1856–1939)**

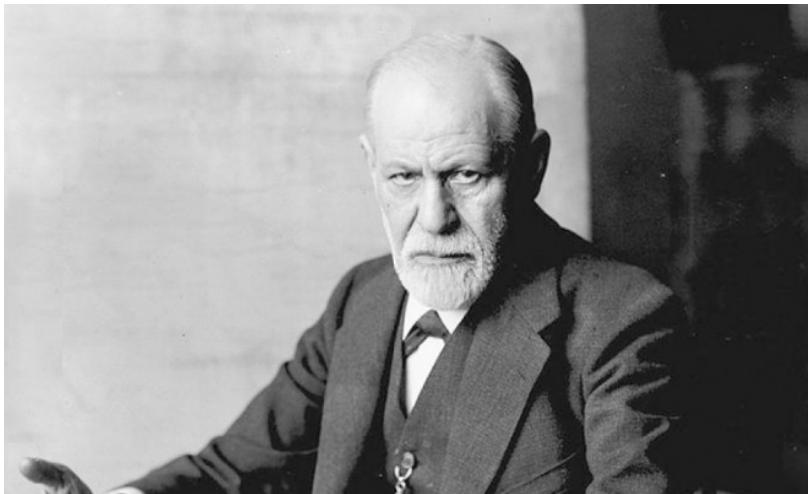


Figure 2-2. Sigmund Freud (1856–1939). *Source:* First Discoverers, n.d., Child Development Theories: Sigmund Freud, <https://www.firstdiscoverers.co.uk/child-development-theories-sigmund-freud/>

Freud was the founder of the *Psychoanalytic Theory* of personality. An Austrian neurologist, he founded the Psychoanalytic Theory, which

revolutionized at this time how we see human development both in plasticity (changes over time) and stability (remaining the same). The uniqueness in his theory was his emphasis on the endogenous aspect of human development. Endogenous factors are innate, biological, and internal contributors stemming from within the organism, which drive the plasticity and stability of development (Miller, 2016).

Psychoanalysis uses talk therapy to uncover unconscious processes and release blockages (inner conflicts), which lead to anxiety and other psychological disorders. It is important to uncover the unconscious motives and drives because conscious experience often cannot be trusted because of the distortions produced by unconscious defense mechanisms (Berger, 2018).

### ***Freud's Theory Focuses on These Internal Factors***

The **Id** (birth to 18 months old) is a component of a person's personality that is internally driven and unconscious. It is the impulsive, irrational, pleasure-driven, instinctual part of the self that seeks to eliminate pain.

The **Ego** (18 months to 3 years old) is the evaluative, conscious component of the personality. The Ego is logical, purposeful, and conscious of the Id's consciousness. The Ego acts under the social and evaluative parts of decision-making to seek gratification and tolerate delays.

The **Superego** (3 to 6 years) is the moral voice and conscience that guide the Ego, yet it is unconscious to the Id. It is the component of human personality where feelings of guilt and anxiety reside.

### ***Freud's Psychoanalytic Theory in Stages***

#### **Oral Stage** (birth to 18 months)

##### ***Fixation: Mouth***

- Seeks satisfaction through the mouth, beginning with nursing.
- Dependent upon significant persons.
- Wishes to be mothered and loved. Pleasure is found in being held. Enjoys human closeness and warmth with no demands.

**Example.** Babies get satisfaction from sucking on their bottles, their mothers' breasts, or pacifiers or binkies. If the infant is upset, he or she can

calm down by seeking comfort, nourishment, satisfaction, or stimulation from sucking on an object or his or her own body. Around 3 months of age, infants start putting their hands in their mouths. As soon as they can sit, crawl, or stand, they find a toy or object to explore with their mouths.



Figure 2-3. Freud's Oral Fixation Stage. *Photo Source:* Gem Educare, n.d.

### **Anal Stage (1 to 3 years)**

#### ***Fixation: Control***

- Satisfaction comes through the elimination processes.
- Develops control over muscles.
- Increase in responsiveness to people and the world around.
- Learns to walk, talk, and take care of the self.
- Starts to socialize.
- Realizes a separate identity from the mother.
- Develops traits of negativism, stubbornness, and rigidity.
- Conscious recollections.
- Gains the ability to tolerate delays.
- Can adapt to other people.
- Accepts laws and rules.
- Benefits from experiences to anticipate the consequences of acts.
- Stores life's memories by ego.

**Example.** Children recognize body signals when the need for a bowel movement arises. The first signs are hiding in the corner, telling mom that they need a diaper change or that they need to use the potty.

Infants learn to stand up by holding on to an object. They eventually walk, enjoy playing with adults, show interest in a specific kind of toy or game, and try to climb, jump, and run. As they develop, they recognize themselves in the mirror, start socializing with other children, start understanding who is older and who is younger, and can take off and put on their shoes and some of their clothes without help from an adult. They learn to follow simple directions and follow the discipline to which they have been exposed. By the age of 3 years, young children begin to understand the concepts of sharing and friendship.

### **Phallic Stage (3 to 6 years)**

#### ***Fixation: Jealousy and Gender Identity***

- Satisfaction is centered in the genitals but in an immature manner.
- Recognizes boys and girls are different from one another.
- Tends to be narcissistic.
- Tends to be exhibitionistic.
- Boy: “Oedipus Complex”
  - The penis is valued as a supreme organ.
  - Loves the mother and fears the father.
  - Directs attention towards the mother.
  - Love-hate feelings toward the father.
  - Sublimates feelings, repressed desires, and wants to guard masculinity.
- Girls: “Electra Complex”
  - Starts to realize she does not have a penis.
  - Becomes a direct rival to the mother for the father.
  - Starts to play mom against dad.
  - Eventually represses feelings.
  - Starts to identify with mom.

**Example.** Children start to pay specific attention to their genitals when they are around the age of 3 years and want to discover how their body works. They talk a lot about their own and others' bodies. They tend to talk about pooping and farting. Between the ages of 4 and 5 years, children begin to understand the difference in genders. They become very curious about genitals and want to know how the other gender's genitals work.

**Latency Stage (6 to puberty)*****Fixation: Socialization***

- The unconscious drives are latent.
- Sexual interests are secondary to developing thinking processes.
- Homosexuality explorations; Castration anxiety.

**Example.** Children tend to have same-sex friends at this age. Boys like to play with other boys, and girls mostly play with girls.

**Genitals Stage (Puberty to the end of life)*****Fixation: True sexuality***

- Satisfaction comes from mature sexual relations.
- Satisfaction comes through love and familial relations and the acceptance of adult responsibility.
- Exploration by teens and adults is accomplished by a combination of affection, sexual relations, and commitment in their intimate relations.
- Tendencies toward heterosexuality appear.

**Example.** Teens begin being attracted to others and falling in love. Young adults explore committed relationships.

## Psychosocial Theory

Erik Erikson (1902–1994)

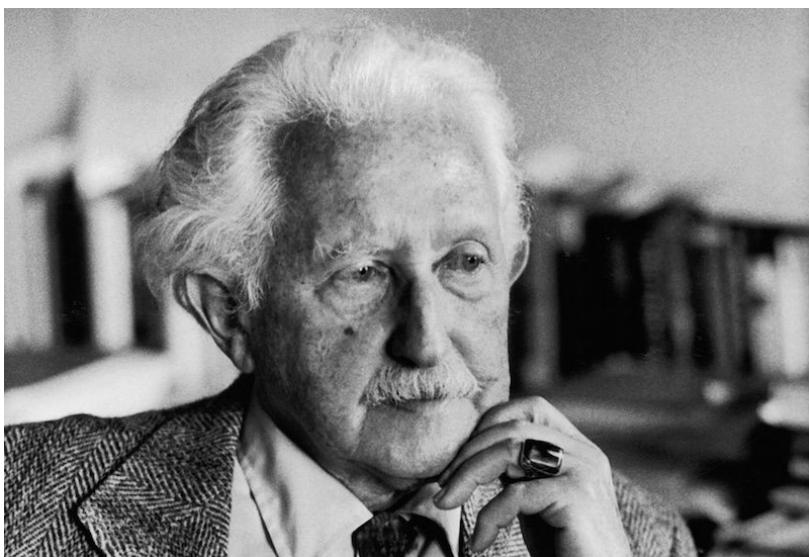


Figure 2-4. Erik Erikson (1902–1994). *Source:* Highbrow, n.d., <https://gohighbrow.com/erik-erikson/>

Erikson's *Psychosocial Theory* is a psychosocial life-span theory of development. It is based on identity formation or the development of a clear sense of who we are and what our roles are within cultural and environmental frameworks. Erikson's psychoanalytic ego theory argues that a strong ego is the key to good mental health; however, individuals differ in their ego strengths (Berger, 2017).

### ***Erikson's Expansion of Freud's Psychoanalytic Theory***

Erikson's psychosocial theory is an expansion of Freud's psychoanalytic theory. There is no evidence as to whether Erikson was ever a student of Freud to explain this connection; however, in his early adulthood, he was hired to teach art to the children of Americans studying Freudian psychoanalysis in Vienna, thus was introduced to psychology (Holden, 2015). Erikson's theory goes beyond Freud's five stages of infancy to adolescence since it considers development through one's life span.

### ***Crisis and Challenge***

Erikson believed that throughout one's life span, the ego is a process-in-the-making. This ensures an individual's survival within their social environments. His theory explained the analytical foundations of different social expectations by adding an exogenous factor to each stage. This analysis presented an opposite approach to Freud's endogenous factors, for example, Freud's endogenous Id versus Erikson's exogenous social challenge. Erikson's psychoanalytic theory focuses on the challenge during each stage of development and describes how the ego learns to navigate through social demands and personal needs (Berger, 2018). According to Erikson, once the challenge or crisis at each stage of development is successfully met by an individual the developmental need is met. For example, in the first stage, the challenge during infancy is developing a trusting relationship with the parent or caregiver to complete the developmental need of basic trust versus basic mistrust. In the absence of trusting relationships having been developed during infancy, the individual will fail to develop trust and mistrust becomes the result during this stage.

Erikson's stages throughout the lifespan are presented in the section below. The role of parents and caregivers during the first five stages that are described by Erikson is to help guide and navigate children's development to meet their needs and achieve successful outcomes rather than unsuccessful outcomes resulting in a crisis or a failure.

### ***Erikson's Stages***

#### **Basic Trust vs. Basic Mistrust Stage (Birth to 1 year)**

##### ***Ego Strength: Hope, "I am what I am given"***

- The child learns whether the world is a satisfying or a painful place.
- The child learns pessimism or optimism.
- The child learns these are feelings about people.
- The child will be happy if he receives love, unhappy if he does not.
- The child has two needs:
  - Physical: Food and clothing.
  - Psychological: Touching, smiling, talking, and expressions of love.
- A child's quality and quantity of care go hand-in-hand.
- A child's degree of nurturance establishes psychological development.
- Researchers believe it is the most important stage of life.

**Example.** Children who receive love and care from their parents develop normal trust. They prefer to be with their parents or caregivers. Children who are abandoned or orphaned at a young age often develop a mistrust of any adult figures. This lack of trust means a child does not develop a healthy attachment to a parent or caregiver. Likewise, a child who has a “non-present” parent or parents often develops mistrust, which results in their inability to attach to the parents.

### **Autonomy vs. Shame and Doubt Stage (1–3 years)**

#### **Ego Strength: Will, “I am what I will”**

- Children need to be self-reliant and independent.
- Children want to do things for themselves.
- Children are impulsive and want to do more than they can do.
- Children experiencing shame and doubt can lead to feelings of worthlessness and incompetence.
- Children develop new motor skills and mental abilities.
- Children will say “no” to everything, this “no” is to establish autonomy at that moment and is not necessarily an accurate response.
- Children question how much control they have over the environment.
- Children act on the environments.
- Children develop feelings of self-worth if they are successful in accomplishing tasks.
- Children vacillate between dependence and independence.
- A child’s environment revolves around becoming “potty trained.”
- Children tend to like things they can push and pull.
- Children tend to like to take things apart and put them back together again.
- Children learn to focus and become more engrossed in one activity.
- Children seek order.
- Children like things/toys that produce sound.
- Children do not understand the concept of sharing.
- Adults should give toys and other things without conditions attached.
- The child needs a sense of “mineness” to reinforce the concept of ownership.
- The child needs a security blanket, for example, a blanket, bottle, stuffed animal, etc., that helps to establish security amid a changing world.
- A child’s holding on and letting go are evident from holding water in their mouth to calling everything in their environment “mine.”

**Example.** A one-year-old wants to climb on furniture in the home – a chair, a table, a bookcase, and so on. A two-year-old wants to interfere in anything that the parents do – to cook, to cut the grass, to clean, and so forth. Children at this age develop an interest in what they will wear. They want to choose their clothing. Three-year-olds typically think they can do everything and do not easily accept an adult's directions. Two- and three-year-olds typically have a sense of ownership of the toys in their environments.

### **Initiative vs. Guilt Stage (3 to 6 years)**

**Ego Strength: Purpose,** “I am what I imagine I can be”

- The child's need to make or to do.
- The child's mental and physical skills are developed.
- A child's body and mind grow together.
- A child can think things through.
- The child likes to explore the immediate environment.
- The child develops imitation and imagination.
- The child's movement is more sophisticated.
- The child has a surplus of energy and is always moving.
- The child enjoys challenges.
- The child begins to construct specific things, for example, a barn, a house, a bridge.
- Children engage in fantasy and role-play.
- Children use fantasy play to help rid themselves of aggressive feelings.
- A child's moral responsibility is developing (conscience).
- The child begins to work within the adult world.
- Guilt does not allow the child to carry out plans at the expense of others.
- The adult will notice acts of defiance and independence.
- The child relates to the feelings of others.
- The child turns between love and hate of opposite-sex parents.
- The child relates to children's literature that relates to childhood fears.
- The child begins to experience disturbing nightmares and dreams.
- At the end of this stage, the child is ready to accept the demands of society.
- Boys like role-playing symbols of power.

**Example.** Between the ages of three and six, children enjoy taking charge or taking responsibility. They like to take care of younger children. They like to take on the models that were demonstrated by their parents, caregivers, or teachers, and copy the tone-of-voice and speech patterns that their parents, caregivers, and teachers use. During this period, children develop an interest in competitive games and love to win. They want to do tasks by themselves without the help of others, and frequently mention that they are “a big kid” and “not a baby anymore.”

### **Industry vs. Inferiority Stage (6 to 12 years)**

**Ego Strength: Competence**, “I am what I learn”

- Work is a pleasure.
- New ideas come to mind.
- New activities become interesting.
- Product use brings them recognition.
- Ideas of preconceived competence or incompetence.

**Example.** Children start playing sports, playing musical instruments, learning from subjects taught in school, and engaging in pretend play.

### **Identity vs. Role Diffusion Stage (12 to 19 years)**

**Ego Strength: Fidelity**, “I know who I am”

- Children develop ego integrity.
- Peer relations are important.

**Example.** Between the ages of 12 and 19 years, the individual’s development is dramatic as they develop their identities. This is frequently seen as children participate in social debates and begin confronting adults about their dualities and hypocrisies.

Erickson’s last 3 stages are within adulthood, which is outside the scope of this book and will only be mentioned as follows.

### **Intimacy vs. Isolation Stage (19 to 25 years)**

**Ego Strength: Love**

### **Generativity vs. Stagnation Stage (25 to 50 years)**

**Ego Strength: Care**

**Ego Integrity vs. Despair (50 to advanced ages)*****Ego Strength: Wisdom*****The Environmental-Learning Framework**

Environmental-learning developmental theorists believed that the sources of change that occur throughout human growth and development are exogenous (Lightfoot & Cole, 2018). They believed that changes arose from environmental factors outside the individual and suggested this is demonstrated by adults influencing and shaping children's behaviors and beliefs. Those theorists, who believe in the power of the environment to influence the plasticity and stability aspects of development, consider environmental-learning processes to be far more powerful than heredity. Behaviorism is an example of this type of theory, specifically classical and operant conditioning. Behaviorist theories will be discussed in the section below.

## Behaviorist Theories

Behaviorist theory begins by offering a radical redefinition of the most basic terms used to define human behavior and functioning. Pavlov, Watson, and Skinner are introduced.

### Classical Conditioning

#### Ivan Pavlov (1849–1936)

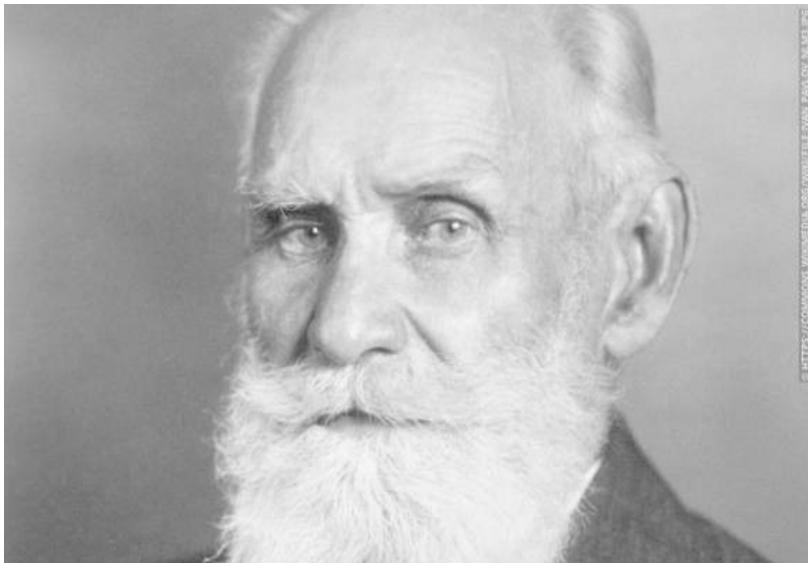


Figure 2-5. Ivan Pavlov (1849–1936). *Source:* Psychologist World, n.d., Key Figure in Psychology: Ivan Pavlov, <https://www.psychologistworld.com/psychologists/ivan-pavlov>

Pavlov is best known for his experimentation with a dog and a doorbell to demonstrate classical conditioning. With his experiment, he explained how a neutral stimulus (conditioning agent) can be made to elicit the same response as an unconditional stimulus. Pavlov's goal in this experiment was to show an association between a ringing doorbell, the presence of food for the dog, and the dog's response of salivating. Pavlov believed that pairing the doorbell with the presence of meat would stimulate the dog to salivate – even if the doorbell rang and the meat was not present. To condition the dog, Pavlov would pair the sound of the doorbell with the sight of meat at least 20 times (the number

of repetitions was based on how attentive the dog was during this training), until the desired conditioning had taken place, which will be the association between the production of salivation at the sound of the doorbell, without the presence of meat, to observe whether or not the dog will produce saliva, meaning the neutral stimulus (the doorbell) has become the conditioned stimulus provoking the conditioned response (salivation) (McLeod, 2013).

Pavlov used classical conditioning to suggest that behavior is learned or obtained through experiences. The Pavlovian theory suggested that an individual's exposure to experiences and events can have a measurable effect on the individual's behavior; these events are called stimuli. All organisms naturally avoid painful events; they typically seek pleasurable events.

To elaborate on the Pavlovian experimentation referenced above, in the beginning, food represented the unconditioned stimulus (a stimulus that naturally triggers a response), the doorbell represented a neutral stimulus (a stimulus that catches the attention), and salivation represented the conditioned stimulus (that makes an organism react to something when associated with something else). By pairing an unconditioned stimulus (food) with a neutral stimulus (the doorbell), Pavlov was able to create a conditioned response of the dog salivating by hearing the doorbell (Pavlov, 1927).

### **John Broadus Watson (1878–1958)**



Figure 2-6. John Broadus Watson (1878–1958). *Source:* First Discoverers, n.d., Child Development Theories <https://www.firstdiscoverers.co.uk/child-development-theories-john-watson/>

Watson was an early 20th-century psychologist, who was impressed with Pavlov's work on animals. Watson (1928) believed that if parents received training in behaviorist theories and techniques, human infants could be brought up better. Building on Pavlov's work, Watson concentrated on children's reflexes in classical conditioning. Watson (1930) was able to offer proof of his theoretical position because of his experiment with the nine-month-old, "little Albert." Eventually, using classical conditioning, Watson taught Albert to fear little furry animals.

During his experiment, Watson gained Albert's interest in a white rat and other furry objects. Watson then paired the presentation of the white rat (a conditioned stimulus) with a loud gong (an unconditioned stimulus), which caused Albert to become fearful when he saw the furry rat, eventually causing him to be afraid of any furry object. Watson was so convinced that his methods would prove successful that he once quipped that if he had 12 healthy babies, he could train them to be successful in whatever professions he chose.

## **Operant Conditioning**

### **Burrhus Frederic Skinner, known as B. F. Skinner (1904–1990)**



Figure 2-7. B. F. Skinner (1904–1990). *Source:* First Discoverers, n.d., Child Development Theories

<https://www.firstdiscoverers.co.uk/b-f-skinner-child-development-theories/>

Continuing the work of Pavlov and Watson, Skinner focused on the fact that classical conditioning might not result in increasing or decreasing behaviors due to its short-lived effect or the wearing off of the effects in long-term use. Consequently, Skinner developed the theory of operant conditioning. He introduced reinforcers to either encourage the continuation of a desired behavior or the cessation of undesired behavior.

Skinner experimented with a form of behaviorism that he defined as operant conditioning. He investigated procedures or events that caused a behavior to become stronger or weaker. He was interested in learning what causes a behavior to be more or less likely to occur because of an individual being exposed to an event (Skinner, 1953). Based on classical conditioning and the experiments of Pavlov and Watson, we understand that a stimulant is any exogenous factor that triggers a certain behavior. Skinner defines these reinforcers as factors that allow the individual to choose between accepting the consequence or changing their behavior. An example of this interaction between the reinforcer and the resulting consequence is when a child is offered a reward for finishing their homework on time.

The table below will further explain the types of reinforcers and the possible consequence which could lead to the continuation of the desired behavior or its cessation.

In operant conditioning, the stimuli (factors) that can cause a behavior to continue or discontinue can be different in nature. A positive reinforcer is a favorable or rewarding stimulus that is used to trigger or encourage the continuation of a behavior. Similarly, a negative reinforcer is an unpleasant stimulus that once removed, will trigger or encourage the continuity of the desired behavior. On the other hand, positive punishment is when an actual punishment (unpleasant stimuli) is applied to behavior to cause a discontinuity of the undesirable behavior. Comparably, negative punishment is the removal of unpleasant stimuli that either trigger or encourage the desired behavior.

**Table 2-2. Operant Conditioning Stimuli and Consequence**

<b>Stimuli</b>	<b>Consequence</b>	<b>Example</b>
<i>Positive reinforcement</i>	Using rewards that are meant to increase the probability of the occurrence of a behavior	The child will receive something he/she likes (candy, toy, ice cream) if a certain task is completed or if the child behaves in a certain way.
<i>Negative reinforcement</i>	Entails the removal of an unpleasant stimulus, which increases the probability of the occurrence of a behavior	If the child completes their homework on time, they do not have to complete their daily chore.
<i>Positive punishment</i>	Inflicting a punishment (unpleasant stimulus) to decrease the likelihood of the occurrence of a behavior	The child does not comply with a rule and as a result the parent takes away a favorite toy or game.
<i>Negative punishment</i>	Removing a punishment (unpleasant stimulus) to decrease the likelihood of the occurrence of a behavior	If the child stops bothering their younger sibling, they will not go to time out.

Source: Table created by the authors adapted from Skinner, 1948

## Social Learning Theory

**Albert Bandura (1925–2021)**

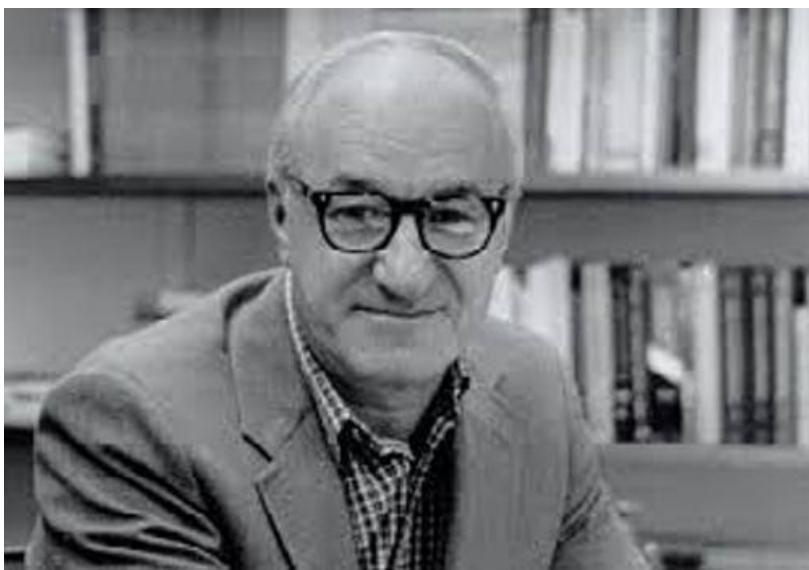


Figure 2-8. Albert Bandura (1925–2021). *Source:* Fact File, 2014, 10 Facts About Albert Bandura, <http://factfile.org/10-facts-about-albert-bandura>

Unlike the traditional behaviorist, Bandura approached development as an exogenous and social phenomenon, where the child learns by imitating others. Role modeling is an important aspect of this theory; therefore, providing the right template could direct a child to the intended behavior (Bandura, 1977). In *Social Learning Theory*, children learn by observing the behaviors demonstrated by an adult or other external factors. For example, a child who observes violent behavior may demonstrate aggressive behavior if given the opportunity. Bandura criticized operant conditioning and explained that giving reinforcers or punishment does not always lead to the expected behavioral outcome. Such transformations will not take place without the child's willingness to produce the said behavior or the child's inability to achieve the behavior. A child's reasoning leads to several new concepts such as self-efficacy and interest (administration) of the behavior to be role models. Not every toddler will mimic Beyoncé's *Single Ladies* music video (repeating the same dance moves and singing along) after watching it, but some will. This repetition of observed role modeling by

others requires the child to observe, have interest, and feel capable of replicating the behavior – all these steps are necessary to learn from the role modeling event. The main elements of Bandura's theory are, as follows:

Observer – the child;

Role Model – the other; Admiration of the role model by the child; Self-efficacy – an individual's knowledge of their abilities, set of skills, and potentiality to learn new skills;

Imitation of the model.

### ***Bobo Doll Experiment***

In 1961, Bandura conducted experimentations to study the pattern of a child's exposure to aggressive behaviors and the child's subsequent actions because of observing aggression (Bandura et al., 1961; Bandura et al., 1963). Bandura used an inflatable Bobo doll that was almost the size of a prepubescent child. The study aimed to investigate whether witnessing aggressive behavior will lead to imitation and aggression. In this study, adults entered a room where a two-way mirror created an observational opportunity for the children participating in the research. The children watched the adult show aggressive behavior by hitting the bobo doll and treating it violently. The children who witnessed this behavior by watching the adult through the two-way mirror were then allowed to spend time with the doll. The children, who observed the modeling of aggressive behaviors by an adult, imitated the behavior they had observed and became innovative in finding new ways (which they had not observed in the role models) to show aggression towards the doll. However, children who had not observed the adult aggression toward the doll did not behave in the same way when they entered the room. Bandura explained that children learn how to behave by observing others; therefore, Bandura theorized that members of a society provide the template for the plasticity and stability of children's learned behaviors.

## **The Constructivist Framework**

*Constructivists* sought to resolve the dispute between the biological-maturation advocates and their environmental learning counterparts, which is referred to as the nature versus nurture debate. The constructivists argued that the major cause of an individual's development is neither heredity nor learning but is connected to the role that a child takes as the actor in his or her own development. Constructivists believed that children construct

successively higher levels of knowledge, and the processes of development are universal in the human species (Piaget, 1952).

## Cognitive Theory

### Jean Piaget (1896–1980)



Figure 2-9. Jean Piaget (1896–1980). *Source:* First Discoverers, n.d., Child Development Theories: Jean Piaget, <https://www.firstdiscoverers.co.uk/child-development-theories-jean-piaget/>

Piaget discovered that human development is based on the growing relationship between individuals and their environments. He believed that mental processes are pivotal in understanding how humans grow and change. Piaget is widely known for his development of the Stages of Cognitive Development, which are discussed below.

### *Stages of Cognitive Theory*

#### **Sensorimotor Stage** (Birth to 2 years)

#### ***Intellectual Schemata***

- Babies and toddlers mainly learn through sensory experiences and manipulating objects.
- Stage 1 –
  - Using innate reflexes
  - The practice of sensory powers.
- Stage 2 – Intentional behavior.

- Stages 3 and 4 – Cause and effect action.
- Stage 5 –
  - Onset of experimentation
  - Trial and error.
- Stage 6 –
  - Beginning of mental pictures
  - Organizes thought
  - Uses symbols (precepts)
  - Words for objects and actions
  - Extracting concepts from experience
  - Identifying a past, present, and future.

**Example.** A child as young as one month old will hold an adult's finger. Touching and holding are the way that a child familiarizes him or herself with the world and learns about textures, shapes, smells, and the way things work.

### **Preoperational Stage (2 to 7 years)**

#### ***Intellectual Schemata***

- Children learn through pretend play but have difficulty with logic and how others view things.
- Thought (prelogical).
- Broadly categorize.
- Beginning to pretend.
- Inaccurate perceptions.
- Inability to conserve quantity in weight and numbers.

**Example.** Children role-play and copy what they see the adults do. They love to pretend they are cooking, driving, or being a certain animal. They learn best by playing. Children learn by pretending to be someone or something. They will follow simple directions and understand the reason behind the direction but cannot make decisions based on logic. If you tell a six-year-old that you cannot go snow skiing because it is summer, he might not understand the logic, but if you tell the child he cannot go snow skiing because there is no snow in the mountains, he will understand the reasoning.

**Concrete Operational Stage (7 to 11 years)*****Intellectual Schemata***

- Children start to use more logic in their thinking but still struggle with more abstract concepts.
- They build a data bank on concrete ideas, imaginary ideas, and anticipatory operations.

**Example.** Children can wait for their turn when playing a board game, use logic in defending their choices or decisions, can make and follow rules, and are adamant that everyone else should follow the rules they understand. They develop moral values and reasoning.

**Formal Operational Stage (11 to adulthood)*****Intellectual Schemata***

- Logical thinking continues to develop.
- They understand operations with symbols and abstract ideas.
- They make comparisons and deductions from information not concretely presented.

**Example.** This age group experiments with new ideas and enjoys trying out new behaviors to see the outcomes.

## The Cultural-Context Framework

Lev Vygotsky (1896–1934)



Figure 2-10. Lev Vygotsky (1896–1934). *Source:* First Discoverers, n.d., Child Development Theories: Lev Vygotsky, <https://www.firstdiscoverers.co.uk/lev-vygotsky-child-development-theories/>

Vygotsky, a Soviet Belarusian psychologist, was the founder of the idea of cultural-historical psychology. *Cultural Context Developmentalists* believed that culture is the mediator in development, which directs the interaction between biology and environment and how it forms a person's behavior. The inclusion of the cultural factors transformed the nature-nurture debate because culture tells people how to interpret both heredity and learning. It also changes the focus of the discussion from the individual to the group.

### ***Culture as Agent***

Vygotsky believed that the interaction between a child and an adult or a more capable other facilitates the child's development and learning. Unlike previous developmental theories, sociocultural theory explained that development happens within the framework of cultural teaching. This theory references adults to tutors, which are different from teachers. A tutor teaches new skills by demonstrating and by hands-on learning methods. Vygotsky's theory also likened the role of a child to an apprentice, who is beyond the point of a student's learning and is learning by doing. Culture,

as a mediator, is the main agent of stability and plasticity in both development and language and has an important role in expediting learning. Through scaffolding (step-by-step teaching), an adult can gauge the degree of the child's learning (zone of proximal development) and be able to consistently modify or upgrade their interactions with the child. Contrary to Piaget's cognitive theory that gives the child a major role in the learning process, social cognitive theory considers an adult as the navigator in the child's development (Vygotsky, 1978, 1980).

**Example of an Adult as a Tutor.** The teacher helps the child as to how to write the word "car." A teacher teaches children the proper use of language (sentence structure). An adult in the role of tutor demonstrates the proper cultural behavior.

**Example of a Child as an Apprentice.** The child learns how to write the word "car" and will expand that knowledge and skill in writing other words. The child learns the mechanics of the language and how it is used in a variety of contexts within his or her culture. The concepts of scaffolding and learning apply in the zone of proximal development.

- *Scaffolding* is a step-by-step teaching methodology. Using scaffolding to facilitate learning is identifying types of assistance that make it possible for learners to function at higher levels within their zones of proximal development. Adults scaffold children's learning to assist children in becoming independent learners. An example of scaffolding is when the parent brings home a puzzle for their 2-year-old child. The parent will model how the puzzle works by putting the first few pieces of the puzzle together and then will wait for the child to take over putting the puzzle together. As the child progresses in figuring out how the rest of the puzzle is connected, the adult will observe and interact as needed (Berk & Meyer, 2015).
- The *Zone of Proximal Development* (ZPD) is the space between what a child can learn with and without the help of an adult or a more capable other. The ZPD is determined by a child's level of independent problem solving and the child's level of potential growth and development. An example of ZPD is demonstrated when kindergartners learn arithmetic while third graders learn basic algebra. As shown in the diagram below, teaching basic algebra to kindergartners would be too difficult; therefore, it would be in the outside ring. Yet, teaching them numbers they had already learned in preschool, would be in the center circle. The processes of learning

arithmetic while preparing to learn basic algebra fall in the middle zone (Berger, 2018).

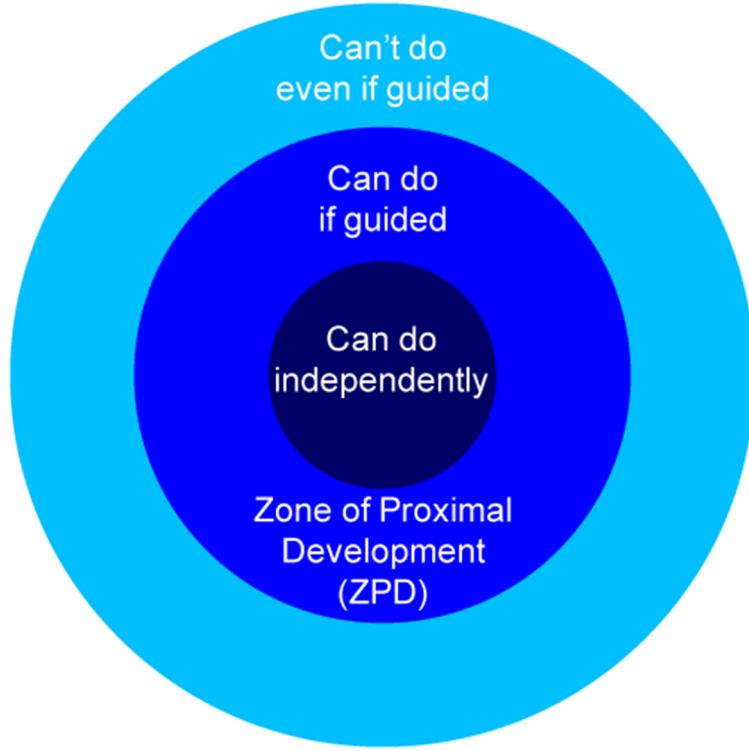


Figure 2-11. Zone of Proximal Development Chart. *Source:* Google MockingJay Discussion, 2008, Social Development Theory by Vygotsky-Group: MockingJay, <https://sites.google.com/site/qim501eiddmockingjay/discussion>

### **Comparing the Cultural Context and Constructivist Perspectives**

The cultural context (Vygotsky) and constructivist (Piaget) theorists agree that individuals undergo qualitative changes during development. They also agree that development is not impossible without children's active agency. These two sets of theorists disagree, however, on three critical points. First, the cultural context theorists believe that children and caregivers are both

active agents. Together, the child and the caregiver construct development. A child creates their reality through their own highly individual mental constructs, which become more and more consistent with the constructs of others as they interact with their caregivers. Second, cultural context theorists do not look for stages. They theorize that children grow based on caregivers' expectations and on the child's increasing capacity to perform tasks. Finally, the sequence of human developmental changes in the child's life depends on the child's cultural and historical experiences (Lourenco, 2012).

## Social Ecological Theory

### Urie Bronfenbrenner (1917–2005)

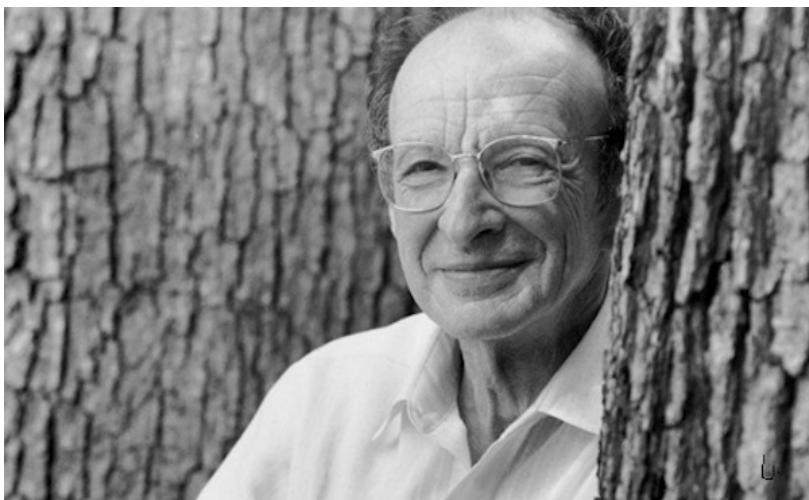


Figure 2-12. Urie Bronfenbrenner (1917–2005). First Discoverers, n.d., Child Development Theories: Urie Bronfenbrenner, <https://www.firstdiscoverers.co.uk/child-development-theories-urie-bronfenbrenner/>

With *Contextual Systems Theory*, the 1980s ushered in a significant shift in the perception of culture as organic and influential factors in facilitating development. Bronfenbrenner's focus on context (the totality of environments) versus environment and culture as a sub-context brought to light the importance of early childhood education. He believed that the context itself changes as the child's physical growth continues. The chronological

development at any given time can contribute to the stability and plasticity of human development, while its influence may be directly or indirectly influenced by bioecological systems (Bronfenbrenner, 1979). For example, an infant is primarily influenced in their microsystem, where members of the child's immediate family act as the caregivers and the decision-makers. When the child becomes a 16-year-old, the influence of the microsystem gives place to the exosystem, where the adolescent spends most of their time with peers outside of the home environment.

Bronfenbrenner was instrumental in the creation of the federally funded program Head Start. He argued in front of the U.S. House of Representatives and testified about the importance of early childhood education and its later developmental benefits, particularly for children growing up in low socioeconomic settings. As a result of his testimony, a series of preschool programs was created across the United States that provided preschool and formal education opportunities for children and parents in low-income families (Berger, 2017).

The *Chronosystem* includes the dimensions of time and biological growth that continue through one's lifespan. For example, a child who has been born to an addicted mother will have a higher chance of becoming addicted to drugs and suffering from health issues, than a child born to a healthy mother.

- The *microsystem* is the closest influential system to the child's development. A healthy child who has a nonverbal, autistic older sibling might have a delay in talking.
- The *mesosystem* is the connection between the various elements of the microsystem. A child who loves and respects their teacher or parents is more likely to follow their guidance.
- The *exosystem* is the context outside the immediate influences on the child's development. Children who watch violent movies may act aggressively towards their peers and siblings.
- The *macrosystem* is the outer system of influence on development. A child who has been born into a middle-class family with access to healthy nutrition will potentially have a different future than a child who has been born into a poor family (Elliott & Davis, 2018).

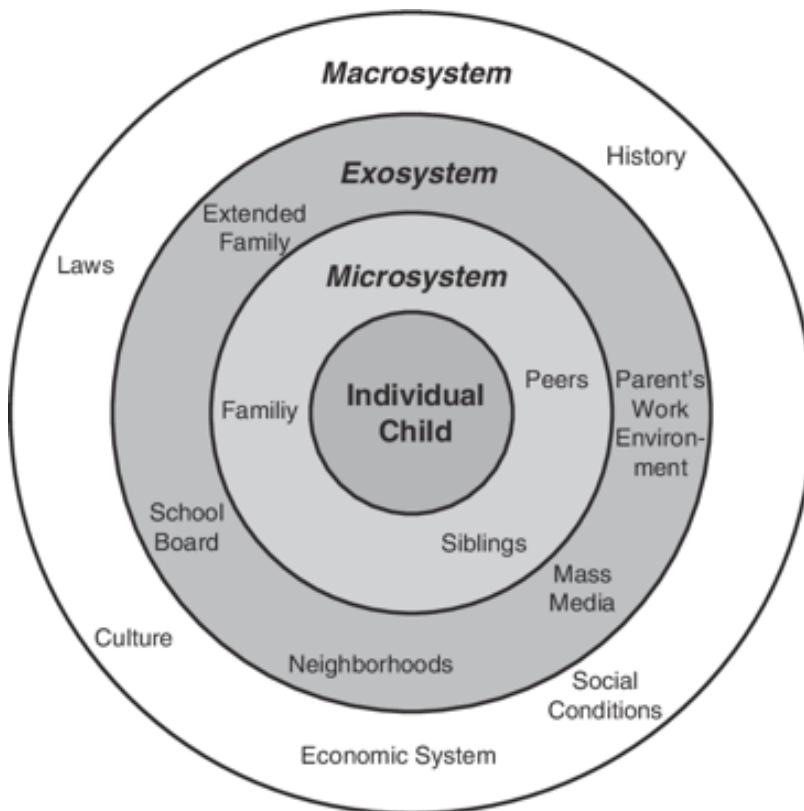


Figure 2-13. Bronfenbrenner's Chronosystem Chart. Sources: Elliott & Davis, 2018

### Emergence of Alternative Theories

The psychoanalytic, behaviorist, and constructivist theories share certain limitations in that they are wide ranging, less comprehensive, and tend to ignore the tremendous impact of cultural differences and human experiences worldwide. Psychoanalytic theories highlighted the importance of children's early childhood experiences that interacted with various components of a child's personality and explained their behaviors. Behaviorism showed the effects of the immediate environment on human behaviors. Constructivist theorists helped us to understand how intellectual processes affected our actions and influenced the actions of others. Researchers have found that each of the major theoretical perspectives shares certain commonalities.

Ironically, all perspectives also underestimated the role of biological and genetic influences (Scheurman, 1998). These influences will be discussed in the section outlining some of the humanistic psychological approaches.

## Humanistic Psychological Approach Theories

Theorists who subscribed to the humanistic approach believed that humans strive for growth, dignity, and self-determination, which are also essential factors in the development of personality. The psychological approach theories offered optimistic viewpoints on human development and human nature and claimed that humans are innately motivated to do good. Theorists' views may be different, but theories emphasize aspects of personal responsibility in the present time, yet do not deny the importance of past experiences on human behaviors. Humanistic theorists emphasized a human's capacities to overcome hardship and to be in control of one's developmental outcomes (Friedman, 2008).

### Abraham Harold Maslow (1908–1970)



Figure 2-14. Abraham Harold Maslow (1908–1970). *Source:* First Discoverers, n.d., Child Development Theories: Abraham Maslow, <https://www.firstdiscoverers.co.uk/abraham-maslow-child-development-theories/>

Maslow, an American psychologist, developed the *Hierarchy of Needs* as the basis of human development. He believed that inherently, human beings

seek fulfillment for their needs as a matter of priority. Maslow suggested the importance of focusing on people's positive qualities and capacities for doing good, as opposed to considering that humans are symptomatically bad in nature.

### ***Maslow's Hierarchy of Needs***

According to Abraham Maslow's *Hierarchy of Needs* (HoN) theory, positive growth and development only occur when a child's basic and growth needs are met. The hierarchy of needs is designed as a motivational model with a pyramid structure. There is a broad base at the bottom of the triangle that grows upward to form the triangle, representing a human's basic, or deficiency needs to more complex growth needs (Maslow, 1943, 1970).

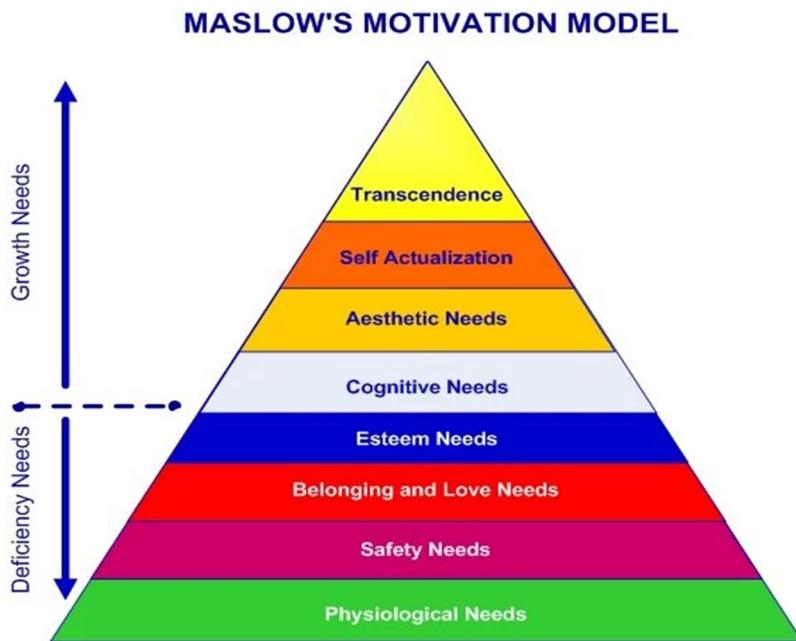


Figure 2-15. Maslow's Hierarchy of Needs Pyramid. Source: McLeod, 2020, *SimplyPsychology*, <https://www.simplypsychology.org/maslow.html>

### Murray Bowen (1913–1990)

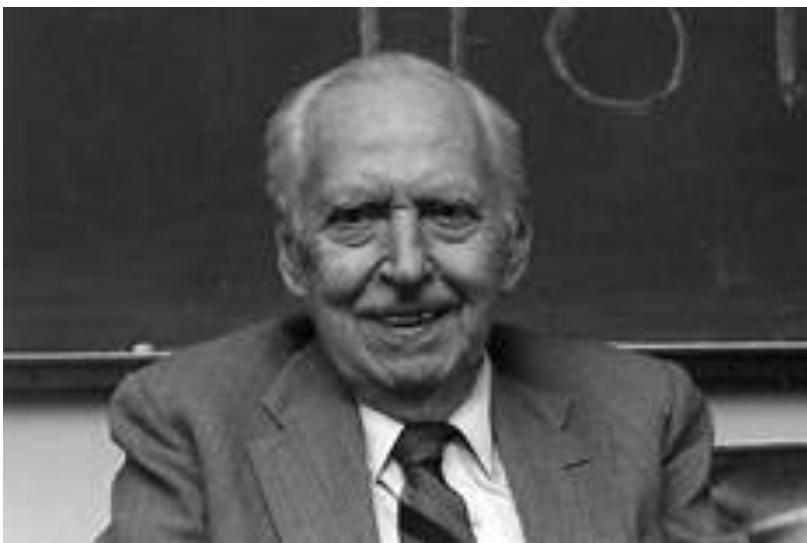


Figure 2-16. Murray Bowen (1913–1990). *Source:* Woodlake Addiction Recovery Center, 2019, Murray Bowen, The founder of Family Systems Theory, <https://www.woodlakecenter.com>

#### ***Bowen's Family System Theory***

Bowen's *Family System Theory* was developed as a result of psychologists gaining an interest in family structure following World War II. At that time, there was great interest in studying family dynamics. In Bowen's theory, the family is comprised of different systems, requiring each entity to operate in harmony and equilibrium if the family is to gain maximum efficiency as a whole emotional unit. However, adversary factors that interfere with the system's overall operation could shift the family unit off balance. Examples of factors that bring disequilibrium to a family are financial struggles, death, psychological defiance, divorce, or other negative events. Divorce, as a negative factor, has a correlational impact on the system's operation, thus shifting the relationships between members into a spiral. When the spiral is grounded in negativity, the results could bring about anxiety, depression, and other behavioral misconduct, which would require the family system to receive outside support to regain equilibrium (Stattin & Kerr, 2000).

Family systems theory regarded the family as an emotional unit consisting of many subsystems of complex interactions. A family's functionality and survival were found to be highly dependent on both emotional interdependence and cohesiveness to protect, shelter, and feed for their members' survival. When anxiety exists in the family, and that anxiety increases, the emotional connectedness of family members becomes more stressful than comfortable. Eventually, one or more members feel overwhelmed, isolated, or out of control, hence harming the resiliency and protective factors of the family unit. Therefore, when reaching a balance is a goal within the family system, each family member has to reach emotional and cognitive equilibrium with other family members to achieve a balance between all systems (Bowen, 1966; 1971). Family systems theory focused on the way in which the family works rather than the behavior of any one individual. Boundaries, roles, rules, hierarchy, and climate are considered as parts of the system.

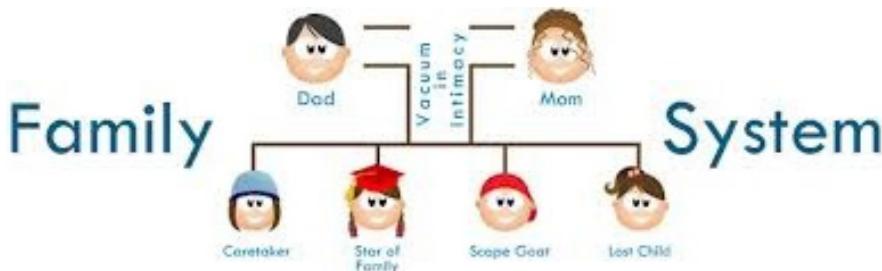


Figure 2-17. Family System Theory Chart. *Source:* Without Walls, n.d. (blog), <https://withoutwalls-fandc.blogspot.com>

Family members are all connected to each other and each one influences another. The relationships between each member of the family represent a subsystem that should function in equilibrium under the family system. In the case of problematic shifts between these subsystems, the family will experience disequilibrium, thus becoming dysfunctional.

### Carl Rogers (1902–1987)

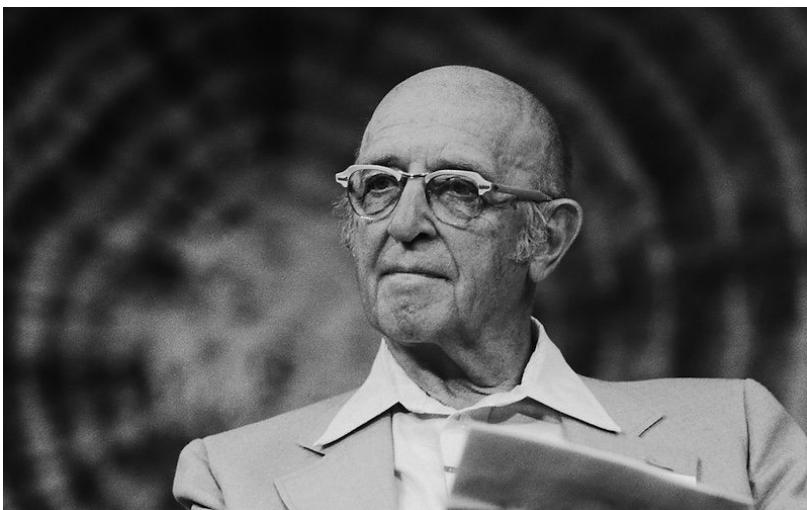


Figure 2-18. Carl Rogers (1902–1987). *Source:* Highbrow, n.d., <https://gohighbrow.com/carl-rogers/>

Carl Rogers (1902–1987), the founder of *Humanistic Psychology* believed that human behavior is shaped through one's self-concept (self-perception). With his unique understanding of human personality, he further developed a unique approach, known as person-centered therapy (also known as client-centered therapy). Rogers, like many of the psychologists of his time, struggled with the idea of how to integrate psychotherapy and the human self as integral parts of healing. Thus, he focused on the role of empathy and self to encourage the reconciliation between humanistic psychotherapy and self-psychology (Kahn, & Rachman, 2000). Rogers is considered as a pioneer and an influential contributor to humanistic psychology based on his development of client-centered therapy. Further, Rogers conceptualized the three components of the self-concept: self-image, self-worth, and the ideal self.

Influenced by Maslow's belief in the human's inherent well-intended qualities, one central assumption of Rogers' theory was that human beings show many positive characteristics. Further, over the course of their lives, individuals move toward becoming fully functioning persons. Rogers believed that individuals desire to live life to the fullest yet remain sensitive to others' needs; however, they will not conform to societal standards that

they view as interfering with how they choose to live their lives. Fully functioning individuals are in close touch with their values and feelings and experience life more deeply than other persons. Rogers believed that human beings possess the necessary resources for self-understanding and tend to modify their self-concepts. Therefore, the most appropriate therapeutical atmosphere for fully functioning individuals is one in which they can access their desired resources and, thereby, reach the optimum results (Rogers, 1980).

## **Educational Method**

### **Difference Between Developmental Theories and Educational Methods**

Developmental theories take a positive outlook on how children grow in optimum conditions and what those conditions may be. Theorists, who study human growth and development, observe these from the prenatal stage through to adulthood. These theorists map structures and details of growth stability and plasticity, while also predicting the path, shapes, and forms of future growth and behavior across the lifespan.

The educational method focuses on what is learned – the educational process, teaching methodology, knowledge construction, competency development, and other aspects of learning that support development in an optimum environment. The teaching methodology, environment, internal factors (innate ability to learn), and external factors (environmental influences) all become contributing factors to learning. Multiple factors influence individuals in determining which educational methods to explore, investigate, and conclude to be the most useful at creating optimal learning strategies based on individual differences and interests. Let's explore a few of these methods.

### Maria Montessori (1870–1952)



Figure 2-19. Maria Montessori (1870–1952) (c. 1913). *Source:* Microsoft Bing, n.d., <https://www.bing.com/images>

#### ***Montessori Education***

Maria Montessori, an Italian physician, developed a child-centered educational program based on her observational research of young children. Her observations of children in an asylum in Rome led to her belief that children are eager to learn, yet each child possesses different learning abilities and talents. After years of working on her methodology, Montessori concluded that a child's optimum development will take an organic and systematic route that is best fitted to the child's needs, when each child is given the appropriate environment. In 1907, Montessori was able to test her educational theories and methodologies on a group of 100 children. Montessori's processes of documenting children's growth and development

within a planned environment led to the publication of her curriculum and first book on a child-centered educational methodology (Standing, 1962; 1984).

In 1914, Montessori gave a talk to an enthusiastic, standing-room-only audience at New York City's Carnegie Hall, which created a great amount of interest. However, by 1920, both American scholars and the public had lost interest in her free-spirited and new methodology of children's education (Association of Montessori Internationale [AMI], 2021). By 1960, a new attraction was generated, when Nancy McCormick Rambusch and Margaret Stephenson, who had each worked with Montessori in Europe, brought this method to the United States with a revised version relevant to the popular culture of the time.

### ***Fundamentals of the Montessori Methodology***

The revised American Montessori curriculum was based on Montessori techniques that encompassed the child's development in the three domains – physical, social-emotional, and cognitive. This focus was not new and had been used for over a decade in many parts of the world. Today, the Montessori philosophy views the child as naturally eager for knowledge; and its instructional methods are based on the belief that the child is capable of initiating the learning process within a supportive, thoughtfully prepared learning environment. The role of the teacher is as a guide who constructs the prepared environment for the innately curious child to learn through independent exploration. Therefore, the child goes through the process of learning by choosing, selecting, and experimenting at their own pace, which will help to build the child's competence and confidence, since they are not competing with other children (Hainstock, 1997). The following section presents examples of Montessori's methods.

**Child Centered.** Children possess an innate desire to learn, and an educator must support this natural and organic process. A teacher functions more as a guide, who navigates the child's internal learning mechanism and offers guidance when needed, all the while, giving the child independence and autonomy to foster the child's competencies.

**Individualized Learning.** Children learn at a different pace through an individualized learning curriculum that allows each child's natural curiosity to flourish in its own individual timeline. Once this independent learning environment is balanced with the child's innate abilities, the child's curiosity will lead them toward learning, inner disciplines, internalization,

and eventually higher levels of thought processes and metacognition (thinking about thinking).

**Integrated Learning.** Areas of learning are integrated from infancy through to elementary school by way of repetition and interrelated topics. Over time, the repetition of the information that has evolved will enable the child to reach higher levels of knowledge and learning. The integrated exposure to knowledge, combined with the child's innate curiosity to learn, will provide for continuous levels of mastery that lead to new insights, competence, and confidence of the developing child.

**Interactive and Reciprocal Learning.** Members of the classroom act as a collective community of learners, where children work on age-appropriate learning in mixed-age groups to learn from each other. Older children can act as guides and deepen the younger children's knowledge, while, at the same time, their knowledge is deepened by guiding and teaching, and thus enhancing their confidence and mastery in leadership roles.

**Hands-On Learning.** Using sensory stimulations, children experiment with different elements to feed their natural curiosity and zest for learning. Hands-on learning helps the child to experience developmentally appropriate practices while using interactive and sensory tools.

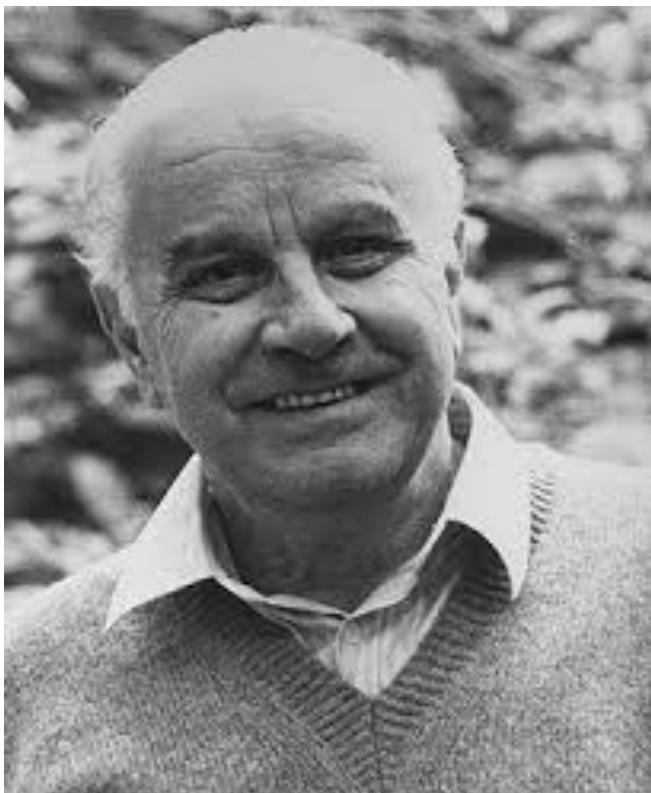
**Loris Malaguzzi (1920–1994)***The Reggio Emilia Approach*

Figure 2-20. Loris Malaguzzi (1920–1994). *Source:* The Sector, n.d., <https://thesector.com.au/events/celebrating-100-years-of-loris-malaguzzi/>

The REA focuses on factors that contribute to children's educational, psychological, and sociological factors, which contribute to their holistic development. The educator must understand the important contribution of these factors when following an emergent curriculum that best fits children's understanding, conceptual development, and aesthetic sensibility, stimulating a sense of wonder and learning. REA teachers employ a variety of teaching and learning strategies such as exposing children to a wide variety of educational opportunities that promote children's self-expression,

communication in more than 100 languages, logical thinking, and problem solving (Edwards et al., 1995).

### ***Principles of the Reggio Emilia Approach***

**Emergent Curriculum.** When developing a classroom curriculum, the teacher must take into consideration the children's interests and decide what topics can solicit or stimulate each child's desire to engage in the learning processes. The teacher can achieve this goal by talking to the family members and observing each child to gain a further and deeper understanding of the child's unique characteristics. Comparing anecdotal records and notes based on child observations, along with the child's and the family's collaboration, the teacher creates an emergent curriculum suited for the child, while encouraging involvement from parents and the community.

**The In-Depth Use of Educational Projects.** Learning concepts are driven by the child's interests that evolve and develop from first introducing the child to a series of adventures in learning that could last from a week to a whole year. Teachers help to navigate the direction that the child's interests take and consider the way in which the child wants to present what has been explored and learned and the artifacts and materials they want to use in documenting and presenting their work as a collaborative project. These in-depth projects allow children to lead their learning and to focus on their individual interests, thus promoting children's agency and competency through autonomy.

**Representational Development.** Howard Gardner introduced eight dimensions of intelligence in his theory of multiple intelligence, which is referred to as representational development within the REA. Each child is encouraged to consider using different representational styles, such as form, print, drama, music, photography, and other media, to present their ideas. Following the REA approach, children understand how different concepts can be connected and presented while using multiple and varied representational tools.

**Collaboration.** In the REA method of education, children learn to work independently and collaboratively in groups to learn in an interactive form. Both small and large groups offer different opportunities for children to learn from each other how to problem solve, negotiate, and use interpersonal skills to successfully collaborate. Working in groups can also allow each voice to be heard, and to create a balance in the group.

Numerous aspects of the Reggio Emilia philosophy and approaches have influenced programs for very young children on an international scale (Cadwell, 1997; Foerch & Iuspa, 2016). Many of the principles have been adapted and continue to inspire teachers and caregivers to follow Reggio-inspired practices. These principles have been most influential in supporting teachers' practices in adapting their image of children, helping children to become authentically engaged in project work, seeking multiple opportunities for children to demonstrate and document what they know and are able to do, using the environment as a third teacher, embracing children's families as partners, and becoming learners alongside the children (Edwards et al., 1998).

### Rudolf Steiner (1861–1925)



Figure 2-21. Rudolf Steiner (1861–1925). *Source:* Dialogos, n.d., <https://www.dialogos.no/rudolf-steiner-1861-1925/>

Steiner was an Austrian philosopher, who developed *Waldorf Education* in 1919 in Germany. Waldorf is a child-centered alternative education approach

that is based on anthroposophy, a philosophy that views each child as a threefold being – spirit, soul, and body. The Waldorf educational approach supports children's unfolding in three developmental stages on their way to adulthood. Teachers focus on developing children's individual natural abilities throughout their schooling years.

### ***Waldorf Education***

The Waldorf education model is based on a belief that when a child relates their life experiences to what they learn, they become interested and take ownership of what and how they learn. Each child develops in mind, body, and spirit during the stages of early childhood, middle childhood, and adolescence, on their way to adulthood (Barnes, 1991). Waldorf education aims to help to develop individuals who are capable of creating their future by giving meaning to their lives. The Waldorf philosophy is based on the whole child. Waldorf teachers are trained to create a love of learning within each child and balance academic teachings with artistic and practical activities (Mays & Nordwall, 2005). Academics are not part of the early childhood phase of Waldorf schooling. Reading starts in kindergarten and is approached more formally in the first grade. Independent reading occurs for most children by the middle or end of the second grade. Waldorf students have a lead teacher from grades one through eight. Ideally, the same teacher stays with the same class for the entire eight years. At the age of 14 years, Walden students are provided with specialist teachers who are academically focused, and help students to develop a sense of competence, understand ethical principles, and build a sense of social responsibility. All subjects are introduced through activities such as art, music, gardening, and usually two foreign languages during the younger grades. There are no traditional textbooks for students during the first through to the fifth grades. Students record their learning experiences, and this becomes their textbook. In the upper grades, Waldorf students commonly use standard textbooks to supplement the development of skills in mathematics and grammar.

### **Champions of Early Childhood Care and Education**

The particular needs and importance of early childhood education and care were not thoroughly understood or accepted until developmental theorists emphasized the importance of high-quality early-year experiences for children and their correlation to children's later development. While Freud and colleagues focused on development as a whole, experts such as Emmi Pikler, Magda Gerber, and Montessori concentrated on the developmental

needs, unique care, and stimulation that should be given to infants, toddlers, and young children.

### Emmi Pikler (1902–1984)



Figure 2-22. Emmi Pikler (1902–1984). *Source:* Alchetron, n.d., <https://alchetron.com/Emmi-Pikler>

Pikler, a pediatrician in Budapest, Hungary, founded the Pikler Institute that became the benchmark for infants' and young children's care. Pikler aimed to create awareness and foster knowledge about the importance of the physical and psychological health of infants and young children. In the 1930s, Pikler recognized that the key to achieving healthy children was through *creating secure attachment*. She saw that giving respectful care, particularly during times of bodily care, was one of the main tools for achieving the secure attachment of the infant to the caregiver. She believed in having and showing high levels of respect for the baby as an initiator, explorer, and self-learner, which were necessary for the infant to develop trust. She also saw the importance of allowing the child to engage in self-initiated activities because of their influences on the child's self-image and self-control. Pikler's *care approach* is a highly skilled, complex, and multilayered method of care. The care practices included ongoing consideration of the roles of caregivers, the importance of consistent observations and documentation, and team discussions. Once her method had garnered

attention in the United Kingdom, in 1978, the Pikler care approach found its way to the United States' educational scene through American early childhood educators.

### **Magda Gerber (1910–2007)**



Figure 2-23. Magda Gerber (1910–2007). *Source:* Arbor-Verlag, n.d., <https://www.arbor-verlag.de/magda-gerber>

#### ***Resources for Infant Educators Philosophy***

Gerber based her *Resources for Infant Educators* (RIE) philosophy on Pikler's respect, trust, initiation, exploration, and self-learner approaches to infant care (Gonzalez-Mena, 2009).

RIE is embedded in an educator's trust in the child's initiation for learning. The goal of RIE is to develop an authentic child, who feels secure, independent, and able. Respect is a large part of the RIE philosophy, which stems from Pickler's original methodology. Parents and educators must respect an infant's ability to learn and develop naturally and give them ample opportunity to do so. Parents should observe their infants to best understand their communication styles and how they communicate their

wants and needs. Respectful communication among parents and educators provides an environment that encourages an infant's learning and growth. The ways in which an adult looks at, listens, or speaks to an infant can show respect and that the adult trusts that their infant is ready to investigate and learn. For example, involving the infant in basic daily tasks by speaking to them and explaining actions allows for their active participation. These daily tasks can include diaper changes, bathing, and feeding. Consistency and communicating expectations to infants can also aid in the development of various behaviors. Even at an early age, infants understand verbal and nonverbal cues. Challenging an infant daily with new surroundings and concepts ensures that the learning process is continual and builds on previous knowledge and experiences. Gerber was a proponent of giving infants time for uninterrupted play so they can explore at their own pace and interest level. Instead of teaching the infant new skills, this uninterrupted play allows the learning process to stay natural and for the adult to follow the infant's interests. Parents and educators must also be able to provide a safe, predictable, consistent, and moderately challenging environment. The environment should be one where an infant can be completely natural in the way that they explore and interact. If an infant's environment is predictable, it is easier for them to learn because they understand what is occurring or about to occur. Since infants naturally want to move around to explore, having a safe environment allows them to do so without restrictions.

Another aspect of this philosophy of respect, trust, and acceptance is how it works for all ages and promotes overall growth and happiness in life. The main goal of RIE is to create an authentic child who feels secure, autonomous, competent, and connected to the world around them. This sense of security and confidence will remain with them through their educational journey of academic and social growth. Understanding the importance of respect, trust, and acceptance by adults allows for the creation of stronger relationships in life. A sense of self and a connection to other people and places promote growth and happiness in the lives of people, which begin during infancy and continue into adulthood (Gerber, 2002).

**Foojan Zeine (1961–)**

Figure 2-24. Foojan Zeine (1961–). *Source:* Photograph courtesy of the author

Awareness Integration Theory (AIT), developed by Foojan Zeine, is a multimodal evidence-based psychological and educational model. AIT enhances an individual's self-awareness and releases their psychological blocks. AIT promotes clarity and a positive attitude toward the path of learning skills to create and implement a successful life plan.

***Zeine's Awareness Integration Education***

AIT uses cognitive, behavioral, emotional, and body/mind techniques to inculcate significantly greater self-awareness into the teacher's and student's patterns of thinking, feeling, and behaving toward the self and others (Zeine, 2014). Through awareness, a child brings into emergent consciousness the correlation between the way one perceives the world and the way one makes decisions about the self and personal identity. AIT also enhances the abilities of an individual to incorporate a new understanding of how one relates and behaves toward others. This theory fosters an individual's respect and acceptance, and a sense of responsibility and

accountability, which are all necessary to create self-esteem, self-confidence, and self-efficacy (Zeine, 2017). The AIT early childhood education model was collaboratively developed by Dr. Foojan Zeine and Dr. Eileen Manoukian.

Manoukian used and developed AIT as an early childhood educational method at Gem Educare, California, USA. She found through her observations and documentation that children, who have been taught by the AIT method, demonstrate emotional regulation, control their behaviors, have self-esteem and self-efficacy, and show empathy and compassion toward peers and self. Teachers trained in AIT communicate with children by using a unique language, by talking to children in a descriptive way that ensures that each child can distinguish between their thoughts, feelings, and emotions. Teachers and children use accurate names for feelings and emotions, and then incorporate these terms into their expressive descriptive language. When talking to an infant, teachers name the emotions every time that they recognize the child is communicating through his or her expression of emotions on the baby's face or in their body language. The usage of descriptive language by the adult helps young children to learn about the emotions they are communicating to others, the correct name for each emotion, and the actions that they are doing. Descriptive language also helps children to learn that each emotion has an appropriate expression (e.g., a smile or laughter expresses happiness or joy, crying expresses sadness). At the verbal stage, children are ready to express their emotions and name them correctly. Children are also guided to recognize how they act while experiencing an emotion. After a behavior has been expressed by a child, the teachers help the child to reflect and discover what they were feeling (emotions), what they were thinking (thoughts), and how they have reacted (actions) when experiencing those thoughts and feelings. Teachers use every opportunity to teach children how their actions impact themselves and the others around them. Teachers use storytelling, puppet shows, and children's interactions with each other to foster awareness integration. Children are encouraged and praised for being caring, compassionate, and understanding of others' needs. They are taught to be compassionate toward all living things. Children are guided to be aware of their emotional needs and to act appropriately toward gaining what they want.

Very young children do not possess the skills of regulating their emotions. AIT education has been successful in helping toddlers to learn to regulate their emotions. The key to success is to use the appropriate language at all times. Children choose compassion and caring when they see their teachers' compassion and when they show caring actions toward them and others.

Teachers carefully choose questions to ask during pretend play to enhance a student's imagination, creativity, and social-emotional development. In this method, the teacher allows the students to choose. Students are involved in the decision-making. Teachers are guiding, supervising, and interacting with students. Teachers use techniques such as meditation and mindfulness. Students are encouraged to be present. Teachers try to act in ways that are instructive and worthy of imitation. Children learn through play, by hands-on opportunities to explore and imitate what is modeled by the adult or a more knowledgeable peer. Petrash (2002) suggested that children experience the world with openness and a lack of reservation and are ready to learn through imitation. While applying the AIT model, teachers intentionally complete most of their work in the presence of their students. They involve children in the work they are doing. Children learn valuable life lessons when they are working alongside their teachers and peers. They learn responsibility, about helping others, doing their fair share, and being an active member of their community. Teachers encourage their students to discover everything themselves. They teach their students problem-solving skills by encouraging them to look at any situation from several different angles – discovering how something or some action would be possible if it is looked at from different points of view. This educational method is used with all age groups, from infancy to adolescence, based on their developmental stages (Zeine et al., 2017).

## Summary

In this chapter, the authors of this text presented and explained a wide range of foundational theories developed by influential researchers. These foundational theories led the scientific movement toward understanding growth and development across the lifespan, with a focus on child and adolescent development and the consequent behavioral shifts as individuals grow and experience their world. These prominent theories of the 20th century included the controversial Freudian explanation of how human beings are driven by internal fixations and endogenous factors are driving individuals' behavior. On the other hand, Erikson's psychosocial theory explained the elements of social challenges that the human ego is committed to seeking and adhering to while undergoing plasticity and stability. Other theories have also indicated biological and environmental factors such as Piaget believing that development is based on cognition and human experience. Vygotsky, another cognitive theorist, brought to awareness the element of culture and the mediating role it plays in the developmental sequence. The theories in behaviorism relied on exogenous and environmental

factors such as stimulants and responses to push individuals to change and modify their behaviors. Lastly, the ecological theory brought the role of context and how the child would be at the center of all the systems within the context of development. Regardless of which theory or theories are useful in our understanding of human behavior, one thing is certain and that is theories are constantly re-evaluated and modified as new endogenous and exogenous factors of human development emerge.

**PART TWO**

**CHILD DEVELOPMENT FROM INFANCY  
THROUGH ADOLESCENCE**

## CHAPTER THREE

### INFANCY

*At a local childcare center, the director observed two infants, Jane, a five-month-old baby girl, and Bobby, an eight-month-old baby boy. Both are first-born children. On the one hand, Jane was able to sit and crawl, and would respond to the caregiver's directions. She was very active and liked to move around and play alongside other kids. She could recognize her caregiver, her parents, and playmates. She had distinct cries for being hungry, needing to be changed, and for wanting to play. Her parents would constantly talk to her in adult language. She could stand when an adult held her hands and she would smile as if she was proud of herself. On the other hand, Bobby could not sit or crawl and did not seem to understand the caregiver's guidance. He would always cry for someone to hold him if he was put in a sitting position or on his tummy to crawl. He loved eating solid foods but refused to hold his bottle in his hands. His development seemed to be slower than other babies his age.*

#### ***Developmental Differences***

*Developmental differences in these two babies may be related to:*

1. *Cultural differences*
2. *Parenting styles*
3. *Gender differences*
4. *Reciprocal interaction with adults and with other children.*



Figure 3-1. Development of Two Babies. *Photo Source:* Gem Educare

Infant research is challenging. Additionally, continuous and rapid discoveries in infant research also add to the mystery of the intricate world of babies and the best way of parenting them for their optimal development. Researchers have long debated various scientific, cultural, psychological, and social factors that play important roles in the development of the baby in the womb and thereafter.

Infancy represents a period of rapid changes. During this stage of development, parents and caregivers provide intense care for children because infants need support in meeting several developmental milestones. There are also cultural influences and environmental differences which can benefit or hinder the explorative opportunities of infants. To better understand the needs of infants and how to best meet their needs through the use of intentional parenting approaches, we will enter the mysterious world of infant development and explore different aspects of human growth and development during the stage of infancy.

## Physical Development

Babies' upper-body and lower-body physicality is not balanced during the stage of infancy, since the upper body is normally longer than the lower body. The eyes seem large and the body itself looks misshapen; however, infants will develop physically in the next few years as the upper and lower torso begin to grow and find more balance in weight (Berg, 2012). The imbalance within the body during the early childhood years may lead to inefficiencies in early motor movement (Berg, 2012), which will be discussed in later sections.

Physical development during infancy and the early childhood years is noticeable because of the rapid observable changes during the processes of growth and development. When looking into the physical development of this age group, it is important to understand that childhood experiences and genetics both play roles in a child's development. Within the first year of life or shortly thereafter, children demonstrate significant physical growth. For example, the infant progresses through several milestones from holding up their heads to walking within one year (Berger, 2018).

Within the first six months of life, infants often double their birth weight, and by the end of their first year, infants have nearly tripled their birth weight. Within the first year and a half of life, babies generally gain a foot in height. This development is discontinuous as it happens in bursts. Babies usually reach their chubbiest at around 7–9 months of age (Patterson, 2009). During the toddler years, children tend to grow between two and a half and three and a half inches in height per year and generally gain four to five pounds per year. At the preschool stages, children begin to lose their body fat and tend to lengthen and slim down. During this growth period, muscle tone improves, and arms and legs lengthen. Within the first two years of life, infants' and toddler's primary teeth emerge; and during the preschool years, a child's upper jaw widens to create space for permanent teeth (Patterson, 2009).

## Sensory Perception



Figure 3-2. Babies and Sensory Perception. *Photo Source:* Gem Educare

### Visual

The visual cortex in the brain of an infant is not mature at birth. It takes approximately six months for the child's visual ability to mature (Berger, 2018). A newborn's range of vision is fuzzy, and they can see a distance of 8 to 12 inches. An infant's vision is black and white, and they see patterned items due to the delay in developmental milestones involving the visual cortex. In the first 2 months of life, an infant's eyes lack coordination; however, within 2 to 4 months, the infant's visual coordination improves, and they can visually follow a moving object. At around 3 months of age, babies have enough hand and eye coordination to attempt to grab a moving object. At 5 to 8 months of age, infants' color vision improves, they can see the world in three dimensions, and they can recognize their parents from a short distance. Between 9 and 12 months, infants can judge distance with a minimal degree of accuracy (Mukamal, 2019).

### Auditory

An infant's hearing is well developed at birth. This is known as infants turn their head toward an unexpected noise, show awareness of sounds, and are able to discriminate between many different sounds. Researchers have found that speech perception is shaped by auditory experiences. Infants

prefer the sounds of human conversation and appear to listen and engage with others using child directed (baby language or motherese) speech. Shortly after birth, infants can discriminate between sounds. This process of *perceptual tuning* is revealed as infants respond to familiar stimulation in the environment and less to unfamiliar stimulation that is found in their typical environment.

## **Touch**

Infants are sensitive to touch. Based on Brazelton's Neonatal Behavioral Assessment Scale (NBAS), soothing an infant may involve cradling the infant, wrapping the infant in a blanket, or gently massaging an infant's skin. Infants respond well to being held and consider touch as an attempt at communication by the parent or caregiver, particularly when they are caressed, massaged, or tickled (Berger, 2018). Infants and toddlers can be seen and felt as they nuzzle up to parents and other caregivers while they are being held. Skin to skin contact is preferred by very young children (Berger, 2017). The importance of early mother-infant physical touch is a scientifically known fact as an activator of the psychophysiological "sensitive period" for programming future physiology and behavior. This early skin to skin contact (SCC), also known as the Kangaroo Care takes place right after birth, when newborns are placed naked on the mother's bare chest to create immediate skin to skin contact (Widstrom et al., 2011). Based on the mammalian neuroscientists, this intimate contact evokes neurobehaviors that fulfill basic biologic needs (Moore et al., 2016). Data from research on the subject of SCC, including a study of 2177 participants (mother-infant dyads) showed a statistically significant positive effect of early SCC on breastfeeding at one to four months post-birth (Moore et al., 2016). The findings of the early mother-infant physical contact reiterate the importance of early childhood physical touch and the consequent premise for bonding and attachment (Moor et al., 2011).

## **Smell and Taste**

An infant's sense of smell and taste is also acute at birth. In an experiment to better understand the newborn's sense of taste, researchers found that sweet water was better received than sour or bitter-tasting liquid. The sense of taste, having been developed prenatally, creates a bias in babies' sense of taste. Also, during infancy and toddlerhood, young children are exposed to cultural flavors that families serve in the home. This cultural bias developed in infancy continues into the later years of development. This same type of

adaptation is also seen in an infant's sense of smell. Infants prefer the mother's scent to all other smells, as they are familiar with her and feel secure being near to her.

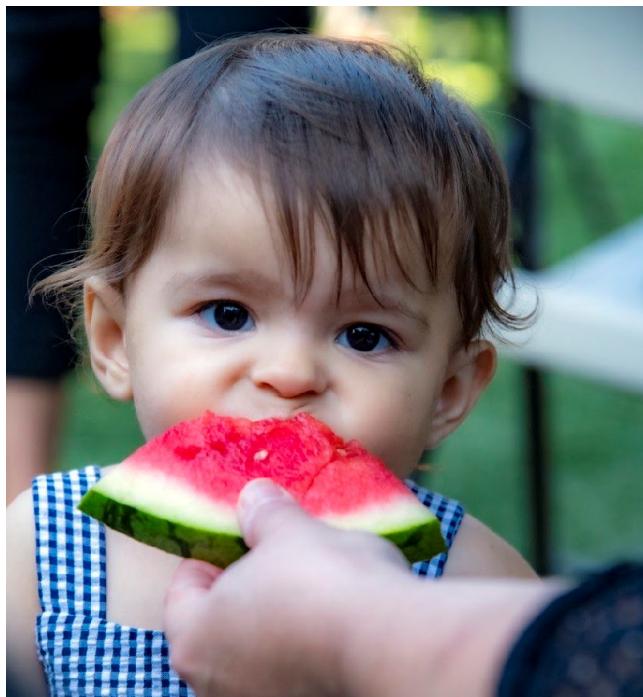


Figure 3-3. Sensory Perception of Taste. *Photo Source:* Gem Educare

## **Motor Skills Development**

Motor skills significantly improve over time during the stages of infancy, toddlerhood, and early childhood. The amount of improvement is apparent when one realizes that children progress from being able to lift their heads as infants to being able to run and jump by the end of preschool. When looking at motor skill development during infancy, it is important to understand that infants are born with *instinctive reflexes*, which are involuntary reactions or impulses that are connected to situations, people, and environmental stimuli (Berger, 2018). For example, newborns have a sucking reflex, will grab onto your finger with their hands, will hold their breath underwater, and will move their legs back and forth when held up to

simulate a walking movement. Some of these reflexes disappear during the first year of life as the infant matures. For example, the reflexive walking movement seems to disappear within a few short months because the infant's legs grow too heavy to be moved back and forth. However, if the child is held upright in water, they instinctively start to move their legs back and forth. As brain development progresses during infancy, infants gradually adjust their involuntary actions to *voluntary reflexes*, as needed to respond to a stimulus. An example would be the infant or toddler controlling the speed of sucking on a bottle or pacifier.

By 3 months of age, infants can usually hold their heads up and prop themselves up on their own. By 3 to 6 months old, infants can reach out and make contact with an object. They can hold their head in midline, can pick up an object but cannot intentionally let go, and can sit with support. At 5 months of age, they transfer objects to the opposite hand. At 6 to 9 months of age, infants can sit with no support and can lean forward from the sitting position and sit up straight again. They can hold two objects, one in each hand, drop things just to hear sounds, and reach for dropped toys. They can remove their own booties and stockings. At around 7 to 8 months of age, infants have usually learned to crawl on their hands and knees.

Fear of heights is one of the fundamental human emotions that develop very early on. This useful emotion is considered to be instrumental in preventing humans from falling to their death. Human babies' fear of height and awareness of depth perception is shown in an experiment known as the "visual cliff" (Gibson & Walk, 1960; also cited in Berger, 2018).

In this experiment, researchers were interested in finding out whether infants are naturally afraid of heights or if this fear is a learned behavior due to life experiences. To test the fear of heights, the apparatus below was designed where, on the encouragement of an adult, an infant is encouraged to go from one side of the device to the other side over a sheet of plexiglass (Fig. 3-4). However, children younger than 9 months old are hesitant to move past the plexiglass (visual cliff), even if the dangling prize at the other side is tempting. Child developmental experts believe the refusal to move past the visual drop is due to the newfound fear of heights, which is categorized under the child's emotional development. However, other experts believe the hesitancy does not necessarily establish the presence of fear of heights, but may be due to the cognitive process, meaning the child is using logic to determine whether this action is safe enough to proceed (Adolph & Kretch, 2012; 2014).



Figure 3-4. Visual Cliff Experiment. *Source:* Visual Perception: Seeing the World, [https://revelpreview.pearson.com/epubs/pearson\\_feldman/OPS/xhtml/ch05\\_sec\\_12.xhtml](https://revelpreview.pearson.com/epubs/pearson_feldman/OPS/xhtml/ch05_sec_12.xhtml)

At 9 to 12 months of age, infants can crawl upstairs; however, they cannot crawl downstairs. Infants can walk when led. They can move objects from one place to another and can move objects in and out of places. They can take things apart. By around 12 months old, American infants learn how to walk: first through crawling, then cruising (standing and holding on to objects while moving their bodies – a simulated walk with the assistance of objects), and eventually walking on their own.

Human development is universal, but the order of developmental processes may not be the same and some steps may be skipped. For example, not all children go through crawling and cruising, and then start to walk. Many may skip some of these developmental stages; however, all healthy children will eventually learn to walk. In Africa, children start to walk at around 10 months old; in France, toddlers learn to walk at around 14 months old; and in the United States, pediatricians expect babies to master the ability to walk by the time they have reached their first birthday (Berger, 2018).

The difference in the timing of an infant's walking stems from cultural practices. In Africa, caregivers practice walking exercises with babies as young as 6 months old; therefore, African babies learn to walk very early on (Patterson, 2009). Infants' biological growth, including walking and

talking, is influenced by cultural practices. As can be seen, by the age and method, an infant learning to walk is different depending on the culture and traditional practices.

## **Brain Growth and Development**

Brain growth during infancy and early childhood is significant and largely based on experiences. Compared to all other organs in the body, the brain is the closest to adult size at birth; however, major changes occur during the first two years of life. Neurons in the brain begin to function by creating synapses (connections). It is through these synapses that neurons can communicate and send signals to one another. By two years of age, as many as 10,000 synapses have formed. If synapses are not stimulated by the environment, these connections eventually die. This is known as synaptic pruning which is a normal part of brain development (Patterson, 2009, p. 134).

Overall, there tends to be an overproduction of synapses, followed by selective pruning. Throughout growth, the brain may also be influenced by uncommon situations and create new connections based on these experiences. This is known as experience-dependent plasticity. Synapses also form at different rates in different parts of the brain. For example, in the visual cortex, the peak of synaptogenesis (the forming of synapses) is reached at around 6 months old (Patterson, 2009, p. 257).

The cerebral cortex, the part of the brain that controls multiple human functions (such as seeing, hearing, reading, and writing), is separated into lobes and develops at different speeds. The cerebral cortex is divided into two hemispheres, and each hemisphere controls different functions. The left hemisphere generally controls logic, language, and math. The right hemisphere generally controls spatial, visual, artistic, and musical connections. Between the ages of three and six years, the left hemisphere shows great activity and development, while the right side shows more activity between the ages of eight and ten years (Patterson, 2009).

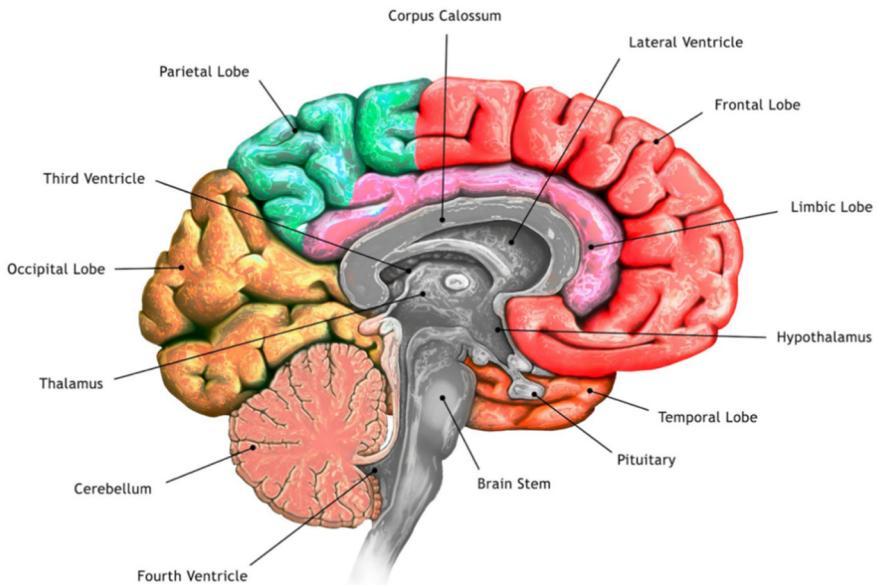


Figure 3-5. Diagram of the Brain. *Source:* Google Images, n.d., <https://images.google.com>

The brain goes through several important processes, one of which is called *Myelination*. This is the process of development of a protecting sheath that covers the neural axons (part of the connecting bridge between neurons that is coated with a fatty sheath called myelin). It occurs at different rates throughout brain development and is not complete until the end of adolescence. Picture a bunch of wires that are placed inside a cable to protect them from harmful elements. Myelination is a necessary process that helps information to move rapidly between neural sources. Myelin (the fatty sheath) can be further strengthened by nutritional intake, proper sleep cycles, nurturing care, and appropriate experiences. Parents and caregivers are advised to ensure the baby is provided with healthy nutritious food, a stressless environment, and age-appropriate interactions.

## Cognitive Development

At birth, infants learn to think and use thought processes in creating their ideas, mental pictures, and schemas, which will eventually lead to self-perception. Knowing how babies think helps adults to interact and

communicate with them more effectively. Adults also observe and interact with infants to learn clues about their child's characteristics. At birth, infants use their reflexes, which are involuntary reactions to build schemes that later turn into voluntary behaviors and experiences. An infant's exposure to developmentally appropriate learning environments and life experiences will help to further develop their way of thinking. Experiences in an appropriate environment eventually lead to culturally relevant and age-appropriate behaviors. Playing and physical interaction are an important component in the child's ability to develop additional schema; thus, adults must allocate specific time for didactic dialogue and playtime with their infant. An infant's dialogue can be heard and experienced when a parent is talking with the baby and listens and reacts authentically as they coo, babble, and mimic.

## **Infants' Development of Schema**

At birth, infants use reflexes as physiological reactions to environmental stimuli. Crying, sucking, breathing, kicking, stepping, and pushing are examples of such reflexes that infants start using from the moment they are born. These first occur as involuntary reactions to their environment. Infants use their naturally stimulated crying by assimilating it into new experiences. Thus, infants create new types of crying in response to, or for alerting an attentive and responsive caregiver to, a particular need. Assimilation is when a new or an old experience (scheme) is used to create a new one (Piaget, 1952). However, the newly found scheme has to be modified at times to complete the process of scheme completion or accommodation. This concept of accommodation basically indicates when an experience has to be modified to fit into a new situation to create understanding. The following example will demonstrate the interaction between assimilation and accommodation. In experiments, researchers have observed infants sucking their thumb in the mother's womb. An infant will again use this reflex of sucking when learning how to suck on the mother's nipple or on a bottle. At first, the newborn will try the same method of sucking their thumb with the mother's breast or a bottle when he or she is hungry; however, the infant will soon attempt to use assimilation (using what you know) to satisfy his or her need for nourishment. After a period of frustration, the infant will realize that he or she will have to accommodate (adjust) the manner of sucking to make the milk flow (Piaget, 1952). This series of experiences with the assimilation and accommodation of reflexes will continue for the infant to create more concepts and more thought processes. As adults, we

also continue to use the same process, as we did in our infancy, to create more experiences and applications throughout our life.

Concepts developed in early infancy are used as references for later actions and in the application of thoughts. Infants will be able to access these experiences or schema for later applications. For example, when a mother tells her two-year-old son that it is time for a bubble bath, the child knows the schema of a bath, since the experience is familiar to him.

### **Piaget's Six Sensorimotor Sub-Stages (Birth to 1-year-old)**

Babies primarily learn through sensory experiences and manipulating objects. Piaget identified six sensorimotor developmental sub-stages through which babies and toddlers progress. Similar schemes are organized and stored together in the brain. As a result of this compartmentalization, new collections of related experiences are formed. Children use existing experiences (schema) to make new ones all the time (Piaget, 1952). The rapid development of schema, and consequently, of compartmentalization of these schemes allows a child to access information when faced with a similar situation. This process allows the child to constantly build new schema and add to their cognitive abilities. Piaget believed that the processes of assimilation and accommodation start at birth when infants first start using their reflexes (Patterson, 2009).

**Table 3-1. Piaget's Sensorimotor Sub-Stages**

<b>Sub-Stage</b>	<b>Sensory Experience</b>	<b>Age</b>	<b>Activity</b>
Sub-Stage 1	Reflexes	Birth–1 month	Exploring innate and involuntary physical responses to environmental stimuli.
Sub-Stage 2	Primary circular reactions	1–4 months	Exploring different movements of their body, and how this relates to them. This results in pleasure.
Sub-Stage 3	Secondary circular reactions	4–8 months	Repeating actions in order to create an interesting effect. Babies are beginning to control events outside of their body.
Sub-Stage 4	Coordination of secondary circular reactions	8–12 months	Coordinating their actions and being more goal directed. Understanding cause and effect.
Sub-Stage 5	Tertiary circular reactions	12–18 months	Taking things apart and putting them back together.
Sub-Stage 6	Symbolic thoughts	18–24 months	Learning to symbolically represent objects and begin language explosion.

Source: Table developed by the authors. Adapted from: Piaget (1952)

## **Object Permanence**

Can babies remember? This is a question that scientists have been interested in answering. It makes sense to think that due to immaturity of the brain and lack of experience, infants should not remember much. However, a set of experiments with babies gave some clues for this question. At 6 months old, if you hide an item from a baby while they are watching you do it, it will

result in the baby giving up looking for it. They lack interest in finding the item that is hidden under a piece of cloth. Yet, it being obvious where it is, has been dubbed as the lack of concrete memory for remembering events that just happened. This lapse of memory will not be long-term, as babies within three months will start showing interest in not only finding the hidden item but also becoming flustered if they cannot find it. This is called *object permanence*, meaning that the permanency of the existence of an item will eventually be known to the baby. On the one hand, the infant, by 9 months old, will realize that if you have not changed the location, it means it will still be there. On the other hand, if you change the location and hide the object somewhere else, they will look for it, trying to find it.



Figure 3-6. Babies and Object Permanence. *Photo Source:* Canva.com, n.d.

## Memory

The researcher Rovee-Collier (1999) experimented with children's memory capabilities and created an experiment in which she tied one end of a ribbon to an infant's foot and the other end to a mobile. She observed that babies learned that if they kicked their foot (with the ribbon attached) they could make the mobile move. She then repeated the experiment after a short lapse of time. Rovee-Collier found that children anywhere between 2 and 18 months old, showed good memory retention after a short interval (Rovee-Collier, 1999).

## Language Development

Piaget identified that a “language explosion” occurs at around 18-24 months when young children learn to symbolically represent objects. Children are born to learn the language or languages they hear in their immediate environment. Language development is recognized by the National Association of Young Children (n.d.) as one of the developmental domains. Most children effectively use language and the conventions of speech to communicate at about 5 years of age. Language and use of language through communication are considered to be connected to a child’s cognitive development and growth. Language, both nonverbal and verbal, is an instrument that infants use from the beginning to share their thoughts with others. The early oral language is part of their prelinguistic development and consists of crying, cooing, babbling, and eventually, one-word sentences. Verbal communication is often combined with nonverbal communication, including gestures. Several theories have been used to explain how language is developed early on and the many ways it continues to progress throughout early childhood into the adolescent years (Jafari et al., 2018).

Scientists have always approached language development as to how genetics and environment shape and influence language and consequently thoughts in human beings. Generally, theorists believe that language development is either innate, environmental, or both. For example, the behaviorist B. F. Skinner (1948) believed that environment influences language acquisition. Skinner, who developed the operant conditioning theory explains that language develops as a response to environmental stimuli. For example, a toddler, who is praised for uttering their first word, will be encouraged to push forward on their language learning curve.

However, Noam Chomsky, an American linguist, does not agree with a reward-based language development as he believes that the human brain is equipped with a Language Acquisition Device (LAD), which will be activated once the baby is ready to learn this new skill (Sauerland & Gärtner 2007). He also believes in Universal Grammar (UG) referring to the human brain containing an innate mental grammar capability that helps to acquire language. Of course, UG has been a much-debated concept and has lent Chomsky a great deal of controversy.

Among other scientists who have explained human language acquisition strategies, Piaget’s constructivist theory argues that language is constructed by following cognitive development. Piaget believes that individuals

develop their language skills and construct overall knowledge based on their own experience (Piaget, 1952). Other theories have also attempted to explain the phenomena of language acquisition and development in human beings, which we will discuss in other related sections of the book.

The most important teachers of language during children's early years are parents, caregivers, and other family members. The baby learns communication skills along with language development when parents respond to baby's first sounds and gestures, repeat what was said or gestured, and add to it. Language is developed through telling stories, singing songs, and sharing rhymes or fingerplays. Parents and caregivers have found that looking at and reading books to their young children help in both communication and language development when they ask questions about the book and listen and watch for the child's answers in their words or gestures.

### Baby Sign Language



Figure 3-7. Sign Language. *Photo Source:* Gem Educare

Some experts believe that teaching babies sign language will help to expedite their language development. According to a long-term study at the University of California Davis, funded by the National Institutes of Health,

signing babies talk sooner and have larger vocabularies than their non-signing peers. This study also found that these infants had stronger parent/child bonds.

Signing infants and toddlers in this study exhibited less frustration, and fewer bouts of crying and tantrums. These children showed more interest in books, engaged in more sophisticated play, and had an increased IQ score. Researchers believe that signing also increases a baby's self-esteem and gives parents a window into their child's mind and personality (Briant, 2004). In contrast to this view, other researchers found that sign language may lead to delayed language development because babies might find signing a convenient way to communicate. Because they can sign to communicate, some babies prefer signing and may not want to transition from using this technique to speaking about their needs.

## **Social and Emotional Development**

### **Primary or Basic Emotions**

Infants are born with the *primary emotions*, which are physiological reactions to environmental stimuli. Primary emotions have a specific function of being tools for self-preservation mechanisms. Fear, anger, content, happiness, stress, distress, and surprise are among the primary emotions. Feelings are the mental experience of emotions, and therefore, as the thoughts and meanings are shifted, the feelings can also be changed.

#### ***Social Smiles***

At around 4 months old, an infant's smile becomes more focused and directed toward the adults that they know. This is called a *social smile* since it is given at will and in response to a stimulus. Upon this developmental milestone, the baby becomes more aware of their surroundings. An infant's self-awareness begins with their ability to recognize that they are separate from the environment. This awareness indicates that the infant is focused on what is going on around them. Parents can now expect their child's stranger anxiety at the sight of a newcomer in the environment. This stranger could very well be a grandma who has not visited in a couple of days, which is a natural reaction. Stranger anxiety, a developmental milestone in the child's growing self-awareness, will become intense at around 9 months of age when being separated from the main caregiver may create an intense reaction in that the baby might cry and not be comforted by any means until the main caregiver returns and comforts the baby. This entire milestone is

the preliminary foundation for the development of attachment to the primary caregiver (Ainsworth & Wittig, 1969).

### **Attachment**

John Bowlby and Mary Ainsworth developed the *attachment theory* to distinguish between the one secure and four insecure attachments which can explain the positive or negative reciprocal relationship between the child and parent (Ainsworth & Wittig, 1969).

**Table 3-2. Types of Attachment 9-24 Months Old**

<b>Attachment Type</b>	<b>Characteristics of Relationship</b>	<b>Child's Behavior in a Strange Situation</b>	<b>Category</b>
Secure	Trusting, exploratory, and confident	Seeks proximity to mother; Approaches mother upon return; Uses mother as a secure base	67% of children are in this category
Insecure – Avoidant	Angered but avoidant	Does not seek proximity of the mother as a secure base or acknowledge the mother's presence before, during, and after a strange situation	20% of children fall into this category
Insecure – Ambivalent	Positive and negative reactions	Displays both negative and positive behavior to mother's departure; Shows distress when she leaves; at her return seeks contact but also hits and kicks her	12% of children are in this category
Insecure – Disorganized/ disoriented	Contradictory behavior	Shows inconsistent, contradictory behavior; Approaches mother upon return, but will not look at her	Least Secure
Insecure – Resistant	Angered and persistent upset	Angry when left in strange situation; Upon mother's return may be angry; May not be comforted or consoled by caregiver	5% of insecure children fall into this category

*Source:* Table developed by the authors. Adapted from: Ainsworth (1967; 1969)

### ***Cross-Cultural Issues and Attachment***

Researchers found that attachment is universal and found in most cultures. Human babies go through the attachment process in the same way, which requires developmental milestones of self-awareness, stranger anxiety, and finally, separation anxiety. Findings from several studies on attachment have suggested that the mode of secure attachment entails the development of trust between the infant and the main caregiver, followed by feeling secure while in his or her presence. Researchers suggest that attachment is the foundation for future healthy relationships, meaning that paying attention to the cues and response, the caregiver's sensitivity, and attending to both the biological and emotional wellbeing of the child, are critical for the development of healthy attachments. Adolescents, who have developed secure attachments during infancy, are better prepared for independent decision-making and reciprocal communication, and are found to take fewer risks during the turbulent time of puberty and going forward (Ainsworth, 1967).

### **Essential Information for Parents and Caregivers**

The Centers for Disease Control and Prevention (n.d.) have published parenting information for parents, professionals who work with children and families, and researchers. An exhaustive list of essential information is covered on the CDC Internet site, including current advice about caring for children during COVID-19 and guidance on stress and coping during COVID-19, that is appropriate for parents and caregivers. In this section, the authors cover the essential topics, such as understanding the temperaments of infants and responding to a crying baby.

### **Understanding the Temperaments of Infants**

*Temperament* is the general way in which a person responds to different experiences in the world around them. There are different emotional styles that people use when responding to life experiences and we call these temperaments. Temperaments include such characteristics within the continuums of shyness/outgoing, active/calm, and aggressive/passive. Humans are born with different temperamental characteristics; however, the environment can strengthen or weaken a temperamental trait. It is important for parents and caregivers to know about children's temperaments because they are better able to understand children's individual characteristics. When parents and caregivers understand temperaments, they are prepared

to respond to children's physical, social, and emotional, communication and language, and learning needs, and help the children express their feelings appropriately.

Thomas and Chess (1977, 1999) have been influential in the modern studies of temperament. They have developed nine temperament characteristics and three main temperament types. The nine temperament characteristics are activity level, adaptability, approach or withdrawal, attention span, distractibility, the intensity of reaction, quality of mood, rhythmicity, and threshold of responsiveness. The three temperament types are easy child, difficult child, and slow-to-warm-up child.

The *Easy Child* generally has a positive mood and a positive approach (rather than withdrawal) when presented with new people, low- or moderate-intensity reactions, high adaptability to new situations, and regularity in body functions and sleep. The easy child generally makes up about 40 per cent of the American population.

The *Difficult Child* is generally not regular in their bodily functions or sleep, usually has intense reactions, tends to withdraw when faced with new people, is not very adaptable in new situations, and generally has a more negative mood.

The *Slow-to-Warm-Up* child takes time to get acquainted with new situations and with new people; therefore, parents and caregivers must take their time when introducing this type of temperament to new contexts (Kail & Barnfield, 2011).

**Table 3-3. Chess and Thomas's Temperament**

<b>Dimension of Temperament</b>	<b>Easy (40%)</b>	<b>Slow to Warm Up (15%)</b>	<b>Difficult (10%)</b>
<b>Activity Level:</b> Proportion of active to inactive periods	Varies	Low to Moderate	Varies
<b>Adaptability:</b> Adaptability to changes in environment	Easily Adaptable	Slow to Adapt	Slow to Adapt
<b>Approach or Withdrawal:</b> Response to a new object or person	Positive Approach	Withdrawn, Then Approachable	Withdrawal
<b>Attention Span/Persistence:</b> Devoted time and the effect of distraction on an activity	Variable	Variable	Variable
<b>Distractibility:</b> Degree to which extraneous stimuli alter behavior	Variable	Variable	Variable
<b>Intensity of Reaction to event:</b> Energy of response, regardless of the quality or direction	Mild	Mild	Intense
<b>Quality of Mood:</b> Contrast between pleasant, with unpleasant behavior	Positive	Slightly Negative	Negative
<b>Rhythmicity:</b> Regularity of hunger, excretion, sleep, and wakefulness	Very Regular	Varies	Irregular
<b>Threshold of Responsiveness:</b> Intensity of stimulation required to evoke a discernible response	High or Low	High or Low	High or Low

Source: Table developed by the authors. Adapted from Thomas & Chess, 1977; 1999

**Responding to a Crying Baby.** Knowing different types of cry helps caregivers with giving the appropriate response. At first, it is important to check the baby's essential needs, such as hunger, pain, soiled diapers, and sleepiness. If all of these needs are met and the baby is still crying, caregivers need to distinguish if the cry is a result of sensitivity or just a learned behavior.

**Babies Cry for a Reason.** We often think a baby's cry is annoying simply because we do not understand why they cry, or we might associate crying with sadness. Babies cry to communicate with the caregiver. Different types of baby's cry are biologically designed to express:

- hunger
- pain and discomfort
- attention and boredom
- biological or emotional needs.

Parents being able to distinguish between different cries will help the infant to better communicate; thereby, creating a more effective cue and response between them and the main caregiver. A baby's cry should not be ignored as it always carries a signal, a cue, and a communication message to the adult.

**Crying Themselves to Sleep.** Babies are not born with the ability to soothe themselves to sleep, since this is a learned behavior. As adults, we might each have a nightly routine that helps put us in the mood to get started for nighttime and eventually go to bed and fall asleep. Infants are not born with such a skill. As newborns familiarize themselves with their new environment, they communicate through crying when tired and needing sleep. Adults as a role model, creating a sleep routine, can teach the infant how to mirror that behavior and eventually fall asleep on their own. However, due to different temperamental characteristics and the brain's immense biological progression, each baby's adaptation to a sleep routine will have different timing and intensity.

**Soothing a Baby to Sleep.** Letting babies cry themselves to sleep is often what we were told as a technique to teach babies how to sleep on their own. Today's experts disagree with that old philosophy. Nowadays, we understand more about the reasons why babies cry and why this should not be ignored as it might lead to mistrust and dislike of the environment and of adults.

It is good to establish certain routines that will give the baby the cue that it is time to go to sleep. Having a specific outfit for sleep time, a specific place that the baby knows is the sleeping area, soothing music (preferably the same music every time the baby goes to sleep), and specific verbal cues, such as “It is time to sleep, close your eyes,” can help tremendously. If the baby cries or tries to get up, the parent can get close to the baby, putting them back down and reassuring them that they are safe and that the parents are around.

## Challenges

### Babies’ Intense Crying or Temperamental Mis-Adjustment

Parents occasionally confuse a baby’s temperamental mis-adjustment with intense crying or a tantrum. Often mis-adjustment between environmental stressors and the baby’s genetic temperament could lead to an adult misunderstanding of the infant’s state. For example, children with difficult temperaments may tend to overly react to inconsistencies or changes in their daily routines. Researchers have found that babies thrive when there is a continuity of care and when their routines are well established and suitable for their particular temperament. Changes in an infant’s caregiver or routine will result in stress for any infant and these changes could result in an infant’s intense crying to release the stress he or she is experiencing from the changes.

***Crying by the Baby to be Held.*** When a caregiver holds and carries a newborn beyond the baby’s natural biological and emotional need, the baby receives the message that being held all the time is a norm; therefore, when the baby wants to be held, they start crying. This learned behavior prevents the baby from learning self-soothing. It is important for the caregiver to create a balance between the times that they attend to the baby’s needs, by picking them up for the expression of affection, playtime, feeding, and changing, and when they allow time and present alternatives for the baby to play and soothe themselves early on.

## Practical Approach to Parenting

### Awareness Integration Theory's Perspective on Parenting Infants

The parent's role is to observe the baby's body language and assume the primary emotion that is being displayed. These emotions can be named in the attempt to soothe uncomfortable emotions. The pleasurable emotions can also be named and then mirrored. For example, following the awareness integration theory (AIT) model, a parent can say to the child, "You are laughing, I see you are happy," while the parent laughs or smiles with the baby. With the uncomfortable emotions, a parent can say, "I see you are sad; you are crying. Come here, let me hug you, it's going to be better. I love you!" The importance of this kind of dialogue establishes the mode of communication and foundation for the entire period of childhood. During infancy, the young child learns that communication is bidirectional and reciprocal; and for their needs to be met, children need to be as responsive to the parent, as their parent is with them.

The physical, cognitive, and mental health status of the parent/caregiver is instrumental in the quality of care provided for an infant. The AIT model increases a parent's self-awareness on the importance of maintaining a healthy wellbeing. An AIT parent has learned to be aware of their thoughts, intentions, dualities, and beliefs, as well as emotions and behaviors. The process of self-awareness starts at birth and continues throughout the life span (Jafari et al., 2018). Parents who have developed this awareness can better relate to their child's emotions and intentions. In addition, the parent's role is to observe and to understand the child's intentions of presenting a certain behavior, and then verbally distinguish between their possible thoughts, emotions, behavior, and impact. For example, when a baby keeps throwing their pacifier out of their mouth or pushes their bottle with their hands, the caregiver can say, "So I see that you don't want your pacifier, that is why you are pushing it aside." "I see that you don't want any more milk, or maybe you want to hold it by yourself." The caregiver needs to observe to see what the intention of the baby is, based on the baby's responses to his or her words.

*Jackson is an 11-month-old, biracial Hispanic, and white boy. In the parent's home culture, it is believed that children should be left to cry so that they can express their emotions. As a result of this belief, Jackson has never learned when to stop crying or how to self-soothe. The parents have enrolled Jackson in childcare. The caregivers want*

*to help Jackson to learn to self-regulate his emotions and relax in their care and have reached out to the parents for answers.*

### ***AIT Intervention***

The most effective method to help Jackson is first to attend to his immediate physical and emotional needs. Then the parent can begin using soothing gestures such as hugging, kissing, and talking softly in his ears with reassuring words, since those words are the ones that the child will internalize as self-talk for soothing the self in the future. After the parents make sure all Jackson's needs are met, they choose a safe place where the child can see the parent and state "I am going to put you here to rest for a bit and calm down, I will be right here doing what I need to do and when you are calm, I will come back to pick you up." Infants cry for different reasons. Sometimes it is a physical need such as teething, stomach pain, needing to be changed, hunger, or simply pain caused by growth. Sometimes it is due to the need to be attended, to be put to sleep, moved from one location to another, or just to be played with. If infants are not taught to self-soothe, they easily get confused and anxious and this may carry on into their adulthood as a habitual pattern. If the cry is only to attract attention and every time he cries, Jackson receives the attention he asks for, crying as a form of ineffective communication might become a habit. In the case that the crying becomes an inappropriate habit, then simply using the word stop and turning attention away when Jackson cries, and then giving him full attention when he is calm, will shift the habit.

## CHAPTER FOUR

## TODDLERHOOD

*Jane, who is 2 years old, has a 4-year-old brother attending the same childcare center. Emilia is a 20-month-old only child attending the same childcare center. Sara and Suzan are 18-month-old fraternal twin sisters attending the same childcare center. When one of the twins takes a toy to play with, the other one tries to get the same toy by pushing, pulling, or crying.*

*In this chapter, the appropriateness of this behavior and the best way to address it, based on the toddler developmental stage, will be discussed.*



Figure 4-1. Toddlers at Play. Photo Source: Gem Educare

The rapid growth during toddler years has made it quite challenging for researchers to fully understand the world of this age group. Many theories have presented findings and theoretical structures explaining the three domains of a toddler's development. However, it was in the 20<sup>th</sup> century that a group of researchers such as Freud, Piaget, and Erikson began making close observations of the developmental criteria and needs of two-year-old children to better understand behaviors. The researchers' perspectives did come with complex and contradictory conclusions on how development takes place during these early years. For example, does development take place on a straight line or does it take many detours? Do all children go through developmental stages at the same rate? Or are there many differences in the developmental progress of toddlers? Is there such a thing as the "terrible twos" that we often hear about? Of course, the rapid growth at this particular age and stage of development makes it much more challenging to theorize a general perspective that fits all toddlers. One factor remains universally common among all parents of toddlers, and that is that raising a toddler can be described as "exhausting"!

## **Physical Development**

Looking into the physical development of toddlers, it is important to understand that childhood experiences and genetics both play a huge role in a child's development. It is during the second year of life that many connections form in the brain and continue to do so for many years after. Stimulating brain activities and experiences help to make toddlers' brain cell connections. Many brain cell connections may also be lost due to the lack of stimulation or appropriate experiences. It seems that the infant goes rapidly from crawling and babbling to running, jumping, and talking. According to the Centers for Disease Control and Prevention (CDC, 2020a), at the toddler stage of development they should now be able to:

- Stand on tiptoe;
- Kick a ball;
- Begin to run;
- Climb onto and down from furniture without help;
- Walk up and down stairs while holding on;
- Throw the ball overhand; and
- Make or copy straight lines and circles.

## Sensory and Perceptual Development

Body growth, sensory and perceptual development, motor skill development, and brain development are all undergoing major changes during this period of growth and development. This results in more growth during this age period than at any other time in a child's life.

## Motor Development

Between the ages of 12 and 15 months old, a toddler can hold a single cube in one hand while grasping another, can drop a cube into a cup, begin to grasp with forefingers, uncover hidden objects, rattle a spoon in the cup, maintain a standing position with some assistance, begin walking, exploring and touching everything, walk flat-footed with a wide gait, enjoy the sense of spatial relationship, have increased knowledge of the environment through walking, enjoy feeling and stroking, and roll over with ease.

Between the ages of 15 and 18 months, toilet training usually begins. The older toddler has mastery of walking, running, and climbing, sleeps twelve hours at night, can climb upstairs by holding on to the rail, creeps downstairs backward, can get off and on a chair, turns around in a circular path, has one foot take off, has difficulty building a tower of three cubes, grasps with fingers and thumb together, and allows the parent to feed while the child insists on holding the spoon.

At the age of 18–24 months old, a toddler can walk alone, walk upstairs with help, has abandoned crawling as a form of transportation, can push large objects such as a chair or stroller, pull a wheeled toy while walking, place one cube upon another on the first attempt, throw a ball, turn the page of a book, walk sideways and backwards, begin balancing on one foot, manipulate objects after reaching for them, pick up small things between the thumb and index finger, lock the knees when standing, enjoy push and pull motor involvement, turn doorknobs, chew more effectively, step off low objects, is trying to master spoon-feeding, is ceaselessly active, can partially dress and undress self, and hold a glass with one hand.

At the age of 2 years, toddlers have growing mobile abilities. They can pick up something when squatting, kneel on the floor or chair, trot, dance to music by bobbing up and down, become an explorer of space, be in control of running, pumping, and banging activities, climb upstairs with assistance putting both feet on the step, but cannot climb downstairs, like to push large rolling objects, like to haul and shovel, push and pull, and can propel or

steer a vehicle while sitting in it. The two-year-old toddler has new motor movements, can undo buttons, but cannot button them up, is beginning to master space, can climb and sit using knees first, likes to walk pulling a toy or string, can bend by putting their head on the ground and looking through their legs, easily seat themselves on low steps or chairs by backing up to them, scribble with a pencil and use crayons, has endless energy, their hand preference is established, left or right, there is much sitting on the floor with legs extended for many activities, walking is more erect, they can walk some distance without fatigue, throw clumsily, catch a large ball when an adult is close and directs it into the child's arms, sit on the floor to put feet into panties and pants, try to pull up pants but often needing help, zip and unzip more easily, become very helpful with personal dressing of self, wipe face with a napkin with a crude back and forth action, wash hands for some time, easily turn the pages of a book, eat by keeping the spoon straight up, string beads, build a tower of six to seven blocks, kick a ball, jump off a step, with both feet off the ground together, stand on one foot momentarily, get in and out of bed, wash hands by back and forth movements, hang up some garments, control the cup or glass well with two hands, and place silverware on the table. Towards the age of 2 1/2 years, a toddler attempts some independent toileting.

During the toddler years, children are also learning and practicing their fine motor skills. As previously stated, large motor skills are the development of skills to use the larger muscles of the body such as walking or grabbing. Fine motor skills are the ability to use the smaller muscles like holding a pencil correctly or grasping an object. The acquisition of gross motor skills is evident in watching a child kick or throw a ball and the development of fine motor skills includes learning to hold a pencil or use scissors. The development of fine motor skills is obvious when looking at children's art. Children start by drawing scribbles, and as they get older, they learn how to draw detailed people and objects.

A list of age-appropriate toys is listed below:

- Ages 12–15 months old: Pop beads, stack toys, crayons and paper, push and pull toys, blocks, balls, books, old small boxes, soap bubble kit, brightly-colored objects, stuffed animals.
- Ages 15–18 months old: Push toys, pull toys, balls, blocks, a small tricycle, simple two- and three-piece puzzles, crayons and paper, kitchen pots and pans, teething beads, larger blocks, playdough, and a peg and hammer set.

- Ages 18–24 months old: Tactile experiences (soft, hard, smooth, rough, hot, cold), sorting activities (shape, size, color, etc.), matching alike pictures, dramatic role-play, blocks, sand and water, active games, balls, books, records, push-pull toys, dressing frames, crayons and paper, dolls, stuffed animals, puzzles (2–5 pieces), toothbrush, screws and screwdriver (child-oriented), rice and/or beans to pour, wooden spoons and tin pans.
- Ages 2–3 years: Large muscle development: wheeled toys, climbing apparatus, hollow blocks and planks, a jumping board, large packing boxes, a sandbox, pails, shovels, balls, bean bags, a rocking boat or hose, a water play table, unit floor blocks, a punching bag, large barrels to go in and out of, rhythm instruments, digging toys, and a jungle gym.
  - *Small muscle development.* Pitchers, and pourers, pencils, crayons, magic-markers, dull scissors, table toys (puzzles, beads to lace, interlocking beads, form boards, and any activity or toy that stresses the use of fingers), sorting and matching toys, and stack toys.
  - *Creative play.* Easels, paints, brushes, clay and mud, sponges, and chalk, imitating vertical and horizontal strokes, puppets, kitchen and eating utensils, dolls, cuddly animals, purses and large containers, dress-up clothes, play telephones, household equipment, books, records, and a record player.

## Examples of Role Models in Expediting Motor Development

Children role-model and imitate the behavior they observe (Bandura, 1977). At Gem Educare, a preschool, in a mixed-age classroom, children of different age groups achieve developmental milestones by imitating their older classmates and by learning from them. Environmental influences are visible. An example can be found in Jack, an 18-month-old boy. Jack can carry his cup half-full of milk or water from the kitchen to the table without it spilling. He is also able to ride the tricycle outside and chase other kids without falling or any help from the teachers. In this classroom, children are expected to bring their plates back to the kitchen after finishing their meal. Although it is not expected of the younger children, even 14-month-old Allen has learned how to hold his plate with both hands, bring it to the teacher, and ask for more food if he wants.

## Physical Activity

Toddlers need to have a routine physical activity that is helpful to their motor skill development, as long as it does not jeopardize their safety. These activities should take up to 30 minutes a day of structured time, and one hour or two of unstructured activities. Of course, never leave a toddler alone for any length of time as they are much faster at switching and changing their location than can be imagined.

## Cognitive Development

According to Piaget, the father of *constructivist theory*, cognitive development in this age group (toddlers) is based on sensory perceptions and exploration. Parents of toddlers can enjoy them as they explore and show curiosity in everything they see. It is a great pleasure for a parent to see their two-year-old always looking for new explorations and being greatly enthralled in their discovery. The following examples are some of the areas of this type of subject of curiosity.

- Ages 12–15 months old: Children show increased understanding of the environment and awareness of feelings of adults. Their language develops and they can follow simple directions. They can find a hidden object, imitate sounds, chatter long sentences (it is unclear what the child says), and understand more words than they can speak. They respond to simple commands, show displeasure by verbal chatter, and sense displeasure by the voices and actions of others. Their speech slows down when involved in walking.
- Ages 15–18 months old: Children begin to search for new means to achieve goals. They are curious in testing how unfamiliar objects behave such as dropping spoons to the floor. They develop the ability to represent objects that are not physically present and classify objects by perceptual qualities, and can find an object that has been hidden. They also use one-word sentences, the process includes: using meaningful words, one or two vowels, and consonants such as “mama,” “papa,” and “bye-bye.” “Mine” or “up,” or “down” is used to comment on actions. They repeat words constantly, but it is difficult to understand them. They pick up the last word of sentences. They demonstrate signs of understanding some words and simple commands.
- Ages 18–24 months old: The object concept is fully developed. They can find hidden objects. Their mental pictures are starting to develop.

They begin to show signs of mental concepts and reasoning, imitating significant individuals in the environment. They act on the environment physically, imitating sounds and words, beginning to say simple words, using “gesture language.” They put three words together and use baby language to verbalize body parts such as the nose, ears, hair, eyes, mouth, feet, and fingers. Their vocabulary is about 25-50 words and they can handle single item phrases. They use monologue speech, repeat new words over and over, and might not say the beginning of words, for example, “miles” for smiles or “ittle” for little. They begin to use speech to talk about past events and/or absent things. Children begin to use “mine” repeatedly.

- Ages 2–3 years: Toddlers realize that objects and people have a permanent existence. They retain mental images; objects exist even when out of immediate sight, and they develop notions of cause and effect (causality). They understand that certain actions produce certain results and anticipate consequences in many situations. They acquire the concept of time and space. They can locate toys and ask for things instead of being aggressive to get what is wanted. Toddlers retain a mental picture of their mother even when she is out of sight for longer periods. They begin symbolic play. Children learn about size, form, and spatial relationships, learning about the stability and instability of materials (liquid and solids). They attempt to identify objects of the outer world, for example, “What is....?” They have curiosity for anything new, such as people, physical objects, circumstances, etc. They can problem-solve with hands and eyes on a trial-and-error basis, and they can now consider alternatives to a situation, choosing the one most likely to succeed and then act upon it. They can reflect upon events and situations, wanting to know how things work and why. They see the world from their point of view (egocentric). The child’s mind is still very immature. Their imagination increases. They can play without actual props and indulge in make-believe games. Routine and regularities permit the child to anticipate wants. They know high, low, hot, cold, etc. They learn through the experiences of trying and exploring and have a longer attention span.

## Language Development

In language development, early vocalization plays a role in readying the child to speak. The child begins to understand what is said before words are used (passive or receptive language), speaking is active or productive

language. Children stop babbling and begin verbalizing actions. They desire to know what things are, asking “what’s that?” sometimes for information, and at other times for attention. Many children’s first words are commands or requests and they repetitiously ask the names of things, forgetting some, but remembering the majority. Their vocabulary increases at a rapid rate. They can respond to future words: “wait” or “in a while,” can receive verbal instruction, and perform speech rituals (repeating words, or phrases over and over). Dada and mama are universal words, either one of these words can be spoken first. Speaking is self-rewarding for children; they try to carry on a full conversation and can imitate sounds and words. Their speech is full of grammatical errors; words tend not to be easily recognized, the child is unaware of speech errors, and has poor pronunciation: for example, “tat” for cat, “eg” for leg, “fee” for three. The compound words and double consonants are difficult to say. Children’s language is ritualistic. They like to hear the same story over and over. They can accurately grasp the meaning of most words. They talk while playing alone, although most words are nonsensical, and often whisper to self, as if practicing the sounds of words, and they begin using prepositions correctly; in and on. Their vocabulary consists of 12 to 1000 words depending on the child. They use, “I,” “me,” and “you”, sometimes correctly. Time words begin to appear. They begin using plurals by simply adding “s” to words; for example, sheeps, mooses, mans, and fishes. They use the past tense in the same manner as plurals: “me runned,” and “he eated.” They may freely use days of the week although inaccurately. They give full names and invent names for objects when the true name is not known.

*Amy is a twin two-year-old bilingual English and Armenian girl. She started talking when she was about 15 months old. Although the parent who spent most of the time with Amy spoke Armenian, Amy seemed to be more comfortable speaking in English. When she was about two years old, her aunt recited a nursery rhyme for Amy in Armenian. Amy loved it, she kept asking the aunt to repeat the rhyme. After the aunt repeated it five to six times, she asked Amy to recite the rhyme. To everyone’s surprise, Amy recited the rhyme in English. She was able to not only understand and memorize the rhyme but also translate it into another language in a matter of a few minutes. A child who was not able to talk a few months ago showed a very complex cognitive capability.*

Most parents prefer their children to learn their native language and if the child does not speak the language they get upset and demand that the child speak their native language. As you can see, little Amy could understand

and decode both languages and showed an extraordinary cognitive ability by translating from one to another at such a young age. The best approach for parents is to allow the child to use the language they are comfortable with, and at the same time, continue speaking and teaching their native language to their child. The child will start using the native language when they feel comfortable.



Figure 4-2. Drawings of Children's Art. *Source:* Santrock, 2008

## Social and Emotional Development

Toddlers are a ball of emotions. In particular, sources of this frustration may be the language barrier and a lack of experience that lead to many moments of further frustration for both the child and the parent. When there is an upset toddler in the middle of the supermarket, and the parent is desperately trying to control the outburst and tantrum, especially avoiding embarrassment in a public setting, the parent will certainly benefit from knowing the cause of frustration and how to resolve it.

- Ages 12–15 months old: Children become increasingly self-assertive, showing affection, love, and jealousy. They will respond when asked for a kiss and a hug. They will pursue a relationship with adults or children and advance toward people for friendship. They enjoy games, and they do things that are not approved to get caught. Parents begin to use the word “no,” repeatedly. Children learn to respond to praise. They form a closer relationship with relatives and friends. They understand signs of wrongdoing and approval. Toddlers start playing with other toddlers. They begin to test their parents. Their mother is still the number “one.” They will repeat an action when an adult laughs to remain the center of attention.
- Ages 15–18 months old: Toddlers love routine because they get overwhelmed by the environment and they are repetitive in action. They are unsure of themselves and need a lot of encouragement. This is a stubborn period for them, and they get irritable at times due to teething. Toddlers can stay with one activity for a long period of time. They show an increase in negativism and defiant independence, refuse food, resist naps, have tantrums, show a strong preference for certain individuals, and begin to compete with siblings and peers for toys. They cooperate in dressing. A regularity of bowel and bladder control begins. Toddlers begin to read the emotions of others realizing they are not the center of the universe.
- Ages 18–24 months old: Emotionally, children become increasingly self-assertive. They are capable of primitive kinds of jealousy, sympathy, and watchfulness. They assert their individuality by initiating an extensive struggle. They are not self-reliant, needing help and guidance from others. They show signs of affection, giving, stubbornness, and rigid behavior, and have tantrums. Socially, they play alone but enjoy the presence of other children, like a family audience, and begin to show a sense of humor. Children like to take off their shoes, socks, pants, etc. They are interested in mechanical

things. They enjoy looking at picture books. Toddlers are irritable and negative, answering “no” to everything and refusing parental demands. They stick to one activity for long periods of time. They learn to tolerate delays and adapt to the needs of others. They are aware of themselves as a person among other people. They seek order, refuse to share, declare ownership, and enjoy rough-housing.

- Ages 2–3 years: Emotionally, they continue being negative, stubborn, and rigid. They can adapt and adjust to the outside world. They continue with temper tantrums and common outbursts of aggression. Children still cling to a security blanket, shift from independence to dependence, always testing caretakers, and are unsure of themselves. Their behavior tends to be inconsistent, for example, they shift between being shy and daring. They begin the journey of independence from their mother. Socially, in new situations, the child stays in contact with the parents. They have a sense of “mine” or ownership, but not “theirs.” They enjoy hoarding objects and cannot share them with other children. Children can wait and are responsive to others. They have no concept of cooperative play. They vacillate from independence to dependence and are often rigid and inflexible. They want exactly what they want when they want it. Toddlers need a place for everything, domestic routine and order, are extremely domineering and demanding, and could have violent emotions.

## Play Time

Play is an important part of children’s development that encompasses all domains of development: physical, cognitive, social, emotional, language and communication. Both Piaget and Vygotsky believed that children use play as a developmental tool in building and improving motor skills (physical), expanding on ideas and developing real-life experiences (cognitive), learning socialization (social), experiencing fun (emotional), and interacting with others or talking about their experiences (language and communication). In toddler years, play is an important developmental tool; however, the use of play is very particular in this age group. There are different kinds of play that toddlers may engage in.

### Onlooker Play

First, as onlookers, toddlers may simply enjoy watching other toddlers or older children by observation from afar. A toddler may, at any given time,

join in the activity if their curiosity is raised. However, being an onlooker play partner is just as important for their cognitive development as being part of a group play.

### **Parallel Play**

Two-year-old children may seem to be playing with other children, but most likely they are playing *alongside* each other. This type of play is called parallel play as it describes a toddler being busy with their toy, while other children are engaged in interactive types of play activities. Do not be surprised if your toddler suddenly decides to join the playgroup yet be assured that parallel play is also a healthy pastime.

### **Solitary Play**

Younger children, particularly in the toddler age group, also enjoy playing in their corners and by themselves. You can often witness their intense engagement with their favorite toy or even a household item as long as you make sure the item of their choice is safe and age-appropriate.

### **Safe Play**

Unattended children often get into trouble or even worse may harm themselves. A toddler who is left alone for seconds can get in so much trouble that it could end in irreversible consequences. Young children, especially infants and toddlers, should never be left alone to play by themselves or to spend time on their own. Safety and safety measures should always be the utmost concern for any parent or caregiver. A toddler can easily drown in a matter of time; therefore, always supervise your toddler's waking time and activities.

### **Rough and Tumble Play**

All species use rough and tumble play as part of a developmental sequence and maturation. Research by Siviy and Panksepp (2011) delves into whether rough and tumble play is a developmental necessity in mammals. The study examined rat brains focusing on the particular circuitry that provides stimulation and positive pruning (a healthy brain activity that eliminates unused neurons particularly during the deep sleep cycle). This study found that the level of dopamine increases as the rats actively participate in roughhousing. Dopamine is a neurotransmitter that the nervous system uses

to send messages between nerve cells, creating a sense of pleasure (Berke, 2018). Siviy and Panksepp's study (2018) suggests that rough and tumble play is instrumental in building resilience and creating a content state of being.

In humans, rough and tumble play or playful fighting is a physical activity that takes place during early childhood, continuing even to middle childhood (McDevitt & Ormrod, 2007). Approximately, 10% of schoolchildren do engage in rough and tumble play, which seems to be a universal human behavior across the globe. Developmentally, roughhousing starts as a playful and socialization ritual around the toddler years. However, at around 7 to 11, rough and tumble play diminishes as children engage in games with rules (Kail, 2011).

## **Essential Information for Parents**

### **Toilet Training**

Toilet training in today's American culture usually takes place between the ages of 2 and 3 years. Parents are often advised to begin toilet training when their child is ready, that is when they start to express themselves and show a dislike of wet or messy diapers. Boys often toilet train at a slightly later age than girls. Toddlers are in a stage of their development when they are seeking autonomy and more independence. They are just discovering they are separate people with their own ideas and wills. This is often expressed by the answer of "NO!" whenever they are asked to do something. Since the toddler is seeking independence, toilet training can become a battle of wills between the parents and the child. As a result, rewards are often used when a toddler successfully uses the toilet to encourage their participation. If a child does not seem ready to potty train, then it is often wise to try again in a week or two.

An issue with potty training that is worth paying attention to is the fact that it may involve control and resistance, especially in male children. A child who has been wearing a diaper up to that point and is suddenly faced with letting go and witnessing this release of control may face psychological resistance and uneasiness. A reason may be that the child may feel that their feces and urine are part of their body and with them now ending up in the toilet may be letting go of an important part of themselves. It is advised that parents do not flush the toilet immediately after the child's discharge but leave the bathroom and let the child flush it when they are ready. This may sound like strange advice; however, Freud's second stage (McLeod, 2008)

of development explains this phenomenon as the anal stage of development. This stage explains that the child who is being potty trained is also dealing with the issue of control and letting go, which may create a struggle between the parent and the child in who can shift this control to their advantage. Therefore, this potty training should be handled very carefully by parents and caregivers.

If a child is ready then they toilet train rather quickly, in a matter of a couple of months, at least during the day. Night training usually comes after daytime training. Today, the decision to toilet train is usually made between the pediatrician, parent, and childcare provider. However, in the early 1900s, American parents were toilet training their children at a younger age, and often under eighteen months. With the expert approach, such as Brazelton's, an American pediatrician in the 1960s who followed Dr. Holt's child-centered approach, the age to potty train was pushed to a later age, between the ages of 2 and 3 years. However, the recent American philosophy toward a later attempt at toilet training is certainly not universal as seen in the Chinese and Fulani cultures.

### Toilet Training at the American Preschool “Gem Educare”

The caregivers look for signs that show the toddler has control over the muscles. These signs include hiding, squatting, standing on toes, or facial signs of pushing. They start putting pull-ups (big kid diapers) on the toddler and putting the toddler on the potty every hour after asking “do you need to go to the toilet?” When the child starts telling the caregiver he needs to go, the caregiver transitions from putting on pull-ups to potty training underwear. After several months, the child can wear regular underwear. Staff at Gem Educare use *operant conditioning techniques* by using reinforcements such as stickers and verbal praise to assure the child that they are correctly performing and communicating their need to discharge. Once the child is completely potty trained both at home and at preschool, they will receive a certificate of accomplishment. Continuity between preschool and the home environment is extremely crucial for smooth potty training. Therefore, the preschool staff and parents need to be in constant communication and exchange information on the progress at home and at preschool. This collaboration can be extremely important to have a smooth and continuous transition.

## **Parental Concerns for Their Toddlers**

Parenting a toddler is fun and joyful; however, there are some legitimate concerns that parents may be facing and for which they seek expert advice. These concerns may be in creating a routine for eating and sleeping habits, understanding temperamental issues, milestone developmental timelines, proper nurturing practices, and providing age-appropriate experiences. In this section, we will address some of these concerns and solutions that will help parents to take the guesswork out of parenting and become better-informed parents for their toddlers.

### **Creating a Routine**

Young children are creatures of habit and thrive in a structured environment. They are explorers, and Piaget, the founder of the cognitive theory, labeled this age group as, “the little scientists” (Piaget, 1952). They are willing and eager to show their new skills and learn new things, thus they have innate curiosity. Their hand-eye coordination is improving; therefore, they want to pour their juice, help others, and do activities that are new and novel. Most of their time is spent sleeping or eating, but their favorite activities are playing and getting involved in what others are doing.

### **Eating Habits**

Children of this age group are known to be finicky eaters. They are now entirely on solid food but insist on eating food they like and are not willing to try unfamiliar food, although some toddlers still take a bottle before bedtime. According to the American Heart Association (AHA) (2020), toddlers need to consume between 900 and 1,200 calories per day to support their physical and mental busy activities. Parents must practice good and healthy eating habits and make sure their toddlers are receiving their daily required calories from nutritional sources as bad eating habits may lead to early childhood obesity, and consequently, to adulthood obesity. Food allergies may also start to be a problem at this time; therefore, introducing new food in small doses may help to pinpoint such food allergies early on, which can assist in seeking out early interventions.

### **Food Intake Concerns**

Toddlers who are extremely picky in what they eat may sound an alarm and cause concern for parents fearing their young child is not getting the

required calories. This may be a legitimate concern or an overly concerning situation. Concerned parents should always consult with their pediatrician and always discuss their toddlers' eating habits with their physician to better understand what options are available to them.

## **The Transition from a Highchair to a Booster**

You may now enjoy having your toddler sit directly at the dining table with the rest of the family, which is surely a great new experience. Keep in mind that having your toddler sit in a booster seat means they have more freedom for themselves, but there is less control of their sitting situation for you. Now, your toddler can try to get out of their chair and run around while the rest of the family is still trying to finish their food.

## **Doctor Visits**

Well-child visits for toddlers usually occur with a pediatrician at 12, 15, 18, and 24 months of age.

Pediatricians screen for:

- Autism at 18 months and 2 years
- Developmental problems at 9, 18, and 24 months
- Obesity with a body mass index yearly starting at age 24 months
- Lead screening risk assessment at 6, 9, 12, 18, and 24 months
- Tuberculosis testing on the recognition of high risk factors by 1 month, at 6 months, and then yearly beginning at 12 months.

Common health issues in toddlers include ear infections, colds, and skin issues.

## **Sleep Habits**

It could be that your neighbor's or friend's toddler is sleeping through the night. That could be due to many factors. Comparing children is usually not a good practice as parents may exaggerate their child's accomplishments or genetics may be the reason they are sleeping through the night. Sleep issues can still be common at this age, and this lack of sleep can lead to toddler tantrums and general crankiness. Keep in mind that your toddler still needs up to 14 hours of sleep a day, so it is important that you stick to a routine that includes plenty of naps and an early bedtime.

## Co-sleeping

A cultural practice that is most popular in non-western families, co-sleeping or young children sleeping with their parents in the same bed has been around, disappeared, and reappeared again. Co-sleeping has made a comeback by different names: co-sleeping, sleep sharing, or the family bed. Regardless of how it is labeled, this concept is cultural and the reasons behind it stem from the purpose it serves in family life, whether it is a matter of convenience, breastfeeding, bonding, or attachment.

Sleep-related death has always been an unfortunate phenomenon in young children in the United States. According to the Centers for Disease Control in the United States, there are about 3,500 sleep-related deaths among U.S. babies each year, including sudden infant death syndrome (SIDS), accidental suffocation, and deaths from unknown causes (CDC, 2020b). Public campaigns such as, “Back to Sleep,” introduced in the early 1990s, promoting healthy sleeping habits, and running public awareness advertisements, have led to a decrease of sleep-related deaths of American babies.

The recommendations of the American Academy of Pediatrics (AAP) (2020) are that babies should sleep on their backs, without any toys or soft bedding, and in their crib. Parents are encouraged to share a room with the baby, but not the same bed. These strategies will help to reduce the risk and protect our babies from harm.

If a family decides to practice co-sleeping, the number one concern should be the child’s safety. Parents need to educate themselves in safe co-sleeping methods and consult with an expert in how they can safely start to do so.

## Technology

Young children, particularly at the age where they use their sensorimotor skills to discover and to learn about the world around them, should not be exposed to screen time. Ideally, the recommended screen time for toddlers is zero; however, in the age of rapid technology, interactive educational programs, and online learning, a supervised screen time can slowly be introduced. According to the National Association for Education of Young Children (NAEYC) (2020), parents should practice the following guidelines:

- Allow children to explore digital materials in the context of human interactions, with an adult as mediator and co-player. As with shared

book reading, use shared technology time as an opportunity to talk with children, use new vocabulary, and model appropriate use.

- Avoid passive screen time. While some parents may claim that baby videos calm an otherwise fussy child, there is little research to suggest that infants and toddlers learn from watching videos. If infants are distressed, they need the comfort of a caring adult, not an electronic toy.
- Use technology as an active and engaging tool when appropriate to provide infants and toddlers with access to images of their families and friends, animals and objects in the environment, and a wide range of diverse images of people and things they might not otherwise encounter (photos of children from other countries, for example).
- Incorporate assistive technologies as appropriate for children with special needs and/or developmental delays.

Toddlers' inquisitive minds require stimulating and interactive activities; therefore, parents should never use television or technology as a babysitter as it promotes idle learning and a non-productive pastime. Always be there for your toddler to guide, interact, and promote effective learning practices while allowing the child time for independent and self-discovery activities.

## Outdoor Activities

Activities that take place outdoors help to promote the three domains of development: physical, cognitive, and psychosocial. Outdoor activities such as running, riding a bike, playing with a ball, playing on a swing set, or sliding down a slide, are just some of the activities that promote physical development. Gardening, collecting rocks and leaves, looking for insects, playing with sand and mud, drawing with chalk, hopping and jumping, scavenger hunts, and playing hide and seek are some activities that promote physical development as well as cognitive and psychosocial development. Creating a safe environment filled with creative activities in which children can explore, discover, and create, helps them advance in all three domains of development. Toddlers enjoy pretend play, climbing, running, jumping, and chasing. Bubbles, sand, water, dirt, chalk, and leaves are some of the appropriate outdoor play tools for toddlers. Using water paint to paint walls and the floor gives toddlers tremendous joy and satisfaction. Chasing after a ball, butterflies, or each other is a satisfying and pleasurable activity for young children. Toddlers have to be supervised at all times.

## **Indoor Activities**

Indoor activities promote developments in several domains: cognitive, social, physical, language, and motor skills. Some of these activities, other than free play with indoor toys, are arts and crafts, drawing with crayons, manipulative play with playdough, reading, storytelling, role-playing, pretend play, puppet shows, age-appropriate puzzles, cutting and pasting for children over two years old, dancing, playing music, singing, exercising, age-appropriate board games, group projects, cooking, building with blocks, sorting toys, organizing games, and age-appropriate science projects.

## **Family Activities**

Family activities not only help with improving all of the developmental domains, but they also help strengthen the family bond and attachment. Some of the activities that are suitable for toddlers and their families to be involved in are day-to-day activities such as cleaning, cooking, gardening, shopping, and exercising. It is important to have a dedicated time for the toddlers to play indoors, outdoors, or at a park, as well as time for reading, storytelling, and pretend play. Including children in some tasks such as cleaning up their toys, sorting them by size, shape, or color, and helping out around the house, is also joyful and essential for children's development.

## **Health and Safety**

Toddlers are very active and fast. They do not have complete control over their body yet. They mostly have balancing challenges while walking or running. On the other hand, they are very curious and fearless, which makes it dangerous to leave them unsupervised. Toddlers want to climb onto every object they can find. They want to try and test everything they come in contact with. It is very important to create a safe place for them to play and explore. Parents need to take all of the safety measures to keep their toddlers safe. All the electric outlets need to be secured by childproof caps, and all the sharp objects, medications, and cleaning products have to be kept out of children's reach in locked cabinets. All doors and windows have to be locked or have a childproof lock on them. Children should not have access to the stove and other appliances that might cause danger to their health.

Most toddlers are unable to express any health issues or discomfort they might have. Parents have to be very vigilant for signs of any discomfort or danger to their child's health. Toddlers tend to put everything in their mouth

due to teething, which might cause them to swallow toys or small pieces of an object or push a small object in their nose. Parents should look for signs such as excessive rubbing of the nose or ears. They need to look for signs of choking and perform CPR immediately. One of the health dangers of this age group is allergic reactions to food or environmental allergens. Swollenness, itching, and even difficulty breathing are signs of allergies. Parents and caregivers are encouraged to take child CPR and first aid training.

## Challenges

### Aggression in Toddlerhood

Aggression is defined as any behavior that is aimed to intentionally harm another person, when the other person does not wish to engage in such behavior (Baron & Richardson, 1994), which may categorically be more common in younger children. Due to language and logical barriers, this age group may demonstrate some aggressive behavior that may be a concern for parents and educators. Additionally, genetic and environmental factors may be influential in the start and intensity of such behavior. Children who are raised with siblings may also pick up and learn to be aggressive to mark their place in the pecking order within their family dynamic. Such aggressive behavior may be developmentally common but by no means should it be tolerated or ignored, since it may lead to further aggression and future bullying.

#### *Instrumental Aggression*

Instrumental aggression is defined as using aggressive behavior to attain something, which may be related to the child's lack of cognitive maturity and unintentional; however, it is psychologically just as damaging (Ames & Fiske, 2013). Toddlers use this type of aggression to get the toy or to grab something from someone else, or just as a means to exercise control. Instrumental aggression may involve pushing, shoving, grabbing, pulling, and hitting. Parents must be aware of the reasons behind this type of aggression; however, they must also intervene and correct the behavior to prevent a habitual developmental strategy. The interventions and strategies to transform instrumental aggression into positive behavior will be discussed in later sections.

## **Practical Approach to Parenting**

### **Raising a Toddler**

Toddlers are well known for saying “no” to everything, which at times could be accompanied by a degree of control and extreme one-sidedness. Erikson’s psychosocial theory explains that a child, aged 1 to 2 years, is in the second stage of Erikson’s theory “autonomy versus doubt,” meaning that the child is exercising their independence and control, while the parent is constantly correcting them and exerting their level of control (Berger, 2018). This may lead to a crisis of “doubt” leading the child to feel doubtful in trying to do what they feel and see as appropriate action. Additionally, parents, who are now facing a stubborn child in opposition to an infant who just lay there and was controlled by parents in every aspect, now have a rambunctious and energetic toddler, who wants autonomy. One reaction could be the parents exerting additional control until the child submits; however, this type of parenting style is counterproductive and goes against the natural grain of the child’s developmental needs.

### **Awareness Integration Theory Approach on Parenting Toddlers**

According to Erikson’s psychoanalytical theory, autonomy-seeking toddlers are relentless explorers who seem to act egocentrically and defiantly (Berger, 2018); however, children in this age group are also very much goal-oriented and intentional in everything they do. In their interaction with parents, toddlers are also vigilantly observant of how their behavior is received and counteracted by the parent. Saying “No” and being stubborn are often interpreted as defiant behavior, but toddlers are persistently goal-oriented and testing their boundaries in achieving their goals. The goal of the AIT technique is to teach the child how to effectively seek independence, while still under the supervision of the parent. The child wants to explore, so allow for this while you talk to the child, reflecting on what they are doing positively – praise the child for their efforts as well as their results. Children seek to gather first-hand experience about the environment; therefore, they will often refuse to listen to commands. You can guide the child toward the next positive behavior or play instead of using negative terms to distract the child. For example, do not say, “don’t do that,” instead you can say, “stop” or “be careful” and then introduce the next behavior or stimuli that you want the child to pay attention to.

Awareness Integration Theory's (AIT) view on co-sleeping is that since the goal is to raise self-confident children, the child needs to have their own space and learn how to self-soothe. When they are set up to sleep with their parents, they only rely on their parents' rhythm, smell, movements, and behavior to put them to sleep and maintain their sleep. However, a child who is allowed to have their own sleeping space will learn to create movements, sounds, and habits to self-soothe and put themselves to sleep. The nurturance and the assurance of the parent to show the child that they are safe and that their parents are in reach when they verbally call for them will allow the child to feel safe in their environment.

## CHAPTER FIVE

### EARLY CHILDHOOD

*Teaching preschool and prekindergarten was one of the highlights of my life while raising two young children of my own, 3- and 6-year-old girls. My younger daughter was enrolled in the same preschool classroom that I was teaching! Big mistake – as later on I gradually came to admit. Having my daughter in my preschool classroom presented some challenges, such as her insubordinate behavior in front of other children, not doing her classwork or her homework, and not fully following instructions. I now realize that these behaviors were probably due to her mommy being the teacher.*

*One of the stories I remember from my preschool teaching days is about Johnny, a three-and-a-half-year-old active, rambunctious boy. Johnny was also somewhat of a leader in the class. Other boys would follow him as soon he would get into one of his hyper-active modes. I recall that Johnny's behavior had changed over a week or two as he had become more aggressive toward other children and was more resistant than usual in doing his classwork. He would boss the other boys around and encourage them to gang up against one. Johnny was also treating his best friend, a four-year-old girl, Amy, poorly and aggressively. He would tell her that he didn't like her anymore and that she was not his best friend any longer. However, a little bit later, Johnny would treat Amy nicely, thus creating passive-aggressive behavior toward a little girl who wanted his attention and his friendship.*

*It seemed that my intervention, along with my assistant's clever mediations, was not helping in remedying the situation. When his behavior worsened, we invited his parents for a parent-teacher conference to discuss his recent behaviors. His mother showed up alone, saying that her husband was busy at work and could not get time off. In the course of our conversation, Johnny's mother revealed that she was 4 months pregnant. We asked if Johnny knew, to which she said, "yes." I asked her what his reaction was to learn that he*

*was going to have a sibling. His mother responded that he was quite upset, fearing the new baby is going to cry all the time and upset him. Johnny's mother also mentioned that Johnny's father, a firefighter, was working overtime to save money for the growing family; therefore, Johnny did not see him for days. Well, it seemed that through the parent-teacher conference, my assistant and I collected enough information to understand why Johnny's behavior had shifted from that of an active young boy to more aggressive conduct. Stay tuned as we come back to review this scenario at the end of this chapter when we will offer practical solutions to help parents and caregivers cope with these sorts of challenges.*

## The Preschooler

Piaget said, “Children’s play is their work.” Preschool aged children enjoy acting out the roles of adults when they play. Preschool is a time when children are full of energy, imagination, curiosity, and creativity. Children aged between 3 and 5 years initiate activities by experimenting with new ideas that will lead to life-long experiences, behaviors, and habits. Children in this age group are ready and willing to do new things and become more independent and creative learners. The child has now left the toddler years with a degree of independence, such as making choices, acting on them, and having a strong will to stick to their wants and needs. The following passages further explain the preschoolers’ abundant energy and curiosity. In this section, we will discuss preschoolers’ physical (biological growth), cognitive (thought processes), and psychosocial (emotional and behavioral) development.

## Physical Development

Within a year, children grow two to three inches in height and gain about four pounds. Physical growth is not gender-specific at this age. Gesell et al. (1943), considered to be the “Father of Child Development,” first developed these average weights and heights that pediatricians and parents use during the current time as markers to gauge children’s healthy growth. Although today, we also take into consideration the influences of culture, parenting styles, environment, nutrition, and individual experiences (Gesell et al., 1943).



Figure 5-1. At Play in Early Childhood. *Photo Source:* Gem Educare

## The Brain's Biological Development

By the time that children reach 5 years of age, their brain has grown to 75 to 90 per cent of its adult size. This biological growth of a child's brain also includes the vast production of *neurons*, or cell bodies, that are long and thin nerve cells in nature, and part of the nervous system. Neurons are not directly connected to other neurons as they are attached to nerve fibers, or *dendrites*, which are nerve fibers that are connected to *axons*. The main function of dendrites is to receive information into the cell body from other neurons since neurons do not directly touch each other. Axons, nerve fibers, act as an "information superhighway" that sends information away from the cell body (neuron) to other neurons via dendrites. The axons are also covered by a fatty protein sheath called *myelin*, also discussed in the chapter on Infancy, that acts as a protective covering for the axon, while sending information through. Imagine a wire that is covered by a cable for its protection. The axon is the wire, and the myelin is the cable cover that is protecting information traveling through the axons. The *glial cells* are bodyguards that protect and support neurons. Nutrition, sleep, and environmental factors could affect myelination and consequently interfere with this process (Kail & Barnfield, 2011).

## Motor Development

The developmental outline below is based on Western scientific findings; therefore, it does not reflect individual and/or cultural variations.

- Age 3 years. Children are developing body control. They can undress but need help dressing, can use scissors effectively, can swing, walk, jump, climb, run, gallop to music, walk a straight line, walk backward, pedal a tricycle, stop and go, turn sharp corners, play hide and seek, draw both horizontal and vertical strokes, stand and hop on one foot, use alternate feet going upstairs, slide down a slide, throw without losing balance, catch the ball with arms extended, stand up from a squatting position, build up to 10-block towers, sing songs, eat without spilling, put on shoes and take them off (but cannot tie shoelaces), unbutton and button, climb a ladder, tend to own toileting needs, attempt pouring from a pitcher, fold paper lengthwise and crosswise, tend toward lining up blocks horizontally, and identify three forms (the circle, square, and triangle).
- Age 4 years. Children can dress themselves completely, except for tying shoelaces. They can eat with a spoon and fork and can drink from a glass. They engage in gross motor activities such as racing, hopping, jumping, skipping, climbing, and running on tiptoes. They race up and down stairs, ride fast on a tricycle, enjoy activities that require good balance, can carry a cup of liquid without spilling, play with big blocks and make complicated structures, throw a ball overhand, open a gate or climb over the fence, and run smoothly. They engage in dramatic play. They are developing small muscles through hand-eye coordination, enjoying printing names, and making straight lines, squares, triangles, houses, and animals with not too accurate a representation. They can put toys away neatly.
- Age 5 years. Children have a sense of balance, can skip and jump, throw a ball with accurate timing and release, are poised and controlled, with their arms held near to the body, can climb with sureness, catch a ball, walk on stilts, and throw a ball and kick at the same time. They can draw straight strokes in any direction, copy a square or triangle, and draw a man. Children can fasten buttons and zippers and strike a chord on the piano. They enjoy playing with small and large blocks, like to watch adults and imitate what they are doing. They like to copy designs, letters, and numbers, like to color within the lines, can cut and paste and can draw definable shapes. Preschool-age children become restless in a sedentary position. They

can stand on one foot. They can put toys away in an orderly manner and like to finish what they started. They like to dance and have ease and control of the total body. Their posture is more erect and straighter. They enjoy imitating their parents and other adults.

## Factors Impacting Physical Development

The connection between the brain hemispheres improves hand-eye coordination and motor skills. Children of this age group work hard on their *gross motor* skills, beginning as toddlers and including control and movement of the large muscles of the body. Examples of gross motor skills are running, kicking, walking, throwing, and jumping. *Fine motor* skills include the control of a child's smaller muscles, such as in the face, hands, and fingers. Examples of fine motor skills are holding a pencil to write, tying shoelaces, buttoning a shirt, turning the pages of a book, and cutting with scissors. Children in this age group must get plenty of exercise and movement to strengthen their gross motor skills along with practicing with safe instruments, such as child scissors, to work on their fine motor skills. Hereditary and biological factors also influence the rate of muscle strengthening and the use of motor skills. In addition, having older siblings or role models such as older classmates or playmates helps to develop both gross and fine motor skills faster.



Figure 5-2. Science Class in Early Childhood. Photo Source: Gem Educare

## Cultural Determinant on Growth Rate

Culture plays an important role in the rate of biological growth. Child-rearing practices, community behavioral expectations, and lifestyles also play an important role in the degree, rate, and speed of development.

**Examples of Cultural Factors.** African-American children tend to have more advanced motor skills than European and Caucasian Americans. Both African-descended and European-descended children tend to be taller than Asian-descended children.

## Environmental Determinants on Growth Rate

The environment where a child grows up will influence both the rate and degree that the child develops. Environmental conditions such as clean water, pollution, and sanitation can have an effect on a child's growth and healthy development. Children in poverty-stricken nations often do not experience the same growth estimates as children in wealthier nations. Furthermore, research has indicated that children who are raised in poverty may experience stunted growth or other biological developmental challenges that may be irreversible (Jafari et al., 2018). Parenting styles may also be a determining factor in the speed and quality of biological growth. Researchers have suggested that children of Middle Eastern parents tend to be more dependent on the physical, cognitive, and emotional support of their parents.

## Cognitive Development

Based on the work of researchers such as Piaget and Vygotsky in the first half of the 1900s, professional psychologists, educators, and enlightened parents began to recognize that very young children are capable of cognition and thought processes. Until that time, the belief of most adults was that children do not have anything interesting to say or they are not capable of cognitive maturity. Because of early scientific discoveries, the idea of children gaining cognitive functioning and maturity at early stages in their development became a revolutionary breakthrough in the field of child development. The work of Piaget (1952), a Swiss child developmental psychologist and researcher, was celebrated extensively. However, Vygotsky's theories and discoveries, which were developed at around the same time, were not as widely known. Vygotsky's theories were based on sociocultural theory and brought light to the great importance of language

in children's development. Due to his untimely death, Vygotsky's (1978; 1980) theory was not recognized while he was living but was discovered and became celebrated as an impactful theory in the field of child development toward the latter half of the 1900s.



Figure 5-3. Preschool Graduation. *Photo Source:* Gem Educare

### Piaget's Constructivist View on Cognitive Development

Piaget, a cognitive constructivist, suggested that children construct their knowledge about the world and how it works through their experiences. Piaget explained that children take an active role in their cognitive development in stages. This staged process highlighted how the development of thought processes in children lead to their overall maturity, including more mature behaviors.

### Piaget's Theory

Preschoolers experience a cognitive shift from *sensorimotor understanding* (using senses to make sense of the world) to preoperational characteristics. The major theoretical contribution of Piaget was that children are eager to

become active participants in shaping their world. Cognitive development, according to Piaget, is a combination of biological maturation and the child's unique environmental experiences. Piaget stated that children are active learners, meaning that they construct their perceptions and thoughts about their environment, as they are actively engaged in exploring and manipulating the environment.

### **Preoperational Characteristics (stage of pre-logic/reasoning)**

The main specifications of the preoperational stage of cognition are described below as centration, egocentrism, animism, a focus on appearance, statis reasoning, irreversibility, and conservation. Examples of children's behaviors are provided within the definition of each term.

#### ***Centration***

Centration refers to the young child's inability to recognize multiple aspects of a situation. Young children tend to focus on one aspect, excluding other relevant ones, which leads to a one-sided view of situations, concepts, and ideas. Therefore, children's thoughts are centered on their own world. It is a self-centered world that influences how they understand and interpret the views of others. An example of this one-sided cognition is when 3-year-old Maria exclaims that she wants French fries for breakfast. Her mother's effort in explaining that there are no French fries available, or that they would not be a healthy breakfast choice, will be lost in the loud persistence. This results in Maria's response, or, sometimes, her tantrum. Maria only sees one aspect of this situation . . . her own! This does not look like a good start to a busy morning!

#### ***Egocentrism***

Egocentrism is the child's focus on their own thoughts. As an example, 3-year-old Jordan will come crying that his cousin hit him, omitting the interesting detail that he hit his cousin FIRST. From Jordan's perspective, the first fact is irrelevant to the second.

#### ***Animism***

Animism identifies a young child's tendency to imbue animate characteristics or living characteristics to inanimate objects. An example can be found in Amalia's belief that her teddy bear gets tired and needs a nap. In Amalia's eyes, her teddy bear is as alive as she is and has the same needs as she does. In this example, any attempts of a grown-up to explain that teddy bears are

just stuffed animals would not work since the child simply will not see eye to eye with the adult on this subject.

### ***Focus on Appearance***

A focus on appearance is another characteristic of this age group, which is seen when the child confuses appearance with reality. For example, when 3-year-old Cameron sees his mother in her new glasses, he becomes frightened and will not go to her until she removes her glasses. Over the course of the COVID-19 pandemic infants and toddlers have demonstrated a dislike towards their caregiver or older children wearing face masks. Sometimes these children would cry and reach to remove the mask from their caregiver's face.

### ***Static Reasoning***

Static reasoning is a companion perspective that focuses on characteristics in the appearance of someone or things. Static reasoning argues that things, relationships, and places are fixed and do not change. According to Piaget, preschoolers' views of the world are limited and fixated because their beliefs do not change. For example, Joey believes that the world is limited to his home, neighborhood, and preschool. The idea that there are places and people outside of his community would be cognitively difficult for him to comprehend. Young Joey might ask mommy to buy him a new toy. Even though she might say I have no money left, Joey's answer would most probably be, "but mommy you still have your card."

### ***Irreversibility***

Irreversibility is the failure to recognize that reversing a process can restore it to its original form. Piaget (1952) constructed an experiment called "conservation" to demonstrate this lack of perspective-taking. *Conservation* is the understanding that the amount of a substance is unchanged by changes in its appearance. Children of this age group can easily be misled by the change in the shape of an object, disregarding other qualities of the item. This means that adults can change the position or appearance of an object, leading to the child's confusion that something more than the appearance changes. As an example, if you have two equal-sized glasses of orange juice and simply take one and pour it in a taller but skinnier glass, the child will most definitely think that the taller glass holds more liquid.



Figure 5-4. Conservation Experimentation. The pictures above show how a two-year-old and a four-year-old child will mistake the appearance of a tall glass as containing more liquid; even though they saw the researcher pour it from a round glass into a tall glass. *Photo Source:* Gem Educare

**Helping a Child see Different Perspectives.** As an example, 18-month-old Mark rolled his ball under the table. Instead of bringing the ball out for Mark, his teacher asked him to try and find a way to get the ball out by himself. Mark then tried reaching out to the ball with his arm, but it was not possible. Then, with the teacher's guidance, he figured out that his leg is longer than his arm so he lay on the floor and tried to kick it out, but the ball

was still too far away, and he couldn't reach it. Then, the teacher guided him to look for something that was longer than his leg. She kept stimulating his thoughts by asking him what he thought he could do, or what he could use. Mark found a broom toy that was long enough and finally, was able to reach the ball. For the rest of his years at Gem Educare, he kept surprising everyone with his solution-driven attitude. On that day he learned, by experience, that he was capable of resolving an issue.

### Theory of Mind

As children's cognitive understanding and abilities mature, so do their perceptions and aspects of social awareness. The processes of cognitive and social maturation entail a cognitive shift in children viewing others in relation to themselves. This separation of self-thought versus others' thought requires a theory of mind, or the understanding that everyone has their own individual mind and thought processes when compared to the individual. *Theory of Mind* (ToM) is the ability of an individual to understand their own mind and thinking process, and the realization that other people have different thoughts and thinking processes that are separate from those.



Figure 5-5. Demonstration of Theory of Mind. Source: Google Images, n.d., <https://images.google.com>

Early childhood cognition is filled with logical obstacles such as egocentric views and concentration of the mind, which means that preschoolers are in

a constant state of one-sided thought processes. This one-sided point of view is because young children do not have an in-depth understanding of their thinking process, and nor do they have an awareness of how other people's minds work. Therefore, this lack of others' minded cognition leads to a preschooler's egocentricity and the concentration of their thoughts. However, this type of thinking does not last long as children between the ages of 4 and 6 years will eventually develop ToM (Jafari et al., 2018).

Three-year-old children can use symbolic words as the representation of thoughts, use objects symbolically to represent other objects which are not present as make-believe, and learn through interacting with the surrounding environment. Their thinking is only related to their own experience and point of view. Egocentricity (seeing the world from their own point of view) cannot take into account another's point of view. A retractable memory develops "internal structures" through experiences that build the foundation for cognitive skills. They understand the application of what things are used for and can only deal with small numbers and little concepts. They also relate to time by concrete events, for example, bath time is after supper.

Four-year-old children possess a frequent ability for generalizations and abstractions. Thinking is literal for them. They understand the world through their senses and body movements, and problem-solving skills are learned through trial and error. Words are used as symbols that can be applied to think about almost anything. They show evidence of planning and strategizing, and an understanding of spatial relationships and time differentiation, such as yesterday, today, tomorrow, past, present, and future. They can count and deal with numbers of objects, and animistic thinking – if it moves under its own power, it is alive. They are not able to comprehend changes in their physical state. They think a tall, thin container holds more liquid than a short, wide container. Some children at this age are beginning to understand the concept of transitivity, for example, placing sticks in order of length or height, and can identify and describe the unique features of objects by their tactile qualities. They can also identify the right and left sides of the body and be aware of fingers, toes, and facial features, and can classify things according to likes or dislikes. They understand the concepts of hard/soft; wet/dry; hot/cold; and rough/smooth. They are eager for intellectual stimulation, are imaginative, and enjoy creative expressions of art.

Five-year-old children have a longer attention span for learning concrete and abstract information. Their cognitive abilities suggest their readiness for a formal school setting. They have the physical maturity and motor skills to

write their names, and the cognitive maturity to recognize first and last names in print. Five-year old children are beginning to understand number concepts and can count. They can extract meaning from given information, associate time with clocks, know days of the week and which day follows the other, project and tell how old they will be on their next birthday, and are interested in calendars and like to identify birthdays and holidays.

## **Language Development**

Three-year-old children need to talk a lot! Young children can use language to express feelings, state their desires, exercise their ability to argue, play with words, and enjoy singing. Vocabulary increases and they begin to use words confidently. They dramatize their own words with actions, and ask how, what, when, and why questions for clarification.

They refer to themselves as “I” versus “me,” and use descriptive sentences. They can carry out commands that require an understanding of big, long, and tall concepts, and converse with one another but pay little attention to what the other child is saying, being concerned with their own thoughts. At this age, tattling begins, and they like to use silly words, such as “ouchy-wouchy,” or “bebbey-wenny.”

Four-year-old children like using new and different words, trying them out, and playing with them. They can now use language to satisfy their curiosity by asking questions, using complex sentences and rhyming words, and are adept at picking up phrases from their own linguistic culture. They may also swear, lie, or boast. They may talk with imaginary companions, ask innumerable questions, comprehend complex and compound sentences, use plurals, enjoy fairy tales and stories about animals and everyday happenings, call people names, tell lengthy tales or stories while mixing facts, and fiction, and have a tendency toward self-praise.

Five-year-old children like to practice new sounds, big words, and the meaning of words. Their articulation is well established, and they can speak in complex and complicated sentences, speak in social situations for an exchange of information and ideas, have socialized speech, and have vocal meditation to help them solve problems. They use language: to acquire and secure information; think aloud; transfer information; secure wants; use narration; problem solve and reason, and communicate. They can sing and carry a tune with rhythm, use grammar reasonably accurately, love to be read to, may figure out things for themselves, make their generalizations,

and tell stories in different variations. In more realistic stories, however, violence predominates. They use most of the words in the adult's vocabulary.

## Language Acquisition during Early Childhood

It is so much fun for adults to converse with children in this age group as they have so much to tell and to talk about. Early language is comprised of words and gestures. Children between the ages of 2 and 6 years can have an inventory of somewhere between 8,000 and 14,000 vocabulary words. The vast difference in vocabulary acquisition in this age group is attributed to environmental influences, such as the amount of time spent conversing with the child, the parental educational level, the cultural perspectives in having dialogue with a child, and the genetic disposition in the speed and quality of language development. As a critical developmental milestone, language results from the coordination of neuromuscular control over the vocal cords and brain development. Cognitively, children use language to organize their thoughts and thinking processes, while interacting and communicating with their social environment.

It is during this stage that children start understanding and using past, present, and future tense verbs. They also start using plurals and singulars. Three- and four-year-old children generalize the usage of past tense or plural rules for most verbs. It is not unusual to hear a three-year-old say "fishes" or "leaved" instead of "left" or "I don't did it" instead of "I didn't do it." Multilingual and bilingual children might also use one language structure and grammar for another one. They might also use the words from one language with the other one interchangeably.

Preschoolers use *fast mapping* to increase their vocabulary, which is when a child uses an unfamiliar word in a familiar context, repeating words they hear whether they understand the meaning or not. The usage of fast mapping is mostly in an appropriate format; however, sometimes they use words that are inappropriate to the context. It is the adult's responsibility to correct them by explaining that certain words cannot be used at all, or when words can only be used on some occasions. Children of this age group constantly surprise their parents and caregivers by using words or sentences that their parents or teachers have never used with them. They learn language by simply observing or hearing any word *anywhere*. They might have heard it on the television, the radio, from the neighbor, in a song, and so on.

### Example of Fast Mapping

One day when the children were playing in the backyard of the school, the teacher walked over and Jimmy, a three-and-a-half-year-old, stopped her by opening his arms and shouting “Stop!” The teacher asked why she should stop, to which he replied, “This is a crime scene. You might contaminate it.” She was shocked when she heard those two big words coming out of his mouth. Later, she asked his parents where he might have learned these words and they guessed that he had overheard them on television when his father was watching a movie while they thought that Jimmy was asleep.

### Social and Emotional Development



Figure 5-6. Children Observing a Turtle. *Photo Source:* Gem Educare

### Social Development

Children, aged 3–5 years, are at the beginning of their proactive socialization. This is when they begin to assert themselves with other children and adults. These pre-kindergartners and kindergarteners like to initiate connections with others and use dialogue with other people around them. Speaking with words, playing, and asking for what they want or do not want are ways in which this group of young children like to socialize. Developing the right and efficient way to act among peers and adults becomes necessary. This is when parents, teachers, caregivers, and coaches have important roles in guiding children toward healthy ways of relating to

others. Each child needs to learn how to monitor and to become aware of the developing self as they learn to relate to others. Children at this age are looking at their peers and adult models to mimic and learn appropriate behaviors in all learning situations – physical, social, emotional, cognitive, communication, and language. At this stage in children's development, the art and skill in their modes of operation come into awareness; and children develop into persons who are proactive and responsible.

Three-year-old children are socially egocentric, enjoy solitary and parallel types of play, model their peers, are more aware of their feelings, relate well with others, like to visit friends, seek adult approval, and are cooperative. They want to please, can wait and take turns, can somewhat understand reason, are more independent and confident, will do things to help, can understand the differences between angry and happy or sad, and are possessive over the play type and toys.

Four-year-old children learn that the world has routines, and show signs of cooperation, friendliness, and sympathy. They also show interest in other children and desire to be with them and can participate in cooperative activities. They are self-reliant, assertive, and bossy, and they fight, compete, and quarrel.

When we look at characteristics by gender, boys seem to be more physical than girls. Four-year-old children are also ready to learn social patterns, learn about right and wrong, are interested in sex roles, and conscious of others' opinions. They exaggerate, boast, and tattle, and are prone to name-calling, such as "You're dumb." They are good at supplying alibis, crave the companionship of peers, like to make choices, have a high drive associated with mental abilities, like group work and planned experiences, have a broad sense of humor, and will ask for help. Additionally, they like being with adults and feel very comfortable with them. They are very lively and bubbly, love dramatic play, can move in and out of roles with ease, and like to dress in adult clothes and act grown up. They like listening to explanations and arguing with adults, and will now make uninvited comments. Importantly, they also enjoy accomplishments and projects that have a personal value, talk a lot about becoming five years old, and understand taking turns. They now show concern for younger siblings and can recognize themselves as changing with the passage of time, so they like to be told stories about the past, and people may become imaginary playmates or pets. They like to imitate telephone conversations.

Five-year-old children like to remain close to the home base and to their mother, like to place things neatly and close to each other, cannot conceive of faraway places, and like to run errands around the house. They also like to go on excursions with their mother and to school. Their main effort goes toward pleasing their mother and other adults, making comments like “today is my lucky day,” and they like to cooperate, help, and obey. At this age, they also like to receive praise, see themselves as good and obedient, and are very secure and adequate in their small world. They like to enjoy others and themselves and care about other people, and they like to role play, and will move in and out of roles with ease. They like to interact with peers, enjoy adult attention, and enjoy helping younger children.

Children begin showing signs of social problems at this age. Children who spend most of their time with only one parent at home, or even with two parents, and do not socialize with other children of their age, show a lot of fear and social anxiety. This type of behavior can easily be mistaken for more permanent and serious issues, such as autism. The behavior of parents or caregivers at home can also cause some social awkwardness in children. Jack, a three-year-old boy, would only follow the teacher around and would refuse to play with other children or even participate in group activities. The teacher found out that Jack had a grandparent who was very controlling and had some obsessive-compulsive behaviors that were transferred to Jack. He was afraid of making any decisions because he was never allowed to do so. He was also afraid of getting his clothes and hands dirty, so he would refuse to participate in any group activity to protect himself from getting dirty. This type of social challenge can be corrected by changing the environment, such as learning parenting techniques, removing developmental obstacles or unhealthy influences, and creating a proper match between the child’s characteristics and their environment.

## **Emotional Development**

Three-year-old children are explorative, proud of their increasing abilities, assertive when their personal needs are interrupted, and say “Yes” more frequently than “No.” They develop self-control, are capable of having empathy and expressing sympathy, can be friendly and giving, like a sense of order and tidiness, are sensitive to the reactions of others, display seriousness, like friendly humor, enjoy making simple choices, have imaginary companions, have fears such as the dark, the boogieman, and ghosts, and like interesting sounds. Boys act more assertive than girls, and at this age, they exhibit affection-seeking behavior.

Three-and-a-half-year-old children are strong-willed, insist on having their own way, may be negative and whinny, are demanding of others, and some may fear heights. Some children at this age may regress into babyhood, caused by rapid growth and reorganization of the body, be insecure but determined to dominate, have a voice that is high-pitched and loud, and feel tensions. Tension outlets for children at this age include stuttering, eye blinking, nail biting, thumb sucking, rubbing their genitals, picking their nose, and whining.

Four- and five-year-old children can tell that something is dangerous, and they show fear. They are prone to childhood fears, such as fear of the dark and of being alone. They are interested in death and ask questions without comprehending its meaning and may show a fear of death. They are sometimes afraid of red traffic lights which means danger, and sometimes afraid of the policeman who is perceived as a threat rather than a protector. They object to what they are told to do many times, question adults, resent interference with possessions, and will fight for them. They feel easily hurt by comments or by punishments. They get angry when toys or objects do not work as they want them to, or if mistakes are made in attempted tasks. Jealousy toward a new sibling can occur and may be due to a perceived loss of affection. Jealousy may also occur toward the parent of the same sex, and the love shown for the parent of the opposite sex. They are curious and wondering about the environment. Under social stress, they may grasp their genitals and have to urinate. They also dream about animals, and many times they have bad dreams. They also have a variety of love relationships with different members of the family and with peers. They have an increased fear of imaginary creatures. They have outgrown tantrums because now they can transfer feelings into words. They begin to threaten and yell at their peers.

Emotions are the essence of the child's learning and the creation of the sense of self. Additionally, emotions are used as a tool to move toward or away from the external world. The parents need to reflect, contain, and respond appropriately to the child's emotions since that would be the role-modeling that the child will receive to handle and regulate their own emotions. The child needs to feel, name, and interpret the message that they are receiving from their emotions, and then act accordingly to meet the emotional need. When the internal message of the emotion is not externally reflected, devalued, ignored, or made wrong by the behavior of the parents, the child gets confused and loses internal trust, and may only seek the approval of others. This creates a duality that leads to a lack of self-esteem and confidence as the child grows, not allowing them to learn skills to handle

the extremely felt emotions. The child needs to receive the message that emotions are important; they are the raw information that a human being receives to guide the meaning and perception of the external world. It is also important to teach the child to trust their emotions and learn how to name, feel, contain, and recognize the message that the particular emotion offers, to act accordingly, and then to release it (Bjorklund & Hernandez Balsi, 2012).

Children of this age group usually express their emotions in a few limited ways. If they feel frustrated or angry, they normally cry, shout, hit, push, or bite. If they are happy, they laugh, sing, or even dance. If they are tired, they may cry or throw tantrums. If they are scared, they normally cry, scream, or run away. It is at this age that they learn how to regulate and act upon their emotions.

### **Emotional Regulation**

One of the important milestones in the psychosocial domain in early childhood is learning to regulate emotions. Preschoolers emerge from a tantrum and the terrible twos; although, there is no such a thing as the “terrible twos”! This autonomy-seeking nature sets off the stage of preschool years, where the child needs to replace tantrums with more effective strategies to get what he or she wants. Children learn that they need to learn to regulate their emotions.

**Example of Emotional Regulation.** At Gem Educare, 3-year-old Amber would hit and push her classmates every time she got upset. The teacher, using the Awareness Integration Theory (AIT) intervention, walked Amber to a private area of the classroom to talk. The teacher began by asking Amber how she felt. Amber was not able to name the feeling, so the teacher helped her by naming a few emotions: “Are you feeling sad? ...angry? ...frustrated? ...anxious?” Amber realized that the feelings she was experiencing are summed up by the words “being upset.” Then the teacher asked Amber to show her where the feeling was located in her body. Amber pointed to her chest. The teacher asked Amber to close her eyes and go to her chest and by taking long and deep breaths to release the feeling of being upset. After Amber communicated that she was not upset anymore, and the feeling was released, the teacher asked Amber how she thought her friend felt when she was pushed onto the ground. Amber said she thought her friend felt sad. Amber was showing signs of remorse. The teacher asked Amber, “What do you think you can do to make it better for your friend?” Amber ran and said she was sorry to her friend with a big hug. The teacher

asked Amber, “What do you think you can do next time you get upset, so you won’t make your friend sad? Do you think you can run in the backyard, punch the bean bags? Come and sit with me and take deep breaths?...” Amber said she would prefer to run in the backyard the next time she felt upset. After that day, Amber would run and ask the teacher if she could go and run into the backyard every time she felt upset.

**Theory of Mind Revisited.** ToM, as discussed in the previous section, is the gateway to empathy. As we learned in ToM, between the ages of 4 and 6 years, children develop awareness of others; therefore, they notice that others may not share the same thoughts, emotions, and reactions as they do. In this milestone, children learn that cruel intentions or behavior could be hurtful to others, leading to the development of emotional regulation.

Like any other developmental milestone, the thought process and behavior are based on genetic and environmental factors. Children are very susceptible in gathering information and in using it from any source. They learn from their parents and friends, the media, and people in the street. It is very important to guide them constantly to distinguish between harmful and kind actions.

## **Essential Information for Parents and Practitioners**

### **Nutrition and Health**

Preschoolers’ physical development is not as rapid as that of toddlers, so their appetites often decrease. Their taste preference may be more toward “empty calorie” foods, such as junk food or sweets, particularly if parents use this type of food to reward or to modify unpleasant behavior. Therefore, parents must remain vigilant in developing good nutritional habits for the whole family. This age group needs approximately 1,600 calories a day to maintain healthy biological growth. Environmental factors may contribute to a decreased immune system and childhood diseases, such as obesity or type II diabetes.

Parents worry about the decrease of appetite in this age group, and they try to feed the child anything that the child will eat. Sometimes this practice leads to overeating food that is not nutritious and can also develop the habit of junk food eating in children of this age group. Parents also try to distract children from refusing to eat by putting them in front of the television or an electronic tablet while they eat. This practice creates an unhealthy habit, which can eventually lead to obesity.

Having a set time to eat, preferably with all the family members, when the time is spent on sharing ideas, events that happened that day, emotions, and paying attention to the food, serves several healthy purposes. The child learns to share their thoughts, feelings, and concerns. Parents can use this time to listen and learn about their children and use the opportunity to teach them about where their food is coming from, how it is prepared, and how to be grateful for it. Allowing the child to be a part of the family by sharing the mealtime with the entire family gives the child a sense of belonging and safety.

Preparing healthy foods with the help of children can entice them to eat them. The process of food preparation or setting the table allows children to learn about the process and feel productive, participatory, and helpful. It boosts their self-esteem and self-confidence. Reading stories about trying new foods helps entice children to try new flavors. Preparing a balanced nutritious plate, which includes vegetables, protein, and carbs, is beneficial for children's health.

## Technology

Computers, smartphones, and other forms of technology are everywhere in the Western world and are becoming more and more prevalent in non-Western cultures. It is common to see three- and four-year-old children on a tablet or computer, or even using their parents' smartphones. The extent that a child is exposed to or uses different technologies varies according to culture, parental attitudes, and income, or whether they have siblings, and also the child's age.

Today, more parents use educational software programs to teach their preschoolers. Studies have shown that interactive computer programs increase the child's speed of learning. Prensky (2006) argued that games and programs teach children important lessons that will help them in today's world, such as collaboration, moral decision-making, and strategy formulation. One area where technology and computers have helped is accessibility to learning and equity in opportunity for children with special needs. Children who are not able to participate in traditional educational settings because of physical, emotional, or learning disorders have been helped through technology (Hasselbring & Williams Glaser, 2000).

Young children need exercise and active play with other children. Physical development needs mustn't be overshadowed by sitting and looking at a television or electronic screens. This is an age where gross motor skills are

being developed and physical activity is critical. Inactive children's physical development can result in issues such as dyspraxia or clumsy child syndrome. And, early patterns of obesity may go undiagnosed, when a child is deprived of normal physical activities. Experts have long debated that long hours of playing video games, particularly of a violent nature, increase hostility and aggression and also desensitize children to violence; however, recent longitudinal research results have debated the degree and long-term effect on children of playing violent video games. Therefore, additional research is necessary to conclude a more realistic scientific perspective on the effects of violent video games (Kühn et al., 2019). It does seem that technology is here to stay and will only increase in the future. The most important thing is for parents to monitor the quality of what their child is viewing as well as the amount of time spent on technology use. The technology is generally not negative in itself, but its overuse and misuse can be.

Young children who are exposed to too much screen time, either with television, the computer, or tablets, tend to have concentration issues. They are unable to focus on the task at hand. They mostly have gross and fine motor skill challenges. Their social skills do not develop because they spend too much time with a non-human interactive or non-interactive device. They mostly have challenges expressing and regulating their emotions. In some extreme cases, even language development can be affected by the overuse of technology. The appropriate amount of screen time for a preschooler is between 15 and 30 minutes a day. The suggested time should be spent on educational programs, preferably on an interactive device with adult supervision.

Little Amy, a three-year-old girl at preschool, kept falling off her chair. She would fall on the floor for no reason while standing or walking. It was very concerning. The teacher approached the parents and raised her concern. They even took her to see a pediatrician to make sure that she did not have any physical problems. She did not seem to have any issues. The only issue, which was discovered later when her mom raised her concern, was that Amy would spend hours on her dad's computer, thus she was not getting enough physical activity. Spending long periods of time on her dad's computer had led to her brain's inability to focus and, as a result, her physical muscles lost dexterity. Preschoolers need to continuously exercise and improve their hand/eye coordination, thus improving their gross motor skills. Amy's lack of physical activity had deteriorated her muscle flexibility which led to her falling and losing focus while walking. After Amy's screen time was

reduced to 15 minutes a day, she started to re-train her gross muscles, improving her balance and focus.

## **Atypical Development and Health Issues**

### **Attention Deficit Hyperactivity Disorder**

Attention deficit hyperactivity disorder (ADHD) is one of the most common mental disorders in young children. The general symptoms for ADHD are a lack of concentration, hyperactive behavior, and a lack of focus. Preschoolers are active by nature, especially boys; however, as they reach the end of early childhood, parents should notice an improvement in their child's attention span and an interest in finishing projects. Toward the end of early childhood, a child should be able to sit through an instructional session; therefore, a lack of concentration and an inability to focus on tasks may be signs of ADHD (American Psychological Association [APA], 2021).

### **Autism**

Otherwise known as autism spectrum disorder (ASD), this is a neurological impairment resulting in communication and social inabilities. As discussed earlier, by the time infants are six months old, they should be engaged in social interaction with adults and the surrounding environment. This social connection starts with social referencing, when a six-month-old baby starts to point at things and look into an adult's eyes as a way of communication. Failure to make that connection or to use social referencing, along with other communication abilities, may be an indication of autism. Self-absorption is one of the characteristics that children with autism demonstrate. These children seem aloof or not interested in social interaction (American Psychiatric Association, 2013).

The medical field today has made tremendous progress in diagnosing autism at an early age. However, a child's lack of communication does not always mean they are autistic and may be related to other cognitive/emotional problems. Diagnostic tools have been greatly improved, yet the causes of autism are still under a cloud of ambiguity. Scientists have referenced the possibility of a pre-genetic disposition, childhood immunization, and even the male sperm being the culprits in causing autism. Asperger syndrome is a high functioning level along the spectrum of autism.

In the United States, and most Western countries, child experts and the medical field have always aspired to learn more about developmental

abnormalities. Socially, the Western world has also made a tremendous effort in accommodating children with disabilities, such as offering additional assistance or providing accommodation so that a child with disabilities can enjoy a productive and happy life. This is not always the case in non-Western countries. Here is an excerpt on Korean children who have to live with some form of disability.

## **Transitional Milestone for Preschoolers**

### **Home to Preschool**

The preschool years are filled with magic, possibilities, imagination, and autonomy. In this age group, a child gets to exercise and experience new capabilities and skills. The desire to learn and to master new skills continues in this age, yet the curiosity of a toddler turns into experimentation, such as the urge to do things independently or to learn how to ride a tricycle. Early childhood is also the time of play, make-believe, and goal-oriented plays, making friends, and taking the initiative. Of course, the heightened interest to try new things may lead to risky behavior or whimsical experimentation, thus endangering their safety.

In early childhood, social relations expand as the child becomes more aware of relationships with others and how these impact them. Sibling relationships start to form and take shape. As much as this age group enjoys playing and socializing, the transition from home to preschool may still be hard for some young children. Going through the separation from home and starting a new transition to preschool may be traumatizing. Parents need to be aware of how to handle this transition with the least amount of hardship. Looking for the right preschool that offers a balanced early childhood education, play, cultural awareness, and interpersonal training is very important. Therefore, parents should start researching and investigating to find the best possible preschool, or a close alternative, while their child is still a toddler.

To ease the separation anxiety in preschoolers, parents can spend some time with the child at the drop-off time at the beginning of the preschool year to help the child explore and familiarize themselves with the environment and build a sense of security. This will give the child the opportunity to be around the other children and teachers while the parent or caregiver is there to give them a sense of safety. It makes it easier for the child to start trusting the teachers and feel safe at school.

## How to Choose a Preschool for Your Child

When choosing a preschool or childcare establishment, parents should consider the following:

- The location of the establishment: It is ideal to have a preschool close to home, so the child does not have to wake up very early in the morning.
- The safety and cleanliness of the place: All of the furniture should be securely connected to the wall. The electric outlets should be covered with childproof covers. The beds should not have anything in them other than a mattress and a blanket. The chairs and tables should not have sharp edges. The kitchen should be separated by at least a child-proof gate, or all of the cabinets and appliances should have child-proof covers and locks.
- Preferably, teachers should have Early Childhood Credentials and experience in the field of child development.
- The teaching style, the philosophy, and the curriculum should be developmentally appropriate and include play and discovery activities.
- Schools must have an anti-bullying philosophy.
- The ratio of caregivers/teachers to children should be based on state regulations.
- Teachers must treat and talk to children respectfully and mindfully.
- Disciplining philosophy and practices should not include punishment.
- The classroom must be fun, joyful, and colorful.
- Observing the classroom should reveal happy and active children at play.
- Administration can demonstrate support and assistance to teachers.
- Ask existing or past parents for references.
- The school must have an outdoor area and children should be playing outside for at least one hour a day.

## Preschoolers and Safety Issues

Parents differ in the degree to which they *respond to* children's signals and exert *control* over their children's behaviors. High-quality caregiving, characterized by a sensitive, cognitively stimulating, and moderately controlling approach, is crucial for children's optimum development and safety. Caregivers must assume responsibility for the safety of infants, toddlers, and preschoolers because children at these developmental stages have

limited abilities to appraise risk and differentiate unsafe from safe situations. Historically, research on child safety has focused on which safety practices the caregivers adopt, why they do so, and how to motivate them to enact better safety practices. More recently, research has begun to examine caregiver supervision practices, how they might lead to young children's risk of injury, and what messaging approaches are best to motivate caregivers to improve their supervision practices.

## **Early Childhood Challenges**

### **Understanding Stranger Danger vs. Paranoia**

Due to their egocentric nature, preschoolers have difficulty in understanding family dynamics, relationships, and peoples' intentions. To a young child, the hidden meaning of a stranger differs from what an older child perceives. Parents often talk to their children about stranger danger; however, they do not discuss who is considered to be a stranger. To a young child, the idea of a stranger is a monstrous-looking individual with a scary appearance; therefore, when talking to a child about staying away from a stranger, they do not interpret this as a normal-looking person but as an evil person. In many research studies and documentaries, parents were shocked when they observed their children being easily manipulated when approached by a smooth-talking stranger promising them candy and toys in return for their help in finding their lost puppies. More shockingly, these parents were surprised by their children's decision; even though they claimed they had the stranger-danger talk with their children.

With their egocentric view and being confused between reality and appearance, a young child can be easily deceived to ignore the warning signs. Children in this age group act whimsically and spontaneously, so to expect them to watch out for themselves is illogical. To teach a child about the dangers of an abusive stranger, parents and educators need to use age-appropriate storytelling, repetitive role-playing, and the use of a secret code for the child to remember.

#### ***An Example of Stranger Danger Talk with a Child***

Recently, playing in a park under the watchful eyes of her mother, little Annie was approached by a stranger asking her if she wanted an ice cream. Annie's mom had already taught her a creative game in which all close people had a secret code, "strawberry," and if someone did not know the secret code, then they were a stranger. She had taught Annie that, when

approached by someone at the park or outside, she should ask for the secret code and if the person could not name it, then Annie needed to move away from that person. The secret code shared by Annie and her mother led to an understanding of what a stranger is and how to handle a situation that is otherwise too complicated for a young child to understand.

### **Effective Disciplinary Methods: Cross-Cultural**

#### *What to do when a 3-year-old ....*

*My three-year-old daughter and I were shopping at a local mall one day. I was trying to get her back to the car, but she wanted to ride the small horse carousel in the center of the mall, and I refused. She lay down in the center of the mall floor and started to scream, kick, and cry. Of course, as a parent, I was mortified. A couple of people passed by me and smiled, and one said, “been there.” Fortunately, my daughter was still small enough that I could carry her, so I picked her up and carried her quickly out to the car. I must admit I did not take her shopping with me for at least two years after this incident. When she was an adult she told me, she had seen a child do this on a TV show she was watching and thought she should try it! (Donham, 2014b).*



Figure 5-7. Tantrums and a Three-Year-Old Child. Photo Source: Gem Educare

## Example of Lack of Empathy

One day, Mark, at the daycare, started answering the teacher in a way that was surprising to everyone. When the teacher asked him to help clean up or he would not be able to start the next activity with his friends, his answer was, “Then I’ll call the police and put you in jail.” The teacher was shocked as Mark had always been nicely behaved and was one of the kindest kids in the classroom. His reaction was coming from a cartoon he watched that week. The teacher used the AIT approach to help him understand that his reaction was not appropriate and how to shift it.

## The Awareness Integration Theory Approach to Disciplining

From the *Awareness Integration Theory* (AIT) method, disciplining takes the approach of respecting the child while being respected. Usually, in these situations, the child is asking for something and when the parent is not paying attention to the child’s needs or does not take the time to explain the reason for refusing the child’s needs, the child reacts and tries to assert control by expressing and acting in a way that forces the parent to react. To prevent this type of behavior it is suggested that the parent sits at the child’s level, acknowledges what the child wants, and repeats it back to the child so that the child understands that the parent knows what the child needs. Then it is important to explain the reason that what the child wants will not be honored. Alternatives can be given as options, such as other times that the child can have what they want, or a variation of what the child wants. Examples such as: “I would love to get you the toy that you want (validation), I have something important to do (fact), let’s go together and play at home with your favorite toy today and we will get it for you tomorrow (negotiation)” or “I know that you want to play with that toy now, and I wish we had the time to do so (validation). Look how much fun we had playing with other toys today (appreciation). Now it is time for us to go home and rest (fact). Guess what, let’s do all that we have to do for today and we will come back tomorrow to play again with your favorite toy here (negotiation).” When the child expresses their upset by crying, the parent holds the child physically with a loving attitude and soothing voice saying, “I understand that it is hard to let go of wanting to play right now, and we will for sure come back.” Now is the time to offer a realistic and positive activity that the family will do at home so that the child will look forward to something while they go through the grief of losing something they wanted. This is considered as positive conditioning versus bribing. In

bribing, the parent will offer a reward for the child to stop the bad behavior; however, from the AIT, the child needs to understand why they are not getting what they want and what the alternatives are. The child needs to complete the conversation even if their emotions are still lingering and learn to shift and look forward to what is coming. The child is guided to choose from two positive alternatives so they can be empowered to be in control of their choice and learn that when they request and choose then they will receive, but, when they act out, they will not.

## **The Awareness Integration Theory Approach to Socializing and Sharing**

At this age, the concepts of socialization and sharing are the most prevalent. Conflicts can constantly arise between the child and parents or among peers. This is the age that the children can truly begin practicing what was learned and seeded by the parents. Children can independently begin to recognize, name, and release their emotions. They can also recognize and identify their intention and create ways to obtain what they want by monitoring what works and what does not. Their process of awareness of the self becomes more independent. Here are a few intervention techniques showing how AIT can be applied:

### ***Ashley Socializing***

Ashley is having a difficult time making friends; she hides behind her mother or her favorite teacher and will not face the other children. Once the teacher turned around and sat down to be at the same level as Ashley, held Ashley's hands and looked into her eyes, and said: "It seems that you are uncomfortable; what are you thinking at this time that is making you uncomfortable?"

Ashley shrugged her shoulders.

Teacher: "It seems that it is even uncomfortable for you to talk about it. It is okay. Whatever it is, tell me what makes you uncomfortable."

Ashley: "I don't know."

Teacher: "How does it make you feel when you don't know?"

Ashley: "Scared." (If the child does not know the feeling, then the teacher can give examples of appropriate feelings until the child learns to identify the feelings felt in their body.)

Teacher: "So, when you say I don't know and feel scared, then you try to hide to make the fear go away?"

Ashely nods.

Teacher: "Okay, what would you like to say?"

Ashley: "Hi, I want to play with you."

Teacher: "Wow, you do know what to say then. Great. When you know you can say that how would you feel?"

Ashley: "Happy" (with a shy smile).

Teacher: "Good, now let's try it. I will get up, and you can stand beside me instead of behind me, and then we can try this. Would that make you more comfortable?"

Ashley holds her head down but gives her hand to the teacher and both walk toward another child that Ashley chooses.

The teacher again sits at the same height as the children and looks at Ashley and the other girl and says, "Ashley wanted to say something."

Ashley then looked up and said: "Hi, do you want to play?"

The other girl said: "Yah, let's go."

Afterward, the teacher asked Ashley how that was, and Ashley said it was fun.

This beginning allowed Ashley to be able to shift every time she got afraid and became aware of what was holding her back, toward what she really wanted and then going after it.

After working with her for a few weeks, she started feeling more comfortable around the other kids. Ashley even got more assertive and would approach other children by offering them a toy and that would start a new friendship for them.

### ***Alan Waiting His Turn***

Alan pushes and hits other children if he wants something they have and cannot not get it from them. The teacher sat beside Alan and asked him, what was he thinking when he pushed and hit the other children?

Alan: "I want to play with that toy."

Teacher: "That is great. You see the other children playing with it and I am sure that you also want to play with it. What makes you want to push and hit?"

Alan: "If I ask, they won't give it to me."

Teacher: "Have you tried?"

Alan: "Yes."

Teacher: "How does it make you feel when they won't give you the toy when you ask for it?"

Alan: "Angry."

Teacher: "Is that why you push and hit? Because you are angry?"

Alan: "Yes."

Teacher: "Where do you feel the anger in your body?"

Alan shows his stomach and his fists.

Teacher: "Okay, that must feel uncomfortable. What else can you do to release the anger from your fists or stomach?"

Alan shrugs his shoulders and says: "I don't know, I want the toy."

Teacher: "I know you want the toy, and I am going to help you to get the toy. Can we first let go of the anger and then get the toy?"

Alan: "Okay."

The teacher shows Alan how to take a little ball and dribble it on the floor and send his anger through the ball onto the floor, pick it up again and dribble it, and send his anger out of his fist, and then directs him to take the feeling from his stomach and send it through his fists to the ball and dribble it hard to send the anger to the floor. After 10 times, the teacher asks Alan to take a deep breath and focus on his stomach and fists and gauge his anger.

Alan: "I am not angry now."

Teacher: "I am proud of you for releasing your anger in a safe way. Now, what do you want?"

Alan: "I want to play with that toy."

Teacher: "Great, how can you ask for it so that the other child also feels respected?"

Alan: "May I have the toy?"

Teacher: "And if he is still wanting to play with it, then how can you ask him so that he can tell you when he can give it to you?"

Alan: "But I want it now."

Teacher: "Yes, I know. How do you think he thinks about you when you push, hit, demand, and disrespect him?"

Alan: "He won't like me."

Teacher: "How is that for you?"

Alan: "I don't like it. I want to play with him later."

Teacher: "Okay, if you are playing with a toy and are still not done, how would you like to be asked so that you feel respected and that you would give it to them?"

Alan: "If he said that he wants to play with it when I have done with it."

Teacher: "Perfect, so what would you want to say to be respectful to him and you?"

Alan: "I would like to play with this toy. Can I have it when you are done?"

Teacher: "And what would you do until he is done and gives it to you and not to be angry and frustrated?"

Alan: "I will sit and wait, ahhhh. I will play with this" (He picks up another toy).

Teacher: "I am so proud of you. Yes. I like the way that you know what you want and know how to get it respectfully for you and others."

After implementing AIT, he has learned to ask for his turn. He would go to the adult and patiently wait for his turn. He would respect that the other child also wanted the toy, and if he hit or push him, it would cause him pain.

Implementing AIT allows the child to experience their thoughts and emotions, and then to create the next step toward their intention. On this path, the child needs to align their thoughts, feelings, and actions toward a

certain goal with the understanding of how it impacts the child's relationship with the surroundings.

## **The Awareness Integration Theory's Approach to Emotional Regulation**

Within AIT, the first step in emotional regulation is identifying and naming different emotions. It is very important to talk to children about their emotions and to help them with recognizing them by reflecting on what is seen in the child's body language. Children need to be taught the differences between emotions, how to express the message within each emotion, and ways to release each particular emotion. Adults can help them name each emotion appropriately. The next step is to know how to express emotion. One expression of happiness or joy is laughter. Another expression of joy is screaming. Children should know that expressions of emotions are not bad as long as they do not cause harm or pain to others. They can be guided to use their words to express what they feel, what triggered that feeling, and then examine the reason behind their particular feeling. Feeling emotions is an essential part of being human. It is important to teach children how to release their emotions in a safe way. Each emotion can be released differently, first by paying attention to where the emotions are felt in the body and then to release them by exhaling. Feelings of anxiety, frustration, or anger can be released by being active, such as running, walking, hopping, and so on. Feelings of sadness, shame, fear, guilt, or disappointment can be released through breathing deep into the location of the body that is storing them and also caressing the body to create soothing for the self. The third step is to realize the impact of their expression on others and how to change it if it is not safe or appropriate. This can be achieved by observing the other person's reaction and asking how it was for them, listening, and apologizing if needed. Adults can help this process by expressing how they have been impacted by the child's emotional expression, whether it is positive or negative.

## **The Awareness Integration Theory's Practical Solution for Johnny**

To return to our story about Johnny, the young boy whose mother is expecting a new child, and whose father is away working, let us continue with the story, applying AIT as a solution for his transition.

Johnny is going through a tough adjustment as his family is growing. Although the new transition is for a great purpose, it has created much stress for Johnny and his parents. He has a fear of not knowing how a new baby will affect his life. He fears that he will lose his parent's attention and his specialness. He is already missing his father and sees his not being home as often as a result of this new baby. His fear turns to frustration about his home life changing, so he acts out his frustration at school.

Johnny needs to be taught how to identify and label his emotions, such as fear, frustration, anger, and sadness. He can then be guided to share the source for his feelings, for example, the loss of love and attention from his parents, the baby will be annoying, or he will no longer be the special one. Johnny needs to be guided to identify where the emotion is in his body (stomach, shoulders, chest, or head) and pay attention to it while he breathes through it to calm it down. Then the teacher/parent must validate Johnny's experience and feelings. Johnny can be guided to understand that he can be in control of some matters, such as his feelings and actions. His teacher can ask him to verbalize what he needs at this time, what he needs from his parents, and what he needs from his new sibling when he or she arrives. The teacher can provide Johnny with a doll to carry, caress, talk to, and nurture, as a symbolic image of the new sibling. The teacher can also guide Johnny to ask for attention when he needs it from his parents. His parents can also be guided to recognize when Johnny positively asks for attention so that he is assured of his special bond and time with them. Each parent can be guided to create a special time each day or each week individually with Johnny to do activities that he likes so that he can maintain private time with and the attention of his parents and does not see the new sibling as someone who takes his parents away from him.

## CHAPTER SIX

### MIDDLE CHILDHOOD

*Eight-year-old Aiden was having a serious conversation with his parents, who were informing him that from now on he will have some chores. Of course, his parents had to explain the concept of chores, at the time an unknown idea to him, and the fact that not performing chores could result in consequences. His parents had prepared a list of chores that Aiden will be responsible for and the consequence that could be forthcoming. They had also written a contract, advising him to read it before signing. The chores included taking out the trash and helping with setting up for dinner and the consequence was to give away a favorite toy if he did not do follow through. Aiden was shocked to find out that he now has responsibilities, other than doing his schoolwork, and more that he would have to give up a favorite toy as a consequence of his inaction. In a recent visit with grandpa, while running toward him, Aiden made a loud announcement of this new event. He asked, “Grandpa, do you believe that I now have chores and consequences? Do you believe that if I don’t do my chores, I’ll have to give up a favorite toy?” Grandpa’s response was, “Yes, Aiden, that is what being an adult means.” Aiden responded, “Being an adult is hard to do!”*

The story above represents the type of cognitive shift that children are required to go through during middle childhood (ages 6–9 years). At the early childhood level of development, children cannot reason and analyze logically due to various factors; therefore, young children cannot always understand the reasons for the demands of adults or the consequences of their actions. Although children may be aware of cause and effect, they may not necessarily understand or accept it. Aiden’s age and stage of development enable his brain to have shifted from one-sided to two-sided logical thinking. This means that Aiden is now capable of seeing the other side of the argument.

Middle-childhood years bring about profound changes in children’s lives. Children are emerging from their more carefree early years at a stage where

they realize there are many requirements and expectations now being placed upon them. During middle childhood, most children are in transition. They are transitioning in many ways: from a half school day to a full day; from daily naps to full-day attention; from few responsibilities to being counted on as a full, responsible member of the family; from playfulness to serious endeavors; from a baby physique to dramatic body changes; from “milk teeth” to permanent teeth; and from whining and crying to get attention to being more deliberate in personal interactions and contacts. All of these growth changes are a progression toward maturity.

Children at this stage of growth and development undergo tremendous changes that can affect them psychologically and perhaps have an impact on them as their adult life unfolds. It is, at this time, that “new beginnings” are being formed, such as self-concept, the development of relationships, the ability to think and reason, and the growth and contouring of the body.

Children in this age group seem to need the time to digest and sort through all of the information and experiences presented to relate new experiences to old ones. This process sometimes places the child on an emotional roller coaster, with the child experiencing mood swings from sulkiness and brooding to periods of euphoria and exhilaration. Other behaviors such as pensiveness, negativism, and sadness also prevail because of an increase in mental activities.

During middle childhood, children gain an increased sense of self in relation to peers and family members, as well as an acquired measure of detachment. They have an increased sensitivity to others’ actions and attitudes and react according to how these feelings and actions are portrayed. The middle-age child worries about being treated unfairly and about being bullied. This is the time for adults to be sensitive to the child’s growing self-esteem and question the most appropriate time to offer criticism or disapproval of the child’s behavior, actions, or schoolwork.

During the stage of middle childhood, children seek deeper, more meaningful personal and social relationships at home, school, and in the community. The teacher is the one with whom the child is desirous of obtaining a personal relationship. The teacher’s word is “law and gospel,” according to the child. Often, it is the teacher’s or coach’s ideas and beliefs that have a greater impact on the child’s way of being in his or her world than those of the parents. The child, however, needs verbal sanctions and is very dependent upon guidance and reminders from parents, teachers, and coaches, or other significant adults.

In middle childhood, the child is seeking greater independence at home and school. This need for independence sometimes interferes with cooperative play. The child may wish to play in a group (cooperative play) or alone, either watching TV, playing videos, or reading. They enjoy the privilege to choose. There is also a deepening sense of ethics developing, including discrimination between what is “good” and “bad” in choices to be made, in considering other children as friends or foes, and also within the self.

Children in the middle childhood years extend their curiosity beyond things. Other people become very important to the child. First, the curiosity starts with those with whom the child has close contact. The child enjoys listening to adult conversations and discussions as well as being around parties and gatherings to be a part of the “social action.” Other cultures and people, especially children of different lands, enchant the child. They enjoy reading, seeing, and discussing other cultures, historical events, and foreign places, many times comparing differences and similarities to their own life experiences.

As they expand their sense of competency, children are very sensitive to their need for approval. It is at these ages that children are especially concerned about what their mother thinks and feels about them. They need praise for the good work they have done around the house, compliments on good social manners, and approval for adequate schoolwork. They also constantly evaluate their work, become their own worst critic, and become discouraged because they realize that they are not able to do whatever the task is perfectly. These negative attitudes can be carried on throughout adulthood. However, at around 9 years of age, gone are the harsh judgmental tendencies that existed at 8 years of age, to be replaced with a greater acceptance of other people’s attitudes, behaviors, and mistakes. This ability to accept others also transfers to the self, where the child is better able to accept their own mistakes and potential failures as a part of growing up.

In the later years of middle childhood (ages 8–9 years), the child displays self-confidence, independence, and maturity at home. There is a lot less arguing with parents regarding chores, and less attention is demanded from them. The child seems to enjoy other siblings better and is less absorbed with issues of fairness or being required to do more than is thought to be equitable.

The highlight of the school is being with friends and companions; good attendance and liking school are motivated by the child’s desire to be with their playmates. The child has now acquired the tools needed for success in

society, which are reading, writing, and computation. The important academic skills are used both at school and away from school. The child realizes that with this information they can solve problems, gain information, play games, and become productive members of society; therefore, these skills are being used everywhere. This interest in and practical use of academic skills enhance their desire to learn more.

## **Physical Development**

Middle childhood is supposed to be the happiest and healthiest time of our lifespan because of the newfound independence and developing physical abilities. Children are able to be active and to enjoy friends and exciting social relationships. According to the Centers for Disease Control and Prevention's (CDC, 2021a) "Child Development Basics," by the time a child reaches middle childhood, they can dress themselves, catch a ball while keeping their balance, and perform more complex physical activities. Optimum physical development for middle childhood requires healthy eating and ample physical activity to stay fit and to be ready to face the challenges of being independent of the family, of rough playing, and for extending physical activities, and making friends.

After the relatively powerful growth spurt during early childhood, children at about the ages of 6–9 years, grow at a rate of approximately two to four inches and gain five to seven pounds per year (Kuczmarski et al., 2000). In middle childhood, the child's body generally slims, as the torso and legs lengthen and strengthen. This is accompanied by the loss of temporary teeth that are replaced by permanent teeth. Children in this age group need ten or eleven hours of sleep per day to accommodate their growth (Sleep Foundation, n.d.).

There is a complementary increase in both gross and fine motor skills. Gross motor skills improve as children engage in jumping, skipping, climbing, and running. These changes are correlated with a child's participation in team sports in which the child learns organized play, taking turns, role responsibilities, and rule obligations. As children play in increasingly complex situations, their timing and hand-eye coordination increase, and these new abilities qualify them for more and more complex play conditions.

Six-year-old children undergo tremendous changes, but the physical characteristics of females are usually more advanced than for males. The average weight is 48 pounds, with girls weighing approximately 2 pounds less than boys. This is known as the ugly-duckling stage. Six-year-old

children have one or two permanent teeth, by the age of 7 years, this number grows to three to eight, and by the time they turn 8 years old, they usually have over 10 permanent teeth.

The 7-year-old child's growth of arms and legs continues to be out of proportion with that of their head and trunk. Their vision may still not be acute, especially close up, for such as schoolwork, which parents need to be aware of to watch for poor eye vision or the need for prescription glasses. The higher physical strength will lead to a better use of small muscles and fine motor skills; therefore, a lot more use of their hands is common. Due to vigorous physical development, children at this age need up to 10.5 hours per day of sleep. Since children are now active in school and socializing more, especially if they are not immunized, some of the early childhood diseases such as measles, mumps, or chickenpox may resurface. Socializing with other children and spending more time outside of the home could also lead to frequent infections of the throat, nose, and lungs.

Females experience a more rapid physical development than boys. By now, the 8-year-old's brain has reached adult size, and physically, legs and arms are longer, appearing to be more adult-like and they may look gawkier and clumsier. Children of this age group experience a higher level of energy and have better control over the body, and to support all that, they need 10 hours of sleep per day.

The 9-year-old child's body changes with an average height increase of 2.5 inches per year with a weight increase average of 6 pounds per year. The greater physical increase will occur in the limbs and trunk area, which, with their already long legs, may give them a gangly appearance. The eruption of permanent teeth continues as more baby teeth are lost. Children, aged 9 years, continue to enjoy both schoolwork and play. The activities they enjoy are bicycle riding, skating, running, hiking, and playing video games.

## **Motor Development**

Six-year-old children are very active and always on the move, walking and running clumsily, jumping rope, doing a few pull-ups, learning to skip, and throwing a ball well but not accurately in aim, and learning best by manipulating the environment.

Seven-year-old children can dress and coordinate clothes and are conscious of their appearance. At this age, children are very competitive and enjoy

new games such as handball and tetherball. They have established hand-eye coordination and have skills of marching and keeping time.

Eight-year-old children grow interested in games requiring coordination and small muscle control and are fond of rough and tumble boisterous games. Children of this age group engage in group games such as soccer, baseball, football, etc., enjoy swimming and competition, and are impulsive in physical activities. At this age, children write more uniformly, and they possess independent self-care skills.

Nine-year-old children can care for their own needs and are interested in their strength, performing more skillful tasks, and being able to dress themselves rapidly. Handwriting at this age becomes a tool.

## Cognitive Development

Six-year-old children are curious and eager to learn to apply concepts. They can count to 100 by tens and subtract correctly with 5 and 10. They can print numbers 1 through 20, while frequently reverse printing numbers 3, 7, and 9. They start understanding the concept and value of money. Children at this age engage in symbolic thinking and can substitute a mental image, word, or object for something that is not immediately present, but have limited reasoning power. This age group has difficulty in focusing on more than one aspect of a situation at a time and has difficulty in understanding the relationship of a problem. They mostly show a limited ability to take into account another's point of view and can classify objects that share one attribute. They start developing more reversible and less centered thoughts and can understand yesterday and today. Judgments are based on perception rather than logic. Children at this age possess a vocabulary of close to 2,500 words and have developed a symbolic verbal representation of the world. They are very talkative but mostly use monologue speech. They master most of the characteristics of their native language but interpret slang and phrases word by word. The internalized language system provides the basis for the development of reading and writing skills.

Seven-year-old children begin using abstract thinking. Concerned with an evaluation of schoolwork and performance, they can listen more instead of talking constantly, considering others. They enjoy more solitary activities such as watching television, reading, and writing, as well as music and songs, rhythms, fairy tales, and myths. Children of this age group are more demanding of the teacher for guidance and decision-making, being interested to know where things begin and where they end and how far they

can go. They are more careful and persistent in their work habits. Seven-year-old children are increased in sexuality and the physiological functions of the body and have lengthening periods of self-absorption with a shift in their point of view of what is reality and what is not. At this age, children understand basic rules of grammar, phonology, and syntax, and they begin name-calling. Subsequently, the tendency to exaggerate situations is apparent and verbal fights are more probable than physical ones.

Eight-year-old children can tell the day of the month, year, and season, having time and space comprehension. At this age, children begin leisure reading and collecting things, and can be very skeptical, seeing conclusions, content, and implications. Eight-year-old children get interested in things beyond the here and now and are capable of managing their thoughts. They develop an increased sense of humor, recognizing the gap between the adult world and their world. Curiosity expands with an interest in other cultures, history, early times, foreign places, and people. Children of this age group exercise their judgment, playing by the rules and ideas. At the same time, they increase the conservation of properties (volume, weight, number, and mass) and can develop classification systems. They think logically and enjoy easy riddles and jokes, especially riddles to confront adults who cannot answer. They are intrigued by supernatural stories and can differentiate between fantasy and reality. An eight-year-old child can carry on a conversation with adults by reasoning.

Nine-year-old children gain increasing power of appraisal, independence, critical and abstract thinking, logical thought about concrete things, and an understanding schema of reversibility.

Egocentrism decreases and the child can work out conceptions of geographical and geometric space, possessing the ability to understand the concept of time: the clock and history. Children, aged 9 years can solve problems in their head, form rules, and follow directions. They are interested in varied adult roles; they resist being treated like a baby. They can understand that there can be more than one choice in reaching a conclusion and can talk things over reasonably, due to understanding more about truth, honesty, private property, and other personal rights. Children at this age can tell the time and are eager to be on time. They direct themselves in activities and become terribly involved. If interrupted from an activity, they will soon return to it. Knowing what they want to do and what they do not want to do sometimes makes it hard for the classroom teacher because they do not hesitate to voice their opinion. Academic achievement is of considerable importance for the children of this age group. They can take

the mastery of skills outside of the classroom, read on their own, and enjoy using math skills, such as in the grocery store. They are inner-directed and self-motivated. Semantic language development starts at this age and verbalization is more controlled, with the acquisition of phonetic rules being nearly complete.

## **Developmental Theory Explanation of Middle Childhood**

Three well-known theories expansively explain, analyze, and define development during middle childhood: Psychoanalytical (Sigmund Freud), Psychosocial (Erik Erikson), and Cognitive (Jean Piaget). In this section, we will discuss Piaget's (1952) theory regarding what type of cognition and thought processes to expect in middle childhood. Middle childhood is the time for children to explore ideas, experiment with socialization, find friends without parents' help, and start thinking and making decisions for themselves. Parents need to allow the child to have the opportunity to initiate these social practices, but at the same time, the lack of experience and unfamiliarity with consequential events could result in unpleasant outcomes. For that reason, parental guidance, the degree of freedom, and having the opportunity to put into practice what they know, are of utmost importance. Additionally, parental collaboration with other parents, the school system, and other educational institutions, such as organized sports and extracurricular activities, are extremely instrumental in advancing the child's social skills and age-appropriate experiences.

### **Cognitive Theory**

Children aged 7–10 years fall into the third stage of Piaget's (1952) cognitive theory, the stage of concrete operations. In this stage, the child can move concrete things around in their mind to manipulate and organize materials. Piaget (1952) described middle-childhood development as a process of leaving behind the illogical, one-sided, and self-centered thinking to reveal a broader, two-sided, and logical cognition. The cognitive theory explains that the cognitive shift is based on several factors, such as the physical brain's maturity, the stronger connection of neurons and axons, the clustering of neurons based on related cell information, and the additional experience that has been gained through further assimilation and accommodation.

## Social and Emotional Development

Six-year-old children's social interactions are spontaneous and informal. At this age, children choose their friends, usually of the same sex. Many times, children are involved in hostile and rejecting friendships; and can be heard saying, "You are not my friend!" or "I don't like you!" They play competitive games and interact with adults in many different ways – being demanding, companionable, hesitant, helpful, and delightful. Children may fight, argue, or become aggressive with peers and siblings, as well as with adults, especially parents. They feel social pressures from parents, peers, and teachers, that can bring about extreme emotions (a temper tantrum, jealousy, dependency, and aggression). They learn skills necessary for survival in our culture, which consist of learning the "dos and don'ts" and tend to go to extreme behaviors. They have no group loyalty and get easily excited. All social occasions are hard to handle for them and they are eager to share, insisting upon being first in everything. Children of this group may be bossy, may argue, tease, bully, torment, frighten, and hit peers and/or siblings. When things do not go the way they want, they threaten to go home, quarrel, name-call, and/or fight. They enjoy being given tasks and chores and being helpful. They also love telling stories, repeating eventful happenings, and enjoy surprising parents.

Seven-year-old children become sensitive to the feelings and attitudes of both children and adults. General emotional characteristics at this age are dissatisfaction, complaining, blaming, sulking, and being moody. They have typical fears of death and injury, failure, ridicule, imaginary creatures associated with the dark, thunder, and lightning. Nervous mannerisms such as nail-biting, stuttering, pulling at ears or clothing, shifting the body from one side to another, nervous ticks, and distortions of the face, may start at this age. Children of this age group are easily embarrassed, especially when they do not show an expected behavior or do not perform well on homework.

Worries about home, family, school performance, and peer acceptance are apparent in seven-year-old children. They are cautious and self-critical, and anxious to do things well. They are usually concerned about right and wrong, but they might take small things that are not theirs. They begin to learn to stand up for their rights, usually playing with same-sex friends, and as a real member of a group. At this age, children aim to please others and like to accept some responsibility. They also seek more independence and show more detachment from their mother as well as others. Their sense of

ethics improves, and children learn to keep thoughts from adults, enjoying having secrets with friends.

Eight-year-old children become ambivalent about growing up, more self-confident, and extremely social and outgoing. They try out new rules, but do not grasp complex rules, and like organized games with rules. They take directions from teachers and parents. At this age, name-calling, bickering, and quarreling become frequent. Children in this age group are more aware of sex roles, boys desiring to prove their strength. Belonging to a group is important, especially in groups of the same gender. Children begin to show an interest in adult conversations, observe adult mannerisms, and want a psychological interchange with parents. Although they learn to lose, they do not like to fail. They try to live up to imposed standards, showing admiration and affection to parents, and attaching to their parents. Children of this age group begin to control themselves but from time to time they become impatient with themselves. They begin to see others' positions and doubt the infallibility of adults. Eight-year-old children might verbalize their fear of failure, the dark, or not being liked. They are looking for special privileges, and are interested in religion, believing that a heaven is a place you go when you die. For this age group, children resist being treated like a baby. They become aware of orderliness. Television plays a big part in an eight-year-old child's life. They enjoy working for a reward and will start crying if criticized.

As nine-year-old children develop a strong peer orientation, they start resenting interruptions. They are more competitive, aware of their grades, and show an increased awareness of sexually appropriate behavior. At this age, girls are very self-conscious about their clothes and appearance, whereas boys must be reminded to wash and to change clothes. Interested in team sports and leagues, scouts, and same-sex associations, children of this age group begin to establish their own identity and self-concept. It is at this age when values and morals are sharpening. Children like to be trusted and are concerned with fairness and the ability to judge right from wrong. Their reputation is important, and they begin to pull away from parents and teachers; however, they are friendly and accommodating with parents. Children of this age group are better able to accept blame for wrongdoing and quarrel less with parents and siblings. They enjoy doing things "with" their father and "for" their mother and do not need to be bribed or bargained with to do chores. They are polite to adults outside of the family and get along with younger brothers and sisters. They play in groups but may have a special friend. Verbal hostility between boys and girls starts at this age. Girls think boys are always aggressive; boys think girls are silly. They use

academic achievement to evaluate peers, conforming easily to the values of peers. Hero worship and the joy of secret codes and languages begin at this age.

## **Psychoanalytical Development**

The Freudian theory identifies the period from the ages of 6–12 years old as the latency period. During the latency period, libidinal (sexual) energy is channeled toward skill mastery. Sexual tendencies are suppressed during this period. The latency period is critically important as physical development advances toward puberty. Today's children are moving out of the latency period at an earlier age due to malnutrition, lack of physical activities, and a pervasive and obsessive cultural focus on sexuality. This results in some middle-school children having sexual relations; however, they lack physical readiness as well as psychological preparedness for such an advanced undertaking.

## **Psychosocial Development**

Erik Erikson recommended that school-age child characteristics are portrayed by industry versus inferiority, meaning that children are ready to learn and build skills such as self-efficacy to function in a greater context, the social setting of a classroom, at school, and with friends and peers (Berger, 2018). Middle childhood is the age of establishing social competency and learning adult-like abilities, such as functioning in a social setting, and practicing what has been learned in early childhood. Skill-building for children in this age group is centered on functioning outside of the family environment and actively building abilities based on past and previous experiences, while adults support this process and provide nurture and guidance when needed. Adults' support helps children to gain the confidence to build the social structure that is important to succeed.

### **Play Among School-Age Children**

#### **Play and Communication**

Promoting language development in children is a natural field. They use language to plan, explain, and run the game. It facilitates interaction and communication. Playtime is when children learn which social behaviors and interactions are expected and acceptable and which are not. It enables children to adapt to expected social norms (Azar, 2002).

### ***Safety First***

Today, in many areas, children play fewer outdoor sports because parents are concerned for their child's safety. This can be a valid fear if the family lives in a crime-prone neighborhood. However, we also see this with parents who live in a safe neighborhood. Parents hear about abductions and crimes, and even if these do not occur in their neighborhood, they want to follow the "better to be safe than sorry" rule. Many parents do not know their neighbors and consequently do not trust them. For example, it is becoming increasingly uncommon for young children to go to school without their parents in the elementary grades; however, a generation ago children walking to school unattended by an adult was the norm.

### ***More Structured Activities***

Children are being guided toward more and more structured activities after school and at weekends, such as dance classes, art classes, music lessons, and so on. In previous generations, most mothers were at home and knew all the children in the neighborhood, but more parents today are dual earners. Nowadays, it is less common for children to play in middle-class neighborhoods after school ends. Another factor is the rise of playing video games, television, texting, and computers. These activities keep children indoors and reduce physical activity. According to the Centers for Disease Control and Prevention (CDC) (2012b), childhood obesity is on the rise and one of the contributing factors is that children do not get enough exercise.

### ***Gender Differences in Play***

Boys and girls generally have different play patterns. Boys tend toward more physically active play. In the playground at school, boys tend to play games that are more team-focused and rule-oriented than do girls. Girls tend to interact in smaller groups and have more conversations with other girlfriends (Crombie & Desjardins, 1993; Van Brunschot et al., 1993). Boys who are more skilled in the activity usually take leadership roles and often direct other less skilled boys (Crombie & Desjardins, 1993). Girls in elementary school grades tend to spend most of their recess time at school talking with one another. Any games they play generally require close proximity, which allows for conversations. When girls play games, the leaders are not limited to the skilled players as with the boys. Often several girls will share the leadership role. Interestingly,

the girls are more likely to exclude other girls from their play than the boys.

### ***Sarcasm as a Socialization***

Around age 10, children learn to be sarcastic and ridicule peers or classmates especially when socializing in cliques or groups, which could lead to antagonistic interactions (Arnett, 2018). Especially in group settings, this type of behavior is used to establish a dominance hierarchy and reinforce conformity. This newfound sarcastic attitude and socialization *modus operandi* will continue into the adolescent years, when a new cognitive shift and abilities emerge. We will further discuss the concept of sarcasm as a socialization tool in the adolescent chapter.

## **Essential Information for Parents**

### **Health and Nutrition**

After the relatively powerful growth spurt of early childhood, children aged 6–10 years, grow at a rate of approximately two to four inches and five to seven pounds per year. There is a complementary increase in both gross motor and fine motor skills and there are some gender differences in muscular control and development. On average, girls outperform boys in fine motor skills, such as writing and drawing, while boys excel in gross motor abilities, such as running and jumping.

Being overweight may be one of the focal worries for youngsters of middle-childhood age, which is related to future coronary illness and diabetes. Research has shown that overweight children are most likely to become overweight as adults. These children are additionally in danger of being socially ridiculed, disconnected, or isolated due to the social standards of not accepting those who are overweight; and they may face criticism, pressure, and mental strain from their peers.

Average children, aged 4–8 years, often need 1,200 calories daily if they are sedentary, 1,400 to 1,600 calories daily if they are moderately active, and 1,400 to 1,800 calories daily if they are regularly active (U.S. Department of Health and Human Services & U.S. Department of Agriculture, 2015). One of the central concerns of middle childhood is children's nutrition, which has resulted in an epidemic of obesity. According to the World Health Organization (World Health Organization [WHO], 2017), overweight and obesity are defined as abnormal or

excessive fat accumulation that may impair health. The body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters ( $\text{kg}/\text{m}^2$ ). A BMI of 25 is considered to be overweight, and a BMI over 30 is in the obesity range. With over 4 million people dying every year due to being overweight or obese, the disease in 2017 has been labeled as a global burden.

Data from the National Health and Nutrition Examination showed that American children and adolescents' rate of obesity has increased by 18.5% in 2015–2016. Overall, the prevalence of obesity among adolescents (aged 12–19 years; 20.6%) and school-aged children (aged 6–11 years; 18.4%) was higher than among children aged 2–5 years at 13.9% (Sanyaolu et al., 2019). The physical complications of childhood obesity can be heart disease and diabetes, and obese children are more likely to remain obese as adults. They are also at risk in social interactions, as they face ridicule and alienation as a result of our culture's negative attitude toward excess weight.

### **Middle Childhood Obesity**

The tremendous prevalence of fast food and junk food promoted through commercials aimed at children, coupled with the presence of junk food in school cafeterias and vending machines, encourages children to eat empty calories, sugars, and fats, to excess. Good nutrition is associated with optimal physical growth, as well as with strong cognitive, social, and emotional development. Physical fitness is the key to positive development in all areas, as it is in every stage of life. Physical fitness decreases children's susceptibility to heart disease, diabetes, and other degenerative diseases. According to the *Centers for Disease Control and Prevention* (2021b), children need at least one hour of moderate-to-vigorous intense physical activity each day. Physical fitness also decreases the tendency toward depression and social alienation. Complications from obesity during the middle childhood years, result in obese children suffering from a higher rate of depression and low self-esteem, as well as other emotional and psychological distresses, compared to average-sized or thin children.

### **Children with Homosexual Parents**

Families today come in many forms. There are a growing number of children with gay parents. A great example of how society accepts these

families is the daughter of our former Republican Vice President Dick Cheney, who is gay and has a son with a partner. It has not been known for a long time in history that a politician with a gay child can openly support this child and stay in politics. Estimates show that 1–5 million families in the United States are headed by parents who are gay, and more than 6 million children have one parent who is gay (Patterson & Friel, 2000). Homosexual couples often have children, some from previous marriages, or through surrogates, adoption, or sperm donors.

Studies have shown that children raised by homosexual parents do not have significant differences compared to similar heterosexual parents. In other words, there were no significant differences in children's emotional, psychological, or educational wellbeing. What is important is not the gender of the parents, but the quality of their parenting. Most research has been conducted on middle- and upper-class white parents (Carpenter, 2007). Although 45 per cent of homosexual parents in the U.S. Census are African American and Hispanic, there have been no studies on minorities who have same-sex parents (Carpenter, 2007).

If children of homosexual parents have problems with their parents' sexual orientation, this usually has to do with other people's reactions to the situation. Young people try to deal with their own identity and want to be accepted by their peers. As a result, some may be reluctant to announce that their parents are "different," whether they are homosexual parents, new immigrants, disabled, or any other thing that might make them stand out.

Some people believe that children raised by homosexual parents will become homosexuals. However, studies have shown that the majority of children raised by homosexual parents are heterosexual. The percentage of homosexual children is approximately the same, whether of homosexual or heterosexual parents (Carpenter, 2007).

## **Personal Challenges faced by Children**

### **Bullying**

Bullying has become a recognized and widespread problem in schools and society. Children may be incited by their religion, ethnicity, disability, or sexual orientation, or simply by being different from others. Some people may see bullying as a part of growing up, but for children who are fed up, the pain is real and can be devastating. Schools and communities should

**Table 6-1. Warning Signs of Children Being Bullied**

- Coming home with damaged belongings, such as clothes, books, and so on.
- Reports losing items such as calculators, iPods, jackets, lunch money, etc.
- Has injuries that the child cannot explain, or the explanation seems unrealistic.
- Does not want to go to school.
- Complains of physical ailments such as headaches and stomach aches so the child does not have to attend school.
- Has trouble sleeping or has bad dreams on a regular basis.
- Is very hungry after school because they did not have lunch.
- Loses interest in friends or suddenly has fewer friends.
- Starts running away.
- Seems depressed or unusually angry.
- Is reluctant to participate in activities at school or to go to certain places.
- Talks about suicide.
- Feels helpless.
- Low self-esteem, thinks he or she is not good enough.
- Blames him- or herself for all his or her problems.
- Acts differently than usual.
- Loses interest in schoolwork or has a rapid change in school performance.

*Source:* Adapted from the U.S. Department of Health and Human Services (2014), Stop bullying

maintain a zero-tolerance policy for bullying and teach tolerance toward other children.

What exactly constitutes bullying varies, but it usually contains three main components (U.S. Department of Health and Human Services [HHS], 2014):

1. *Imbalance of power:* Bullies usually pick persons who are physically or psychologically weaker than they are and have a hard time defending themselves.
2. *Intent to cause harm to another:* The bully's goal is to cause harm to another person. If harm is caused by accident, it is not considered as bullying.
3. *Repetition:* The bully causes harm to the same person over and over again. There are several recognized categories of bullying commonly seen today—verbal, social, physical, and cyberbullying. *Verbal bullying* involves things related to teasing and name-calling. *Social bullying* involves actions such as spreading rumors, isolating someone, breaking up friendships, or leaving someone out on purpose. *Physical bullying* involves hitting, pushing, forcefully taking things, or any other physical activity along these lines. *Cyberbullying* includes the use of computers, email, Facebook, the Internet, phones, or other devices to harm or intimidate others. This form of bullying and intimidation is becoming more and more common with the advancement of new technologies.

## **Child Abuse**

Any factor or element that interferes with a child's inherent development can be labeled as abusive, harmful, and detrimental. According to the Mayo Clinic (2021), any intentional harm or mistreatment of children under the age of 18 is considered as child abuse which may take many forms occurring simultaneously. The World Health Organization (WHO) (as reported by pubmed.gov, 2021) defines abuse as any act of neglect or harm that leads to a child's maltreatment.

Child abuse can be divided into four categories:

1. Physical
2. Sexual
3. Psychological
4. Neglect

Physical abuse can take the form of beating, whipping, shaking, breaking bones, burning cigarettes, child drug addiction, child physical restraint, refusal to eat and/or to provide medication, and many other related activities. It is any violence intentionally committed to cause physical harm to a child or person. Sexual assault is a form of physical assault but is usually considered as a separate category. It is a term that is difficult to define, but usually includes stroking, kissing, or intercourse with the genitals of children (Haugaard, 2000). Mental abuse can come in the form of threats to kill or injure a child or loved one. Periodically telling a child that they are worthless, stupid, or worse, or any behavior that destroys the child's self-esteem and makes them lose hope is considered to be mental abuse. It is often difficult to prove in a legal setting without physical violence. Neglect is a specific type of abuse in which a child is neglected. Parents do not look after their children appropriately for their age, do not feed them regularly, and do not provide suitable clothing or accommodation. Child abuse cases often contain elements of all four types of violence.

In 2012, an estimated 6.3 million cases of child abuse were reported in the United States and Puerto Rico, and 1,640 children died of abuse and neglect (U.S. Department of Health and Human Services [HHS], Bureau of Children, 2012). Getting help from health professionals is very important. Abuse can cause widespread serious psychological problems. Abused children can abuse other children as they become adults. Unfortunately, people often fear or hesitate to seek help because they are scolding themselves or are afraid of the stigma attached to it. Research has shown that 1.3 per cent of juveniles, 40 per cent of sex offenders, and 76 per cent of serial rapists were sexually abused as teenagers (American Humane Association, 2014).

### **Historical Perspective of Child Abuse**

If you look at the acceptable ways in the past of discipline by parents and adults, many of them today are viewed as abusive. Being whipped or beaten with a belt on the legs, waist, or hips was considered as an acceptable form of punishment. Over the last 100 years, American culture has changed its view of child abuse. For example, paddling was common in schools, strong forms of corporal punishment were not uncommon, and teachers could use physical punishment as a form of discipline. However, there were still limits to abuse, such as when a child was so badly injured that he became permanently disabled or died from his injuries. A case has come to light in a small town in Mississippi where a schoolmaster flogged a minor girl for not attending her class. She died as a result of his treatment. The girl's

family decided to take matters into their own hands and hanged the schoolteacher on a nearby tree (Donham, 2014b). No one was ever charged with murder, although everyone knows who did it. Today there is a debate over whether it is acceptable to raise a naughty child or to abuse any kind of child.

**Table 6-2. The Story of Mary Ellen**

### **The Beginnings of a Worldwide Child-Saving Crusade**

The sufferings of the little girl, Mary Ellen, led to the founding of the New York Society for the Prevention of Cruelty to Children, the first organization of its kind, in 1874, through the efforts of Henry Bergh, Eldridge T. Gerry, and John D. Wright.

The following account is by Mrs. Etta Angell Wheeler, the humanitarian who first discovered and reported the case. Late in the year 1873 there was brought to me by a poor working woman, the story of a child whose sad case inspired the founding of the first “Society for the Prevention of Cruelty to Children.” . . . The story was that during the two previous years, there had lived in the rear tenement, . . . a girl of five or six years old; that during these two years the child had been a close prisoner having been seen only once by the other tenants; that she was often cruelly whipped and very frequently left alone the entire day with the windows darkened, and she was locked in an inner room; that the other occupants of the house had not known to whom to make complaint, the guardian of the house, who lived on the premises, refusing to listen.

A week before, this family had moved to the rear tenement 341, on the same street. Later in the day I went . . . and heard a story from others; then, hoping to see the child, I went to 341. . . . I was there only long enough to see the child and gain my own impression of her condition. While still talking with the woman, I saw a pale, thin child, barefoot, in a thin, scanty dress so tattered that I could see she wore but one garment besides.

It was December and the weather bitterly cold. She was a tiny mite, the size of five years, though, as afterward appeared, she was then nine. From a pan set upon a low stool, she stood washing dishes, struggling with a frying pan about as heavy as herself. Across the table lay a brutal whip of twisted leather strands and the child’s meager arms and legs bore many marks of its use. But the saddest part of her story was written

on her face in its look of suppression and misery, the face of a child unloved, of a child that had seen only the fearsome side of life. These things I saw while seeming not to see, and I left without speaking to, or of, the child. I never saw her again until the day of her rescue, three months later, but I went away determined, with the help of a kind Providence, to rescue her from her miserable life.

How was this to be done? . . . I had more than once been tempted to apply to the "Society for the Prevention of Cruelty to Animals," but had lacked courage to do what seemed absurd. However, when on the following Tuesday, a niece said: "You are so troubled over that abused child, why not go to Mr. Bergh? She is a little animal, surely." I said at once, "I will go." Within an hour I was in the society's rooms. Mr. Bergh was in his office and listened to my recital most courteously but with a slight air of amusement that such an appeal should be made there. In the end he said: "The case interests me much, but very definite testimony is needed to warrant interference between a child and those claiming guardianship. Will you not send me a written statement that, at my leisure, I may judge the weight of the evidence and may also have time to consider if this society should interfere? I promise to consider the case carefully." . . .

Mr. Bergh called upon me to ask if I would go to the Court House, the child having been already sent for. . . . After we had waited a short time in the Judge's Court, two officers came in, one of whom had the little girl in his arms. She was wrapped in a carriage blanket and was without other clothing than the two ragged garments I had seen her in months before. Her body was bruised, her face disfigured, and the woman, as if to make testimony sure against herself, had the day before, struck the child with a pair of shears, cutting a gash through the left eyebrow and down the cheek, fortunately escaping the eye. . . . The investigation proceeded. The child's appearance was testimony enough, little of mine was needed, and, thus, on Thursday, April 9, 1874, her rescue was accomplished. This Mr. Bergh had affected within forty-eight hours after first hearing of the case.

The prosecution of the woman who had so ill-treated her, followed soon. One witness was a representative of the institution from which the woman had taken the child, then less than two years old. No inquiry as to the child's welfare had been made by the institution during the intervening seven years. Records of her admission to this institution had been lost in a fire. The testimony of fellow tenants, and the damaging

witness of the woman against herself, under cross-examination, secured her conviction and she was sentenced to the penitentiary for a year. When leaving the Court House, I tried to thank Mr. Bergh for the rescue of the child, and asked if there could not now be a Society for the Prevention of Cruelty to Children, which should do for abused children what was being so well done for animals? He took my hand and said very emphatically: "There shall be one." Today all the world knows how well that promise was kept. The time has come for a forward movement in the welfare of children and little Mary Ellen's hand had struck the hour.

The child was rescued, but what was to be done with her? . . . soon after put Mary Ellen at my disposal. I took her to my mother near Rochester, New York, to my mother whose heart and home were always open to the needy. Here began a new life. The child was an interesting study, so long shut within four walls and now in a new world. Woods, fields, "green things growing," were all strange to her, she had not known them. She had to learn, as a baby does, to walk upon the ground, she had walked only upon floors, and her eye told her nothing of uneven surfaces. She was wholly untaught; knew nothing of right and wrong except as related to punishments; did not know of the Heavenly Father; had had no companionship with children or toys. But in this home, there were other children and they taught her as children alone can teach each other. They taught her to play, to be unafraid, to know her rights and to claim them. She shared their happy, busy life from the making of mud pies up to charming birthday parties and was fast becoming a normal child.

I had taken her to my mother in June. In the autumn following my mother died. She had asked that, after her death, my sister, living nearby, should take Mary. She did and under her care passed years of home and school life, of learning all good household ways; of instruction in church and Sunday school, and in gaining the love of many and the esteem of all who knew her.

When twenty-four she was married to a worthy man and has proved a good homemaker and a devoted wife and mother. To her children, two bright, dutiful daughters, it has been her joy to give a happy childhood in sharp contrast to her own. If the memory of her earliest years is sad, there is this comfort that the cry of her wrongs awoke the world to the need of organized relief for neglected and abused children.

## Child Abuse from a Cultural Perspective

Child abuse is a term used in Western culture that means deliberate harm to a child. What constitutes acceptable harm is cultural and changes over time. Infanticide has been practiced in many cultures around the world and throughout history. In the days of Aristotle and Plato, killing disabled children was considered to be a wise practice (Gracer & Alexandria, 2003). Child murder has been reported in the past by anthropologists from Eskimos, Polynesians, and many African and South American cultures. In China, killing female infants was legal until about 1837. Even in the history of England and Europe, babies have had to die or be killed because their parents did not have the money to feed them. The idea of "child abuse" did not emerge until the industrialization period and in more recent times when there were views about how children should be treated.

Child murder differs from modern child abuse in several respects in that the motives behind the abuse are different. The culture of practicing infant killing sees it as a higher will or a need for the survival of their society. The personal responsibility for action lies not in their hands, but in the "hands of God." The Yanomami, in the Amazon region of Venezuela, practice infant killing when they believe that two children are born too close together and threaten the survival of the older child. Chagnon (1968) explains:

Kaobawa's eldest wife, Bahimi is about thirty-five years old. She is his first cross-cousin. Bahimi was pregnant when I began my fieldwork, but she killed the new baby, a boy at birth, explaining tearfully that it would [have] competed with Ariwari, her nursing son, for milk. Rather than expose Ariwari to the dangers and uncertainty of early weaning, she killed the new child instead. (Chagnon, 1968, p. 37)

## Practical Approach to Parenting

### Awareness Integration Theory Approach

Parents need to be aware of their thoughts, feelings, biases, judgments, and communication with middle-childhood-age children. In *Awareness Integration Theory* (AIT), being patient and loving, while giving attention and affection with lots of praise is the cornerstone of connection and guidance.

Spending time playing, and doing homework, housework, gardening, and sports are important. These provide the time and the space for the child to use their abundance of energy. The child needs freedom to explore the environment and to learn from the experience. Using AIT, these are times

for parents, teachers, and caregivers to share their ideas and values, and let children know that they are cherished. Children at these ages need consistent guidance and discipline. Parents might be constantly challenged by this matter. Parents need to recognize that their children are at a different cognition level of development and avoid ridiculing or criticizing them harshly. Middle-childhood ages are very sensitive times for children. Since their reasoning is developing, it is important to reason with the child in a way that they understand. Asking them what they have understood from what the parent has explained will help the parent to understand what more needs to be stated for the child to understand why certain behaviors are helpful, harmful, moral or immoral, and acceptable or unacceptable. Parents can guide the child to first create an intention of the outcome they want to achieve, and then guide them toward the behavior that would lead to that outcome. As children develop intellectually, they become more able to suggest, discuss, and debate rationales, alternatives, consequences, and compromises. Parents should foster this type of explorative thinking.

To encourage a sense of autonomy and independence, it is important to request and allow the child to choose their clothing and self-grooming habits, as well as choosing responsibilities in their room and the house, such as making their bed, helping with the dishes, etc. Parents can allow the child to solve problems by asking “What do you think?” and “Why?” questions. Parents can set a weekly allowance for the child to experience money management skills.

Since this is a very emotional period for the child as they are in transition between developmental stages, their emotions need to be addressed and cared for. Self-soothing versus parent-soothing techniques need to be implemented. Implementing AIT, parents can ask the child whether they would like to be alone in their room, or somewhere by themselves and take care of their emotions, and then come and share what is going on with them, or whether they can stay with the parent and identify and release the emotion, and ask for what they want. Allow time for extensive communication with the child since they are sensitive to criticism and feel offended and hurt by any types of words or tonality. Parental approval is very important for the child, so guide the child toward the parents’ values. Instead of telling the child what they did was wrong, ask them what their reason was for doing something in that way, acknowledge their reasoning, and then guide them toward the parents’ preferred reasoning and behavior. Children thrive on praise, and need support and encouragement. Parents can role-model how to be accepting, nurturing, and encouraging when the child is critical of themselves, teaching caring self-talk versus critical self-talk. Assist the child

in coping with failure and frustration by acknowledging their sadness, grief, and anger, while creating the next goal in that area and developing a plan for achieving it.

## CHAPTER SEVEN

### PRE-ADOLESCENCE (TWEENS)

*Eleven-year-old Aliyah is seated in the waiting room of Dr. Phyllis Metcalf's office. Dr. Metcalf is a well-known psychologist in Los Angeles. Aliyah's parents have brought her for counseling because she is struggling with several issues in school. Aliyah is quite bright. She was accelerated into the sixth grade, and her achievement scores placed her well beyond many of her peers in the gifted category. Aliyah is articulate, but she has been spending a great deal of her time alone reading. She has a limited circle of friendly acquaintances, no close friends, and appears content to spend her time with her parents and five younger brothers. Aliyah is devoted to her brothers and enjoys babysitting them three times a week while her parents manage additional work. Aliyah's behavior has changed over the past three weeks. She has become more withdrawn and increasingly angry. She complains of headaches, especially before school. Her grades have fallen from straight As to the B to C range. In school, she is listless and distant. Her parents are worried and do not understand the causes of Aliyah's recent behavioral changes. In addition, she is going through many physical changes that may have resulted in her recent depressive mood and change in attitude. However, at the same time, these changes could be the result of social problems, being bullied, starting to experiment with drugs, or even being physically abused. Aliyah's parents are concerned and anxious to find out the possible causes of her mood and attitude changes from Dr. Metcalf.*

The pre-adolescence age group is a fairly new connotation referred to as the tween years. This period in a child's development is what used to be referred to as the middle school years. Welcome to the world of tweens, a dreaded age feared by many – mostly parents! On the other hand, could it be that tweens have been unfairly stereotyped? Or have they been unjustly given a bad rap by critics? In this chapter, we will discuss developmental changes and issues surrounding this stage of children's development referred to as the tween years. However, it is only fair to say that the sudden growth of a

school-age child into a middle schooler, who is now impulsive, forward, argumentative, outspoken, temperamental, and awkwardly independent may come as a shock to many parents; and, thus, result in increased parental worries. At the same time, focusing too much on the negative sides of this age group might deprive parents of seeing all the fascinating characteristics of their tweens. If we focus too much on the challenges and ups and downs of raising a tween, then we will miss all the wonderful qualities and attributes of the person. It should be noted that parenting a tween is rewarding, exciting, explorative, and wonderful. Tweens have many positive qualities and developmental features that we will discuss and explore in this chapter.

## **The Pre-Adolescence (Tween) Characteristics**

Pre-puberty or the pre-teen, a special developmental milestone labeled “pre-adolescence or tween” (characterized freely as between the ages of 10 and 12 years) is a period of tremendous development in the youngster’s physical, psychological, cognitive, and social development that usually embeds the onset of puberty and the first signs of puberty formation. Girls especially experience the onset of puberty at an earlier age than they used to. It is not uncommon for them to start the puberty process at a young age, such as the age of 9, 10, or 11 years, with boys lagging just a little behind them. The early and rapid transition from childhood to the onset of puberty may leave parents astounded, feeling as if their little children have morphed into new beings practically overnight.

The growth spurt and sudden developmental change can bring awkwardness, not only internally for the tween, but also externally for others. Regardless of how major these external changes may look outwardly; the most important factor is how they are occurring internally.

### **Physical Development**

#### **Onset of Puberty**

In middle school or junior high school, children gain maturity as they approach puberty and pre-adolescent years. Parents of tweens often ponder the unknown and think about what could potentially turn out badly in the years ahead. They might stress over their child’s possible engagement in wild driving, unprotected sex, alcohol consumption, drug abuse, and other risky behaviors. However, a more reasonable thought process would

involve parents' focus on the challenges that children face during this sensitive developmental age. Consideration can be given to children's lack of maturity and experience, and how they can help their tween avoid pitfalls. As parents, we sometimes fail to acknowledge this important period that occurs just before the adolescent years. The reality is that the tween years hold great significance in positively contributing to an individual's teen years – those years in between middle childhood and adolescence – precisely, the tween years.

### **The Sequence of Physical Changes at Puberty**

The growing population of females with more body fat and a higher body mass index (BMI) is contributing to the earlier maturation of girls in the United States and Europe. The average age for girls' first menstrual period in Western countries is 12 years old. Statistics in developed countries show that girls from 1900 to 1970 had the start of their menarche three to four months younger every decade. This is partly due to improvements in health, nutrition, and hygiene. Females with less body fat who start serious exercise early on often start their first period later. In addition, girls in poorer regions of the world, where malnutrition is widespread, often experience menarche later than those in developed countries.

Many American parents prepare their daughters for the first period or menarche. Schools often have a fifth-grade program that introduces girls to the basic facts. Parents, particularly mothers, often better prepare themselves for their daughter's phase of puberty; however, boys may not experience the same support from family. Therefore, they may seek information or support from their peers about changes in puberty. Most of the information that boys get is from reading materials or their peers. Often, the first sign of puberty in boys is the growth of their testicles and scrotum, and pubic and armpit hair soon begin to grow. Around the same time, the penis begins to enlarge. Body development impulses usually begin after the testicles and penis have expanded, usually at about 14 years of age. At the peak of body growth, the face and body hair begin to grow. Boy's voices sound deeper because the larynx stretches, and the vocal cords lengthen. Girls' voices are also quieter, but to a lesser extent than boys' voices. Spermarche, the first ejaculation of seminal fluid, usually occurs between the ages of 13 and 14 years (Arnett, 2013).

## **Sexual Changes During Puberty**

There are two categories of sexual changes that occur during puberty. Primary sexual characteristics involve the production of eggs and sperm and the development of the sex organs. The secondary sexual characteristics are changes that occur on the outside of the body, such as the development of breasts in girls, and the development of underarm and pubic hair in both boys and girls.

## **Endocrine System**

The endocrine system consists of different glands in various parts of the body and these glands release chemicals called hormones. Hormones affect the development and functioning of the body. The hypothalamus, a bean-sized structure in the lower part of the brain is responsible for regulating the slow secretion of hormones to other glands, controlling many of the psychological and physiological functions related to diet, motivation, and sexuality. At this time, there is a gradual increase in the production of gonadotropin (GnRH) hormones. These hormones stimulate the gonads, or sex glands, and carry out their reproductive or endocrine functions to sex glands, known as testes in males and ovaries in females. This increase in GnRH causes hormones to be released from the pituitary gland, which is half an inch long and located at the base of the brain. The gonadotrophs cause the release of hormones that stimulate the development of eggs in female ovaries and sperm in male testicles. In general, the two main sex hormones are androgen, best known as testosterone, and estradiol, best known as estrogen.

Both testosterone and estrogen are produced in the body; however, during puberty, these levels start to differ significantly in both genders (DeRose & Brooks-Gunn, 2006) as females will have higher levels of estradiol and males will have high levels of testosterone. In both sexes, estrogen is responsible for the growth hormone (GH). This increase in GH triggers the development of bone density in combination with androgens that last until puberty. In boys, the testicles and adrenal glands release high amounts of androgen (testosterone), which leads to muscle growth, body and facial hair, and other male sexual characteristics. In girls, estrogens promote breast, uterus, and vaginal maturation, which leads to an increase in body fat. The androgen in girls increases height and promotes the growth of underarm and pubic hair (Bjorklund & Hernandez Balsi, 2012).

## Cognitive Development

The greatest move can be found in the cognitive shift and how your tween starts to think and form thoughts. It is at this age that children move from the more strict and self-assimilated viewpoint that they have been using thus far in the initial eight years of their lives, as Garey (2020) calls it the “meta-intellectual express.” The significance of this cognitive shift is that the child starts to build up the capacity to perceive matters not only from their own point of view but also from another’s side, leading to contemplation and consideration of others’ views.

## Social and Emotional Development

As the hallmark of this age is an awareness of others – especially of peers – the social landscape of your child’s life changes profoundly during this era, in ways that appear to be positive and negative. Major social factors that come up during pre-adolescence include such areas as the development of independent characteristics, the recognition of social hierarchy and cliques, an awareness of gender, and self-identity.

## Independence

Due to the change in the way they see themselves and others, pre-adolescents become progressively more attuned to their peers and less identified with their families and siblings.

Parents may notice this significant transformation by their child demonstrating a newfound self-confidence, responsible decision-making, planning social activities, collaborating with peers on school assignments, coordinating social projects, and taking care of functions that used to be their parents’ responsibilities. Due to a lack of proper experience, this newfound self-confidence may be demonstrated in both positive and negative ways, and may even be accompanied with a bit of attitude. Examples such as the eye-rolling stage and shrugging shoulders may be signs of this new confident attitude and self-confidence (Bjorklund & Hernandez Balsi, 2012).

## Social Hierarchy and Cliques

It is more likely for pre-teens to turn to their peers for advice rather than consulting with their parents, although research has shown that on major issues and upper-level consultation, teens still look up to their parents.

However, research also shows that for most teen-related matters, individuals in their age group are the preference for decision-making guidance.

Self-confidence may not always be continuous through this stage. The tween may become self-conscious and awkward, which may lead to them being vulnerable to bullying and others taking advantage of them. The “mean girls” syndrome, being bullied at school or home via social media, is a serious matter and cannot be taken lightly. It is easy for parents to miss the signs of their children being bullied, as tweens will not always rush to their parents for guidance. The fact that tweens will prefer approaching their peers for advice may be a contributor to them being bullied and pressured into risky behavior. Individuals in this age group tend to gain and maintain peer relationships and impressing their friends is extremely important, thus tweens may risk becoming a bullying victim. Most likely, asking your child, “What’s wrong?” will not result in a direct response. The probability of the child responding, “I am fine!” is high. A parent simply prying or trying to find out information without the cooperation of the child will not always result in reaching the truth; therefore, caution in bullying prevention is an important part of parenting practice.

## The Gender Code

The Harvard psychologist and faculty consultant Steiner-Adair believes that from a very young age, boys and girls today are bombarded by messages loaded with cultural undertones of what it means to be a girl or to be a boy, basically being branded with *the gender code*. Gender code messages are also validated by parents and teachers, seen in commercials and fashion magazines, and projected on the Internet, and reinforced in the media with messages about what it “means” to be a girl or a boy – how they ought to look, act, think, and feel. The gender code is particularly well-received as children are going through puberty and the corresponding physical changes which occur. Those types of environmental pressures bring all types of issues that include negative body image issues, which are harmful to both genders (as cited by Garey, 2020).

For girls, this can be the age when body image issues start to arise. Studies show that self-esteem in girls peaks at the age of 9 years, and for several years it decreases sharply by the age of 12 years. Girls are objectified and sexualized at an earlier and earlier age. This matter and its consequences became so widespread that in 2007, the American Psychological Association (APA) formed a task force on the sexualization of women. If a female gets prematurely sexually objectified, she begins to make being an object an

internal representation of herself. It is not just that individuals are at risk of the culture, but it becomes a core part of the way they see themselves (APA, 2007).

Boys do not have it much better when it involves the cultural cues they receive. One of the really hard things for boys at this age is that the messages from the dominant culture are so harmful to them about their capacity for love and real friendships. These messages portray that anything to do with real feelings – love, sadness, and vulnerability – is girly, and therefore bad.

## **Self-Identity**

The beginning of identity formation involves a variety of persona and characteristics, which will continue well into the adolescent years. The tween and teen years are particularly cumbersome since the child has to deal with turbulences of self-identity, cultural identity, peer pressure, and social expectations. At this age, they are still trying to figure out who they are and how to distinguish themselves from others. They are testing the waters.

To add a little more drama to the changes, the minds of young adolescents are also changing in terms of emotional development, which makes children more sensitive to their own and others' emotions. They develop a growing reaction to emotions, but their brain development lags behind the areas that are active in managing them. They express other people's feelings as well as their own; it is a tough move, and many parents will talk about how suddenly their child is in a bad mood. It is normal for children of this age to have really strong emotions and sharp swings between extreme emotions. But it is hysterical. One day it is "You are my best friend ever" and the next day it is "You will never be my friend." This can be very difficult for parents. In the years of adolescence, parents need to change their parenting style.

With all the challenges facing the tweens, this period is by all accounts probably the best time in the youngster's life. An 11-year-old tween is approaching the adolescent stage; therefore, new conflicts begin to emerge. Gone are the days of peace and tranquility, to be replaced with emotional upset, anxieties, instability, and confusion. Insecurities and self-doubt begin, and these negative emotional feelings are usually directed toward those at home more than outside the home. These outbursts are usually due to the realization that they are growing up and developing which brings on fear and anxieties. They may be confrontational with adults and at times may assume that it is impossible to communicate with adults. The child has

trouble keeping still and might become loud and boisterous toward others. They seem to disregard another person's feelings by becoming physically and/or verbally intrusive. The child begins to make choices about careers and future goals and plans. This may sometimes be different from the plans of the adult, but the child now has enough self-confidence to disagree and will even become critical of adult ideas. They even vicariously begin to relate to famous people and see themselves as being famous one of these days.

### **Specific Tween Age Characteristics**

The tween age of 10 years, can be depicted as the time of learning to further develop and balance the mindset, such as self-acknowledgment and self-assurance. Female tweens may experience more of this type of developmental shift than males do since puberty happens earlier for them than for boys. Consequently, girls are getting mindful and aware of the changes to their bodies and the progression that is happening. Their breast buds are forming, and interest in the opposite gender may become more prevalent for girls. Young men have a less perceptible understanding of changes in the body and are less inspired by their sexuality in the opposite sex. In school, they may adapt well to scholarly life, making friends, and being socially active. They show competence in accomplishing tasks, meeting deadlines, and experiencing academic success.

At the age of 11 years, boys and girls relate differently. Social girls tend to maintain friendships among a small group of girls. They do not often change this group because it has been developed over a long period of time. Boys, however, usually have one best friend and a group of companions with whom they play. Boys and girls are beginning to express an interest in one another by joking, flirting, talking, and teasing each other. This seems to be a new pastime, with each one enjoying the attention. They need to be noticed and cannot tolerate indifference, and they are extremely self-conscious and will show signs of embarrassment and guilt.

At the age of 12 years, the child's life is relatively quiet before the approaching storm of the teen years. There are definite mood swings, a redefining of the self, and a sense of restlessness and self-assertion. The romantic interest between girls and boys heightens even though it usually goes no further than talk. They do not date yet, but each may claim to have a "boyfriend" or "girlfriend." Many times, this declaration of romantic interest is unknown to the other person involved. Flirting is usually through playful behavior.

The 12-year-old tween usually gets along well with peers, and values the friendships of many peers. Even though arguments, fights, and quarreling may ensue, it does not take them long to forgive and forget because of close peer relationships. The family has less influence on the child, therefore, as 12-year-old children begin to draw closer to the peer group.

In school, 12-year-old children can be disruptive and uncooperative because of their restlessness, and they tend not to concentrate well in school and generally fool around. They either like or hate school, there does not seem to be a neutral position. Their favorite topics to read are sports, adventures, and classics while outgrowing mystery, love, and animal stories. They tend to show less interest in television and prefer to listen to music and play games. Their dominant mode of interaction plays, and they may even compete with parents in sports and intellect.

Adolescence is a time of great change, and there are situations where parents seem to easily embarrass their children by their very existence, and vice versa, parents can be embarrassed by anything their teenager does. The following scenario will probably resonate with many parents as they could very well be this 13-year-old girl's parents. Mom was driving Susie, her seventh-grade daughter, to school. As they approached the school, and mom was slowing down for Susie to get out of the car, she suddenly asked her mother, "Can you duck when we drive!" Of course, this scenario, as normal as it seems, might be puzzling and heartbreak for the parents as they might not understand this newfound attitude and their child's desire to distance themselves from the parent.

This is the beginning of a long process when children try to figure out who they are, what they believe, and what they want to do with their lives. For some teens, this is a time of disturbance due to the discoveries, limitations, and freedoms they experience for the first time; however, adolescents and young people in different cultures do not share the same problems and difficulties.

## **Essential Information for Parents**

### **Technology**

The rapidly changing technology impacts nearly every aspect of life, so it is no surprise that things such as cell phones, texting, e-mailing, computers, video games, social networking, and the Internet have changed the world of youth in the past decades. Research in this area is still in its infancy but

some information is available. The Internet alone, in the past few decades, has found a crucial role in our life to the point that the young and the old rely on it for a variety of applications. The accessibility to technology such as a smartphone is now a global phenomenon. For example, in a small village in the Tibetan mountain area of China, there is a small public phone charging shop for those who do not have electricity in their homes, and it is not uncommon to see someone in a yak-drawn cart talking on a cell phone (Goetz, 2006).

The mass media are thought to influence how people perceive the world and whether they think of the world as a friendly or dangerous place. For instance, if a child or youth sees a great deal of violence on television or in video games, they are likely to think of the world as a violent and dangerous place. This is so even when they know that what they have seen on television or in video games is fiction. This tendency is called the *cultivation effect* (Gerbner, 1987).

The mass media are a means for communicating with large numbers of people at the same time. There is more mass communication today than ever in mankind's known history, including television, radio, newspapers, magazines, movies, books, regular mail, e-mail, blogging, social networks, telephone campaigns, and more.

### ***The Impact of COVID-19 and the Use of Electronic Devices***

The coronavirus 2019 (COVID-19) pandemic and as a consequence, the global quarantine, has led to even higher consumption and longer daily usage of the Internet, especially by children and adolescents.

## **Internet**

According to Beech (2020), Internet usage and streaming, in general, have gone up by 70 per cent as entertainment, which means that children and youth are spending more time than ever surfing, streaming, and just using social media. The time spent away from family, friends, and other socialization methods has increased the *displacement factor*, which was previously defined as adolescents spending time in areas other than with family. Does this time away negatively impact the adolescent's relationship with their parents? Research has shown that less time spent with the family and the family value structure, means more time spent with peers and super-peers (social media).

## **Challenges**

### **Concerns Over Internet Usage**

Parents' concern over the amount of time their child spends on social media and the Internet is warranted; however, during the 2020 COVID-19 pandemic, with schools moving to online instruction, Internet time has increased for all family members, particularly children and adolescents. Before the pandemic, the displacement factor was justified, and the additional forced time spent on the Internet has gradually become part of the norm.

### **Social Media**

In recent years, social media outlets have mushroomed. Instagram, YouTube, Facebook, Twitter, TikTok, and others have become constant fixtures on the Internet. Some are available through membership and one must be a member to view pages. Parents should monitor their children's use of social media.

### **Super Peer**

Peers have always played a crucial role in shaping an adolescent's values, identity, and ideas about social norms and normalcy. Experts believe that today's social media play the role of a super peer in shaping an adolescent's cultural values, identity formation, and social norms (Elmore et al., 2017).

### **Texting**

In some ways, today's young adult or teen is rarely alone or without possible contact with peers. Whether this constant availability has helped to make personal communication skills better or worse, or just different, is still in question. Many cell phones, since 2014, are also "smartphones" and allow access to the Internet, e-mails, social networking, video games, and music, and take photos. This instant availability of information and entertainment has undoubtedly had a large impact on youth and this area still needs more research. In third-world countries, cell phones have brought communication and information to formerly remote areas where landlines are not available.

## Sexting

Sexting is when nude or partially nude photos or pornographic messages are sent with a cell phone by texting or e-mailing. It is a phenomenon that has developed because of the increased ease of taking, texting, and transmitting photos via cell phones. It is unknown exactly how common sexting is. One survey of thirteen- to eighteen-year-olds found that one in five kids had participated in sexting (Cox Communications, 2009). Sexting in itself is bad enough but what often happens is that the pictures get broadcast onto the web. Because of the nature of the Internet, photo exchanges that start as private matters may reach unintended recipients and can be placed on websites. Once on the internet, the material can be difficult or almost impossible to remove. The exchange of underage photos is illegal, even if someone willingly sends photos of themselves to a friend.

The exchange of sexual content material using technological devices is called “sexting”; however, the definition may vary depending on the type of material. In the State of California, sexting between two consenting adults is not against the law, yet the laws in this regard may vary for each state. In the case of adolescents sexting, the impact expands beyond lawful or unlawful concerns since it may be an indication of risky behavior and problematic behavior in adolescents often stemming from a need for attention or popularity. In a study of 2,356 participants (46.8% female, 53.2% male; age range 11–18 years old,  $M = 13.72$ ;  $SD = 1.31$ ) in secondary schools in the south of Spain results showed that sexting has a clear emotional impact on adolescents, yet it does not appear to generate a negative impact among those involved, at least in the short term. Additionally, concerning the need for popularity, its relevance, especially, in relation to active emotional impact has been confirmed by the analyses. Statistical models found for boys and girls were similar. In addition, some differences in emotional impact by gender were found, girls feeling more depressed and annoyed in secondary sexting, and boys more active regarding both types of sexting (Del Rey et al., 2019).

## Gaming

Social cognitive theorists have suggested that as individuals are exposed to violence, or witness deviant behaviors, this often leads to individuals engaging in risky or deviant behaviors. During the 1960s, Bandura et al. (1961; 1963) conducted a series of controlled experiments known as the Bobo doll experimentations. In these studies, children observed aggressive behavior being modeled by adults. After witnessing the adult's behavior,

the children would then be placed in a room without the model and were observed to see if they would imitate the behaviors they had witnessed earlier. The result showed that children not only imitated the aggressive behavior demonstrated by the adults, but they also creatively showed other violent behavior that was not observed. Bandura (1977) thus demonstrated the impact of children observing violent behavior and imitating the behavior in addition to demonstrating other unobserved behavior. The important notation here is to understand the difference between playing video games versus playing violent video games.

Since the Bobo doll experimentation, and as exposure to mass media increases, there is concern over the effect of exposure to violent video games and its effect on our health and happiness. The concern is further confirmed by the use of first-person shooter video games that promote sensationalism and gratification coming from the reward incentive structure of these games.

### ***Video Games Can Change Your Brain***

New studies have shown that playing video games can change both the structure of the brain and the way it performs, affecting the individual's sustained and selective attention span. In a series of studies by West et al. (2015) at the Université de Montréal, they demonstrated that the way that action (first-person shooter) video game players use their brains to navigate, impacts their nervous system. The study concluded that video game players were using their brain's autopilot and reward system to navigate, and experienced grey matter loss in their hippocampus after playing action video games for 90 hours. The grey matter of the brain consists of axon tracts, glial cells, capillary blood vessels, and a mix of dendrites. Palaus et al. (2017), authors of a recently published essay in the online journal, *Frontiers in Human Neuroscience*, believe that video games can be addictive, calling it "Internet gaming disorder." The reward and gratification structure of video gaming changes the neural reward system in gaming addicts, partly because it exposes them to gaming cues that cause cravings, which are the same as those seen in other addictive disorders.

So, what does this mean for parents and adolescents? According to the American Academy of Pediatrics (AAP) (2020, January 20), the recommended screen-based entertainment should be no more than two hours per day. However, in general, the true impact of video games on the brain and psychological development is quite new and still in its infancy, and many questions have not yet been answered; for example, what aspects of games affect which brain regions, and how? Furthermore, it is likely that video

games have both positive (on attention, visual, and motor skills) and negative aspects (risk of addiction, violence) leading to the complexity of video games impacting adolescents' development.

Watching violent films, television programs, or video games desensitizes teenagers, blunts their emotional responses to aggression, and potentially promotes aggressive attitudes and behavior, according to new research recently published online in the journal *Social Cognitive and Affective Neuroscience* (Ochsner & Gross, 2008).

### **Media and Child Pornography**

Child pornography is defined as anyone under the age of 18 years who is photographed in the nude, in sexual poses, or engaged in sexual activity. These images include photographs of real people as well as computer-generated images. It is not a new phenomenon and has been around since mass media began. Child pornography is child abuse; it is illegal in the United States. However, it is often difficult to track and enforce, and, as a result, child pornography has become a multi-billion-dollar industry. During the past 20 years, the Internet has become a new way to easily distribute all kinds of pornography, including child pornography, using computer-generated images as well as photos and films. It is estimated that of the unknown thousands of pornography sources on the Internet, about 20 per cent involve children (Miller & Hirschorn, 2012).

### **Practical Approach to Parenting**

#### **Awareness Integration Theory Approach**

These tween years are important ones because critical rationalization is beginning to emerge. The need for autonomy and making individual decisions is more prevalent. The need for self-expression is in full bloom. Parents need to change their parenting approach to dialoguing and asking questions instead of dictating, offering suggestions instead of telling them what to do. The use of *Awareness Integration Theory* (AIT), providing opportunities for successful experiences while fostering positive feelings about accomplishments, can keep creativity and optimism alive. It allows the tween to differ without feeling shame or guilt. Balancing between personal autonomy and good cooperation is important.

Parents can become aware of their surprise and shock when they see their child is answering back in a witty way and resisting their requests. It is important for the young teen to distinguish which words or table etiquette is required and when it is appropriate to use humor, while being taught which type of humor is appropriate with their peers versus other adults. For example, young teens who tease their peers and call each other “jerk,” might think that it is okay to say this to a parent or an uncle.

Parents need to be considerate when finding themselves in a power struggle or a shouting match with their emotional, yet attempting to be rational, young teen. Consider that the teen has their way of rationalizing the matter and is highly sensitive to being humiliated. These are the ages when tweens try to compete with their peers and act superior by belittling the others. They will attempt to continue that game at home with adults. This tends to end up with them crossing many boundaries that they do not know are considered to be inappropriate. Teaching and guiding the teens to maneuver their humor and challenging ideas will help them navigate this skill instead of being shunned and ridiculed.

At these ages, they either love school or hate it. This depends on their same-gender peer belonging or separation. If they feel a sense of power and belonging, they enjoy going to school. If they are bullied, ridiculed, or shunned by their peers, they tend to avoid the school environment. Parents need to begin supporting their teens to define their inner power, and support them with healthy communication skills by role-modeling for them and role-playing with their children, showing them how to respond to their peers respectfully and peacefully. If there is a child who is bullying the teen, with the teen’s agreement, the parent can first teach the child to stay firm and communicate with the bully to stop. If that does not work, the parents can intervene by talking to the school principal and possibly the parents of the bully. This allows the teen to feel powerful either by taking a stand for themselves or by knowing that their parents are there for them.

With open communication, listening, and talking respectfully and lovingly, it is possible to distinguish what the teen is thinking and feeling, their intention, and whether their behavior is working toward the goal they intended to have. At times, the teen’s biggest goal is just to be significant in the conversation and express their thoughts. When their emotions are triggered intensely, parents can listen calmly and try to understand. They can reiterate what their teen is saying to make sure they understand it correctly and that their teen knows that their parents understand them. Supporting teens to define their goals in socialization, school activities,

romantic dating, and relations with parents is very important. This facilitates a road map for the teen to follow, which emerges from them and is structured by the parent.

Parents can be respectful and curious about their teens when they are sharing their romantic thoughts and fantasies, and not treat them as if they are choosing their mate for life. At these ages, teens have attachment daydreams to a peer and call this dating or “we are going steady.” This usually means that they are paying special attention to a person and wish to be special for that person. The extent of dating might be talking at school breaks or holding hands with each other and getting gifts for each other. Parents need to know that the time frame of these steady relationships could be as little as one week. The ability not to minimize their newly attached relation while not generalizing it too much is the key. The teen is learning relational skills, attaching and later grieving the separation, belonging versus loneliness, being special, and then moving on in these short relationships.

Parents need to monitor their teen’s use of smartphones for pornography and sexting. Since boys at this age begin having access to pornography and at times even watch it together with other boys, they ask girls to send nude pictures of themselves by text. Boys tend to have fun and feel in power with this act. For girls it is a different story, they feel violated, and pressured to adhere to the challenge, and to be liked, but then they get blackmailed by boys and other girls by being called a “ho.” This can become very traumatizing for girls. Parents need to be very caring with a non-judgmental attitude when guiding their boys toward ethical behavior and guiding their girls to respect their bodies and set limits and boundaries for boys.

# CHAPTER EIGHT

## EARLY ADOLESCENCE

*Lili and Kevin are siblings aged 15 and 13 years, respectively. Lately, their parents have noticed tremendous changes in their children's behaviors, tones, responses, and demeanors. Kevin refuses to get a haircut, so his bangs are covering his eyes, where visually it's difficult for him to see. Every time his mother mentions the fact that she thinks he needs a haircut, his witty responses express his views on the matter. Kevin quips, "It's a drape, so I don't see any of you," or "Half seeing is better than full seeing." These comments upset his parents and they press on for him to get a haircut. Conversely, his 15-year-old sister has become extremely articulate. Lately, Lili has developed an interest in politics and is more than eager to jump into adult conversations and passionately express her thoughts, which shows her maturity on one hand, yet her lack of real-world experience on the other. Lili's and Kevin's parents are experiencing the phenomenon of "adolescent's perspective," as demonstrated by their children. Surprising to parents, yet it is the adolescent's newfound abilities revealing the cognitive shift in this age group. Early adolescent years offer exciting new opportunities for both children and their parents to discover new abilities and skills.*

The essential characteristics of early adolescents (aged 13–16 years) arise from the natural changes in the brain. Many children may have a difficult time transitioning from middle childhood to adolescence when they experience new physical, cognitive, and psychosocial development. People mistakenly think the difficult years of adolescence may be a modern phenomenon, but when we look back at history, we see that adolescents have always had a tough time. As cited in Arnett (1999), in 1904, G. Stanley Hall stated that adolescence is a period of "storm and stress," thus explaining the moody and argumentative nature of an adolescent's behavior. Evidence of this tumultuous period of adolescence can be traced back to Shakespeare's *Romeo and Juliet* in the late 1500s, where Juliet was only 13 years of age. While the story unfolds as a young man at the wedding, it

highlights the problems of adolescents at the time. Part of the answer, as to why adolescents seem to deal with so many issues probably stems from what is on their minds.

Siegel (2014) describes adolescence as an important period of emotional changes that revolutionize the way an individual feels while creating more complex ways to process information and ideas about the self and others in *Brainstorm: The Power and Purpose of the Teenage Brain*. During this period of development, the inner sense of “who we are” and “what we can be” erupts, creating a sense of identity that continues to evolve throughout adolescence.

Adolescence is a time of transformation, excitement, change, challenges, turbulence, and discovery. A physical transformation along with cognitive and psychosocial shifts in development brings about a new world for both the adolescent and their parents. A new language perspective emerges once a child, now an adolescent is physically looking more like an adult and cognitively offers solutions to complicated family dinner discussions, which could turn into heated arguments! Historically, adolescents have been stereotyped as behaving in certain ways or having a particular perspective on life, often being negative or condescending. Hall (Arnett, 2013) theorized that adolescents are moody and argumentative due to the storm and stress debate, referring to the biological aspect of puberty and hormonal changes that lead to this behavior, convincing parents that it cannot be helped, and it should be waited out. Another theorist, Piaget (1952), stated that adolescents are egoistic and centered on their perspective leading to one-sided views. This type of stereotyping has infiltrated parenting techniques and led parents to feeling hopeless and victimized by mother nature’s demise. Stereotyping teens is dangerous and harmful as it frames this age group as being lazy, moody, sleeping late, and consumed by their cell phones; however, parents should look beyond this type of stereotyping and find the real reasons behind it (Dangers of Teenage Stereotypes Blog, 2021).

Teenage stereotyping is not only detrimental and counterintuitive to their optimum, but it also dismisses and ignores the teens who have developed into prodigies of science, music, and social justice. To name a few, Malala Yousafzai is the youngest recipient of the Nobel peace prize, who at the age of 15 became a victim of war and later used her injury in a crusade for global education and freedom (Malala’s Story, 2021). Greta Thunberg is a 16-year-old Swedish teen and also a climate change activist, whose scathing speech at the United Nations Assembly caught the ears of the world and started a movement of environmental protection advocacy. A horrific day

in Parkland, Florida, left 17 people dead and many injured when a young man started a senseless shooting rampage. This dreadful event led a group of Parkland high schoolers to take the lead and become strong advocates for gun control in America (Insider: Young Activists, 2021). There are so many more teens that break the stereotype and demonstrate their stellar cognitive and social abilities in leading a cause or changing the world. Society must understand the true developmental characteristics of adolescents to provide this sensitive age with the optimal tools needed to reach their true potential.

## **Physical Development**

The process of puberty is different for males and females as they experience changes specific to their gender. The transitional period is when children go through the stage of physical transformation. The term “puberty” comes from the Latin word *pubescence*, which means hairy growth. Adolescence, derived from the Latin word *adolescere*, meaning “to grow up,” is a critical developmental period. On average, girls reach puberty two years earlier than boys. The two-year gap in development between girls and boys continues into the adolescent period. In general, puberty starts when changes in your child’s brain cause sex hormones to start being released in girls’ ovaries and boys’ testes. This usually happens around the ages of 10–11 years for girls and 11–13 years for boys. But it is normal for the start of puberty to range from the ages of 8–13 years in girls and 9–14 years in boys. Eventually, most boys will experience accelerated physical development, more so than girls, by the age of 15 years. Most girls at the top of their development grow about an inch per year and in boys, it is about 1.1 inches per year. Girls usually complete an increase in body height and size at the age of 16 years, and boys complete later at the ages of 17–19 years. During this development, the body mass of children begins to increase. The first parts of the body that start to grow faster are the arms, legs, and then the torso. Parents always notice this because they seem to be constantly buying new shoes and pants for their children. Often at this point adolescents appear with proportion and curiosity. One of the most obvious changes as adolescent boys mature is the width of their shoulders, as they expand as compared to their narrower hips. In girls, their hips extend to the width of their shoulders (Jafari et al., 2018).

## **Cognitive Development**

In recent years, neuroscientists have made significant advances in the study and understanding of how the human brain develops and functions. It has

been thought that the brain is mainly formed between the ages of 5 and 6 years. A recent study by Giedd (2002) of the National Institute for Mental Health in Bethesda, Maryland, and colleagues from McGill University in Montreal shows that the prefrontal cortex begins to grow again from puberty. It is believed that this part of the brain controls impulses and makes judgments, which are crucial for organization, working memory, mood regulation, and reasoning. Most of this gray matter growth occurs shortly before puberty, around the age of 11 years in girls and 12 years in boys. During this time, the brain overproduces neurons, synapses, brain cells, and the connections between them. In general, the production of neurons, synapses, and brain cells is good. However, the brain then begins to solidify, learning by removing unused cells (a process called pruning) and synapses and strengthening others by covering them with white matter, or myelin (a process called myelination). This occurs in a child's brain at around the age of 3 years and again during puberty and continues into adolescence and into the early twenties (Giedd, 2002).

This brain growth at puberty could affect adolescent behavior. In the past, most adolescents' mood swings, impulsiveness, judgment errors, and acting out have been attributed to hormonal changes in their bodies. In an interview for the Frontline PBS documentary, *Inside the Teenage Brain*, Giedd (2002), stated that it is not fair to expect adolescents to make complex and analytical decisions while their brain is still developing. Now that we know there is significant growth and change in what can be considered the CEO part of the brain, it makes sense that adolescent behavior may be affected (Giedd, 2002). Giedd (2002) hypothesized that puberty is a time in people's lives when they need to "use it or lose it." Activities and learning during the adolescent years are extremely important for the development of the adult brain. For example, doing math and other forms of analytical thinking will develop the part of the brain that involves analytical thinking. Participating in sports or music then, will help strengthen parts of the brain that are responsible for these activities. The cerebellum, at the back of the brain above the neck, seems to boost processes going on in other parts of the brain.

The overall mechanism of the brain activities associated with higher thought processes, such as mathematics, decision-making, philosophy, and social skills, is also enhanced by the cerebellum's stronger presence. Researchers conducting studies on identical twins have suggested that many parts of the brain are identical in both twins; however, this is not the case with the cerebellum. Neuroscientists believe that the environment may have a greater impact on this part of the brain, which indicates behavior is a combination of biology and environment. The contribution of each is not known and

probably varies greatly from one person to another. However, this information about brain changes gives us information about some possible causes of adolescent behavior changes (Bjorklund & Hernandez Balsi, 2012).

## **Social and Emotional Development**

By the middle of adolescence, due to increased emotional sensitivity, peer pressure, and being easily swayed or influenced, reasoning can become skewed and emotional outbursts may be a hindrance to parents and others surrounding the adolescent. From the parent's point of view, this increased emotionality and social influence can become disruptive to life at home; however, it is important to remember that brain connectivity and linkage are still in process and there is most likely a logical explanation for the adolescent's behavior.

The brain's prefrontal cortex and the subsequent frontal cortex are the last areas of the brain that experience biological maturity. Along with prefrontal changes, the lower brain areas below the cortex – the limbic, amygdala, and brainstem are more active in adolescents than they are in children or adults (Arain et al., 2013). The prefrontal region sends soothing circuits, called "inhibitory fibers," down to these lower areas that keep their firing calmed. Therefore, as the biological brain continues its developmental journey, adolescent emotions can arise rapidly and intensely, while the calming influences of the prefrontal cortex continue to improve its functionality. This brain development accounts for why adolescence is a period of more emotional intensity and emotional spark.

## **Rites of Passage**

Many cultures have a ceremonial rite of passage, which may involve a frightful or sacrificial act that demonstrates the child's transitioning to adolescence with the grit to be one; or this rite might be a sweet sixteen birthday bash or getting a driver's license. No matter what the cross-cultural test of grit may be, these types of transitioning generally bring about changes in social status, residence, and living conditions for the individual.

In many cultures, the transition to adolescence is marked by a ceremonial cultural rite of passage. For male children, this transition is usually filled with fright, a sense of danger, and the accomplishment of a risky task, where the successful completion of a mission is marked with a celebratory

ceremony of *rite of passage*. For female children, this experience is often a time of achievement and acknowledgment of fertility, childbearing ability, and skills to care for the family. A successful conclusion is then accompanied by a ceremony welcoming this young girl into the world of adult responsibility. These rites of passage are the formal confirmation of this important transition in life. In modern culture, rites of passage are often absent or downplayed. Human adolescents, and even adolescents of many other mammalian species, leave their homes and become estranged from those with whom they are genetically related (Siegel, 2014).

The term “rites of passage” was first coined by the Belgian anthropologist, Van Gennep (1909), in the early 20th century (O’Neill, 2008). Generally, in all cultures, these rites of passage embody the specific transitions or stages that change a person, such as birth, the onset of puberty and adulthood, marriage, and death. In this chapter, we examine the passages associated with the adolescent transition from childhood. Some of these passages may include graduation, being sexually active, learning to drive, voting for the first time, training camp, bar mitzvah, or confirmation. Many cultures around the world have traditional ceremonies that mark a child’s transition to sexual maturity and adulthood.

The customs of non-European cultures are different, and many of them are extreme from the Western perspective. For boys, many ceremonies involve some form of testing of endurance, such as circumcision or a facial tattoo done with no painkillers or anesthetics. East African Barig or Datoga boys cut their forehead with horizontal lesions from ear to ear. This deliberately leaves the skin to show that the boys have gone through a “gar” or age ceremony, and this skin is worn with pride (O’Neill, 2008). In the past, the Maasai boys traditionally had to kill a lion and were then circumcised. In girls, rites of passage may be less jarring such as a transition often being associated with the onset of menstruation.

At the macro level in the American majority culture, there is no particular ceremonial or ritual that is identifiable with the transition from childhood to adolescence. Instead, such a transition is based on chronological age and the stage of development in physical, cognitive, and psychosocial domains. These stages include graduation, obtaining a driver’s license, the right to vote, or the ability to drink and smoke. Many people believe that real adult life comes with economic freedom and the establishment of permanent residency outside the parental domain and making adult decisions. There is no exact age associated with this final stage, but it is usually expected in the early twenties. However, at the micro level, particularly amidst the variety

in ethnicity and religious sub-cultures living in the United States, a variety of rites of passage practices can be found marking the transition from childhood to adolescence as remarkable and significant. Examples of such rites of passage are the Quinceañera, a celebration of a girl's 15th birthday and the transition from girlhood to womanhood. Latin Americans continue to promote this massive and extravagant tradition to celebrate the coming of age of their daughters (Quinceañera: History of a Tradition, 2021).

The Jewish community living in America also celebrates coming of age ceremonies such as bar mitzvah, meaning son of the commandment, and bat mitzvah, daughter of the commandment, in a ceremonial recognition of the coming of age. Young boys and girls reaching the age of 13 and 12 respectively will be recognized as no longer being a minor, taking on new religious privileges and responsibilities as an adult. In most cases, this coming-of-age status is combined with elaborate and immense festivities; however, originally reaching this newfound status was done through public recognition marking the newly gained legal and religious right (Origins of the Bar/Bat Mitzvah, 2021).

Unlike many cultures around the world, adolescence and sexual maturity in America are not considered as the true rites of passage. As a society, Americans do not consider a girl between the ages of 12 and 14 years old to be capable of acting as a fully independent adult. In most of the United States, the legal age for marriage without parental consent is the age of 18 years. In general, most people prefer to get married before having children, although this was not the case in the late 1900s when to become an adult, you simply had to be able to do the three "Ps"; to Provide, to Protect, and to Procreate. Today, new laws and social customs in America prevent young adolescents from getting married or taking on parental roles in such an early stage of life.

## **Psychosocial Development**

Siegel (2014) describes the changes in the adolescent's brain in four capabilities: seeking novelty, social engagement, increased emotional intensity, and creative exploration. The search for innovation stems from the increased pursuit of rewards in the adolescent brain circuits, which leads to increased intrinsic motivation to try something new and experience life more fully. Consequently, sensationalism and risk-taking desires, which overemphasize thrills while downplaying risks, can lead to risky behaviors and injuries. Additionally, these inherent impulses can turn an idea into action without pausing to contemplate the consequences. Eventually, the

novel-seeking quest grows into an attraction to life and a desire to find new ways to do things and to live with a sense of adventure, passion, and being open to change.

Social engagement enhances peer connectedness and creates new friendships. Adolescents isolated from adults and surrounded only by other adolescents have increased-risk behavior, and the total rejection of adults and adult knowledge and reasoning increases those risks. The drive for social connection leads to the creation of supportive relationships that are the research-proven best predictors for wellbeing, longevity, and happiness throughout the lifespan. Adolescents need adult company, conversation, and socialization requiring more social engagement, improved connection with peers, and opportunities for new friendships.

Adolescents' increased emotional intensity gives their life an enhanced vitality, which can also impact their mood and impulsive decision-making, and thereby prevent healthy creativity. It is vital that adolescents can balance these emotional outbursts toward a healthier emotional intensity, leading to a life full of energy with a sense of vital drive that creates extreme enthusiasm and enthusiasm for life.

In adolescent years, thinking and cognitive processes take on a more imaginative, creative, and conscientious form; that is, the adolescents are now capable of abstract thinking and creative ways to question the status quo and to problem solve. The new ability to think *out of the box* allows the adolescent to question authority, rules, and lack of direction, and some of the characteristics of adolescents are the search for the meaning of life, the zest for discoveries, not settling for the ordinary but aiming for the extraordinary, and finding novel strategies for living life to its fullest. This type of strategy can reduce the types of emotions that are often exercised by those at older ages, who have got into a rut and miss the enjoyment of spontaneity and the adrenaline of risk-taking.

Adolescents are great at pushing boundaries, and challenging authority and what is known as safe and routine. The push against traditional ways of doing things and of thinking about reality can yield ways of thinking outside the box that enable new and creative ways of doing things to emerge. As part of adolescent development, opposing traditional ways of doing things and thinking about reality can lead to creative ways of thinking that will allow new and creative ways of doing things. An adolescent's mental world seems isolated, crazy, confused, messy, lonely, scared, wild, out of control, and lost. These developmental changes and shifts may all be necessary as

part of an adolescent's normal development; however, parents are often concerned or disoriented themselves, since these changes are unexpected and sudden.

Adolescence is an important period of transformation. Changing emotions revolutionize how adolescents feel inside, making more complex ways of processing information and our ideas about the self and others, and even creating huge developmental shifts and transitions in the inner sense of who we are and whom we can become. This is how a sense of identity shifts and evolves throughout adolescence.

*Julie, aged 15 years, has been asking her parents if she can sleep over at her friend's home since it was her friend's birthday. The morning after, Julie came home and went straight into her room without talking to anyone and slept. Her mother went to wake Julie so that they could go to their grandparents' home. Julie's mother smelled alcohol and became scared and angry. She confronted Julie about drinking alcohol. Julie angrily denied it, got up, and went to the bathroom. The parent searched Julie's purse and found a Jewel vape and a bag with another vape that she assumed was marijuana. When Julie came out of the bathroom and saw her parent holding the vapes, she became angrier, took her purse back, and said to her mother, "You have no right to go through my belongings. None of those are mine; somebody must have put them in my purse." Julie's mother stated that she was grounded and would no longer be allowed to go out to any of her friends' homes. Julie's mother called the friend's mom and told her about what had occurred. The friend's mom denied knowing anything about it. When Julie found out that her parent had called the other mom, she went into her room and avoided seeing her parents for a few days.*

Adolescence is often a time of experimentation with alcohol, drugs, and nicotine. Although it has become a norm for this age, it does not mean that this involves healthy behaviors or that these behaviors should be taken lightly. However, getting angry and crossing multiple boundaries will not allow the adolescent to become honest or stop an unhealthy behavior. Julie might stop because of fear only for a little while or might learn better ways of hiding it. Parents of adolescents can begin conversing with them about the use of alcohol, pills, drugs, and nicotine. They can obtain research that will inform the family members about how all of these substances can affect an adolescent's brain. The parent can let Julie know that since this is a common matter among this age group, they will randomly drug test her and

will be watching for alcohol and nicotine use. They can let her know that the legal age when Julie can experiment if she likes is 21 and therefore before the age of 21, the parents will not agree or allow Julie to use any substances. They can also let Julie choose the type of consequences she will receive if she chooses to use any of the substances. One way to state this matter is that since this is illegal behavior, they would take away all privileges (outings, socialization with friends, computer, laptop, phone, etc.) from her for a certain period of time (for example, 2-4 weeks) and Julie has to restore their trust in this matter before she can have those privileges back. Many times, this talk has been announced beforehand and preferably on their 13th birthday, then if Julie does come home and there is a suspicion, then the parent can ask for a drug test. Instead of going through Julie's purse without her permission, the parent can confront Julie about the smell of alcohol and ask for the drug test and state that since Julie's behavior is different, there is a concern about her using something. At these times, adolescents usually become aware that their parents are more hypervigilant about monitoring them and they usually stop what they are using.



Figure 8-1. Early Adolescents and Socialization. *Source:* Canva.com

## Adolescents' Socialization

Transitioning to adolescence and experiencing the psychosocial shift create new opportunities for adolescents to broaden their socialization and try new adventures in making friends. Conformity to peer pressure, combined with the explorative nature of adolescence, leads to adolescents forming cliques.

### Cliques

Small groups of friends who have frequent social interaction with each other are called *cliques*. They are usually composed of up to 12 people, though the average size in American high schools is five people. Adolescents who consider themselves as best friends are usually members of the same clique. Of course, students can be friends with people from other cliques as well and may do some things with another clique.

One of the defining characteristics of most cliques is the similarity among its members. They are often close in age and of the same gender, particularly in the younger adolescent years. Age separation in traditional schools probably contributes to this similarity in age. In settings where adolescents are not separated by age, their cliques are more mixed-age.

In many schools, cliques also seem to be segregated by ethnicity and by socioeconomic level. Children/adolescents with similar economic resources can afford the same interests and activities. For example, if a group of girls love to shop and buy clothes as a regular activity, girls who cannot afford to do this would probably not be part of the group. Even in schools that are ethnically mixed, adolescents often seek out friends with similar backgrounds during middle and high school years. They may be seeking to confirm their own identities among those they see as most like themselves. However, children who grow up in schools with a variety of ethnicities and backgrounds tend to continue to have a mixture of friends from various ethnicities even in middle and high school.

Members of cliques also have other similarities, such as an interest in drama or a particular sport. Often students choose a group of friends who have similar academic performance. Adolescents involved in substance abuse tend to find groups with alcohol or drug use patterns. As they move through adolescence, cliques become less rigid and often include both boys and girls, reflecting the growing interest in dating.

## Crowds

Crowds are larger groups than cliques; members share characteristics but may not regularly interact with each other socially. Crowds can be based on interests, abilities, social status, or, in some instances, ethnicity. In the American high school setting, for example, some common crowds might be the jocks, the nerds, the surfers, the goths, the druggies, and the outcasts. Most students can identify and agree on the various crowds at their schools. Crowds often hang out in a particular place on campus, and many can be identified by dress or behavior. However, members of a particular crowd do not always spend social time with each other regularly.

The status of a particular crowd in adolescent culture depends on the environment. For example, the smart crowd may have a high status at one school or a low status at another. Particularly in early adolescence, a higher-status crowd may make fun of or mock lower-status groups. As adolescents grow older, they more often just ignore the lower-status crowds. As with cliques, crowds tend to become more fluid in late adolescence, particularly after high school graduation.

Membership of a particular crowd puts pressure on adolescents to conform to group norms. People are said to *conform* when they change behaviors or attitudes to be more like the behavior and attitudes of other members of the group. It is often understood that acceptance in the group requires conformity. If adolescents want to be accepted in a group, they often conform. The desire to conform to peer groups often gradually decreases as individuals mature and move into adulthood.

American adolescents tend to consult or turn to people who are experts in a certain dimension; for example, on how to dress or act at school they turn to their peers. When it has to do with career choices, they may turn to their parents or another adult. Ultimately, as most adolescents get older and gain more confidence and self-esteem, they gain more autonomy and are less influenced by their peers and parents.

Most studies of adolescent peer relationships have been done with white, middle-class American students. Since adolescent roles and expectations can vary a great deal across the cultures of the world, the influence of peers, family, and other adults may vary considerably. One would not expect adolescence in the United States to be the same as in cultures where there are arranged marriages at 14 years of age and girls do not routinely continue

in school past elementary school. Adolescence in these other cultures needs documentation and study.

## **Adolescent Sarcasm and Manner of Socialization**

As the further development of the abstract and complex thought process continues into the adolescent years; it is more likely to see things in greater complexity and perceive multiple aspects of a situation. This multiplicity of cognition leads to the use of metaphors, and a literal understanding of the less obvious, thus picking up on subtle meanings within the context of language. It is expected that the use of sarcasm and a more sophisticated sarcastic language will elevate during the adolescent years. Therefore, the cognitive shift in the thought process enables adolescents to understand the meanings in tone and context of what is being discussed furthering their pragmatic use of language (Arnett, 2018).

## **Essential Information for Parents**

### **Homosexuality**

The period when adolescents start to be physically attracted to others can be a challenging time for all adolescents, but it is a particularly difficult time for those who are attracted to people of the same gender. Most homosexual adolescents prefer the terms “gay” and “lesbian” to “homosexual.” *Gay* refers to male homosexuals, but it is also used as a general term referring to both males and females. *Lesbian* refers to female homosexuals. *Bisexual* or *pansexual* refers to people who are sexually interested in others regardless of their gender.

The National Health Statistics Report (Ward et al., 2014) states that 1.6 percent of the U.S. population reports being gay or lesbian, 0.7 percent as bisexual, and 96.6 percent as straight. The Williams Institute, of the UCLA School of Law regarding the sexual orientation of law, and a public policy think tank, estimates that 3 percent to 5 percent of the American population is homosexual or bisexual (Gates, 2011). These are estimates because of the difficulty of collecting accurate statistics. Gay and lesbian adolescents face a higher-than-average risk for depression and suicide (Harris, 2004; Ryan & Rivers, 2003) and they still face discrimination and prejudice from many segments of the population. Some are verbally and physically threatened or assaulted by peers and adults.

Several studies in the United States indicate that adolescents often tell their mothers about their sexual orientation before they tell their fathers (Savin-Williams & Ream, 2003). Though adolescents often fear telling their parents, in most cases this fear is unfounded. Most parents are supportive or do not know how to react. For most homosexuals, telling parents about their sexual orientation does not change their relationship with their parents. Adolescents report relationships with parents worsening only about 5 per cent of the time (Savin-Williams & Ream, 2003).

### **Multicultural Perspectives on Homosexuality**

Homosexuality is found in all cultures; however, the way in which gender orientation is defined varies greatly between cultures. American society generally has strict and conservative views on sex, and any sexual act between two people of the same sex is considered to be homosexual. This is not the case in all cultures, where same-sex relationships are an integral part of life and development.

Anthropologists have discovered that in Lesotho (a small country bordering South Africa) there is a custom called, “mummy-baby relationships,” which is a mentoring relationship between an older woman and an adolescent. An older woman, or “mummy,” is usually married and has children of her own. The role of such women is to teach the younger girls how to be good wives. This mentorship includes tips on how to cook some dishes, how to handle your husbands, and even sexual practices. This guiding process always involves hugging and kissing and the two having sex. In this culture, the girl’s mother is forbidden to teach her daughter about sex; therefore, when a child is married, the mother-child relationship ends, although the friendship continues (Blackwood, 2001).

Among the Kung people of southern Africa, virginity is not expected at marriage, and sex outside of marriage is considered to be normal behavior. Growing up, adolescents normally experiment with partners of both genders and the activity is just part of growing up and learning about sex (Blackwood, 2001).

The coming-of-age ritual among the Sambia people of Papua New Guinea includes oral sex between boys and older men. The process is considered to be necessary for the normal development of male fluids, masculinity, and reproductive ability. When these rituals are completed, young men are ready for marriage (Blackwood, 2001).

The Etoro people of the same region believe that boys aged 10–20 years need to be inseminated with sperm via oral sex with men on a regular basis to become complete men. It is a normal part of male heterosexual development (Blackwood, 2001).

Among the warrior class of the Azande of Sudan, prospective apprentice warriors aged 12–20 years take on the role of “wives” to official warriors and live together with them in special warrior quarters. The young warriors even pay a “bride price” for the apprenticed boys. The apprentices perform all the duties of a female wife, including cooking, harvesting, and being a sexual partner. In this culture, sex with women is thought to weaken men, and warriors do not marry women and have children until they retire (Blackwood, 2001).

Despite its geographical proximity, the general attitude in Mexico toward same-gender sex differs from that in the United States. Sexual classification is based more on gender power than the gender of the partners. A Mexican male is considered to be heterosexual as long as he plays the dominant power position (the inserter) in the sexual act. The male who plays the passive or receiving role is defined as homosexual. Being defined as homosexual is considered to be socially unacceptable and carries a strong cultural stigma in the traditional Mexican culture. Even those men defined as homosexual traditionally marry women and have children, regardless of whether they continue to have sex with other men (Thing, 2010).

Homosexuality is culturally defined, and as a result, varies in definition and cultural acceptance. Some cultures, as previously discussed, have culturally accepted forms, while others go to the opposite extremes. There are many cultures where a sexual act between people of the same sex is taboo and has extreme consequences. For example, in Afghanistan and Iran homosexuals are executed.

## Depression

Adolescent depression is common and often goes undetected and untreated. One in five children may have an emotional, behavioral, or mental illness, and one in eight adolescents are said to have mild to severe depression. It is estimated that only about 30 per cent will receive treatment. If left untreated, depression can lead to an increased risk of substance abuse, inappropriate sexual activity, crime, poor school performance, and suicide (Shepps Battle, 2002).

Depression in adolescents can be difficult to detect. Some mood swings are common during adolescence and are part of maturity. Even parents who have good communication with their children may miss symptoms of depression. Children may not recognize depression on their own, and even deeply depressed adolescents may think that their feelings are normal. They may lose interest in the activities they once had, and the school in which they did well. The most common symptom of depression in adolescents is frequent and intense outbursts of anger and irritability.

Self-injury, such as cutting oneself, is a symptom of depression in adolescents. This is not a suicide attempt, as it is the urge to think of physical pain as a distraction from mental pain. Attention deficit hyperactivity disorder (ADHD) can also be confused with depression because symptoms sometimes overlap. Problems with attention, sleep, behavior, academic achievement and peers can occur in both cases. Children with ADHD are at high risk for suicide due to common genetic risk factors (Dickerson, 2014).

Clinical depression can also lead to suicide. This is the third leading cause of death in the United States for people aged 15 to 24 years. About 16 per cent of high school students said they took suicide seriously, 13 per cent made plans, and 8 per cent attempted suicide in 2013 (CDC, 2014c). The threat of suicide should always be taken seriously, and the help of an expert should be immediately sought.

The causes of clinical depression are not fully understood and seem to have genetic and causal components. In adolescence, there is considerable pressure from both boys and girls at school, as well as from parents and peers. Academic performance is a priority for many families and schools. Being accepted by peers involves complying with peer standards and implementing agreements, which create high levels of pressure. High levels of anxiety to be accepted by peers, to be perfect, excel academically, and get accepted into the desired university can trigger anxiety attacks. If feelings of hopelessness and helplessness arise, they may lead to clinical depression which induces a chemical change in the brain. This could be hereditary; therefore the family history of depression can be a source that could be a trigger for stress. Traumatic events or long-term trauma can also provoke depression, which can start suddenly or develop slowly.

The treatment of depression should begin by looking for a mental health provider who specializes in adolescents to assess, diagnose, and create an appropriate treatment plan. Psychotherapy is recommended as the first

course of action. Medical treatment with appropriate medication can be added if deemed necessary by the clinicians for extreme cases.

Some parents and adolescents are reluctant to seek professional help because of the stigma associated with mental illness and the need to take medication. However, treating mental illness, including depression, is as important as treating any other medical condition. If an adolescent has cancer or diabetes, parents will not hesitate to seek treatment, and the same should happen for depression. In most cases, mental illness does not go away on its own. Parents need to be persistent to give their children the help they need. One way to inspire adolescents to attend psychotherapy sessions is to ask them to attend family counseling and coaching sessions to address the family dynamic versus taking them to therapy because there is something wrong with them. The family members should attend therapy sessions since it is rare for an adolescent to be depressed while the family dynamic is healthy. In some cases, adolescents or children require different treatment for depression, eating disorders, or other psychological problems. There are programs designed specifically for children and adolescents. Some are hospital-based, while others include wildlife treatment programs and therapeutic boarding schools.

### **The Orchid Children Theory**

Research shows that genetics and other biological factors in some children put them at higher risk for depression, ADHD, drug addiction, and other mental and behavioral disorders. However, Dobbs (2009) believes that these children can also thrive and have extraordinary potential when raised in the right environment. Dobbs (2009) states there are two types of children: “dandelions” and “orchids.” Dandelion children are generally fine regardless of the environment in which grew up, like a dandelion that can grow in most types of soil. That is why children from dysfunctional families can perform relatively well in life. Then we have orchid babies who require special care, like an orchid that would need a greenhouse environment to survive and thrive. If orchids do not receive special care, they die or do not bloom; however, with special care, they bloom and produce beautiful flowers. Orchid babies can do very well if they grow up in a supportive and healthy family environment; however, if they do not have the ideal environment, these children will be out of their element or will behave in a way that could lead to serious problems. The orchid hypothesis states that the environment and genetics can interactively drive development in multiple directions.

## Challenges

### Teen Pregnancy

Of the world's developed countries, the United States has one of the highest rates of teen pregnancy. About 42 of every 1,000 adolescent girls became pregnant in 2006 (Centers for Disease Control and Prevention [CDC], 2010b). The cost to the government of teenage pregnancies is significant, about \$9.1 million in 2004. This funding includes child welfare, public assistance, and health care.

One reason the rate is higher in the United States than in other developed countries is the contradictory message that American society gives to adolescents and young adults about sex. Youth are told not to have sex before marriage and at the same time they are bombarded by the media and other social influences that seem to promote sex. Another factor is inadequate sex education. Many people believe sex education should be left to the parents. Overall, the sex education offered in many high schools is inadequate and taught too late.

Lack of independent access to contraception and health care for adolescents in the United States is another reason for the high teen pregnancy rates. For example, in the Netherlands, adolescents have socialized medicine. There are vending machines on the streets that sell condoms as well as advertisements on television encouraging youth to use them.

However, birth rates among adolescents are declining in the United States. In 2010, the rate was lower than in any year since 1946. The birth rate among adolescents has fallen 44 per cent from 1991 to 2010 (Centers for Disease Control and Prevention [CDC], 2014e). Despite the decline in adolescent birth rates, the number of unmarried adolescent mothers has increased. The age of the "shot-gun marriage" is passing and society and families do not necessarily expect pregnant adolescents to marry as was once the case. The number of teen marriages as a whole in the United States is declining. The average age of marriage in the United States is now 25 years for women and 27 years for men.

Sex education is not universal in high schools across the United States, with about two-thirds offering some sex education (CDC, 2014d). Between 2011 and 2013, 43 per cent of adolescent females and 57 per cent of adolescent males did not get any information on birth control before having sex for the first time. An estimated 55 per cent of male and female adolescents have

had sexual intercourse by the age of 18 years and approximately 80 per cent of adolescents used some form of contraception at first sex, according to a new report by the CDC's National Center for Health Statistics (2017). In addition, the percentage of high school students who have reported having had sexual intercourse fell from 46 per cent in 2005 to 41 per cent in 2015. The general use of birth control has increased among high school students. In 2001, about 57 per cent of sexually active high school students reported using condoms. Unfortunately, about a third of teen pregnancies end in abortion, an option that is more available to adolescents now than in the past. There is also some indication that oral sex is becoming more common and may substitute for sexual intercourse.

### **Severely Troubled Adolescents**

Some adolescents lose control completely and are at serious risk of causing physical or psychological harm to themselves or others. They completely ignore their parents' rules, and as a result, the parents have little or no control over them. We are not talking about your average adolescent who is naughty or rebellious, although it can often be difficult to tell the difference between an adolescent who acts violently and an adolescent who is outside the cultural "norm." Normal methods of education and training do not work. Parents often do not know how to help their children and in which direction they should move. These adolescents often have a mixture of problems ranging from low self-esteem, eating disorders, alcohol and drug abuse, depression, anxiety, and bipolar disorder to adoption issues, divorce issues, oppositional disorders, and many others. The causes are often from three main areas:

1. Biological/genetic predispositions and conditions,
2. Cultural and environmental dynamics, and
3. Parenting or family dynamics.

Parents usually attempt to seek counseling for their adolescents when they are not able to manage their relationship or their adolescent's destructive behavior. In many cases, this might be sufficient, but at times, when the adolescent is not cooperating, they must be referred to a highly structured therapeutic setting that is not at home. Some programs help these adolescents.

### ***Therapeutic Wilderness Program***

In therapeutic wilderness programs, adolescents are usually divided into small groups by gender. These groups camp, hike, prepare their food and learn other outdoor survival skills. Staff members are trained to work with difficult adolescents and basic treatment methods. They regularly visit board-certified physicians and nurses to check on students. The idea behind these programs is to move adolescents away from their normal environment and all distractions to a place where they have a structured environment and should contribute to their survival. This setting gives them responsibility for their actions and confronts their feelings and the motives behind them.

The long-term success rate of treatment programs has been questioned. These programs view the “running teen” as ready to change their environment and hopefully their behavior. Most of the time, an adolescent needs a long-term program addressing their individual needs. Changing their behavior requires time and maturity. If the family is not included in the therapeutic changes, when the adolescent returns home, they often return to the old unhealthy behaviors, since that environment was the cause of the anxiety in the first place (Donham, 2014b).

### ***Therapeutic Boarding Schools***

Therapeutic boarding schools offer a very structured environment and varying degrees of treatment. They usually have a fixed schedule where adolescents progress at their own pace to gain privileges and learn responsibilities. Adolescents also take courses to finish high school. Some schools are gender-specific and others are mixed gender. For adolescents to change their behavior, a program must address three reasons (that is, biological causes, socio-cultural dynamics, and family dynamics). A positive therapeutic and constructive environment is necessary to facilitate the necessary changes. The average time to reverse adolescents’ behavior is about two years to create and establish internalized change that leads to corrective behaviors (Donham, 2014a).

### ***Sex Trafficking, Prostitution, and Adolescents***

Sex trafficking occurs when another person forces someone against their will into a transactional trade across state and national borders. Prostitution is when someone sells their body for money voluntarily or by force. Adolescent girls and young women are forced into prostitution in all parts of the world, including in the United States. The Federal Bureau of

Investigation estimates that more than 100,000 children, aged 9–19 years, were affected by this industry (ABC News, 2006). Some of the girls have run away from abusive homes or are involved in the illicit drug trade, but most are from normal homes. Some draw girls in with the promise of a job in the movies or modeling, and some are simply kidnapped. They are often threatened, raped, beaten, and drugged. Many traffickers use the Internet to advertise sex services and their work bases change frequently, making it more difficult for authorities to track them down, than the ones offering the services on the street (ABC News, 2006).

In many parts of the world, where laws are not enforced, the problem of the sex trade is worse. Girls are often from poor families and are offered jobs in restaurants or as domestic help, then transported far from their villages, and some even to neighboring countries, where they do not even speak the language (Kristof & WuDunn, 2009). These girls are beaten, raped, and drugged. Girls are threatened with their families being hurt if they do not cooperate. Since these girls are perceived as unclean and unacceptable for marriage, they cannot return home, even if they can escape. To endure the pain, some become addicted to drugs and must remain to support their habit.

**Table 8-1. Abducted Adolescent**

**Abducted From Her Own Driveway, Teen Says . . .**

Debbie's story is particularly chilling. One evening Debbie said she got a call from a casual friend, Bianca, who asked to stop by Debbie's house. Wearing a pair of Sponge Bob pajamas, Debbie went outside (in her driveway) to meet Bianca, who drove up in a Cadillac with two older men, Mark and Matthew. After a few minutes of visiting, Bianca said they were going to leave.

"So, I went, and I started to go give her a hug," Debbie told [us] "And that's when she pushed me in the car."

As they sped away from her house, Debbie said that one of the men told Bianca to tie her up and said he threatened to shoot Bianca if she didn't comply.

"She tied up my hands first, and then she put the tape over my mouth. And she put tape over my eyes," Debbie said. "While she was putting tape on

me, Matthew told me if I screamed or acted stupid, he'd shoot me. So, I just stayed quiet."

Debbie said her captors drove her around the streets of Phoenix for hours. Exhausted and confused, she was finally taken to an apartment 25 miles from her home. She said one of her captors put a gun to her head.

"He goes, 'If I was to shoot you right now, where would you want to be shot – in your head, in your back or in your chest?'" Debbie said. "And then I hear him start messing with his gun. And he counted to three and then he pulled the trigger. And then I was still alive. I opened my eyes, and I just saw him laughing.

Debbie said her captors then drugged her and other men were brought into the room, where she was gang raped.

"And then that's when I heard them say there was a middle-aged guy in the living room that wanted to take advantage of a 15-year-old girl," she said. "And then he goes, 'Bend her over. I want to see what I'm working with.' And that's when he started to rape me. And I see more guys, four other guys had come into the room. And they all had a turn. It was really scary."

After the horrifying gang rape, police say Debbie was trapped in one of Phoenix's roughest neighborhoods. In a rundown, garbage-strewn apartment, her captors were trying to break her down.

"They were asking me if I was hungry," she said. "I told them no. That's when they put a dog biscuit in my mouth, trying to get me to eat it."

After a sleepless night, Debbie was tossed back into the car and again driven around Phoenix. She said they talked to her about prostitution, and that one of the men forced her to have sex with him in the car and then later in a park.

The same man took her back to his apartment, and Debbie said, "I ended up in the dog kennel."

Greg Scheffer, an officer with the Phoenix police department, said Debbie was kept in a small dog crate for several days. Lying on her back in the tiny space, her whole body went numb. "She was subject to various abuses while in there," Scheffer said. "This is all part of the breaking down period where [he] gains complete control of this girl."

Unbeknownst to Debbie, police say her captors had put an ad on Craig's List – a national website better known for helping people find apartments and roommates. Shortly after the ad ran, men began arriving at the apartment at all hours of the day and night demanding sex from her.

She said she had to comply. "I had no other choice," she said.

Debbie said she was earning hundreds of dollars a night – all of it, she said, going to the pimp.

Scheffer said Debbie was forced to have sex with at least 50 men – and that's not counting the men who gang-raped her on a periodic basis.

Debbie had no idea who the men were. "I didn't know them," she said. "But most of them were married, with kids. And every single one of them, I asked them why they were coming to me if they had a wife at home. . . . They didn't have an answer. So, like, I felt so nasty."

For more than 40 days, police say Debbie remained captive, often beaten and forced daily to have sex of the most degrading kind. During that time, she said she did not try to escape because her captors had done what police say so many pimps do – threatened her and terrified her.

Debbie said that the pimps told her they would go after her family, and they even threatened to throw battery acid on her 19-month-old niece.

"After they told me that, I didn't care what happened to me as long as my family stayed alive," she said. "And that's pretty much what I had in my head. Staying there to keep my family alive."

For Debbie, who police said was held by her captors at gunpoint and kept in a dog cage for more than 40 days, the chances of getting out alive seemed slim. But then police investigating the case heard tips that she was being kept in an apartment in the Phoenix area.

Police searched the apartment but didn't find Debbie.

But they were still suspicious. So, on Nov. 8, police broke down the doors to the same apartment and realized with a shock why they'd been unable to find Debbie – she was there, but she was tied up and crushed into a drawer under a bed.

Debbie said she heard Officer James Perry calling her name but was too frightened to answer. "I didn't know what to say; I was just lying under the bed, stiff as a board, shaking," she said. "And then he opens the middle drawer, and he was like, 'Oh my God!'"

*Source:* ABC News, 2006, February 9, Teen girls' stories of sex trafficking in the U.S., pp. 1–5, <https://abcnews.go.com/Primetime/story?id=1596778&page=1>

**Table 8-2. Racial Identity of a Teen****Racial Identity of a Teen, by Gabrielle Zimmer**

Well, I so happen to be half Black and half White. I used to think as a kid that racism was between Blacks and Whites, but then I grew to know more. I will say the first time I felt that race was an issue for me was in the 9th grade. I was on the school bus and these Black kids were throwing paper balls at me saying I wasn't Black. I went home crying like a baby . . . 'cuz I was wimpy and that was just plain old mean. Anyways I came home and called my mom; we had this talk about my being interracial, and that I would experience a different kind of racism. I was totally confused, but then and through life I figured that one out. My mom explained to me that, to a lot of Black people, especially the super ghetto young and ignorant ones at my school, I wasn't quite Black. I was or am what you would call an "oreo": White on the inside and Black on the out. I was called this all the time till I got to college. In high school it was the same way, people saying that I acted "White." I thought this was the dumbest thing ever. Is there any real way to act Black or White? Also, I had White people asking me why I didn't act Black. Not ghetto enough for the Black people or the Whites. What was I to do?

Anyway, my mom then said, "Have you ever wanted to be White?" Now do not judge me, this may come as a shock, but I was and can sometimes be insecure about race. It's tough when people don't like you based on such a small difference. But I said yes. When I was younger that's all I saw, was how cool the White people had it. My mom then said, "I know you always liked your White side better." This was true when I was younger because I guess you can say the world and the media display White as better. But I was only being honest and at one point I did want to be White. But that was at one point. I think as I got older, I realized there was no one way to act as a race. I still wish I had straight hair sometimes, but I think a lot of people want what they don't have.

I think the hard part is just being told that you should be a certain way to fit into a race. I don't want to have to act [like a] belligerent, loud and sassy nigga just to be Black. And are we saying that only White people act smart? Because when people [say] "You're acting White," it's like they are saying that I [am] acting White because I try hard in school and speak proper English . . . well not super proper, but you get what I mean. Anyways, it'd be nice if people didn't need to put each other in categories, but I have learned that I'm not acting any race, I'm just being me.

*Source:* By Gabrielle Zimmer, Student at CSULB, *Yonks South*, no. 1, posted May 3, 2011, [Yonkssouth.wordpress.com](http://Yonkssouth.wordpress.com)

## **Practical Approach to Parenting**

### **Awareness Integration Theory Approach**

This phase is the hardest in the relationship of parents and adolescents. Adolescents start pushing away from the structures that their parents or authorities have set for them by questioning the reasons and principles, which offends the adults. Adults at times also become aware of their dualities and being out of integrity, and feel angry, ashamed, guilty, and anxious. Parents who are unable to regulate their own emotions react to their adolescent's confrontation and blatant rebelliousness as disrespect. This mentality drives most parents to become more authoritarian, controlling, or forceful. Some parents feel powerless and resigned that their adolescent will never listen to them again and take a resentful passive role.

Adolescents do not want to overpower their parents; they want to define who they are. Becoming an authoritarian or passive/aggressive parent does not support them, or create a cohesive relationship with the adolescent. They need a caring and knowledgeable mentor.

Parents should become aware of their thoughts, feelings, strengths, and shortcomings, the areas they are ashamed of and the areas where they are out of integrity, and begin living their best as role models to their adolescents. Living by example is the idea here.

In the Awareness Integration Theory (AIT) approach, listening to the adolescent's ideas, aspirations, dualities, risk-taking ideas, out-of-the-box ideas, humor, and confrontations with a sense of curiosity and appreciation would strengthen the relationship. When an adolescent talks about the risky behavior that they are planning in the future or that they have already done, parents can explore the pros and cons and the ultimate consequence of the act as set forth by the parents. For example, using AIT, if the adolescent is talking about going to a friend's home and together, they will walk around and go from one party to another, the parent can talk about the fun activities that the adolescent and peers are planning, such as the games they will play and the places they will go, such as a movie theater or the mall. Then, they can talk about possible matters that could go wrong or be dangerous at the different parties or in between locations, such as someone bringing drugs or alcohol to the party or someone getting into a physical fight or getting bullied. Then ask about what the adolescent is planning to do if any of the possible wrong things happen and explore all the safety measures, plus who to contact, such as saying "no," in a polite way to the offering of drugs or

alcohol, and ways to remove themselves from the location by calling their parents or older sibling to pick them up. In the end, talk about the possible consequences that naturally might happen or that the parent will apply, such as requesting the adolescent to give a drug test when they come home, or if they used alcohol, losing some privileges, or some peer socialization.

With the AIT approach, allowing time for the adolescent to talk about their emotions is very important. They come to their parents for listening and guidance; however, they prefer to be heard and work through the stated problem for themselves to come to a solution with the parent rather than the parent just offering the adolescent a fast solution or a piece of prefabricated advice.

Setting firm and respectful boundaries is also important with the AIT approach. When an adolescent disrespects a parent it is important to state "I understand that you are angry, and I would love to hear about what makes you angry. I would also like to request from you not to talk to me in that tone and with disrespect. I prefer for you to share with me what you are upset about in a kind and respectful way, and I promise to listen and engage in conversation with you. If it is too difficult emotionally, why don't we remove ourselves from each other, calm ourselves down, see what we want to say to each other, and then come back and talk." Your adolescent might still storm out or act out. Allow them to remove themselves and calm themselves down. When they come back calmer, parents can appreciate them for their ability to master their emotional regulation and then listen wholeheartedly.

## CHAPTER NINE

### LATE ADOLESCENCE

*Liz calls her mom at midnight and talks with stress and a sense of entitlement for her mom and dad to come and pick her up from the middle of the freeway since her car broke down while she was going to another city two hours away from home, to be with her friends at another party. Mom was shocked and upset since Liz had told her that she will only be going to her friend's home down the street. Liz had just gotten her first car for her 17th birthday. Liz shared that with friends they decided to drive to another friend's home in another city together for the night and stay overnight; however, her car stopped in the middle of the freeway and the other girls asked her if she was all right. She said yes, and therefore, the friends left with another car to get to the party fast since one was excited to meet a guy at that party. Liz had told them to go since she knew that her parents would come and get her. Liz's mom was furious with Liz for lying to her about just going to her friend's home, for not asking her if she could go to another city, for Liz to tell her friends to go away and be alone in the middle of the freeway at midnight, and for expecting them to hop in the car and rescue her. Liz felt upset that her mother was not supportive, and that she practically did not do anything wrong, and this was just an accident. Mom told Liz that she did not appreciate her making decisions without looking at all the possible consequences and then expecting the adults to pay the price for her actions.*

For the purposes of this book, we define late adolescence as the stage of development for individuals who are aged 17–19 years, reaching adulthood by societal norms, but they may not yet have reached full independence. At the age of 17 years, most adolescents have either graduated from high school or are soon-to-be graduating. There is a dilemma about needing to be treated as an adult and yet not completely acting as one or having the rights of one. These are the times of deciding on their careers, choosing which college to go to, passing college, university, or technical school entry exams, and possibly moving out to a college campus away from home.

Across the globe, reaching the chronological age of 18 years means that a person is an adult. In the United States, the late adolescent at 18 years of age can vote and sign up for military service. However, the question arises as to whether most people of this age and stage of development are truly independent adults. In many countries, the family and societal cultures dictate that young adults should continue living in their parent's homes until they are married. In most Western cultures, the young adult may live independently, however, they may continue to live with parents due to a lack of financial independence. In the United States, parents can include their young adults on their insurance policies until their children reach the age of 26 years. The meaning seems to be that most cannot become financially independent or get a job with health benefits until they are about 26 years old. Young people in U.S. or state government care systems are considered to be adults and have to take care of themselves at the age of 18 years, with the possibility of extending the service until the age of 21 years. Unfortunately, many of these former foster children, or children with disabilities, become homeless and find themselves on the streets within six months.

By the age of 19 years, a healthy adolescent has decided to either go to college or university or go to work. Adolescents who are depressed or experience anguish might find themselves at their parents' home with no plans, and/or feel helpless and hopeless with many justifications as to why they cannot or will not be able to move forward. Rising expectations for more formal education are an important factor. In the 20th century, people were considered to be educated when they finished high school. By the end of that century, higher education had become the norm and the condition for success in life. In the 21st century, higher education is becoming even more important, with many professions requiring higher degrees, which was relatively rare in the past. The trend in the labor market is a demand for more intellectual and technical skills. In some Western countries, with access to online platforms, a trend is appearing for late adolescents starting their own start-up companies from their parents' garages and many are becoming entrepreneurs.

## **Physical Development**

### **Brain Growth**

During the years of adolescence (10–24 years old), brain maturation is governed by many factors. MRI studies have suggested that neurocircuitry and myelinogenesis (the proliferation of myelin sheaths in the nervous

system as discussed previously) remain under construction during adolescence because these events in the central nervous system (CNS) are regulated by sex hormones, which are specifically increased during puberty (Arain et al., 2013). In recent years, neuroscientists have made discoveries in understanding brain development during adolescent years. At McGill University, Dr. Giedd and colleagues concluded that brain growth during adolescence continues with prefrontal cortex advancement, which is responsible for impulse control, complex decision-making, critical thinking, working memory, and reasoning. This is partly due to the overproduction of neurons, synapses (the brain circuitry system connecting the neurons), and the connecting cells. The overproduction of neurons and synapses also leads to a higher pruning process (elimination of synaptic connections), which is a positive thing because the pruning then leads to the consolidation of the learning process and strengthening the circuitry system. Synaptic pruning starts in early childhood and continues until adulthood; however, due to the overproduction of brain cells and synapses, the process is more intense during toddlerhood and adolescent years (Giedd, 2002).

## **Physical Growth**

The process of puberty involves two phases of invisible hormonal changes followed by visible physical growth. In the first phase that starts with the onset of puberty, female sex hormones such as estrogens (the most important is estradiol) and male sex hormones such as androgens (the most important is testosterone) are produced at high levels. Male adolescents will experience higher levels of testosterone and females will experience higher levels of estrogens. The chart below shows the percentage differences in the adolescents' production of sex hormones.

The process of puberty continues with the development of primary sex characteristics such as the production of eggs in females and sperm in males in the development of the sex organs. By the time the second phase of puberty sets in, the first menstrual period in girls and sperm ejaculation in boys have taken place along with the visible physical growth. By this age, the puberty cycle has most likely completed, and the adolescents have reached their potential physical development. Most adolescents experience a growth spurt, which may lead to a newfound strength and physical endurance (Arnett, 2018).

## Cognitive Development

### Cognitive Growth

Adolescent years are times of discovering, exploring, and thinking about possibilities. The biological growth of the frontal cortex region of the brain of an adolescent enables them to practice a higher level of cognitive maturity. Piaget's theory explains that adolescents enter the stage of formal operations leading to the emergence of the following:

- Abstract thinking: The ability to solve complex problems
- Idealistic thinking: Thinking about ideal characteristics of the world, others, and themselves
- Logical thinking: Hypothetical-deductive reasoning, which leads to adolescent perspective-taking and perceptual thinking
- Personal fable: A characteristic of adolescent egocentrism, which involves a sense of uniqueness and invincibility
- Perspective-taking: An ability to assume another person's perspective and understand his or her thoughts and feelings.

This newfound cognitive thinking in adolescents could also lead to "adolescent egocentrism," which parents might take to be selfishness. The adolescent's new state of mind has heightened self-consciousness, which leads to the belief that others are as interested in them and their sense of personal uniqueness as they are. The brain's physical growth combined with the new cognitive abilities creates an illusion that what adolescents do is always noticed and observed by others. Parents may also observe their adolescent's over-exaggeration of what they know as well as their newfound risk-taking behavior. However, in reality, there is a lack of wisdom and mature mental schema (experiences and logical representations) that is inherent in this age, which unfortunately prompts taking unnecessary risks (Jafari et al., 2018).

### *Parental Intervention*

It is advised that both parents and adolescents take note of this adult-like physical state of being, yet acknowledge the lack of wisdom and experience, which are yet to come as the adolescent develops into emergent adulthood. Parents are cautioned to observe and at times, proactively seek out changes in their adolescent's communication, use of language, and expression of thoughts or feelings. It is with parental guidance that the adolescent can overcome these challenges and successfully develop in all three domains of

biological, cognitive, and social/emotional milestones. According to the Mayo Clinic (2021), parents can help their adolescents during these crucial times in several ways:

- Showing love – adolescents need unconditional love from their parents. Parents may give positive attention and continuously try to build and maintain bonding.
- Setting reasonable expectations – adolescents are not against rules or expectations; however, due to their autonomy-seeking nature, they may live up or live down to parental expectations. Parents must set the bar yet support their adolescents in meeting those expectations.
- Maintaining rules and consequences – adolescents appreciate consistency and predictability in rules and consequences; ultimatums don't always work, so try to avoid giving them. However, be flexible, set reasonable rules and consequences that the adolescent perceives to be fair, yet be willing to reevaluate and rethink with input from the adolescent.

### ***Prioritize Rules***

If you realize your rules are too harsh, do not worry about changing them. Being willing to bend the parental laws is part of growing for both the parent and child. Taking a position that denotes respect for the developing person, and engaging in productive dialogue based on trust, show flexibility on your part.

### ***Be a Positive Example***

Contrary to parental beliefs, adolescents look up to their parents. Adolescents watch their parents and seek positive and motivational role models. Modeling respectful and positive behaviors will help the adolescent to learn how to act and behave positively.

## **Social and Emotional Development**

### **Identity Formation**

Erik Erikson described a series of stages throughout a child's life, each of which presented a crisis or conflict that must be resolved. In the fifth stage of his psychosocial theory, the adolescent stage of development, Erikson believed the focus of the ego is on developing an identity (Feldman, 2008). In Western culture, parents value their adolescent's identity and thinking,

whereas, in some non-Western cultures, parents emphasize the importance of collectivistic practices of group and tribal mentalities. In Western culture, it is expected and accepted that adolescence is the time for adolescents to discover who they are separate from their parents and families. This includes the emotional side of feeling independent, as well as making individual decisions and setting goals. The autonomy-seeking adolescent might encounter some resistance from parents; therefore, the path to independence may result in conflict with parents. Autonomy can be viewed through three interdependent domains: (1) emotional, (2) behavioral, and (3) attitudinal and values (Noon et al., 2001; Steinberg, 1990; Steinberg & Silk, 2002).

### ***Emotional Autonomy***

Emotional autonomy focuses on the adolescent's close emotional relationships with their peers and parents. This is the ability of adolescents and young adults to separate their emotional reactions from those of others, particularly their parents.

### ***Behavioral Autonomy***

Behavioral autonomy focuses on adolescents being about to make their own decisions and carry them out. It is the ability to look at all of the aspects of a decision (knowledge, advice from others) and then act on it; however, lack of experience combined with the egocentric thought processes of an adolescent might encourage risk-taking behavior or push the adolescent towards testing the boundaries.

### **Intimacy and Dating**

An important step in the development of young people is learning to build close relationships with friends and romantic partners (Arnett, 2013). Late adolescents discover their values in emotional and psychological relationships. This is not to be confused with sexual or physical intimacy between two people. At this stage, the relationship becomes longer, typically lasting from six months to several years.

Harry Sullivan (1892–1949) was one of the most influential early psychoanalytic theorists to write about adolescence. Sullivan talked about the progression of interpersonal tasks that adolescents need to accomplish to achieve a sense of security and to reach maturity. In early adolescence, the desire for intimacy is often satisfied with same-sex friendships. To have a close relationship with a partner of the opposite sex, it was necessary to

form a close relationship with friends of the same sex first. As older adolescents have increased physical and sexual urges many turn to opposite-sex relationships. One of the drawbacks of Sullivan's work is that it does not address the issue of homosexuality (Mullahy, 1968).

Erikson outlined a series of developmental steps in a child's life that presented a crisis or conflict to resolve (Berger, 2018). Erikson argued that adolescents must first establish their identities before achieving full intimacy. The intimacy of adolescent relationships is the result of sexual arousal that lacked a deeper intimacy and masked deep fear and anxiety. Sullivan believed intimacy led to identity (Mullahy, 1968), and Erickson presented the theory that identity development leads to intimacy. Identity and intimacy are intertwined, and both seem to be necessary for the individual in transition from a successful period of adolescence to adulthood.

### ***Purpose of Dating***

In Western cultures, dating has many purposes as follows: engaging socially with others, entertainment, and the need for companionship and closeness; learning strategies for action and future relationships; experiencing and learning the characteristics of relationships necessary for more lasting relationships in the future; becoming socially advanced or more popular as a symbol of status for a young person; and practicing sexual abilities (Hartup, 1993).

In many cultures around the world, there is no purpose in dating. When a person reaches the age to get married, the families get involved and find a suitable spouse. Coupling is based on mutual respect, while love is earned over time. Marriage is seen as the union of two families to complement each other. Therefore, the entire extended family strives to make the relationship work. Arranged marriages are still part of many cultures around the world. Adolescents from these cultures have no expectations or fantasies about dating. They just have crushes and fantasies about marrying their crush. Ideally, young people assume that their parents have their best interests in mind and can better assess a good spouse. The pressure and fear of being rejected or of finding the "right one" or "true love" are removed (Arnett, 2013).

### **Mentoring for Adolescents' Psychosocial Development**

Transfer of knowledge from one person to another can be done in many ways. Mentoring, tutoring, teaching, and guiding are all techniques used by adults to teach children. According to Vygotsky's (1978) sociocultural

theory, children learn through social interactions with adults. Interactions are often built on a tutor and apprentice relationship where the tutor is the adult, the mentor, the more experienced, and the one teaching the novice, who is the child and the apprentice. The title of mentor is given to a person who teaches and/or advises a less experienced and often younger person. A mentor is also a trusted counselor or guide whose teachings are based on experience, wisdom, and intelligence (Pulce, 2005).

To be a mentor requires specific characteristics. An eligible mentor is generally someone who is loyal, loving, knowledgeable, virtuous, accomplished, patient, supportive, and enthusiastic, a reliable role model and overall, worthy of molding another person (Pulce, 2005). These characteristics can easily be attributed to elderly, who can then be role models for a novice. Researchers have indicated that the benefits of mentoring youth include a decreased rate of risky behavior, such as declined overall drug and alcohol use. Mentees also experience higher academic achievement and better interpersonal relationships with friends and family, leading to healthier social skills. Studies have indicated that a grandparent's involvement in the lives of grandchildren is an important investment, and mutually beneficial to both generations (Weston, 1992).

### ***The Role of Grandparents as Mentors (Grand Mentoring)***

In a study about the role of mentors in emerging adulthood, 89 college students of mixed gender, ethnic background, and socioeconomic status expressed satisfaction in having an interdependent relationship with their grandparents (Jafari et al., 2018). Seventy of the students surveyed claimed they had received advice from grandparents and 67 stated that, when applicable, they had applied such advice to their particular situations. The type of advice received from grandparents included simple life lessons, such as staying in school, being respectful to others, and following proper etiquette, all the way to important cultural continuity and traditional mentoring. Eighty-three of the participants expressed happiness about having a grandparent involved in their lives and 63 considered them as part of their support system. Grandparents can play a crucial role during the challenging adolescent years. Additionally, as a support system to parents, they can effectively mentor grandchildren, thereby improving adolescents' quality of life, building academic success, creating healthier self-esteem, developing a more well-rounded self-perception, and balancing self-identity formation.

## **Essential Information for Parents**

### **Image and Beauty**

Since this is the era of relationships and sexual experiences, feeling and being physically and sexually attractive are important to young adults. The fashion industry strongly influences the standards of beauty. Creating a body type and size that appeals to peers and sexual partners becomes a priority and a tool for popularity and success. Someone's self-esteem and confidence become dependent on their body style and fashion style. Parents can become aware of the new fashion styles and be more open-minded toward their late adolescent's choice of attire. There are parents who do not agree with or like the new styles of clothing, whether they are too revealing, or too baggy, or too tight and are not always complimentary about their adolescent's choice of styles. This way of sharing their wisdom comes off as disrespectful and usually backfires, causing the adolescent to withdraw and wear what they want and ignore their parents' views, which then feels disrespectful to the parents. The areas where parents could be more curious and influential are in addressing an unhealthy body weight (too thin or obese) and the behaviors (physical and psychological) that could lead to long-term adverse effects.

### **Obesity and Eating Disorders**

Obesity is on the rise in Americans of all ages. Rather than just being overweight, obesity is defined as being at least 20 per cent above the ideal body weight. The rise of obesity in children and adolescents is of particular concern. According to the CDC (2019), 18.4 per cent of children, aged 12–19 years are considered to be obese. Serious health problems that can be caused by obesity include high blood pressure, high cholesterol, heart disease, and type 2 diabetes. While the causes of obesity are complex, the two most common causes among people under the age of 20 years are lack of physical exercise and unhealthy eating habits. Many young people spend a great deal of time sitting, whether at home or at school.

Fast foods, high in fats and sugars, are more common than ever before and adolescents often have easy access to them. Adolescents enjoy hanging out with their friends outside the home eating fast food, take-out, or restaurant food that often contains unhealthy amounts of fats and carbohydrates. Both overweight and underweight conditions have been linked to depression, low self-esteem, and eating disorders. Adolescent girls, in particular, are likely to be concerned about weight and may have distorted views about their

bodies. Even normal or underweight girls may be required to reduce their food intake and diet (Voelker et al., 2015). In the popular media, girls are often given the impression that being ultra-thin is the norm, an impossibility for girls with the many basic body types. This picture contributes to the increasing rate of eating disorders in heterosexual girls and homosexual boys. It is estimated that approximately one in five women between the ages of 12 and 25 years, had an eating disorder at one time in their lives. The number of men and boys diagnosed with eating disorders is also increasing, accounting for 10–15 per cent of 24 million Americans of all ages affected (Alliance for Eating Disorders Awareness, n.d.). Eating disorders can cause serious health problems, including organ damage and even death. The most commonly diagnosed eating disorders are anorexia nervosa, bulimia nervosa, and overeating. Psychologists define *anorexia nervosa* as a condition for someone with abnormally low body weight, severe fear of gaining weight, and a distorted body image (Mayo Clinic, 2018). Even mild weight gain can lead to excessive exercise or the overuse of diet pills, laxatives, or diuretics. Women who lose too much weight may stop menstruating.

**Table 9-1. Feeling of Being “Not Good Enough”**

I Am Good Enough for My Recovery, by Annie Vitti
<p>The first time that I thought that I wasn't good enough was in second grade.</p> <p>My best friend at the time was suddenly friends with the popular girls and she believed that bullying me would mean a reserved spot with them. I'd lost my best friend. I tried to get over this, but I never really could because I could not comprehend being wanted by someone. My cousin came to visit me in Chicago from New York City during the fall of fifth grade. He promised me that the next time that I would see him, he would take me to see his photography company in the city. I was so excited to go because I've never been.</p> <p>I took my time with my cousin for granted, for just a couple of months later he died suddenly from a heart attack. His promise to me was broken. After his death, I became depressed. The summer before I was going into middle school, I wanted to get more friends. And I thought that I'd try to fix my appearance, improve my grades and become more athletic. I started changing my behaviors. Every day, I went on the scale. When school started, I fooled everyone at school that I was a “perfect”</p>

kid; my grades were some of the best in the class, I could keep pace with the boys in PE and girls always complimented my style.

Some would think that this is what happiness would be, but I wasn't. No one wanted to hang out with me outside of school. I asked and they would always reply with a lame excuse. My weight dropped even more. The words, "Maybe if I was thinner," always pounded through my head. One day I got so scared of my appearance that I told my mom. She talked to me, and we decided that I was going to get professional help.

When I met the doctor, I was not diagnosed with anything, but she said that if I hadn't come in when I did, I would have been diagnosed as anorexic within a month. The thing about middle school that bothered me was that everyone seemed to have a group of friends. Everybody belonged besides me. Everybody called me perfect or nice or smart or pretty. But I felt like I wasn't ever good enough for anyone.

By freshman year, I was determined to find myself. I filled up my schedule with outrageous classes, put on a happy mask and tried to be a friend to everyone. Things started to get better; my weight had started to increase, I had a football player boyfriend and finally discovered who at least I thought I was, and I thought I was getting better. Then the tables started to turn. I found out that my boyfriend was lying to me and was doing things behind my back. To me, my "friends," my boyfriend and what felt like the whole school, didn't tell me because I wasn't good enough. My grades dropped. My friends stopped talking to me because they didn't understand me or decided that being friends with my ex-boyfriend was a better idea. By the end of the school year, I was diagnosed with depression and anxiety. I even attempted suicide twice.

During the summer after freshman year, I purposefully stopped talking to all of the "friends" that were not supportive of me when I really needed them. I was also finally diagnosed with anorexia. At one point I almost tried to force myself into different eating disordered behaviors when I was at summer camp. I personally thank my counselor for deciding to never leave me alone. I don't even know if it was intentional, but that little gesture meant so much to me. She was the first person who was able to make me believe that I was and am good enough. Because of my counselor, I've dedicated myself to recovery.

But I still relapsed. I went to my mom again and I was put in a hospital. I spent eight weeks receiving treatment. I lost support from some of my

closest friends because they thought that my eating disorder was a choice. Instead, I turned to my passion of singing and my choir. Everyone encouraged me while I was gone.

Recovering is hard. But it is worth it, and I can actually say that I'm happy. I've learned who my real friends are and what I want in life. I'm strong enough to be able to encourage other teens to get help. And most importantly, I finally believe that I'm good enough, because I always was! Yes, I've lots of catch-up work to do for school, but I have teachers and peers that help me.

I wear every day a small ring that says "Hope" as a reminder to be positive. And instead of writing and thinking negative things I now draw the recovery symbol with pride and write the words, "I am enough." It has taken over four years of hard work to be able to say those three words, but I've never been prouder of myself.

Finally, I want to enforce that many people think that there is such a thing as "perfect" but there is not. Everyone is an individual and is beautiful in his or her own way. Everybody has his or her own story to be told. Whether you know it or not you are worth it.

Don't be too quick to judge people but be supportive of everyone. Most importantly, even if you can't believe it now, you are good enough.

*Source:* Annie Vitti, Stories of hope, NEDA.org, published on January 13, 2015, National Eating Disorders Association, 2014

### **Bulimia Nervosa**

*Bulimia nervosa* is known as a disease in which a person eats large amounts of food and then purges it by inducing vomiting or using relieving agents. These individuals often maintain a normal weight or have only slight weight changes. However, bulimia is often associated with high levels of anxiety, depression, low self-worth, and shame. Cycling and purging are also addictive. There could also be a cycle of eating excessively without purging.

The causes of eating disorders are complex. They are considered to be a combination of psychological issues (depression, low self-esteem, or other mental health problems) with a biological/genetic predisposition, social/environmental contributions, and family mobility issues. For example, emotional, physical, or sexual abuse may be a factor; and depression,

anxiety, a need for completeness, and lack of control are common in these patients. Although adolescents and young adults often hide their eating disorders from family and friends, treatment is important because eating disorders can lead to death (Alliance for Eating Disorders Awareness, n.d.).

**Table 9-2. Body Dysmorphic Disorder**

**I Hate My Body**

I hate my body. Although I had absolutely no choice in its creation, I have managed to let it become what it is. Double-chinned, gap-toothed, acne scarred. So many scars. I can't even see my own vagina without sucking in my f\*\*\*ing stomach. I hate how I look in pictures. I hate how f\*\*\*king beautiful you are. I hate how you know it. How every one of your Facebook friends knows it too? F\*\*\*king narcissists. F\*\*\*king photobooth. F\*\*\*king virtual lives. I hate your brand-new clothes. Your brand-new shoes. Your gym membership. All your brand-new little everything. I hate your money. I hate my \$.75 in savings. My \$4.68 in checking. Hate working so hard, and still feeling hungry.

I hate how I can't appreciate all that I have. That I can drink clean water that won't kill me. That I can go to school and get an education when most people in the world can't. That I can abuse drugs and alcohol, watch movies, listen to all kinds of music, read books, make art, drive cars, ride bikes, explore parties, hang with friends, go to bars, clubs, dance and play.

I hate how, despite all that I have, I am still filled with so much anger. Sometimes it just makes me throw up. Like somehow all my painful knots, and fucked up thoughts would come undone, spilling out my mouth, sinking to the bottom of the toilet. But they don't. They cling onto my insides like leeches. Sucking the optimist's blood.

I am a happy person, I really am. But I am also a very sad, destructive person as well. You will never see this side of me. I will never let any of you see how fucked up I really am.

*Source:* Anonymous CSULB college student (Anonymous, 2011)

## Challenges

### Alcoholism and Drug Use

Adolescents experiment with street drugs, alcohol, and prescription medications. The substances are readily available to most high school students through other adolescents who are acting as dealers. According to a 2013 survey by the National Institute on Drug Abuse, 60 per cent of 12th graders do not find regular marijuana use to be harmful (ProCon, 2014). The results also show that 36 per cent of high school students have smoked marijuana in the past month. The belief that regular marijuana use is harmful has been steadily declining over the last twenty years. Attitudes are likely to continue in this direction with the legalization of marijuana in most states in the United States (ProCon, 2014).

#### *Alcohol Blackouts: Not a Joke*

The heaviest drinking and steepest trajectory of increasing alcohol problems are typically observed during the period from mid-adolescence to the mid-twenties. One common and adverse consequence is the alcohol-related blackout (ARB), which is reported by up to 50 per cent of drinkers. However, there are few studies of the trajectories of ARBs over time during mid-adolescence. A new study identifying different trajectories of ARBs between the ages of 15 and 19 years, along with predictors of those patterns, has found that certain adolescents with particular characteristics are more likely to drink to the point of blacking out and experience the additional alcohol-related dangers that accompany this (Schuckit, 2014).

**Table 9-3. Adolescents and Methamphetamine Use****It Happened to Me . . .**

Methamphetamine became a part of my life when I was 19 years old. I was instantly hooked – there was none of that “only on the weekends,” or “I’ll only stay up for two days.” I eventually tried to do that, but control was impossible. I was powerless over meth. I just didn’t realize it or wouldn’t admit it at the time. I couldn’t quit. I used almost every day for seven months and then I hit bottom. Seven months. That’s all it took for me to lose everything. When I started using meth, the only thing I knew about it was that it was a drug. At the time, I had the mentality that “it” wasn’t going to happen to me.

We’ve all seen the egg and frying pan commercials, or the junkies on the street downtown. We all know what could happen to our health years later, but we light up that cigarette anyway. We all think “It’s not going to happen to me.” In the end, “it” did. Over the next seven months, meth became the most important thing in my life. Everything I did, I did to get more meth, to stay high. I didn’t know what else to do. I stopped talking to my family because I didn’t want them to know I was using. I went to work high, and I was tired because I hadn’t slept in days. I only called my mom after I’d slept and only to borrow money. I wasn’t able to pay my car payment, car insurance, rent, or any other bills because I spent my money on meth. I lost sixty pounds because I didn’t eat when I was high. Showering and brushing my teeth regularly didn’t happen. Maintaining my hair and makeup twenty-four hours a day for a week was impossible for me, so I just quit doing it.

I used people and manipulated people for more meth. I began to consider dancing so I could have more money to buy meth. I changed my values, so they matched my behavior; it was “right” if it got me high. I tried to jump out of a car moving at over seventy miles per hour, and yet I did more meth. I blacked out and hallucinated, and yet I kept getting high.

Some would say I had a choice: meth or a life – and I chose meth. Before I used that first line, I did have a choice. After that, I was in the grip of a disease more powerful than myself. I lived to use and used to live. There was no choice, I had to get high. I did anything to get more meth.

I even went to jail for meth. This is where I got my first dose of humility. Everyone I used with had been to jail because of meth, whether it was possession or something stupid they had done while on meth. I flat out told people I didn't have a meth problem because I'd never gone to jail. The people I used with didn't have a place to live, a car, a phone, electricity or heat, and until the end, I had those things. I compared myself to others to prove I wasn't an addict. I was wrong. And as I sat in jail, coming down – I finally admitted I was an addict.

The way I was living was hopeless; I was barely surviving. I knew that if I didn't do something, meth was going to kill me. I was living in a prison created by myself, for myself.

*Source:* Taken from Partnership for Drug-Free Kids, 2012

## Rape

Rape is defined as a forced sexual act. Most reported victims of rape are female, although there are many victims among males. Rape is mostly committed by acquaintances, or someone known by the person. In most cases, the motivation for the rapist is a feeling of rage and anger, and to show power by forcing the victim to be submissive rather than for sexual gratification (Gowaty, 2003). The anger can be directed at the victim in particular or the world in general. In some cultures, the permissiveness of sex for one gender over another can also contribute to rape. For example, some males think of females as objects to be taken whenever they need sex, or that this is a competition they need to win against another male to rape his girl. Some men think that women do not have the right to say "no," or that saying "no" just means that they want to be pursued more.

Coercion and force are never acceptable behavior; however, and unfortunately, there are people around the world from different socioeconomic and cultural backgrounds who commit this act. High school students were asked in a survey if they were allowed to restrain someone and force them to have sex. Forty-four per cent of girls and 24 per cent of boys said that forced sex was never allowed. The remainder claimed that rape was permitted under certain circumstances (Monnier et al., 2002). Adolescents should be aware that when a person says "no," they should always stop, even if they feel like the person is sending mixed messages. Rape is not allowed. Rape is a traumatic experience for the victim, in any situation, and can have long-term

consequences. It can affect future relationships throughout life. Rape should never be underestimated, and victims should seek professional help.

### ***Rape Cross-Culturally***

In many cultures, virginity is highly valued and if a girl is raped, she is considered to be tarnished and shamed for life, which may be one of the reasons why girls, who are forced into prostitution, do not return to their place of origin; even though, they may flee. Because of the dishonor brought to the family, although it is not of the female's own doing, consequently in some cultures it is expected for the woman to commit suicide.

## **Sexually Transmitted Infections**

In the United States, youth under the age of 25 years are at a higher risk than older individuals for contracting a sexually transmitted infection (STI). It is estimated that half of the 20 million people with an STI are between the ages of 15 and 24 years and four out of every 10 adolescent girls have had an STI (Shannon & Klausner, 2018). People of these ages are likely to have a higher number of partners than older people. This age group is also more likely to have higher-risk sexual encounters without the use of condoms or other protective methods. Also, people in this age group are less likely to be tested for STIs. The most common STIs in American youth are human papillomavirus (HPV), trichomoniasis, and chlamydia, with HPV being the most common. The incidence of chlamydia is about five times higher in those at the ages of 15–25 years than in the general population (Centers for Disease Control and Prevention [CDC], 2010a; 2014a; 2015). It is estimated by the CDC that 35 per cent of those at the sexually active ages of 13–19 years have been infected at one time.

## **HIV/AIDS**

The disease, acquired immunodeficiency syndrome (AIDS), has been known to exist only since the late 1970s or early 1980s. There are about 50,000 new cases in the United States in all age groups every year. One out of every four new cases of human immunodeficiency virus (HIV) are diagnosed in youth between the ages of 13 and 24 years. Most of these cases are bisexual or gay young men, particularly gay black young men (CDC, 2014b). Originally, HIV/AIDS in the United States was in the homosexual and illegal drug-using populations, but now the disease is commonly found in the heterosexual population as well. Girls and minority youth are particularly at risk. Sexually active African American youth between the

ages of 13 and 24 years have the highest rate, with 68 per cent contracting HIV/AIDS (CDC, 2014b).

HIV/AIDS is thought to be mutated by a similar disease found in African chimpanzees (Gao et al., 1999). The infected chimpanzees were probably killed and eaten for food. The disease began in a group of heterosexuals in Africa. Today, some treatments can help to delay the disease, but there are no known cures, yet. Treatment includes cocktails of drugs that must be taken during difficult times, and some strains of the virus are more resistant to treatment than others. One of the main difficulties for many people, especially the poor, is the cost of these drugs or access to adequate health insurance that provides coverage.

### ***International HIV/AIDS Infection***

HIV is the virus that causes AIDS. AIDS is present in every country in the world and the disease has killed more than 36 million people. In addition to making people sick and killing them, the disease affects the lives of children and adolescents who lose family members. Worldwide, more than 3.3 million children were infected with HIV in 2011. Additionally, 1.7 to 2.4 million children died of AIDS in 2008 (CDC, 2014b). In a slow-developing country, people who need urgent treatment do not have access to it. Only 5 per cent of the world's population can afford the lifetime drugs that are used to treat this disease (CDC, 2014b). There are drug treatments that prevent HIV-positive pregnant women from transmitting the disease to the fetus. Unfortunately, many women in developing countries do not have access to or use of these drugs. The price increase in HIV medication prevented developing countries from having access to vital preventive drugs. Unfortunately, the COVID-19 pandemic also impacted the access of 73 countries to the antiviral medication that their population desperately needed (World Health Organization [WHO], 2020).

Sub-Saharan Africa is home to some of the poorest countries in the world and is heavily affected by the AIDS pandemic. Two-thirds of the world's HIV cases occur in these countries (CDC, 2014b). In Africa alone, more than 14 million children are orphaned due to AIDS. In 2007, more than nine countries reported that at least 10 per cent of the population aged between 15 and 49 years was infected with HIV (AVERT, 2010). Botswana is one of the countries with the highest infection rates, affecting about 24 per cent of the adult population. More people live with HIV in South Africa than in any other African country. In many of these locations, high rates of AIDS/HIV affect family and community structures. AIDS is a serious

problem, not only in Africa but also in many other developing countries. Many countries do not have the infrastructure to track case numbers, which can lead to a lack of statistics and unreliability.

## Practical Approach to Parenting

### The Awareness Integration Theory Approach

*Andrea is 19 years old and lives with her parents. She is going to a local college full time and is transferring to a state university soon. She also works part time. She has a seventeen-and-a-half-year-old brother who is also a freshman at the same college and lives with them. Her parents are constantly fighting with her for breaking the curfew of midnight and for having her boyfriend over. While she fights back, telling them that their rules are hypocritical since they allow the younger brother to stay out at his friend's home and at times come home at 2 a.m. He even gets to have his girlfriend stay in his room throughout the night, has sex, and then joins everyone for breakfast. Her parents keep telling her that rules are different for girls since she could be harmed much more than boys. Andrea is furious and feels that this treatment is not fair at all and has stopped talking to her parents and brother. She just comes in to sleep and change and stays out of the home most of the time. Her parents are worried for her and want to reconnect.*

These late adolescent years are truly transitional, where the child sees the self as an adult and wants to be treated like one. However, they do not have full adult independence and responsibilities. The parent's role is crucial at this time to guide their adult children step by step into full adulthood. Parents also need to be very aware of their biases that might hurt and could alienate their children. If the parents have set up a curfew rule for everyone to be at home at midnight mid-week because they have to work the next day, then that rule should apply to everyone and should have reasoning that is logical for every member of the household. For example, is the curfew set for an appropriate sleep time or safety measures? Whatever the reason, it should apply to all. The same concept goes for the rule that "their dates stay overnight" or they stay overnight somewhere else. Both girls and boys can be in danger of getting harmed out there, at any time of the day. Some people believe that girls are more in danger of getting assaulted and raped than boys, or there is more danger on the street after midnight versus in the morning. If that is the belief, then parents need to have statistics and facts to give to the adult children and respectfully negotiate the rules that could

be enforced and respected because they make sense to the late adolescent. It is a great idea to have family meetings in which all members of the family can discuss their needs and ways to set rules that make sense to all and then commit to applying and implementing them. Examples of dialogues to have with adult children, using the Awareness Integration Theory (AIT) approach are:

It is difficult for us to fall asleep and we wake up at odd hours when you guys decide to come home at odd times in the middle of the night. We not only worry for you, but we get woken up by the garage door, and you're taking showers and eating late at night. We have to be sharp and go to work the next day and you guys also have to study and work. So, we request for us to adhere to an 11 p.m. curfew for Sunday to Thursday nights and a 2 a.m. agreement for Friday and Saturday nights. What do you guys think?

Or,

It is very awkward for both of us to wake up and find someone who is not a member of our family walking around the house in their nightclothes. We believe that you guys should wait until you have your apartments to have guests to stay overnight. We prefer to feel comfortable in our own home and not be worried that others who are not permanently in our lives are coming and going in our home as they please. We would like to offer that privilege to someone more permanent in your life in the future. You are in the phase of dating and these relationships are temporary, therefore your guests should not be staying overnight.

These are the years that late adolescents want to be treated as adults and respected by their parents and other adults. However, many of them are struggling with what adulthood means. Most late adolescents are still being provided for financially by their parents; yet they do not like their parents to question them or create a structure for them. These are practically the last years that a person can enjoy pretending that they do not have responsibilities and indulging in pleasure-seeking behaviors as the main focus of life.

Parents can hold their late adolescents or young adults responsible and accountable for their role in their home. They can also create a financial structure with a timed exit plan for their adolescent to look forward to. It rarely works for parents to pay for everything while their adolescent gets

stoned in their room and yells for the parents to get out of the room and not disturb them; then the parents suddenly threaten the adolescent with moving out of the house and getting a job immediately.

Creating a timeline for progressive independence, with the help of the AIT approach, will support the adolescent to have a game plan that will create success for the young adult. As an adolescent begins to earn income, they can pay for their car, insurance, clothing, and personal items as well as partial rent. Parents can always collect the rent, save it for their young adult and give it back to them or invest it for them. However, the practice of paying for rent, utilities, and necessary items will create a disciplined structure and habit for the young adult to carry over when they move out of their parent's home. A healthy young adult has three options:

1. Go to school full time
2. Go to work full time
3. Work and go to school.

If the young adult is earning money, it is expected for them to begin with a financial management plan that leads them toward independence.

Parents need to be involved and welcome their young adults bringing their dates and the person they are in intimate relations with to their home and socialize with them. Many parents avoid these relationships and give comments and advice from afar. However, the young adult would only consider advice and feedback that are related to their experience and will not normally honor general advice. Changing from a parent-child role to a mentor-mentee role becomes important.

Young adults experience anxiety for the unknowingness of the future with regard to their career, finances, and success. Parents' roles can be very influential when they foster an environment of exploration and resource-giving for their young adults. They tend to listen and learn from their parents about the tangible steps to success in the world. Some business owners take their children to their business sites and have them learn or intern. Some ask their friends to hire or allow their young adults to volunteer at their business sites.

There are times that the home environment is safe, open, and healthy, and young adults will consistently return to their nest for rejuvenation and esteem. However, when the family environment is pressured, controlling, and unhealthy, they will leave never to return.

# **PART THREE**

## **CAREER OPPORTUNITIES**

## CHAPTER TEN

### CAREER OPPORTUNITIES

#### **Love is Experienced, Skills are Learned**

Parenting is the most important role that a person can choose in their life and for their life's work. It is usually the career that people assume with varying degrees of formal training and readiness. Parents and other primary caregivers of all types (foster parents, grandparents, adoptive parents, etc.) benefit from learning about the specific tools needed to provide a loving, accepting, nurturing, and generous space for a child's growth during all the stages of childhood.

Parent educators can have an important career role in building capacities in their parent-students by supporting their learning about evidence-based strategies that help children thrive and ease challenges that are inherent in parenthood. Parent educators support parents' recognition of an array of opportunities that await parents as they move through the journey of raising their children toward adulthood. Parent educators have the potential to foster a parent's understanding of their growth processes during the stages of parenthood; and thereby, their abilities to bring joy into family life while embracing the critical role of parenting.

There are new parenting challenges to address every day as children interact with and are influenced by their environments. Parents need support in navigating their roles in adopting parenting styles and exploring interventions when grappling with a variety of issues. These can cover a range of health-related conditions such as autism spectrum disorder (ASD), or man-made challenges such as children's accessibility to violent games, drugs, guns, and social media. Parent educators' knowledge and expertise offer the necessary supports and guidance for parents who may be in danger of becoming overwhelmed or reacting out of fear, which could potentially be the case when receiving assessments or evaluations of their child with learning disabilities. Parent educators facilitate parents' abilities to interact and set appropriate boundaries for their children's developmental levels, in a facilitative way that promotes love and learning. Parents and children can

learn from challenges, build resilience, and move toward healthier behaviors rather than getting caught up in destructive emotional and behavioral patterns.

With the speed of innovative technologies, each generation sees a rapid change in what societies around the globe consider to be typical parenting issues. Currently, most families struggle with behavior management issues and a lack of understanding of or skills in children's emotional regulation and executive function. Most importantly, parents are aware that their children have access to information on the Internet and through apps that parents may not be privy to. Many families have dual-career parents, meaning that both parents work, and some have multiple part-time jobs without benefits. Therefore, in some families, there may be a lack of child supervision or limited quality time spent with children. These challenges, which are experienced by many families, may lead to inconsistent discipline and the use of punishment on behalf of the parent. Parents may only have limited time to spend with their children and might not have the skills to deal with all the challenges that are brought to the family by their children. Parent educators have a critical role in providing parent education with strategies parents can use that are developmentally and culturally appropriate for their children.

All parents, whether they are from a high or low socioeconomic status, mandated or non-mandated by the court, can benefit from evidence-based parenting education. Only half (53 per cent) of the parents of school-age children report that they are satisfied with their level of engagement with their children, and a substantial share of parents (46 per cent) report that they wish they could be doing more with and for their children (Parenting in America, 2015). Those parents, who have been coached and supported with effective parenting education, strategies, and techniques, reported having children with higher academic success such as good grades, fewer behavior problems, fewer substance abuse issues, better mental health, and greater social competence.

## **Parent Educator**

A *parent educator* supports parents as they acquire the knowledge and skills needed to raise physically, psychologically, and emotionally healthy children. Parents from all socioeconomic situations, ethnicities, nationalities, etc., can often use help with parenting tips and skills. The parent educator may be an employee of a public agency (social worker), a private organization (parenting coach), or a self-employed professional (psychotherapist, marriage

and family therapist, marriage counselor, parenting coach, parent/child consultant). While parenting education can be beneficial for many families, it is often only after the family has experienced a trauma or serious situation that they seek the help of a parent educator. In some cases, the court system may order or strongly suggest training in parenting. In child custody matters, family court judges frequently request that one or both parents attend parent training courses. There is growing recognition of the benefits of parenting education, which is known to contribute to stronger families. There is potential growth in the number of parenting education positions to support parents in need of this service.

### **Child-Life Specialist**

A *child-life specialist* helps and supports children and families to understand and cope with a child's hospital experience. A certified child-life specialist's role involves helping to improve patient and family care, satisfaction, and overall experience. To support a child, they might encourage play or self-expression; for parents, it might be education or emotional support. In both health and community situations, certified child specialists help infants, children, adolescents, and families deal with the stress and uncertainty of acute and chronic illness, trauma, disability, loss, and sadness. They provide developmentally and psychologically appropriate interventions, including evidence-based therapeutic play, behavioral preparation, and education, to reduce fear, discomfort, and pain.

### **Coach/Mentor**

A recent popular professional career choice for today's young adults, who are seeking a non-traditional career path, may be family coaching or mentoring. The term *coaching* may be associated with sports; however, coaching is not teaching or counseling, nor is it only training; and coaching has now spread to many more areas such as business, personal life, parenting, or leadership, as well as, to the fields of sports and performing arts. A trained coach/mentor helps their clients achieve their goals in their lives and careers. In a nutshell, coaching is a partnership between a coach and a client.

The coach helps the client to achieve their personal best and to produce the results they want in their personal and professional lives. As described by the International Coaching Federation (ICF) ([internationalcoachingcommunity.com](http://internationalcoachingcommunity.com), 2021), the core of coaching/mentoring:

- Helps a person change in the way that they wish and helps them go in the direction they want to go.
- Supports a person at every level in becoming who they want to be.
- Builds awareness, empowers choice and leads to change.

At this time, the coaching profession is not strictly regulated by any government agency and currently, it is not required by law for an individual to earn a particular certification before they can become a coach. However, due to the rapid growth of this career opportunity, its popularity as a profession, a highly competitive environment, and many new types of coaching sprouting up every day, it is highly recommended that individuals undergo appropriate training, ultimately leading to certification.

## **Mentoring Programs: Becoming a Mentor**

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**Platomium Mentoring & Coaching Consultants**

The benefits of effective mentoring programs have been realized for decades. However, understanding what makes mentoring practices effective is somewhat more elusive. Researchers have suggested that being prepared as a mentor requires that one becomes actively engaged in mentorship activities with others as part of developing professionally. Such preparation will contribute to the mentor's effective functioning and long-term sustainability in the role of mentor (Bullis & Bach, 1989; Rothwell, 2000). In order to be purposeful in creating a mentoring program that addresses the needs of parents, caregivers, or professionals from diverse populations, it is important to identify the traits, capabilities, and dispositions of effective mentors.

Various studies have identified the roles of mentors as well as the characteristics, knowledge, skills, and dispositions of individuals who have been successful in their roles as mentors. These studies have revealed that mentors are primarily supporters of less experienced individuals. Mentors are also guides and facilitators who listen and question (Abiddin & Hassan, 2012). Mentors encourage reciprocity (Parsloe, 1999) and mutuality (Dobrow et al., 2012) in the mentor-mentee relationships. Zelditch (1990), frequently quoted in the literature on mentoring, described multiple roles for mentors such as advisor, supporter, tutor, master, sponsor, and model. Hogue and Pringle (2005) suggested a set of guiding principles as a framework for individuals getting started with mentoring others. If you are

interested in becoming a mentor, consider this list from Hogue and Pringle, as follows:

1. Strive for mutual benefits;
2. Agree on confidentiality;
3. Commit to honesty;
4. Listen and learn;
5. Build a working partnership;
6. Lead by example; and
7. Be flexible (pp. 51–52).

Other scholars have described successful mentors as being people-oriented, good motivators, effective teachers, excellent with technological knowledge and skills, and prideful in their profession (e.g., Glenn, 2006). Scholars further suggested that the successful mentor understands the mission, vision, and values of his or her profession, supports the profession's initiatives, and maintains mutual respect with mentees (Aldisert, 2001). Effective mentors are viewed as individuals who are good at time management and communication, and successful because they are well-educated and well-organized (Abiddin & Hassan, 2012). Hart (2010) listed seven key tasks of an effective mentor, as follows:

1. Develop and manage the mentoring relationship.
2. Sponsor [the mentee by opening doors and advocating for the mentee].
3. Survey the environment [for positive opportunities and threats to the mentee].
4. Guide and counsel [the mentee as a confidant, sounding-board, or advisor].
5. Teach [and impart knowledge, share experiences, make recommendations].
6. Model [and lead].
7. Motivate and inspire [the mentee through validation and encouragement].

In a study by Trube and Wan (2015), researchers found characteristics of mentors related to their study participants' perceptions of the essential knowledge of the mentor, the essential skills of mentors, and the essential dispositions needed to be an effective mentor. The tables below identify each of these characteristics as revealed by participants in their study.

**Table 10-1. Essential Knowledge Needed by Mentors**

Exemplifies high standards – being willing to model adherence to high standards  
Content experts – acquiring high level scholarship  
Experience in the field – considering both learned information and observations  
Strategies – sharing and demonstrating acquired information effectively  
Resourceful – creating opportunities to make connections and go deeper  
Ways of navigating – being able to discuss learned information in various contexts  
Situational – ascertaining whether or not information is communicated appropriately  
Responsible – possessing clear and strong knowledge of a field or discipline as a foundation  
Reflector – being able to evaluate incoming information with existing knowledge and engage in critical thinking to arrive at a concise description of the issue  
Accomplishments – demonstrating learned information  
Lifelong learning – acquiring information throughout the tenure of one's profession  
Big-picture overview – recognizing and understanding concepts, the foundation of field and relatedness across disciplines

Source: Trube & Wan, 2015

**Table 10-2. Essential Dispositions of Mentors**

Accessible – being available to serve another when it is convenient for the other  
Honest – being truthful and objective in reporting or giving feedback  
Open – being willing to share and communicate  
Approachable – balancing intellect and emotion with consideration of another person  
Caring – being able to display concern for another person openly and honestly  
Dependable – possessing willingness to respond as appropriate from the vantage of commitment  
Appropriate – knowing when to speak and when to refrain from speaking  
Respectful – demonstrating care, concern, or empathy for another  
Kind – treating another in a manner that communicates care and thoughtfulness  
Trustworthy – demonstrating that one has the capacity to be honest  
Understanding – putting oneself in the position of another to relate to his/her ideas or issues  
Receptive to others' values – accepting the cultural values of another  
Compassionate – being concerned about the success and/or welfare of another  
Accountable – responding to the ethical obligations inherent in mentoring another  
Generous – giving credit to another without reservation  
Discreet – keeping shared information confidential  
Willing – demonstrating they have the will to do what is necessary to mentor another  
Friendly – acting in a way that is nonthreatening, respectful, and agreeable  
Positive – willing to view and approach a situation from a strength's perspective

Source: Trube & Wan, 2015

**Table 10-3. Essential Skills Needed by Mentors**

Listener – demonstrating active communication skills
Sounding board – providing a receptive environment for the expression of another
Troubleshooter – providing a responsive environment for the expression of another
Critical thinker – displaying an ability to analyze, synthesize, or evaluate information in a given area
Interacter – communicating ideas and learned knowledge while engaging with another
Showcase – demonstrating the use of tools to present competencies
Model – demonstrating competencies in field
Spokesperson – expressing ideas related to an organization, a field of study, or a profession
Feedback provider – knowing what, when, and how to share observations with another
Adviser – providing access to skills in overt ways
Counselor – giving counsel based on tried and true strategies for success
Consoiler – making suggestions on what is known and what is yet to be learned or experienced
Recognizer – being astute at recognizing and knowing what, when, and how to activate a skillset
Nurturer – recognizing and meeting the needs of another to promote confidence
Decision-maker – making decisions and following through
Guide – providing guidance
Tracker – having the necessary skills to follow another and determine measures of success
Translator – being able to hear and understand the motivation behind the questions of another
Manager of time – managing timelines by meeting deadlines and addressing issues incrementally
Questioner – tuning in to the actions and expressions of another and asking questions or providing prompts to stimulate thinking or action
Motivator/Self-motivator – recognizing the potential in another and providing the quality of feedback that motivates performance without overwhelming another
Engager – encouraging mutual or co-participation to arrive at a successful outcome
Collaborator – possessing the ability to synthesize information and work in a team

*Source:* Trube & Wan, 2015

Several authors focused attention on the ways that mentors help to shape a culture of mentoring. According to Zachary (2005), mentors who know and understand the benefits of mentoring, despite the challenges and drawbacks, seek to create a culture of mentoring. Mentoring parents, caregivers, and educators has a wide range of benefits that include greater role satisfaction and commitments to the tasks at hand. From Johnson's (2007) perspective, tailoring a program of mentoring to fit the context of the need is recommended.

A mentoring program ought to track mentoring connections and also evaluate outcomes of the mentoring, implying that it is recommended that the mentor documents his or her work and maintains confidentiality of records from the mentoring sessions (Johnson, 2007).

Hudson (2013) found that the role of a mentor is instructive in that it both requires them and helps them to develop the skills of communication, leadership, and problem-solving. Studies by Peterson and colleagues emphasized the social and emotional insights needed by mentors as they navigate relationships with different mentees. Lechuga (2011) identified three mentoring roles that are needed when working with adults, which are as an ally, ambassador, and/or master-teacher. The roles of ally and ambassador denote respectful ways of working with a fellow adult; however, the role of master-teacher requires a higher level of professional expertise in child development and adult learning theories. In addition, Mutton et al. (2006) emphasized the critical need for mentors to have and be able to share their expert knowledge.

### **Mentoring and Awareness Integration Theory**

As a summary to the section on mentoring, the first five principles of Awareness Integration Theory (AIT) are applied to the field and practice of mentoring in the contexts of mentoring and coaching others who wish to set up a mentoring practice or for those who wish to establish a mentoring consultation program. The information related in this section does not preclude a formal arrangement to comply with state or federal regulations; the purpose of this guidance is to consider evidence of Zeine's (2021) AI theory as it applies to the practice of mentoring others in a professional capacity, so they are able to have the support needed to achieve their goals.

An individual embarking on a path of mentoring others in a professional capacity should be grounded in Zeine's (2021) first five principles of AIT to effectively support the individual in need of professional mentoring. AIT provides a meaningful context for someone fulfilling the role of a mentor or coach. Zeine's (2021) principle one suggested that "reality is the experience of the observer/perceiver" (Zeine, 2021, p. 29). To work effectively, the mentor must understand the orientation of the individual being mentored. Principle two provided enlightenment about the orientation of the mentee. According to Zeine (2021), both the mentor and mentee possess the capacity and potential to achieve their own levels of happiness, functionality, and success. Principle three indicated that it is important for mentors to recognize and reflect upon skills they have developed throughout their life

experiences, as well as understand that their mentees also have multiple skills, which they may not even be aware of being developed over their lifetimes. In principle four, Zeine acknowledged the importance of recognizing the invented realities that the mentor and/or mentee may have incorporated into their identities related to their personal beliefs or formulas of interacting with others. Zeine's principle five signaled the importance of recognizing cognitive, emotional, and somatic experiences which may be influencing an individual's core beliefs and an individual's ability to move forward in achieving their goals. It is at this point that the individual being mentored or coached may need to seek an individual with a mental-health expert's level of professional support to navigate their journey in addressing progress related to principles six through nine. However, an individual in the position of mentoring or coaching an individual with the aspiration and goal to provide mentoring as a professional endeavor, will do so with an informed level of expertise when studying and then following AIT principles.

## **Additional Career Choices**

Obtaining an education in the field of parenting would build the capacities of any professional who works with children, teenagers, and young adults. Everyone who works in the education field such as, preschool teachers, early childhood educators, elementary school teachers, middle school teachers, high school teachers, teacher assistants, school administrators, school directors, university and college instructors, scholars and researchers, and other related fields, would benefit from education or professional learning in the parenting field. Educating children effectively only happens when school and family practices are aligned. It is crucially important for educators to be able to guide family members in how to support children, whether they are students or clients, in their home environments.

This field of education is also beneficial and, in most cases, essential for any counselor or therapist who works with children and teenagers as well as with young adults. Careers such as speech therapists, child psychotherapists, play therapists, art therapists, physical therapists, who specialize in children and teenagers, and school counselors, college counselors, and so on undergo specialized training. To work in these highly specialized fields, individuals earn certification from specialty professional associations and organizations.

Education in the parenting field can help anyone interested in working with children, teenagers, and adolescents outside of the education field. Anyone who has the knowledge to guide parents in using techniques to support their

children in finding their passions and succeeding in anything they choose would have great success in their careers, such as sports coaches, music instructors, art instructors, mommy-and-me instructors, and the list goes on.

With this in mind, parent education is one of the most essential and rewarding professions. Educating the future generation begins with educating their parents. Being in a profession that supports both parents and children in having fulfilled and successful relationships with and among each other not only serves the family, but it also serves the entire community.

This is just the beginning!