How Children Think
by the Staff of ACS Distance Education
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The information in this book is derived from a broad cross section of resources (research, reference materials and personal experience) from the authors and editorial assistants in the academic department of ACS Distance Education. It is, to the best of our knowledge, composed as an accurate representation of what is accepted and appropriate information about the subject, at the time of publication.

The authors fully recognise that knowledge is continually changing, and awareness in all areas of study is constantly evolving. As such, we encourage the reader to recognise that nothing they read should ever be considered to be set in stone. They should always strive to broaden their perspective and deepen their understanding of a subject, and before acting upon any information or advice, should always seek to confirm the currency of that information, and the appropriateness to the situation in which they find themselves.

As such, the publisher and author do not accept any liability for actions taken by the reader based upon their reading of this book.
INTRODUCTION

How do children think? Children are on a constant path of development from conception to adulthood (and beyond). Understanding children from a psychological perspective can be of great assistance to adults, in order to help them support the children in their lives to develop into highly functioning adults – whether their own children, or in a professional or social environment.

This book attempts to provide the skills and knowledge to develop a greater understanding of children, and what is really going on for them. The first chapter discusses developmental stages in a child’s life, which is important for understanding what is to be expected and accepted at different points of a child’s development.

The next few chapters initiate the age-old discussion on the effects of nature and nurture on development. Chapter four provides insights into the importance of creating balance in a child’s life and chapter five discusses ways to change undesirable behaviour, providing practical solutions. Chapter six takes this a step further, going into problems and solutions of behaviour modification, as well as discussing issues such as abuse, bullying and deprivation.

The book concludes with a discussion on keeping up to date with constantly evolving research.

This book will provide valuable clues into the way children think, and useful keys to support development. We hope you enjoy it.
CHAPTER 1: WHAT ARE DEVELOPMENTAL STAGES?

People change and develop throughout their lives. Most remarkable are the changes that occur throughout childhood to adolescence. As children develop, they appear to go through different stages. Different behaviours and abilities can be expected over the different stages. Developmental theories identify the different stages of development and attempt to explain why a child will be likely to behave in a particular way. Having some knowledge about what to expect throughout a certain phase of a child’s life can help to distinguish between appropriate and inappropriate behaviour, and can also provide some guidance for the most effective and appropriate way for an adult to respond to the child.

STAGE THEORIES

There are many different theories that suggest that children go from one stage to another. We will now discuss some of them, but before we do, you should bear in mind that stage theories have been criticised because:

- Not all children are the same - some will go through stage 1, stage 2, stage 3, and so on. Some will jump around stage 1, stage 3, and stage 2. Some will miss a stage altogether. It will really depend on the child.

- Child psychologists have found that some aspects of children’s behaviour can vary across cultures, so we cannot say that ALL children will go through the same developmental stages.

- Stage theories often fail to take into account the significance of social context and social demands - their social knowledge and understanding can play a major role in how they behave.

Having said this, stage theories are still useful as a means of comparing a child’s development to what might be expected at a given age. We will now look at some of the important stage theories.
FREUDIAN THEORY

Whilst many of Freud’s theories are now considered to be outdated, they continue to influence the understanding of human development. Also, Freudian theory is the basis of psychodynamic theory which underlies psychoanalysis, which is still heavily used throughout the world.

Freud identified three parts of the personality - the id (the unconscious, impulsive, pleasure-seeking/pain-avoiding aspect of a person), the ego (the rational, conscious part of a person that acts realistically), and the superego (the moral, ethical part of a person that recognises right and wrong, the “ideal,” and moral values). It is almost as though the id is our inner child, the superego our inner parent, and the ego our internal negotiator.

Freud suggested five stages of psychosexual development: oral, anal, phallic, latency, and genital.

He considered each stage to be characterised by a fixation on, and a libidinal satisfaction from, a particular area in the body that creates pleasure (psychosexual stage). He proposed that if the child did not successfully complete a stage, it would result in a fixation that would later influence their adult personality and behaviour.

FREUD’S PSYCHOSEXUAL STAGES AND DEVELOPMENTAL PROCESSES

Oral Stage (birth – 1 year)

During the oral phase, an infant will seek pleasure through the mouth. The infant receives stimulation from sucking and tasting. The infant is totally dependent on others. A conflict at this stage is weaning. This is obviously the age at which a child is being breast or bottle fed.

Anal Stage (1 year – 3 years)

In the anal phase, the anus becomes the source of pleasure. The child receives stimulation from controlling bladder and bowel movements (toilet training) leading to a sense of control, success, and independence. Success at this stage leads to competent, productive adults. If parents have a too relaxed approach to toilet training this can result in their child having an anal-expulsive personality. If this phase is not successfully completed, it can result in an adult who is over-dependent on others and may explore their oral fixation through excessive smoking, biting their nails, drinking, or eating. We say it can result in a person who is over-dependent etc. but Freud’s theories cannot be scientifically proven, so these are just theories. But we DO see people who appear to be fixated at particular stages.
(a messy, destructive, wasteful type of person), and if parents are too strict then this can result in the child having an anal-retentive personality (obsessive, overly structured, and rigid).

**Phallic Stage (3 years – 6 years)**

The genitals are the focus of stimulation in this phase. Children begin to learn about the differences between males and females, gender roles, and moral development. The primary conflict at this stage is a desire to possess the opposite-sex parent. Successful completion of this stage is identifying with the same-sex parent. Freud called this the “Oedipus complex” in boys. In girls, he called it the “negative Oedipus complex” or the “feminine Oedipus attitude.” This complex also became known as the “Electra complex,” which is often incorrectly attributed to Freud who did not consider it to be an accurate term. It was actually Carl Jung who came up with the name.

Oedipus was a mythical king of Thebes. He killed his father and married his mother. Freud based his Oedipus complex on this myth. He argued that a boy will desire his mother. At the same time, the child will fear his father. He will fear that his father will castrate him if he continues to desire his mother, so begins to emulate the characteristics of the father, until eventually he adopts the “masculine” persona.

In the less clearly explained, Electra complex/feminine Oedipus attitude, Freud argues that the girl is in competition with her mother for her father. When the girl realises that she does not have a penis, she begins to identify with the father and believes the mother has removed her penis. But the girl then begins to emulate her mother and develop a feminine persona for fear of losing her mother’s love. The Electra complex is therefore related to “penis envy” in the girl.

Freud argued that a fixation at this stage can lead to homosexuality, paedophilia and neurosis.

**Latency Stage (6 years – 12 years)**

Sexual drives are suppressed during this period. Energy is shifted to physical, social and intellectual pursuits. The ego and the superego are developed in this stage.

**Genital Stage (puberty onwards)**

The genitals become the focus of stimulation again. Mature sexual relationships are developed, and a concern in the welfare of others, rather than solely on the self is developed.

As mentioned earlier, it is hard to prove Freud’s theories scientifically and we have to remember that he wrote at a time of strict sexual repression and based much of his work on white, middle class,
Viennese women. It is therefore necessary to question to what extent his work can be generalised to the general population.

**ERIKSON’S PSYCHOSOCIAL THEORY**

This is another well-known stage theory. Erikson described development as a psychosocial process, where development is influenced by social experiences. Erikson proposed that each stage was represented by a particular conflict that needs to be resolved. Successful completion of each conflict results in a personal strength that will support the individual in future challenges. Erikson believed that the conflicts are never completely resolved, but an individual will find a balance depending on their life experiences. Unresolved conflicts can have an effect on later development.

**Trust vs. Mistrust (birth – 1 year)**

An infant is entirely dependent on their caregiver providing for them. Trust is developed through reliable and responsive care, allowing the infant to develop a sense of security and a trusting view of the world. Failure to develop trust at this stage can result in a view of the world as being unpredictable and feelings of insecurity.

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

This stage refers to the development of control in the child’s world. This includes the control over their bodily functions, as well as greater choice over their food, toys, and activities. Upon successful completion of this stage, the child will have developed the virtue “will”, where they can confidently make realistic choices based on knowledge of what is possible and acceptable. Not completing this stage successfully may result in feelings of self-doubt and inadequacy.

**Initiative vs. Guilt (3 years – 6 years)**

Initiative refers to the ability to autonomously explore new activities and concepts, and to purposefully attempt tasks to achieve a goal. Children at this stage are learning to assert their power and control within their outer world. Guilt refers to the feeling of failure, often when the child takes on more than they can handle. Successful completion of this stage leads to a sense of purpose, feeling capable, and an ability to lead others. Failure to acquire skills in this stage can result in a sense of self-doubt and uncertainty.

**Industry vs. Inferiority (6 years – 12 years)**

As the child enters school, they are required to learn intellectual and social skills. The focus is on mastering the skills to create a feeling of competence, and a sense of pride in their accomplishments. Repetitive failure or a lack of encouragement in this phase can lead to a feeling of inferiority and self-doubt.

**Identity vs. Role Confusion (12 years – 19 years)**

This occurs during the physical and social changes of puberty and adolescence. During this stage, young people are exploring who they are, and developing a sense of self. Success in this stage results in a strong sense of self. The young person will have a feeling of independence and control, and will be able to remain loyal to certain values despite conflict and change. Failure at this stage leads to role confusion, where the young person doesn’t have a strong sense of self, and may choose a negative identity (such as delinquent or antisocial).
Erikson's theory includes a further three stages right through to old age, but for the purpose of this book only the pre-adult stages are included.

PIAGET’S COGNITIVE THEORY

Freud and Erikson's theories were concerned with emotional or personality development but Piaget was more interested in the development of cognition – the intellectual development of a child. Piaget believed that an individual's cognitive processes and abilities develop through a series of stages, each more complex than the one before.

Schemas

Piaget introduced the term schemas. Schemas refer to the behavioural and mental patterns that develop through experience. Schemas help people understand and relate to the world based on past, similar experiences. As more experiences occur, the schemas will be modified, added to, or changed according to the new information. The changes occur through adaptation, through the processes of assimilation or accommodation.

For example, we may develop a schema for how we behave when we buy something from a shop. By observing others, a child will realise that they stand in the queue, they hand the goods to the person behind the till, probably say “hello” to them, give the shop assistant money, take any change, put the goods in a bag and say “goodbye.”

Assimilation

In the process of assimilation, new ideas and experiences are understood by using existing schemas. For example, a young child might be confident using a spoon. As they get older, they will be introduced to a fork. They will use their existing schema of a spoon to enable them to effectively use the fork.
Accommodation

In accommodation, existing schemas are altered or adapted as a result of new experiences that do not fit the existing schemas. New schemas may be developed during this process. This is part of the adaptation process. A child may have developed a schema for dogs. Anything with fur and four legs may be a dog. When a child learns that there are cats, which also have fur and four legs, he/she may develop a new schema for cats and also have to change their existing schema for dogs – dogs have four legs, fur and bark. Cats have four legs, fur and meow. These schemas are then refined further as the child learns more.

Change from assimilation or accommodation is referred to as “direct learning,” as schemas are modified through experiences the child has directly had themselves. Change can also occur through social transmission and physical maturation. Social transmission refers to changes influenced by observation and contact with others, and physical maturation refers to changes influenced by physical and neurological maturity.

Research partially supports Piaget’s theories, but there are also aspects that his theory fails to address.

PIAGET’S COGNITIVE STAGES AND DEVELOPMENTAL PROCESSES

Sensorimotor Stage (birth – 2 years)

This stage concerns the infant making sense of the world through sensory and motor experiences. Simple skills such as grabbing, sucking, looking, and listening are used to respond to stimuli to learn more about the environment. The most significant accomplishment at this stage is the development of ‘object permanence.’ Object permanence refers to the child’s ability to understand that objects still exist even when they cannot be seen or heard.

Preoperational Stage (2 years – 7 years)

During this stage children develop language and symbolic representation skills. At this stage, the child is unable to mentally manipulate information. Piaget identified that children have an egocentric view of the world at this stage, that is, they are unable to see things from another person’s perspective. Prior to age five, children also struggle with the concept of conservation. One example of this is an experiment in which water is poured into two identical containers, then one is poured into a container of a different shape. The children were unable to recognise that there was the same amount of water in both cups (as one appeared fuller than the other), even though they had seen that exactly the same amount of water had been poured into each cup.

Concrete Operational Stage (7 years – 11 years)

In this stage children develop the ability to think logically about concrete events, but still have difficulty conceptualising hypothetical or abstract concepts. They can use inductive logic, going from a specific experience to a general principle, but struggle with deductive logic, going from a general principle to a specific event.

Formal Operational Stage (11 years - adulthood)

During this stage deductive reasoning, abstract thinking, and systematic problem-solving skills are developed. The child is able to solve hypothetical problems by using abstract symbols and planning.
**AREAS OF CHILD DEVELOPMENT**

When we consider the developing child, we can see that the different areas of their development are interlinked. For example, physical development allows children to put on “dressing-up” clothes but it is their cognitive ability which allows them to pretend - to role-play being a pirate or princess. It also allows a child to communicate with others, which also links into their social development. So whilst the areas of development can be viewed separately, it is important to realise that they are all interlinked.

We will now look at some specific areas of development.

**PHYSICAL DEVELOPMENT**

Many changes occur in the first 18 months of a baby’s life. When babies are first born they have very basic motor abilities. They have a range of inborn reflex responses that occur involuntarily in response to specific stimuli. These reflexes are primarily to ensure the baby’s adaptation and survival in their new world. Basic reflexes include breathing, sucking, blinking and swallowing. These reflexes will stay with the child for life but become partly, or entirely, voluntary responses.

Babies are also born with a range of other reflexes that weaken and disappear over a few months. For example, the “rooting reflex,” where the baby turns their head in the direction of touch to the cheek (in order to find a breast or bottle to feed from), and the “grasping reflex,” where the child will curl their fingers around objects placed in their palms.

Along with these reflexes, infants start developing motor skills (voluntary movements). Development usually occurs from top down – motor skills develop first in the head, then the torso and arms, then the legs; and also from proximal to distal – motor skills in body parts closer to the centre (such as entire arm and leg) develop before motor skills in body parts further from the centre (such as wrists and fingers).

All babies are different in the exact age that they reach specific milestones, but the order of developmental progression is generally the same. Once the infant has mastered one skill, they will build on it and progress to the next skill, and so on. Below is the general timeline for motor development in infants:

<table>
<thead>
<tr>
<th>AGE</th>
<th>SKILL MASTERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 weeks – 2 months</td>
<td>Lift the head when lying on the stomach</td>
</tr>
<tr>
<td>2 – 6 months</td>
<td>Roll over</td>
</tr>
<tr>
<td>3 - 6 months</td>
<td>Reaching and grabbing</td>
</tr>
<tr>
<td>4 – 6 months</td>
<td>Supported sitting</td>
</tr>
<tr>
<td>6 – 8 months</td>
<td>Sitting up without support</td>
</tr>
<tr>
<td>6 – 9 months</td>
<td>Pulling up to stand with support</td>
</tr>
<tr>
<td>6 – 10 months</td>
<td>Crawling</td>
</tr>
<tr>
<td>AGE</td>
<td>SKILL MASTERED</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>7 – 10 months</td>
<td>Walking with assistance</td>
</tr>
<tr>
<td>10 – 13 months</td>
<td>Standing alone</td>
</tr>
<tr>
<td>11 – 16 months</td>
<td>Walking alone</td>
</tr>
</tbody>
</table>

By two years of age, a child can usually walk unaided and walk backwards. They can usually pick up toys or objects from a standing position and also push and pull objects. They can sit down in a chair by themselves and walk up and down stairs with some help. They may move to music and paint with their whole arm.

They may also show improvements in their fine motor skills such as scribbling, turning knots, putting rings on a peg, holding a small ball, and so on.

At three years, a child can run, and jump with both feet together. They may also be able to balance on one foot with help and tiptoe, and kick a ball. They can string beads, or perhaps draw a circle, and hold crayons with their thumb and finger rather than their fist.

At four years, they may also be able to walk on a line, balance on one foot alone, ride a tricycle, use a slide without help and throw a ball. They may also build towers from blocks, manipulate clay, and draw circles and crosses.

At five years of age, a child may be able to walk backwards, jump without falling, jump on one foot, and walk up and down stairs without assistance and using alternate feet. They may also be able to use safety scissors, write a few letters, and copy squares and crosses.

From the ages of 6 to 9, a child will develop further in their physical development such as being able to ride a bike fast, do handstands, and hit balls with bats and racquets. They can usually draw a picture of a house with a garden and the sky, ride a two-wheeled bike, climb and maybe have learned to swim.

From 10 onwards, children undergo a lot of physical changes. In girls, they start puberty at around 10 to 11 years of age on average, but sometimes earlier and sometimes later. They will have changes to their breasts, body shape, and height. They will grow pubic and body hair and also start to menstruate. Boys will start to change physically at around 11 to 12 years of age, but again this can be earlier or later. They will experience a growth in their testes and penis, increase in height, change body shape and also experience erections with ejaculation. They will experience voice changes, when their voice “breaks” and deepens. They will also grow body and facial hair.