The Young Mind

co-edited by Prof. Sue Bailey and Dr. Mike Shooter

About the Book

Today, millions of children and young adults are affected by mental health problems, and with statistics highlighting a major escalation in the number of sufferers in just one generation, the need for expert guidance about this troubling problem has never been more essential.

Now, in this timely new handbook, leading experts provide invaluable advice for concerned parents, teachers and young adults.

Divided into five parts, covering topics such as Child and Adolescent Development, School, Emotional Health and Social Problems, and with advice on parenting and coping with difficult children, *The Young Mind* provides information on:

Special educational needs
Anxiety, stress and sleep disorders
Abuse, neglect and domestic violence
Drugs, alcohol and other addictions
Eating disorders
Delinquency and problem behaviours
Sex and sexuality

Comprehensive, insightful and written in a completely accessible style, *The Young Mind* offers practical, reassuring guidance into this most vital area of mental health.

Contents

Part Six: Treatments and Therapies

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We dedicate this book to all children, adolescents and young
people growing up in today's challenging and changing times.
We hope it will help them – and those who support them through
their emotional struggles, particularly parents, teachers and all those
with a caring role – to grow into mentally healthy young adults.

Acknowledgements

THE ROYAL COLLEGE of psychiatrists would like to acknowledge the contributions from all the psychiatrists, health professionals and College staff who took part in the production of this book. We would also like to thank the team at Transworld Publishers, who supported our vision in publishing the first book to encompass all aspects of the young mind.

Foreword

GROWING UP IN today's society is tough and competitive. There are times in all children's lives when they need understanding, support and advice. But all too often adults feel powerless, and may be unsure about what to do and when to do it.

In my experience as a child mental health practitioner, I have found that it is natural for parents to worry that they are not doing the right thing for their children. Children are often very secretive about their social and emotional lives, and sometimes it is hard for parents and teachers to recognize when things are going wrong.

Some children are also born with developmental and behavioural difficulties, such as autism or Asperger's syndrome. In these circumstances, parents often feel that it is their fault and don't know where to turn for help.

There are hundreds of parenting guides and books on different aspects of children's physical, emotional, psychological and social development. The sheer volume of conflicting information and advice can leave parents feeling confused and less expert in raising their child.

This is the first time that all the complexities and anxieties about bringing up children have been brought together in one essential and reliable guide. It gives practical advice on growing up, parenting and families, school, emotional health and social problems. It also tackles issues that many people – both adults and children – find difficult to talk about. This includes things going wrong in families because of abuse, neglect or violence; gang

culture; sexuality; and what happens to young people who end up in trouble with the police.

This valuable book discusses the emotional difficulties that children and adolescents go through at different stages in their lives, such as depression or anxiety, in a straightforward and open way and each chapter signposts you to further help and support. It will also help people to understand the normal development of children and their families. It is aimed not only at parents, but also teachers and young people themselves.

I feel confident that this family handbook, written by experts in child and adolescent mental health – professionals who have spent their working lives dealing with the problems that parents and children face – will be essential reading at many different stages in your life.

Professor Tanya Byron

Introduction

NO ONE WOULD blame parents for being scared by the figures. Hardly a week seems to pass without reports of the emotional struggles our children, adolescents and young people are going through. Take, for example, the stories plastered all over the media in the first few weeks of 2009.

A survey carried out for the Children's Society in the UK showed that little has improved since UNICEF declared two years ago that Britain was the least happy place for a child to be raised in the Western world. Researchers at SANE were shocked by the discovery that 1 out of every 9 young people has attempted serious self-harm as a way out of their distress. Families in South Wales were shown to be still reeling from the suicides in and around Bridgend over the previous year. Dietitians swung between worries over how obese our adolescents are becoming and worries about how anorexia is affecting younger and younger age groups. And in one issue of a national newspaper, official figures noted that rates for teenage pregnancies are rising; nearly a quarter of a million children truant from school every week; and the DNA of over 2 million children is now stored on the national database and police computer registers.

In the midst of all that, is it any surprise that many parents – untrained for the job, stretched by financial worries, and often isolated from family and friends who might have given them good advice – are left wondering if they can ever get it right? Is their young child's unruly behaviour a sign of hyperactivity? Is their teenager's moodiness a symptom of dangerous depression? Is their

daughter's latest food fad part of an incipient eating disorder? Is her first relationship a prelude to pregnancy? Has their son's skirmish with the law launched him on a criminal career? Will they be marked down as the sort of parents who produced a hooded young thug?

Professionals can sometimes become confused by it all too. Consider the following scenarios. At one end of childhood, a two-year-old boy is referred by the family doctor to the local mental health team because he won't do as he is told. He screams blue murder when he is restrained, slaps his mother in his temper and has a sly dig at his baby brother when her back is turned. The parents are exhausted and have begun to row with each other. The GP wonders if he needs that 'magic bullet', Ritalin.

At the other end of childhood, a shy fifteen-year-old girl with few friends, who has been the butt of verbal bullying in the past because of her academic success and early sexual development, has become increasingly withdrawn in class. Her first boyfriend has ditched her and her mother is worried because there is a history of depression in the family. Her father and schoolteacher feel that she will 'snap out of it in time; it's just a phase she's going through'.

In point of fact, the assumptions in both cases are probably wrong. The behaviour of the two-year-old is fairly typical for a child of his age, flexing his muscles both physically and emotionally, frustrated by parents alive to the dangers in the world and taking out his feelings on a younger sibling of whom he might already be jealous. What the parents need is reassurance and some handy tips on how to handle him, not referral. In contrast, the fifteen-year-old girl may well be slipping into a clinical depression, the sort of quiet despair that is suffered by one or two teenagers in every secondary-school class is rarely referred for the specialized assessment and help it warrants because of attitudes that play down its significance. Until an event like the loss of a boyfriend proves the final straw.

But how are parents and professionals to be sure? How are they to understand the behaviour, mood swings and social patterns of the young people in their care? This book aims to help them with exactly those dilemmas. It is not intended to be another scare story, nor is it meant to be dismissive of the worries of either adults or young people themselves. The vast majority of parents will get by in raising their children as best they can through all that life has to throw at them, and the children will grow up to repeat the process with families of their own. Some parents will need some outside help when things get too tough for them to cope on their own. Some young people will have been born with difficulties – or will develop them in the course of their childhood – that are sufficient to require professional treatment.

The book helps to distinguish between these layers of concern, beginning with what lies at the centre of it all – the stages of child and adolescent development that are the foundations on which life is built. With these in mind, we can work out what range of behaviour could be expected from a child at a particular stage and what might be so far outside it as to be 'abnormal'. It explores what natural resilience and vulnerability individual children might bring to any situation and what skills the good-enough parents will need to carry them through it. General concepts that are often bandied around, like 'emotional well-being', are explored with reference to the many contexts in which children live – home, school and community. The sort of symptom clusters that may result from things going wrong are discussed, the packages of help that might be available and how to gain access to them.

Finally, it is appropriate that the book should end with a word about self-help – what children, adolescents, young people, their parents and families can do to help themselves. For the message of this book is as much about empowerment as it is about problems and their treatment.

Despite all those scary statistics, most young people will emerge unscathed into adulthood and their parents will be able to take pride in a job well done. All of us have the chance, along the way, to acquire a better understanding of that sometimes complex, frequently confusing, and always intriguing, exciting and wonderful phenomenon that is the young mind.

Dr Mike Shooter and Professor Sue Bailey

Part One
Growing Up

1
Understanding Child and Adolescent Development

CHILDHOOD HAS BECOME an industry. Walk into the psychology section of any bookshop and you will find the shelves groaning under the weight of textbooks on child development, each more confusing than the next. Switch on the television and the channels are full of pundits telling us how children should be brought up, all piling guilt on the parent's head. Open the newspaper and we are at once fascinated and appalled by tales of disaster and cod-analysis of the effects it might have on the minds of children involved. The advertising agencies have prospered on pandering to the needs of children, or to needs they did not even know they had. Our schools, our playing fields, our whole society is geared to the success of one developing child pitted against another – whether we do it by measuring height on the kitchen wall, by exam results or by the scoring of goals.

And what are we to make of all this? How might we seek reassurance or identify problems, as parents struggling to understand our own children's behaviour or as teachers anxious about the behaviour of someone else's child?

The one thing all these books and programmes have in common, of course, is the telling of stories. Stories are important to all children and to those involved in bringing them up. We tell stories to our children as a way of stimulating their imaginations and cuddling close to them,

in every sense. We tell stories about our children to other parents, often embellished by a little imagination of our own, as a way of proving that we too are good-enough parents (a phrase invented by the paediatrician-cum-psychotherapist Donald Winnicott to emphasize that we do not have to be perfect). And the experts are re-telling those stories, distilled from years of watching and listening, testing out what theories might be learned from them and reproducing them as 'evidence'. This chapter is not another textbook but an attempt to make those stories a little more accessible. If it sets the scene for the chapters that follow, or inspires you to further reading, then it has done its job.

Watching little Issy

All of us, watching our children and grandchildren grow up, are experts by participation in our life stories; so let me begin with one of my own. I have been lucky enough to have four children and to have had a share in bringing them up, with the same triumphs and tribulations as everyone else. Now they, in turn, are bringing up children and one, Isabel, lives so close by that I have had the privilege of seeing her grow up at first hand. I have watched her eyes first focus on her mother's face and the signals of love that passed between them. I have seen her mother's sleepless face in the morning and her father, out all day, struggling to establish himself as a parent too. I have watched them both trying to cope with an inquisitive child exploring the world with new-found legs and running into the everyday dangers of house and garden. I have shared in the rows about breastfeeding, dummies and bottles, and in the joys of bedtime rituals that protect her against the ghosts and goblins of fairy stories, the more frightening the better!

Now I listen to 'lectures' on the latest bit of knowledge Issy has discovered and marvel at the imaginative world

she inhabits in her play. I am amazed at how she copes with the minor disasters of passing hurts and the major disasters of death and upheaval alike – asking questions through her tears, getting honest answers, trying to puzzle it all out. I feel for her confusion, between joy at her baby brother's birth and anger at having her nose put out by the attention her parents pay him. I am happy that she is developing first friendships outside the family. Soon I will share in the mixed emotions of her first days at school, as growing up, it seems, means growing away. And so it will go on into later childhood, the ups and downs of adolescence, young adulthood and beyond.

Implications: the journey

If any of that rings a bell, it is because there are common features to all child and adolescent development and to the experience of it in families, however unique their particular stories may be. Above all, there is the sense that this is a journey, a progression from an immature to a more mature state of development over the course of time. The great paediatrician-turned-child-psychiatrist Robert Coles, who spent a lifetime listening to the stories children told him, likened this to a 'pilgrimage' – children journeying through everything that life had to throw at them, actively seeking out some distant goal. We may not know what that goal might be or how close each child might get to it, but the direction of travel has entered our language. Watching an adult behaving childishly, we might wish they would 'grow up'. Listening to a child speaking like an adult, we might wonder at them having wisdom 'beyond their years'.

But the journey is not simply a linear one; the experience may become a circular pattern that is repeated from one generation to the next. Physically, this is obvious. Already little Issy is seen to have her mother's mouth or her father's eyes, and this is not just a way of establishing

their ownership of her. There are real familial features that are handed on from parent to child and are instantly recognizable in family photographs; but so are more complicated behaviours too. I can see that little Issy is already taking after one parent or the other in the way she approaches life, just as others may have spotted how my own children, Issy's father included, took on some of my own personality. Like it or not, our successes and failures may be imprinted on our children, and on their children in turn, in a repeated cycle. As the poet Wordsworth said, 'The child is father of the man'.

Schools of thought

How can we judge whether this development is going well or not? To start with, there are lots of ways of looking at a child's development depending on which school of thought the writer belongs to. Some of these have more scientific evidence to back them up than others; some describe wide variations of normality from one child to another. But all of them have something valuable to say about the landmarks of growing up. To list them all in detail would take up this whole book, so here are just a few examples.

Physical development

All parents will be familiar with the signs of physical development – from the primitive postural reflexes of the newborn infant, to more purposeful reaching out to examine objects (including bits of the baby's own body), sitting up, crawling, walking, the simultaneous development of all the senses, through to the complicated hormonal swings of adolescence and the growth of secondary sexual characteristics that mark us out as clearly male or female with all that that entails. We are familiar with them because the good-enough parent watches out for each milestone along the way, and the doctor and health

visitor monitor their progress by examination and investigation.

But parents can be unnecessarily worried by comparing their child too closely with the next. Some children, for example, may walk as early as seven months, whereas good crawlers or 'bottom-shufflers' may not walk until well into their second year; and yet no difference can be found in their later years. And we are all aware, even if the advertising industry is not, of the variability in the onset of puberty between girls and boys, and between individuals within the same sex. One glance at the pupils in the first year at secondary school will show just how wide this can be and the real unhappiness it can cause for those who develop early or those who feel left behind. Undressing for PE can be a nightmare for both.

Cognitive development

The picture gets a little more complicated when we look at a child's cognitive development – how the growing child forms an understanding of the world, its functions and relationships that is intimately connected with other skills like language. The Swiss psychologist Jean Piaget (drawing inferences from watching his own children) has had enormous influence on our view about the ages at which children develop such concepts as 'object constancy' (the realization that things do not cease to exist just because they are out of sight); 'causality' (the link between an action and what happens as a consequence); and 'generalization' (using previous experience to solve new problems). His detailed observations have formed the basis of a whole battery of tests, using toys, pictures and books, to assess everything from the one-year-old's ability to recognize objects by name to the adolescent's ability to use abstract reasoning. Even adults may be psychometrically tested when applying for a job these days!

And yet, however useful this is as a framework, we know that it cannot be the whole story. Children do not learn staccato fashion, with a whole new layer of understanding suddenly open to them overnight. Their understanding is affected by how adults and peers interact with them in play and other social situations, helping them to experiment with ideas, master skills and rehearse for new situations with imagination and fun. There may be one or two 'eureka' moments in a child's life, but most concepts are learned by asking questions, mulling over the answers and asking more questions – a process that can drive the best of parents up the wall but is essential to the child's cognitive development.

Psychosexual development

In other words, children do not learn in a vacuum; they are prey to everything that is going on inside them and in the world outside. Now Sigmund Freud, the founder of psychoanalysis, was convinced that children pass through successive stages of psychosexual development that dominate their thoughts, feelings and behaviours at every point. They erect typical 'defences' against the anxieties of each stage that might at best colour their later personality or to which they might 'regress' under trauma. An 'anal' personality, for example, might be obsessed with pernickety detail, giving ground grudgingly as if still stuck in the battles over potty-training!

Whatever we think of these ideas and those of Freud's followers and rivals, they have entered our everyday speech. We talk of things going on in our 'subconscious', beneath the level of our awareness, and how these can suddenly (and embarrassingly) break through in our conversation as 'Freudian slips'. We talk of 'repressing' unwanted thoughts, or of someone being 'repressed' if they do not seem able to release their feelings, enjoyable or

otherwise. We describe people as 'neurotic' if they are dominated by their anxieties and have distorted ways of dealing with them; as 'egocentric' if they always look to themselves; and as having an 'inferiority complex' if they are always putting themselves down. And we say that someone has a greater or lesser amount of 'libido' – their share of sexual desire. Biologist as he was, Freud thought that his concepts would one day be found to have biochemical roots in the brain. But as yet they remain articles of faith, useful and attractive though they may be.

Psychosocial development

Psychosexual theory tends to treat children as passive beings, unaffected by relationships with the important people in their lives; but we know that these complex interactions are crucial to their development. Erik Erikson, like Shakespeare before him, divided life up into the Ages of Man. He described 'tasks' that are to be accomplished at each stage and reflect what is happening in the world about them. Thus, in the first year of life, a child learns from the intimate relationship with his mother the balance between trust and mistrust. This will allow him to form satisfactorily close relationships in later life while retaining a healthy suspicion as a defence against manipulation. In his second year, the child develops a sense of self-assertiveness, as opposed to shame and doubt, gained in the way he receives praise or disapproval from his parents for bowel and bladder training and wider behaviour. The battles this may involve are typical of the 'terrible twos' described below.

The older child learns to use initiative to achieve all sorts of exciting things, rather than feeling too guilty or frightened to do what he wishes, and passes on to the formal learning of knowledge and skills in school upon which his future self-esteem will depend. The adolescent's

task is to sort out his identity vis-à-vis parents and peers, what sort of person he is and what he believes to be worth fighting for – a clarity of role but with enough flexibility to cope with change. Unfortunately, Erikson's ideas of later adolescent independence were largely economically based – moving out of the family home into college, a job and a house of one's own – and are simply unrealistic for many young people today. Families may have to allow them to grow into adults in the same house where they were once treated as a child.

Attachment theory

You might think that the story of children's development is even more of a two-way process than this, and to prove it we need go no further than the first years of life and the critical relationship the child forms with her mother. This is the core of attachment theory, about which so much has been written in recent years. It was first based on the observation of baby monkeys and their mothers, but it has had an enormous influence on human childrearing practice.

Attachment theory begins with the premise that we are all social animals with an innate (inborn) need for intimate relationships. The security of such intimacy starts, as always, at our mother's knee, with a good-enough parent who knows just how to respond to her child's demands, with just the right amount of promptness – not so soon as to discourage any independence, not so late as to cause her to despair of ever being heeded at all.

From this base, the securely attached child may explore the world and the strangers within it and greet her mother with affection on return. The insecurely attached child may be clingy from the outset, afraid to explore and meet strangers and angry with her mother when reunited; or she may appear completely indifferent to her mother's comings and goings, snubbing her in favour of the strangers

themselves. All parents may have struggled with echoes of this, without any suggestion of abnormality, and may experience it again in the grief of bereavement in later life. But more than this, it has influenced the way society has come to understand the potential impact of early deprivation and it has changed the way we handle enforced separations like going into hospital. Thanks to pioneers like John Bowlby, mothers may now sleep alongside their babies in the paediatric beds, and babies with their mothers on the adult ward. Children are saved from emerging with feelings of abandonment which could undermine their relationship with the mother there and then, and with mother figures later in life.

Spiritual development

Study of the spiritual development of children and adolescents was frustrated for years by its association with religion, but it has now come to be seen as an important component in its own right. Having said that, I have to admit that the key elements – the growth of self-awareness, sympathy with others, and a 'transcendence' of both to a universal code of values – remain vague. Some writers have preferred it that way, feeling that spirituality has a will-o'-the-wisp quality that would be destroyed if it were pinned down like more mundane physical or cognitive development. Others, like James Fowler, have plotted seven stages on the way to 'selfhood' that give a direction and a purpose to life. These are built around the concept of faith, but in a much broader sense than religion.

Thus the infant is said to develop a 'primal faith' in the trust established with care-givers and a growing awareness of others outside the family. The young child, stimulated by stories and not yet controlled by logical reasoning, has an 'intuitive faith' that is protective against threatening forces in the world of fairy tales, of witches, ghosts and magical

spells. The older child has a more 'literal faith' that is anchored in his ability to think more logically, order the world in his own head and understand what is going on in the heads of others. The adolescent is able to bring together the many aspects of development into a coherent set of beliefs, from the security of which it is possible to tackle a world full of people with very different ideas: 'conventional faith'.

Although this may be hampered by too rigid a timescale on the one hand and rather airy-fairy language on the other, the idea of spiritual development does seem to capture a quality within human beings that has always been important in the East. In the West, it is helping to fill the gap between medical explanations of illness and our personal experience of it. But despite the universal nature of its key concepts, it is likely to differ greatly from family to family, culture to culture, and one social group to another. What it means to a Muslim child on the streets of London may be very alien to a West African adolescent from the tribes of the Ivory Coast.

The complexity of stage theories

So where have we got to in this Cook's Tour of the schools of child development and the gurus at the heart of each of them? To begin with, it will be obvious by now that these are all stage theories, in which the developing child reaches particular milestones or completes particular tasks at particular ages in life, and then passes on to the next in a steady progression of increasing maturity. These are achievements about which children and their carers can be justifiably proud, though this can easily slip over into a competition to see whose child can move from breast-feeding to solids to steak and chips the quickest! But useful though they may be in giving us a general idea of how well a child is doing, life is much messier than this.

We have already seen that physical development like puberty can be a very variable event. There is no big bang in the lower forms of secondary school as all pupils break through the puberty barrier together! No one has told their hormones that the advertising industry has decreed that by this age all adolescents are supposed to be sexually aware and active. Similarly, our intellectual understanding of the world may be influenced as much by what goes on around us as purely by age and IQ.

Take, for example, the child's understanding of death. True, the younger child may not clearly grasp its permanence. He may still expect a dead animal, or grandmother, to return – even if he has been allowed to see the dead body and been involved in the funeral and burial. True, even an older child who is angry with a dying sibling for taking up so much of their parents' time may think he has caused the death in some magical way by secretly wishing it in his heart of hearts.

But young children who have experienced death in their family and have been included in the rituals and emotions of grieving, and have had things explained to them in straightforward language that avoids confusing euphemisms like 'gone to sleep', may have a better grip on it than older children who have never experienced it or have been excluded by overprotection and forced to fill in the gaps from their imaginations.

In other words, perhaps we should think of these stages as bundles of different tasks, the bulk of which may be achieved at a particular age but some of which may be done earlier, later, or not at all. This will vary according to the child's circumstances as much as to individual drive, in quite a normal way, though we can see that a crucial step missed at one age may come back to haunt the child at a later date. The child and family who have 'failed' to deal with separation anxieties early on may be more than usually thrown by the move up from a small, local primary

school where mothers are in and out of the classroom daily to a huge, impersonal comprehensive school a bus journey away.

On a more positive note, too great an emphasis on the content of each stage may hide the fact that the most exciting things often happen at the transitional points between stages as children pass into adolescence or adolescents into adulthood. Families are well aware of such transitions and the flexibility that is required of parents to help their children through them. Professionals, however, have often ignored them in the past. Paediatric teams who have treated children for years may be tempted to hold on long after they have developed into adults and should have moved on. Social-work teams, exasperated by adolescents' behaviour, may pass them on to adult services precipitately or leave them to nothing at all. Many are the children with physical or psychological problems who have fallen down the gaps between child, adolescent and adult services with disastrous results.

Life gets still more complicated.

At first glance, all these schools of thought may seem to be in conflict, though we can see that Fowler's stages of spiritual development owe a debt to both Piaget and

Erikson. Look closer and you will see that they actually dovetail, at crucial points in a child's life or over time, helping to explain different aspects of the same process.

At any one time

Take, for example, two periods of difficulty with which parents will be very familiar – the 'terrible twos' and 'adolescent turmoil'. Each involves a mixture of pride in achievement and anxiety about what it may involve. How that mixture is resolved will colour the future confidence of child and parents alike. And all the schools of thought have something useful to say about it.

Most two-year-old children will have found their legs, quite literally, and will have the physical ability to explore the world beyond their mother's knee. This will be accompanied by the biological urge to do so. At the same time, the child will have mastered cognitive concepts like object constancy – the discovery that a brick dropped over the edge of the table still exists though it may be out of sight. This not only allows a mother to go to the lavatory without her child feeling that she has deserted him for ever, but also allows the securely attached child to go off through the door in the confident expectation that his mother will still be there when he gets back.

But the world, of course, is full of dangers that the child cannot yet know about, so the good-enough parent must offer some protection. Parents must allow their children to explore their surroundings, picking them up and dusting them off each time they come a cropper, but within an envelope of safety. 'Don't touch the fire … don't play with plugs … don't kick the dog!' So there develops a battle between freedom and frustration that leads inevitably to temper tantrums, often on both sides. Many a child has been referred for treatment at this point, when all that is really needed is reassurance that his behaviour is a normal

part of development. And the most important lesson for both child and parent to learn is that love survives our anger.

So, too, with many aspects of adolescence. Strange things are happening to the adolescent's body as his hormones surge around the bloodstream during puberty. The once brazen child may become secretive about his developing sexual characteristics and confused by his emergent sexual feelings. In the struggle to establish an identity of his own, he must be different from his peers yet the same as everyone else; he must take on his parents as role models and simultaneously despise them for making compromises with their ideals – for having feet of clay. And this 'ambivalence', this state of uncertainty, shows itself in emotions and behaviour. Rarely do adolescents think, feel and act along one consistent track. Rather, they swing backwards and forwards between pairs of opposite thoughts, feelings and actions over very short periods of time.

It is a process that bewilders parents, exasperates them and may convince them that their son 'must be schizophrenic, Doctor, because he's got a split personality – he's nice one minute and nasty the next. He doesn't seem to know his own mind'. And it may prove just as difficult for doctors and nurses treating a sick child in hospital, who quite rightly demands an adult role in decision-making one day and regresses into a tearful childhood on the end of a needle the next. In point of fact, the adolescent at the centre of it all may be just as confused and frightened by it as anyone else. There is not much use propping him up against the wall and asking why.

Over time
If childhood itself has become an industry, so have broad concepts to do with child development, like 'emotional

literacy'. There are conferences dedicated to the subject, with experts on emotional literacy comparing its application in different cultures around the world. The phrase rattles around the corridors of government departments and has permeated the school curriculum. There are courses on emotional literacy that award certificates to teachers whose job it is to develop it within the classroom. It has come to be seen as a major component of mental health. But what do we mean by emotional literacy? Is it just the absence of mental ill-health, or is it something positive in its own right? There are as many definitions as there are writers on the subject, but let me add one of my own.

The emotionally healthy child, it seems to me, is one who emerges with a balance between her internal needs and an external appreciation of the needs of others in three key areas. First, the ability to know (recognize, label and own) her own emotions, and to know (recognize, label and appreciate) the emotions of others. This is the ability to work out when someone is angry, miserable or frightened, both from what they say and from things left unsaid, from the tone of their voice, the way they look and the subtleties of gesture, and to respond appropriately – the 'theory of mind' that children on the autistic spectrum find so difficult (see [Chapter 11](#)). Second, the establishment of a clear identity of her own while respecting, and being interested in, the identity of others with whom she comes into contact. And third, the development of enough concentration to pursue what she wants from life with motivational drive, yet being able to strike compromises with the equally valid and often conflicting wishes of everyone else.

From this emerge the three broadest components of social living – the three 'Cs' of Communication, Cooperation and a Concern for others. But the building blocks for all this are rooted in the physical, cognitive,

psychosocial and spiritual aspects of development, working together at every level of growing up.

The 'jigsaw' of assessment

So how can we put all this together when trying to assess the meaning of a child's behaviour, how normal or abnormal it may be? Everyone has their own structure for doing this; mine is a jigsaw that brings together the various influences from nature (what a child is born with), nurture (how a child is brought up) and life events (what happens to a child along the way). Only by completing the whole picture can we fully understand the behaviour at the centre; and only then will we be able to work out how best to help a child with a superimposed mental health disorder.

Individual characteristics

The framework of child and adolescent development that we have been discussing will tell us what a child of this age ought to be wrestling with, what issues will be important to him and therefore how he might be expected to behave, within broad parameters. But what of this particular child? The genetic loading passed on from parents to their children may produce similar characteristics in brothers and sisters, but children can differ markedly even within the same family. Just ask a mother who has given birth to a grizzly baby after one with a more sunny temperament, or a restlessly active child after one more content to sit in his highchair and watch the world go by! These are different children, from different parts of the spectrum of normality, demanding different handling skills. And on the top of this come all the myths and realities about birth order – the oldest child secure in her sense of responsibility, the youngest child doted on by everyone, and the middle child who has to fight for any sense of status in the family.