

On Normal Emotional and Intellectual Development of Children



St Edmunds College, Ware

April 18th, 1967
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What I have planned in this first lecture is to put before you certain basic facts concerning the normal course of development of children which you can use as a framework into which to put your own personal experience of children as it develops.

If this is to be useful to you, as you will find it different from what is often taught, you will want to know something of the background of experience from which I speak. So I propose to begin with that.

Directly after training as a physician and without time even to complete the normal course, I became a medical member of a British team combatting typhus, famine and the poverty of students suddenly demobilised from the army, in Eastern Europe. Two research posts followed, one in Glasgow under the Medical Research Council, investigating the relation between slum housing conditions and the development of acute rheumatism in children, and one in the Maternity Unit of my own hospital, as clinician to a multi-disciplinary team, studying the first ten days of life of infants born in the Unit.

Arising out of these I became a Consultant paediatrician in London with special care of the development of infants delivered by obstetricians and the problems of children of missionaries working in the tropics, and of school children at home. At that time there was no psychiatric service for children and the current views of development both in Britain and on the Continent was the psycho-analytic one that satisfactory development could only be looked for in those children who had a secure background of parental care in infancy. During this time I had personal contact with Professor - then Dr. Carl Jung, and Alfred Adler, seeking for some mode of approach to the problems of the children with whom I was familiar, only a small percentage of which would fit into the psycho-analytic framework.

Neither did it seem to me, as a trained research worker, that the reconstructions of infancy and early childhood experience in adult life during analytic experience could be wholly relied upon to give a reliable picture of the processes of development.

I therefore set out to attempt to make direct contact with children of all ages, inventing various technical methods for achieving this aim and then to apply to the resulting phenomena the research methods and criteria normally used in other forms of research investigation.

In this way what is now the Institute of Child Psychology, but which started life as the Children's Clinic, situated deliberately in a poor area of

North Kensington, came into existence. Its purpose was, and is, to accept children of all kinds, other than E.S.N., from all types of background and to see what could be done to help them. It is from the experience of thirty years work at the I.C.P. and on private practice that I now speak.

As the mode of collection of the data underlying the statements I am about to make is too complex for swift description, in co-operation with a group of experts in education to whom each chapter was read as prepared, I published with Gollancz in 1955 a book called *Play in Childhood*, to help students in training to prevent the disorders we were working to cure. This has proved to be of permanent value in our corporate attempt to understand the experiences of our children, and has recently been reissued by Cedric Chives, Ltd., of Bath, at 22. You will find many of the questions you will want to ask answered in that book, as the brochure issued by the Institute of Child Psychology will give you an account of the methods used in the Institute to study and help the children referred to it.

In 1948 this work gave rise to the final piece of the jigsaw of opportunity for study, in bringing me in contact with many workers on the Continent of Europe and with the anthropological work of Dr. Margaret Mead and her American colleagues, to whose research projects I have now for long been a Consultant.

Let us now tackle the subject in hand, and remember we are doing so in 1967, not in the early years of the century, when the structure of society from which patients for study were drawn was very different from that of which we are now a part. It is no longer possible to consider subjects of the Western nations and those of peoples like the Japanese who have passionately adopted the industrial civilisation of the West, as typifying man. Whether we will or no, we are compelled by the situation of which we are a part, to acknowledge all men of all types of social organisation and culture as equals in the validity of their experience and to look for laws which will apply directly to infants and children of all colours and all cultures and so to attempt to build a structure which will apply equally to all children. It is therefore a pleasure to me to be able to put these before people like yourselves for whom, as for me, their parish is the world.

Here then are some of these basic facts:

Fact 1. Small children are identified with their bodies. They do not know a "self" which is different from their bodies. So when something, anything, makes a baby cry or scream, for example, the noise his body makes frightens the germinal "him" inside that body. This fear, in itself, causes him to cry harder, and the process becomes a circle, ever increasing in fury. This is why it is sometimes so hard to comfort a child who cries.

So a child's body is both "him" and "not him": it works on its own. The child's "self", his perceptions, are the theatre in which the body operates. When substances come out of him, they are either unexpected and frightening (like being sick) or interesting, like making odd-coloured faecal

masses. In no sense does the small child "do" these: he experiences their happening. Because he cannot make them happen they are fascinating and exciting and he wants to be intimate with them.

Fact 2. Small children have no notion of space (a very bewildering fact for doctors trying to locate the site of obvious pain). There is in every child what I suggest we term a primary perceiving centre. This registers the pain of a hurt toe or an aching tooth, of scratching an itch, sensations of softness, mother's breast, a woolly toy animal - or hardness, the bars of a cot he has banged against. But he does not know where these sensations occur or that there is distance between his mouth and his toe. "He" lives in the centre of a constantly changing kaleidoscope of sensations. Only very slowly does he come to localise any or recognise recurring identities.

Fact 3. Following on from this absence of localisation comes Fact 3: he does not know that there is an outside to "him" (there things happen) and also an inside where things happen as well, but a different kind of things. His state resembles a little that of a single fish swimming deep down among all the events of the sea.

Fact 4. Relates to time. A small child has no sense of clock time. When mother has gone out of the room he feels she has gone for ever: when animals and people are said to be "dead", he agrees that they are whatever this word conveys to him, but expects them after that to be alive again: like his dolls or teddy bear are after he has "killed" them in anger.

Fact 5. A child sees every new person a thing in the light of his past experience. So when he seems, for instance, to be afraid of us, it is not the person standing there he is afraid of, but something about the person which is to him the actual same thing, colour, smell, shape, sound that caused him fear before. This he feels has come back to him and he reacts to it accordingly.

Fact 6. Anxiety is very important in the life of small children. New things are frightening because he has nothing to judge them by. New foods, new clothes, new routes of walking to school can arouse strong anxiety and be ventured upon only slowly, because: -

Fact 7. In a small child's world anything can happen: any one thing turn into any other: he knows of no limits, chairs might fly up into the air, aeroplanes do, how can he tell?

Fact 8. Interior urges are very strong in children: physiological ones like hunger, or tiredness; emotional ones, anger, impatience, need for a beloved toy; intellectual ones, curiosity, the need to know. Each as it arises cancels out all others and the force of the urge makes him frightened and anxious.

How then can these be dealt with? How can the child be helped to understand and to gain stability?

First – by himself. Children have many ingenious modes of comforting themselves, of regaining "poise" and the feeling of trustfulness; by sucking their own thumb or hands, hugging and soothing themselves with a familiar object, stroking their hair or their faces, and all these should be met with gentleness and understanding.

Second - by seeking from the adult certain customary rituals, familiar movements done together, songs that are sung and actions carried out in a fixed order.

Finally as the child grows older, here is a table of modes of adjustment, by the child and by his adults that may be useful to keep by you. Next time we will consider how children have told us about these experiences of theirs and what they themselves think, and dream about them.

<u>Normal Modes of Adjustment</u>	<u>Parent and Environment</u>
1. (a) Child Repetition of experience in play	Provision of play facilities and appropriate material Using energy in experiment with self and objects.
(b) Using energy in experiment with self and objects	Acceptance of experimental play and provision for it.
Exploration of sensory experience	Acceptance of child's urge to experiment and explore. Provision of possibilities.
Imagination and phantasy. Identification of self with objects, and imaginary figures.	Provision of stories, pictures, rhymes. Sharing of these by parents.
Physical movement. Muscular Exertion	Tolerance of these with adequate control.
Achievement of mastery	Interest and praise.
Enjoyment of companionship	Provision of <u>companionship</u> , with equals and with mother and especially with father.
Assuagement of self-disapproval (or normal guilt).	Adequate handling by adults both "tender" and "rough".