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INTRODUCTION: WHAT IS SO IMPORTANT ABOUT HGD?

What do we mean by human growth and development (HGD)?

Growing and developing are common to us all, but each one of us experiences these processes and their outcomes differently. As part of being human we make choices and decisions about how to live our own lives, but we also have our opportunities constrained or enhanced by biological (perhaps genetic) factors, our own and others' beliefs about what is important and what is possible, our emotional needs and the social and economic resources available to us.

Over time, our bodies change in size and shape and our physical, mental and emotional capabilities also develop and change. Newborn infants, for instance, are able to grasp and suck but unable to stand or hold on to anything. By the time they are two years old, it is likely that they will also be able to speak and scribble, run and jump. As time goes on, many of us develop increased capacities for complex physical tasks (tying shoe laces, dancing or playing football).

However, we also age. Aging and development are parallel processes with some widespread misunderstandings held about both of them. So for instance, although many of us may feel less physically agile when we reach thirty than we were at eighteen, we have to acknowledge significant exceptions. David Beckham, the famous footballer, did not retire from top class football until he was nearly forty, showing how risky it is to make sweeping assumptions about age alongside capacity.

It has been suggested by some that we are also less *mentally* agile once we leave our twenties than we may have been in our teens. Many children, for instance, demonstrate abilities with technologies that their parents and grandparents may be slower to grasp. Although we can learn to use new technologies, perhaps for the first time, in middle age, there are reasons that some of us find them harder to master than it appears to be for those brought up with them as part of their early life. The same is superficially true of learning a foreign language. Early exposure to more than one language, including the need to respond in more than one

language, not only ensures fluency but also appears to increase our ability to learn yet more languages when we are older. It is about training the brain.

But we need to think about this more clearly, and from an informed, evidence-based position. Are we less mentally agile as we age or are there fewer *opportunities* to learn new ways of thinking and behaving? For example, many women don't develop their abilities to multi-task (a good measure of mental agility) until they have juggled family relationships, managing children and their careers – frequently after reaching their thirties.

More concentrated, deeper thinking is also likely to be connected with growing older (and as the saying goes, wiser). Many of the same adults who find computer games difficult to master will be able to solve complex problems involved with managing other forms of information technology or perhaps those problems entailed with managing groups of people.

So, although there are commonly held beliefs indicating that we begin to deteriorate mentally at twenty-one or thereabouts, that is clearly a simplistic view. Certainly there is a common lifespan during which we become older, our bodies become less contained, our sight and hearing become weaker and so on. Many people suffer memory loss in old age, sometimes to a very debilitating degree. But the lifespan is a complex process and we do more than simply live. Along with the physical and sensual changes that appear as deteriorations, we *grow* and *change* intellectually and emotionally. We frequently hear people say (and perhaps echo their sentiment), *'if only I knew then what I know now'*. How often do parents try to make sure their children understand the mistakes they are so obviously making – misusing drugs, having unprotected sex, not doing their homework? Looking back from the point of view of experience, many years of observations, reflection and putting our thoughts and feelings together, we can anticipate what hazards might befall children in ways that perhaps we were unable to do for ourselves when we were young.

Older adults too have choices and take risks. Relationships grow and change – they may fail, leaving people lonely and vulnerable. Frequently older people make new kinds of relationships that are fulfilling in different ways from those they sustained when they were younger. Responsibilities and expectations change with growth and aging. With these our identities change and cries from the heart of *'how* could *I have done that?'* vie for prominence with *'how did I* manage *that?"* as we become older.

Adopting a critical perspective to HGD

So much has been written over recent years under the label of HGD that it is easy to assume a shared understanding of what these concepts of *growth* and *development*

mean. It is one of the first rules of critical thinking that you should not take ideas or beliefs for granted, no matter how popular or widespread they are. Seemingly basic questions can prove important if we stop to ask them:

- Can we assume there are normal pathways to HGD, and if so how might we know?
- Do different experiences impact on individuals in different ways, and how might we find out if this is the case?
- If there *are* normal pathways of HGD, how might we explain and evaluate our individual differences?

This book seeks to explore some of the theories scholars and researchers have come up with in pursuit of answers to such questions, with a view to providing students with the analytical tools to assess the relative value of what can often seem to be conflicting accounts. I question the status of the evidence or knowledge-claims presented by experts – about attachment, for instance. How might we decide what are facts and what are favoured ideas, concepts and hypotheses that expert researchers and theorists put into the public domain? Once a particular set of ideas has been discussed in scientific journals and the media, they become very influential but what resources can we draw on to assess the real contribution of a theory or a piece of research evidence?

There is often a general bias, or preferred view of the world, among all academics who articulate claims to knowledge – whether theoretical or research-based. Those writers who take on a more sociological or contextual approach (focusing on inequalities, for instance) frequently neglect some of the more biological perspectives on HGD. They might dismiss psychology as overly *individualistic* (focusing solely on individual experiences rather than identifying a trend or characteristic of a group), as *reductionist* (ignoring the context in which growth and development occur and focusing on the most basic observable fact – citing a genetic cause of behaviour for example) or as *determinist* (assuming a particular measure in early childhood will prescribe all future achievement). These terms are important for considering the role of research evidence and how it informs practice. We will return to them in Chapters 1 to 3.

Despite these challenges to psychology as a discipline, the evidence that an understanding of individual or family/group psychology can make an important contribution to addressing certain problems holds fast.

On the other hand, neuropsychologists (also known as cognitive neuroscientists and sometimes brain scientists) might tend to belittle arguments that human beings are anything beyond biology. For example, in their eyes emotion is a learned physiological pattern that becomes seared into a neural pathway in the brain that is consequently triggered when external events provide appropriate stimulation.

By taking a critical standpoint, we can interrogate their different theoretical positions and consider alternative viewpoints. This gives us the scope to grasp a more multidimensional view of the issue under consideration. For social workers, this means considering problems and their potential solutions in the round, rather than relying on first assumptions.

Taking these ideas forward

What might you expect from reading on? The book is based on two complementary explanatory frameworks.

Firstly, I use the concept of the *lifespan*, drawn from Erik Erikson's (1950/1963) influential psychosocial model of human development, to underline and describe the processes of growth and development in a psychological, biological and cultural context. The lifespan, discussed in more detail in Chapter 4, provides a particularly clear and helpful framework for describing, understanding and explaining our experiences of growing older. It allows for a full exploration of the complex nature of human relationships and how our bodies develop at every stage of life. Given the diverse and often challenging nature of social work, Erik Erikson's model offers a versatile and inclusive framework for thinking about human behaviour.

Secondly, I develop a more in-depth and detailed account through a *material-discursive-intra-psychic* perspective, which I have developed in order to explore HGD in depth. The material-discursive-intra-psychic perspective (MDI) is developed throughout the book, also beginning with a detailed account in Chapter 4. It provides the book's critical lens. Psychologists began to think about how to link biological and social contexts and the place of language in explaining the biological and social world in the 1990s. This was done particularly around issues of gender, sexuality and the female body (Ussher, 1997) and health (Yardley, 1996) in what became known as the material-discursive and/or the bio-psychosocial models. More recently, Jane Ussher and colleagues have developed this work in relation to women's reproductive bodies (Ussher, 2003; Ussher et al., 2002), linking unconscious and emotional elements in a paradigm they have termed a material-discursive-intra-psychic perspective

I have used these ideas to develop a more comprehensive material-discursive-intra-psychic model drawing additionally on the work of sociologist, Anthony Giddens, who has used different levels of consciousness, including the unconscious, in his analysis of the structure of society (Giddens, 1986/2003, 1991). Giddens also considered Erikson's approach to the lifespan particularly useful as a framework for his ideas about living in society.

BOX 0.1

The material-discursive-intra-psychic (MDI) model

You will read more about the MDI model in Chapter 4, but I want to explain now a little more of what I have included within this approach:

- *'Material'* refers to the biological and social elements of our lives which have a physical, bodily or economic reality or impact for each one of us. It refers, in other words, to our bodies, brains (as opposed to minds), physical needs and material circumstances (housing, diet, income, etc.), as well as our social and intimate relationships. When it is appropriate in this book, and it often seems to be, I draw a distinction between bio-material and socio-material contexts; that is, the biological and societal contexts which impact on HGD.
- The *'discursive'* relates to the way we talk and think about the world and our experiences of being part of it. Our words and ideas inform how we behave as powerfully as our material environment does, so that through talking and thinking we construct a view of the world and our experience of our selves, other people and the organizations and social institutions which make up part of the social fabric. The discursive dimension of HGD operates on different levels, from talking about research findings to commonly held popular beliefs that inhabit our everyday thinking. It works at the level of language (e.g. what words we choose) and at the level of narrative (i.e. the stories we use to explore the world and our experience of it). As we shall see, it is particularly valuable for thinking critically about the role of *power* in understanding how we make sense of experience.
- The *'intra-psychic'* focuses on our interior lives, particularly the emotional and unconscious aspects of experience and relating to others. We are sometimes aware of our emotional reactions to people and events and sometimes we cannot understand our own responses. At other times we are even unaware that we are reacting in a particular way to things. This may be because some very early, perhaps preverbal (i.e. things that happened to us before we had the words to understand them) feelings and experiences have been brought up to the surface by a contemporary situation or relationship.

A model of HGD that takes account of all these frameworks (see Box 0.1) is particularly relevant to a discipline and practice such as social work where life-changing decisions are made and depend upon social workers' judgments.

The MDI model allows us to see that HGD takes place at the interface between psychology, biology and sociology. In other words, while our sense of who we are and our capacity to reflect is psychological, the opportunities for this reflection are essentially dictated by our biological capacity to do so and the social context in which we have been brought up and currently live. While for academic purposes, psychology, sociology and biology are seen as distinct disciplines, when it comes to addressing people's real-life problems, it makes better sense for us to think in cross-disciplinary ways. The MDI model brings the strands together, offering a critical stance to psychology, informed by biology, sociology and – in particular – social constructionist ideas.

While there is no chance of an all-embracing fully integrated model that can be pulled out to suit every situation, taking an MDI approach will go some way to reminding us that:

- there are different theoretical perspectives and that in any situation there may be alternative approaches to draw upon in decision-making;
- there are fashions in research and knowledge so that while evolutionary and genetic approaches, for example, might be identified as advanced knowledge in 2013, it may well be that older, less favoured perspectives could shed light on the particular situation facing a practitioner and her service users;
- the linking of three ideas – material-discursive-intra-psychic – represents the sliding scale from which it is possible to link knowledge that might at first appear to be contradictory (more on this in Chapter 4).

To introduce this two-pronged approach to HGD – lifespan and MDI – it might be helpful to unpack some of the key ideas developed later in the book.

As I've explained, the book adopts a critical standpoint. This means that, for each theory, attitude or idea put forward by experts or scientists about any aspect of being human, there are possibilities for seeing things in a *different* way. The diverse examples of intelligence, beauty and child rearing help us to see how this might be the case.

Thus, intelligence (which is difficult to define anyway) has been described by some scientific experts as innate, meaning that we are born with a specific capacity for being intelligent which cannot be fundamentally improved, however stimulating and supportive the environment might be. However, there is an equally strong argument, also presented by experts, that if an infant is surrounded by adults who respond positively and stimulate him, by playing classical music, talking to him, helping him touch things around him and so on, then his capacity for intelligence will grow.

As we shall see in Chapter 1, the meaning of intelligence and how to measure it has been disputed. In the late nineteenth century, psychologists developed what they presented as reliable and valid intelligence tests. This meant that the questions and answers to be used in these tests had been pretested on large populations across different age groups and a calculation was developed to show the level of a person's intelligence. This is known as the IQ score (Intelligence Quotient). The average score for each age group was calculated as 100 so that scoring above or below that meant exceptionally high or low levels of intelligence. However, in the 1930s Piaget questioned the use of correct answers in this way and suggested that it was more important to ask why someone got the answer wrong or right in order to gain an understanding of what constituted intelligence. Even more important, perhaps, is consideration of *emotional* intelligence (Howe, 2008, 2010; Morrison, 2007).

If someone has no sense of another person's mood, needs, intentions and feelings, how can they engage intelligently with others (Ingram, 2012)? We look at emotional intelligence as part of Chapter 5, focusing on reflective-relational practice.

The second example – the concept of beauty – varies across cultures and generations. In Western societies in the early twenty-first century the thin ideal dominates popular views about female beauty (Harrison, 2003; Malson, 1998) but, as we see in later chapters looking particularly at adolescence, adherence to this can lead to serious eating disorders and health risks. Researchers, though, have shown that different ethnic groups do not necessarily share the values incorporated in the thin ideal, so that ethnicity may be protective against eating disorders for some young people whose culture has not supported an internalization of this view of beauty (Warren et al., 2005). This example has wider relevance in social work for the importance of our awareness of cultural diversity in considering what is viewed as good or bad, right or wrong.

The third example – child rearing practices – can again be shown to have varied across generations and cultures. In most cases, experts have proposed ideas and practices that have either been discredited or superseded (Bronfenbrenner and Condry, 1970). Such ideas include advice to mothers on whether an infant should be fed on demand or at set intervals (Spock, 1946) and what they themselves can eat and drink or feed to their babies (Fox et al., 2009). They also include views on whether smacking or other forms of corporal punishment are acceptable (and effective!) in dealing with children's bad behaviour or whether they can be construed as a form of child abuse (Erlanger, 1974; Larzelere, 2000).

Questioning issues such as these should become second nature to students in the course of reading this book.

Social workers, and other similar professional groups, need to have a clear sense of what happens throughout the lifespan. In applied terms, this might mean having a working understanding of many situations. For example, what are the boundaries of normal behaviour for a teenage man? How should a new mother be responding to her baby in order for the baby to thrive? How long is it appropriate for an elderly man to grieve for his late wife? When should a baby be expected to start crawling?

As social work students or practitioners thinking about HGD, you need to cultivate a sense of what is known and understood about relationships and interactions across the stages of the lifespan. This will come from reading about the research evidence and thinking about the conclusions that have been drawn from it. Also, you need to be aware that the lifespan is not simply a linear model from birth to death. On one level, of course, as we get older there is no going back, as we saw in the discussion of development and aging. Indeed, some theorists have been tempted to relate age to stage as irrefutable facts – that at a particular age a person

will be expected to behave (emotionally, socially and physically) in a particular and typical way. This would suggest that adolescents, for example, experiment with independence from their parents and try out new kinds of relationships, and this behaviour is driven by the biological impact of puberty and the social impact of the ending of their school years.

However, each one of us lives in relation to other people. We are all also emotionally volatile and under certain pressures and tensions we might return emotionally to characteristics more reminiscent of an earlier life stage than the one we have reached. Older people might find themselves crying when they are lonely or others in midlife might scream with frustration – both responses being more commonly associated with infancy and childhood.

Relationship breakdowns, illness and a whole range of day-to-day dilemmas also bring people into conflict with how they might be expected to be according to a linear lifespan. A ten-year-old girl might be a carer to her father who is suffering from multiple sclerosis, and therefore substitute the carefree life of a typical ten-year-old for a sense of responsibility for another's welfare. A man in his thirties might return home to his parents, looking for material and emotional comfort, after being made redundant.

To practise social work effectively from an evidence base then it is important to understand that we all have a memory and the ability to be reflective and *think* about who we are and how we fit in. To be reflective means to have an *identity* or a sense of selfhood and (perhaps) maintain a degree of consistency about who we are and how we manage the world around us. We can think about how we behave and what we might do to improve our well-being and that of others. We can reflect on our role in the family, social group, organization and society. Furthermore, we can be relational and hold in mind that we are all individuals living in relationships.

Social workers are involved with people at all stages of development from infancy to older age. Mostly, the people they work with have problems, or are perceived to have problems, in dealing with crucial elements of their lives. For example, they might be coping with poverty and social exclusion and the related problems of poor housing, health and nutrition. Social workers are frequently concerned with supporting the emotionally vulnerable, whether in regard to child care, substance and alcohol abuse, disabilities or psychiatric problems.

To be effective, a social worker has to have a working knowledge of themselves and others. Some of this is acquired from reading a book such as this one, or assimilating information from supervision or tutorials. However, that is only the beginning. The confident and competent professional also has to *learn from their experience*, making links between the theory, and their own experiences of practice and life. As Eileen Munro, in her review of child protection, for example, makes abundantly clear, social work involves *working with uncertainty.* You cannot know

what is really going on in families or how long any improvements and other changes might last. While Munro (2011) focused specifically on child protection services, the same reality holds true for those working with users of mental health services or other vulnerable adults. Social workers work with uncertain human situations and have responsibility for managing the risk of an unfavourable outcome.

Understanding the different theories of HGD helps us to make some sense of people's vulnerabilities and decisions about intervention. Social workers need an awareness of the variety of difficulties that people might face, and the possibilities for problems across each of the different stages in the human lifespan. Consequently social workers require a deep and wide knowledge of HGD.

To summarize, social work is about working professionally and ethically with people who are vulnerable, and this mostly needs to be done in cooperation with other professional agencies and organizations who also work with these groups of people. Working with others (service users or professional partners) means that a core knowledge base and skill set focuses on what makes people *behave* in the way they do – on their own behalf, to members of their family and others in the community. Accordingly, social workers need to be observant and to make sense of their observations in the context of that person's life-circumstances while also understanding where they themselves are located personally, socially, politically and professionally. While there is no infallible check list that provides the answers to human behaviour and relationships, the knowledge bases derived from psychology, biology and sociology enable the reflective, ethical and informed social worker to make the best possible judgments and to take the best possible decisions (Fook, 2002; Nicolson et al., 2006; Ruch, 2005).

Most social workers in the UK work for the local authority but various agencies in the voluntary sector also employ qualified social workers. In the UK, social work activity is loosely divided into child protection and family support (children's services) or working with vulnerable adults, particularly those with mental health problems, mental or physical disability and the vulnerable elderly. Vulnerability for all these groups of people is likely to mean that they have low incomes and possibly poor quality accommodation, poor health status and quality of life.

Social workers engage in partnerships with other professionals such as teachers, health visitors, psychologists, psychiatrists, nurses and occupational therapists. This demands a great deal of understanding about other people and the ability to attend to oneself in that context.

HGD is a core part of social work training internationally and, albeit sometimes under different headings, it always has been. It is clear why this should be the case. Without understanding and knowledge of emotional and social life it would be impossible to assess and support service users, work alongside others and it would also be impossible to care for oneself.

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