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CHAPTER ONE

WHAT IS PSYCHOLOGY?

Why am I the way I am? Sound familiar? Many of us have asked the question. I came to study psychology because I was intrigued by how some people are able to overcome extreme adversity and lead successful lives yet others are not. Why the different outcomes? This question of how we become who we are is not a recent one: it has obsessed the human mind since we could reason.

History has been characterised by attempts to understand what makes us human, what shapes our thoughts and behaviour. Religion played an early part in attempting to unravel human behaviour through the Christian assertion of 'original sin', the idea that man is born flawed and susceptible to undesirable behaviour.

Philosophers added to the debate as the centuries unfolded. John Locke, for instance, suggested that man was born a 'blank slate' or 'tabula rasa' and that life experiences shape who we become. Jean-Jacques Rousseau, in contrast to the Christian view, believed in the innate goodness of man striving to reach his full potential. Of course these arguments are best left to theologians and philosophers but the study of psychology is really not much different in that, put simply, it attempts to gain understanding of humans, their development and behaviours.

Psychology is the study of people; how they think, act, react and interact. Psychology is concerned with all aspects of behaviour and the thoughts, feelings and motivations underlying that behaviour. In their search for the causes of diverse forms of behaviour, psychologists take into account biological, psychological and environmental factors. (Psychology is different from psychiatry, which requires a medical degree and examines mental illness.)

THE HISTORY OF PSYCHOLOGY

Throughout the history of psychology several approaches have been used to gain a greater understanding of human behaviours, beginning in the early 1800s with:

Introspection

As the name implies, this approach relied on 'inspection', meaning that an individual would be asked to report on their feelings and thoughts. William James, who is considered one of the forefathers of psychology, was an exponent of this method, as was William Wundt.

Psychodynamic

Originating in the late 1800s this movement is best known through the work of Freud. It placed emphasis upon the 'unconscious' mind, believing that an individual has awareness of only a fraction of their thoughts and mental processes. Freud believed that unconscious urges were responsible for behaviour. Techniques such as hypnosis and dream analysis were used to access these distant recesses of the mind.

Behaviourist

This approach was very popular in America in the 1920s. Those best known for their work in this field are Skinner and Pavlov. Behaviourists believed that while the inner workings of the mind could not be observed, a person's behaviour could. Their work still has some relevance in the area of learning.

Humanist

This approach, it could be argued, was a reaction against the behaviourist picture of man as almost a robot merely responding to outside influences (external stimuli) and the Freudian image of man driven by his unconscious urges. Humanists such as Carl Rogers and Abraham Maslow promoted the view that within man is an active desire to reach his full potential, or 'self-actualisation'. Their work has been important in the area of personality.

Sociocultural

No man is an island! We are social creatures. The sociocultural perspective recognises this and suggests that our thoughts and behaviours are influenced by our interactions with others. Importantly, it highlights how we are embedded in the culture in which we

were raised or in which we live, and how the views of that culture in turn influence us. In the past psychology tended to look at the individual to gain a greater understanding without looking outside the person to gauge external influences on them. The sociocultural approach examines how culture is transmitted to its members and investigates the differences and similarities of people from different cultures.

Scientific

The predominant approach in psychology at present is the scientific method, or science of behaviour. This approach is less interested in human behaviour per se, focusing instead on *why* that behaviour occurs. Thus if a child exhibits aggressive behaviour the psychologist does not focus on the behaviour itself: rather, they want to know why the child is behaving in such a fashion. Methods of research (methodology) include statistics and experiments.

Dissatisfaction has been voiced regarding the use of the scientific approach in psychology, its critics claiming that it cannot capture the complexity of human behaviour. Reactionary approaches include that of community psychology, which examines individuals within their social world. Community psychology explores social issues and how they influence individuals, groups and society at large. Nonetheless the scientific approach maintains its dominant position in psychology.

THE GOALS OF PSYCHOLOGY

1 To *describe* how people and other animals behave.
2 To *understand* the causes of these behaviours.
3 To *predict* how people and animals will behave under certain conditions.
4 To *control* behaviour through knowledge and control of its causes.

WHAT IS LIFESPAN DEVELOPMENT?

Human development is 'the scientific study of age-related changes in behaviour, thinking, emotion and personality' (Boyd & Bee 2005:3).

Lifespan development is a field of growing importance in psychology. It is the study of development across the lifespan, recognising that an individual will continue to develop and change as they move through their life. I use the word 'change' deliberately rather than the term 'growth' as some of the changes that occur across an individual's life will be those of decline, for example as we get older our physical body begins to decline.

People change and develop in many ways, and certain changes are more noticeable at

different periods in a person's life. For example, the physical changes that occur in infancy are quite astounding and very obvious in comparison to the physical changes that occur in one's thirties. The study of lifespan development has become an area of growing relevance in light of the increase in life expectancy over the last hundred years.

The World Health Organisation (WHO) regularly monitors life expectancy figures throughout the world. Ireland has seen a continual increase in life expectancy rates (see Table 1.1).

Table 1.1 Average life expectancy in Ireland, 1990–2009

	1990	2000	2009
Male	72	74	77
Female	78	79	82

Meanwhile, the most recent life expectancy figures for a male and a female from Zimbabwe are only 47 and 50 years respectively. What do you think accounts for such vast differences in life expectancy between these two countries? Can you explain why, in Ireland, women have a longer life expectancy than males? *The All Ireland Traveller Health Study* (AITHST 2010) found that the Travelling community have significantly lower life expectancy figures (61.7 years for Traveller men and 70.1 years for Traveller women) and poorer health outcomes (see Chapter 9).

What can cause such extreme differences in life expectancy? Well, a multitude of factors are at play and these can affect an individual's development and life outcomes. There are factors within the person (genetic predisposition) and factors outside the individual (family setting, poverty, government policies) that all interact together and shape a person's development throughout their lifespan. If we apply this approach we begin to understand the differences in life expectancy. These differences or **individual variations** are accounted for by the interplay between this myriad of factors and we will be examining this phenomenon throughout the book.

INDIVIDUAL VARIATION

Wermter *et al.* (2010:200) maintains that there is a 'growing body of evidence for the contribution of genetic effects in explaining individual variability in response to all kinds of environmental hazards'. Individual variation recognises that we all differ in some way. Take a family setting: isn't it interesting how some siblings can be so different in personality and physical appearance, etc.? Why is that, when they share similar genetic material and are raised in the same family environment and culture? The answer lies in

individual variation, arguably caused by the unique interactions between **genes and environment** (the **nature/nurture debate**).

As you will see in Chapter 3, the genetic make-up we have is, to use an analogy, the result of a lottery. Each sibling can get a slightly different genetic make-up from the other(s). For example, there is a strong family history of asthma in my family. My brother and I inherited it; my other two siblings didn't. Why? In the moment of conception, my brother and I received a strong genetic marker or vulnerability for asthma and we were diagnosed with it by the age of one; my other two siblings weren't. However, my sister has recently been diagnosed with asthma at the age of 30. She smokes, so one might imagine that perhaps she had some genetic predisposition towards the disease but potentially might not have developed it; it was only because her environment (i.e. smoking) interacted with her genetic make-up that she developed the illness. Yet other people who smoke might never develop asthma, so in my sister's case it would seem to be the interaction of her genes and environment.

At the root of understanding our development and individual variation lie the two poles of genes and environment or, as it's commonly known, the **nature/nurture debate**, which we will be looking at later in this chapter.

Factors that affect our development include:

- biological factors (genetic factors, illness)
- psychological factors (coping style, temperament, personality)
- social factors (family type, parenting style, support networks)
- environmental factors (socio-economic status, housing, poverty)
- cultural (ethnic minorities have their own culture, as Irish people do).

These factors can affect development positively or negatively. **Risk factors** are factors that impinge on the person or their immediate and distal (distant) environments and that have a potentially negative influence on their development or behaviour. Often where one risk factor is present there are more likely to be others; for example, children born with low birth weight (biological risk) may also be born to mothers with low education levels and who live in poverty (psychosocial risks). This phenomenon is sometimes called a 'double jeopardy'. The more risk factors that accumulate, the longer these factors last and the more severe the factor, the greater the impact on the individual and their development. Offset against this are **protective factors** that operate in a similar fashion to risk factors: to put it simply, the more you have, the better 'protected' you are and the more likely you are to enjoy better outcomes. Intervention programmes such as Youngballymun and the Incredible Years Programme, which we will look at later, operate by targeting children who are vulnerable for a variety of reasons by putting support mechanisms in place. These programmes are protective in themselves and their ideology

reflects the need to target at-risk populations by increasing protective factors to offset risk factors and, thus, improve outcomes. In Chapter 6, we consider other prevention, education and intervention programmes (PEIPs) in greater depth.

Can you think of examples where 'family' as a factor could potentially have a negative impact on a child's development (parental addiction perhaps) or a positive one? Does where you live or grow up impact on your development? If so, in what way (physically, socially)? All these factors interact with each other to influence our development. Throughout the book we will see how different factors affect a variety of domains of development. In Chapter 2, we will explore Urie Bronfenbrenner's ecological theory, which offers a framework for understanding this complex interaction.

Back to lifespan development. We have seen that it is the study of changes that occur throughout the life of an individual from conception to old age.

DOMAINS OR AREAS OF DEVELOPMENT

Physical

This area covers changes that occur in the physical body and brain. These include height, weight, muscular and skeletal changes. Also included are sensation and perception. **Sensation** refers to the functions of the sense organs (vision, hearing, taste, touch and smell), and refers to the awareness of conditions or feelings inside and outside the body. **Perception** is how we process the information taken in by our senses. Finally, physical motor development and skills are also included. Put simply, 'motor' is another term for movement, so motor development refers to the development of movement and skills such as grasping, walking and manipulating objects.

Cognitive

At it most basic cognition refers to thinking, so cognitive development means the development of thinking or mental abilities. These mental abilities include memory, problem solving, reasoning and learning. Language is also included under cognitive development.

Social–Emotional

As already mentioned, we are social creatures. Relationships with others are essential for our development. Their impact, as we will explore throughout the book, can be both positive and negative but they are always defining. Our emotional development is related to our social relationships, also encompassing our temperament and personality. Meggitt (2006) suggests the following definitions.

Emotional Development

Emotional development involves the development of feelings:

- the growth of feelings about, and awareness of, *oneself*
- the development of feelings towards *other people*
- the development of *self-esteem* and a *self-concept*.

Social Development

Social development includes the growth of the individual's relationships with other people. **Socialisation** is the process of learning the skills and attitudes that enable the child or adult to live easily with other members of the community. Throughout the book these two related areas will be dealt with singly as social–emotional development. We will come back to socialisation in Chapter 6.

PATTERNS OF DEVELOPMENT

Cephalocaudal

This can be defined as development that begins at the head and travels down the body. Think of a foetus: the head develops first, and then the limbs — and more particularly the fingers and toes — are among the last areas to develop.

Proximodistal

'Proximo' relates to proximity and 'distal' refers to distance. So the proximodistal pattern refers to development from the trunk or centre of the body out to the extremities, that is the fingers and toes. If we look at a young toddler we see that they can move and control their arms before they can successfully control their fingers: this reflects the proximodistal principle at work.

It is helpful to mention 'motor skills' at this stage. Once motor development is in place (at approximately four or five years of age) the child can develop their motor skills.

A motor skill is a fundamental movement pattern performed with accuracy, precision and control. There are two types of motor skill to be aware of:

- *Gross motor skills* involve the use of large muscles to perform a movement task, for example crawling, walking and jumping. In line with the proximodistal principle, large muscles usually develop before smaller muscles.
- *Fine motor skills* involve the use of small muscles to perform a movement task with precision. This includes the manipulation of small objects, the pincer grasp (seen in young children when they grasp items between their thumb and forefinger), writing and typing.

PERIODS OF DEVELOPMENT

The lifespan is broken or categorised into phases to make study of it easier. The phases are:

- pre-natal: before birth
- infancy: 0–2
- early childhood: 2–5
- middle and late childhood: 6–11
- adolescence: 12–19
- early adulthood: 20–40
- middle adulthood: 40–65
- late adulthood: 65 onwards.

SOME KEY DEVELOPMENTAL ISSUES

Some important developmental issues are:

- nature versus nurture
- early experiences and later development
- critical versus sensitive periods.

Nature vs. Nurture

The nature–nurture debate is one of the key issues in psychology and more particularly in understanding human development. Its origins can be traced to the early philosophers who discussed the nature of man. Are we 'blank slates', as Locke believed, shaped by those around us and the society we live in? Or, in keeping with the doctrine of original sin, are we born as we are?

These two positions reflect the two sides of the nature and nurture debate. **Nature** refers to biological processes, genes and our brain as determinants of our behaviour. **Nurture** relates to the influence of our environment in our development. The culture we are born into influences how we see ourselves and others, and also our behaviour. Other environmental influences would be child-rearing practices, education and so on.

In the early twentieth century the nature position dominated and this fuelled a belief in racial superiority and differences. By the 1960s this position had changed to a 'nurture' stance, which postulated the importance of environment in a person's development and can be best seen in the explosion of literature on child-rearing practices.

Nowadays a more reasonable position is generally maintained, which recognises the influence of both nature and nurture in human development. In psychology, I would argue that Urie Bronfenbrenner's revised 'bioecological' theory (see Chapter 2) best captures this new position as he demonstrates the many influences that interact to shape development. We still do not understand the complexity of the interaction between nature and nurture and it remains an issue of great interest and importance. Throughout this book we will consider the role of nature and nurture in a variety of topics including attachment, health and parenting. However, it is important to recognise that the roles of nature and nurture are applicable to almost every area of development and that while we are quick to accept the role of genetics and biological processes (nature) in development, recent studies are revealing that our environment (nurture) has the ability to actively shape and change our genes. This new field is called **epigenetics**.

Epigenetics: The New Frontier in Nature vs. Nurture

Previously it was believed that environmental aspects (obesity, smoking, etc.) would only affect the actual individual, and maybe shorten their life, but they wouldn't change the person's genes and – as important – wouldn't affect the genes passed on to the next generation. Thus if I overeat and am obese, I might cut short my life, but my obesity would not affect the genes my child would inherit. Epigenetics suggests that that is not true. Shockingly, our genes are affected, in our lifetime, by our environment, and these effects can be passed to the next generation. So if I am obese, my son's genetic inheritance could result in him having a shortened lifespan or poorer health because he has inherited genes changed by my lifestyle. In light of our current obesity epidemic, it is sobering to think that a new generation could inherit altered DNA, affecting their health, even if their own lifestyle is a healthy one. In effect they could live shorter lives because of their parent's obesity. Obesity is just one example, but this discovery has ramifications for all areas of development. For example, when children grow up in poverty, in violence or physically inactive, these environments can potentially alter their DNA and the DNA they pass on to their children. Thus children do not get a 'blank slate' but can inherit their parents' DNA that has changed in reaction to their parents' environment.

This new development places greater urgency than ever on ensuring that the best possible environment is available, for children and adults, so that the next generation receives the most advantageous genetic inheritance possible. Intervention programmes such as Youngballymun or the Incredible Years (discussed later in this chapter) potentially have, according to epigenetic principles, the power to shape not just the

present child's future but the genetic inheritance and future of their children too. Epigenetics demonstrates the complexity of the nature vs. nurture debate and that in reality development is a result of an intricate twining of the two elements. This delicate interplay also explains 'individual variation' as discussed earlier. In order to be better able to comprehend human behaviour and development we must endeavour to understand the role of nature and nurture. A related area of importance and one that encompasses the nature vs. nurture debate is that of early experiences and their effect on later development.

Early Experiences and Later Development

An area of fundamental interest in psychology is the idea of how early experiences can affect later development. It encompasses all areas of development from cognition and language to relationship building, personality development and mental illness. It will become clear as we traverse many topics throughout the book that most early experiences shape us, for better or worse. Some experiences and their timing, such as 'critical and sensitive periods' (see 'In Focus', below), are pivotal to how we develop. Freud and Bowlby, as you will see in Chapter 2, strongly believed that what we experience in our early years is hugely influential to the people we become. The truth of this can be seen in the proliferation of intervention programmes aimed at supporting vulnerable families and disadvantaged children. One such programme is Youngballymun.

> *Youngballymun* is an area-based Prevention and Early Intervention strategy working to improve outcomes in education, health and mental health for all children, young people and families in Ballymun. We also work with wider partners at national level and in other communities challenged by poverty and disadvantage to disseminate and share the learning from our work. (www.youngballymun.ie)

We will be looking at another PEIP in more depth in Chapter 6. What is clear is that Ireland needs far greater investment in supporting the early experiences of our children so as to give them the best chance in life. Atlantic Philanthropies (AP) is an organisation which gives grants to support and encourage such intervention programmes in several countries, including Ireland. While acknowledging that some improvements have taken place, they give the following damning indictment:

> The Republic of Ireland has made progress in recent years in acknowledging and addressing the developmental needs of children and young people. Ireland signed the United Nations Declaration on the Rights of the Child in 1992. Provision for children was previously spread across multiple government departments, but since 2011 the Department of Children and Youth Affairs is tasked with implementing strategy and bringing greater coherence to policymaking for children and young people.
>
> However, policy implementation to date has been weak, services are fragmented and do not meet the needs of all children and families, and issues such as poverty and early school leaving remain significant problems. The economic crisis has compounded this situation.
>
> Ireland has one of the lowest levels of provision for early childhood care and education; and mental health, family support, and other preventive programmes for young people are underdeveloped and underfunded. Moreover family support services tend to be reactive and patchy, and the resources invested in schools addressing disadvantage do not appear to be yielding consistently better outcomes. (www.atlanticphilanthropies.org/cy-republic-ireland)

As well as focusing on the very early years of a child's life, Atlantic Philanthropies also supports approaches that intervene early, before problems develop, during older childhood and adolescence. When you study Bronfenbrenner's ecological theory, you will see how more distal factors can influence an individual's development. Can you see how a 'fragmented service' could impact on a child's intellectual or emotional development? So we start to understand that it is too limiting to consider just immediate influencing factors and that we need to include factors such as funding or government policy and provision to truly grasp how an individual's development is shaped. Another intervention programme partly funded by AP is the Incredible Years Programme:

> Emotional and behavioural problems often start in early childhood and the need for early intervention has been recognised as critical to reducing the onset of conduct problems. The Incredible Years Parent, Teacher and Child Training Series was developed, over the last 30 years, by Professor Carolyn Webster-Stratton of the University of Washington (US). The programme is specifically designed to prevent and treat emotional and behavioural difficulties (EBD) in children aged 0–12 years. (www.iyirelandstudy.ie)

The Incredible Years Programme has been rolled out in Ireland and is currently being researched to assess its success here. These interventions support the role of early experiences in later development and the necessity to support and encourage healthy development.

The next developmental issue – critical vs. sensitive periods – also highlights the complexity of human development.

Critical vs. Sensitive Periods

We are going to look at the issues raised by extreme deprivation in the early years to explore the issue of critical versus sensitive periods of development. Does a critical period exist for development? In other words, if development does not occur during this time, is the opportunity for development lost? Or is there a sensitive period in which it is preferable for development to occur, but if it does not, development can occur at a later date? We shall look at the issue of extreme deprivation and the debates and research that surround this issue.

In Focus: Critical vs. Sensitive Period Debate — Extreme Deprivation

Development in infancy encompasses social, emotional, cognitive and physical growth. What's the difference between critical and sensitive periods? Let's take the example of language.

If you believe in a 'critical period' for the acquisition of language you would believe that if language is not acquired during a particular period it will not be possible to learn language at a later date.

If you believe in a 'sensitive period' of development you might believe that even if you do not acquire language in the early years it is possible to learn language at a later time.

In the debate between critical and sensitive periods of development, infancy is often examined as it is a time of huge growth in many domains. The critical vs. sensitive period debate is one of the most active in psychology, and cases of extreme deprivation are often examined in an effort to illuminate this debate. Recent examples of children who have suffered extreme deprivation include the Romanian orphans whose images on television and in the press shocked us in the early 1990s. Extreme deprivation in infancy offers us an insight into whether children can recover from adverse experiences in their early years and develop normally given caring and appropriate interventions, or whether there is in fact a 'critical period' from which the individual cannot recover, leaving them permanently and irreversibly affected.

Clarke and Clarke (1999) support the idea of a sensitive period, after which

experienced adversity and resulting deficits can be compensated for — an 'initial step in an ongoing life path'. On the other hand, Freud and, later, Bowlby argued that early experience determines later development. Bowlby's work with children in institutional care led him to believe that negative early experiences cannot be reversed in later years, especially in the area of attachment (Bowlby 1951).

However, in more recent decades, this position has been questioned. Cases of extreme deprivation have had quite different outcomes, suggesting that the debate surrounding critical vs. sensitive periods isn't quite as clear-cut as earlier presumed. Rutter argues that 'even markedly adverse experiences in infancy carry few risks for later development if the subsequent rearing environment is a good one' (1989:24).

Let's consider how true this is by examining some cases of extreme deprivation and their subsequent outcomes.

Skuse (1984a) explored case studies of children who had spent their early years in conditions of extreme adversity and deprivation, hoping to explore specific questions.

- Are some psychological qualities more sensitive to deprivation than others?
- At what pace does recovery take place and what course does it follow?
- What interventions are necessary to optimise recovery?

> Anna was discovered in 1938 at nearly six years of age, having spent her life in a storage room tied to a chair with her arms above her head. Severely malnourished, she was skeletal, expressionless, lacking speech, with severe motor retardation. While Anna showed some improvement, she never integrated successfully into her peer group, even though she was now living with a foster family. Anna received no specialist intervention and while she made some improvement she remained severely retarded until her death at the age of ten. (Clarke & Clarke 1976:28)

> Isabelle was discovered at six years old locked in a dark room with her 'deaf-mute' mother. Isabelle was suffering from severe malnourishment, her behaviour was either infantile or like that of a wild animal and she did not seem to possess speech. Experts decided she was 'feeble-minded' (Clarke & Clarke 1976:42). Within two years of intensive speech and educational therapy she had achieved a normal level of speech and cognitive function.

Language

Let's examine a specific area of development, that of language, to see if we can come closer to a conclusion in this debate of critical vs. sensitive periods.

Skuse concludes that language appears to be the most vulnerable to deprivation, but much debate surrounds the question of whether there is a critical period for language exposure and/or acquisiton. Hall replied to Skuse with the suggestion that 'some exposure to language and communication is essential at a very early stage, even if only for a very brief period' (1985:825), while Lenneberg's 'critical age hypothesis' (cited in Curtiss 1977:208) states that the critical period runs from two years to puberty.

Genie was confined in total isolation from 20 months until her discovery at 13 years of age; although intensive language therapy suggested initial promising acquisition, her capacity remained severely limited and she was capable of 'few normal or appropriate acts of communication at 18 years' (Skuse 1984b:562).

Meanwhile Isabelle, who was confined with a deaf-mute mother, developed normal language skills.

Or we could consider the case of the Koluchova twins, grossly deprived and confined from 18 months to nearly seven years, who went on to develop normally with respect to language (as well as in every other facet of life) (Skuse 1984b). Was this due to their early normal language exposure before they were confined? Was it because they had each other for company and developed ways of communicating? Or was it due to their later intensive care in a foster family?

English and Romanian Adoptees (ERA)

We will now turn to the work of the English and Romanian Adoptees (ERA) study team and their ongoing research comparing UK adoptees with those adopted into the UK from Romania. The fall of the Ceausescu regime in Romania created a unique research opportunity following the humanitarian endeavour of removing infants and children from orphanages in which they had suffered severe deprivation.

Study

The research (Rutter & ERA 1998, 2000) looked at 324 children who were adopted into the UK.

The conditions in which the children had lived in Romania varied from 'poor to appalling' (Rutter & ERA 1998:467). They were confined to cots; had few, if any, playthings and barely any stimulation through talk or play; were poorly nourished; and endured often harsh physical conditions. Nearly half had been reared in institutions throughout their lives; 18 of 111 had had family rearing with only two weeks' institutional care; the rest had spent about half their lives in institutions. Half were severely malnourished and suffering from chronic infections.

Findings

- The catch-up with respect to these norms was nearly complete at age four (Rutter & ERA 1998).
- Age on adoption was a strong predictor of more positive outcomes with no measurable deficit in those adopted pre-six months. Those adopted post-six months were more likely to show evidence of deficits.
- Children who had received better individualised care in institutions tended to have higher cognitive scores at age six (Rutter *et al*. 2000).

Rutter *et al*. conclude that 'children who had experienced prolonged privation in poor quality institutions tended to show a less complete cognitive recovery, although even with prolonged institutional care, cognitive catch-up was very substantial indeed' (2000:111).

Irish Findings

In 2007 Dr Sheila Greene of the Children's Research Centre, TCD presented a paper on 'Children's recovery after early adversity: lessons from inter-country adoption'. The findings were based on research conducted by the Children's Research Centre on inter-country adoption in Ireland. In the presentation Dr Greene concluded:

- Inter-country adoption provides many striking examples of resilience.
- Pervasive environmental change from very poor to very positive circumstances can bring about remarkable levels of recovery in children suffering the effects of adversity -– by any standard.
- Most children demonstrate a capacity to recover when their circumstances change dramatically; a minority do not.
- Some children who have been subjected to long periods of very intense deprivation will show some recovery but may never be normal in their functioning (p.14).

Further information on the research into inter-country adoption can be accessed at: www.tcd.ie/childrensresearchcentre/.

As we have seen in this introductory chapter, psychology crosses a wide terrain in relation to development, from physical and cognitive to social and emotional. It traverses the entire lifespan, with recognition that development does not stop in childhood. Pivotal to understanding how we develop and how we are different (individual variation) is the interplay of multiple factors, from biological to social, from

risk to protective. While some theories attempt to explain development, Bronfenbrenner's bioecological approach goes some way to help us make sense of this complex dance. However, it is the role of nature and nurture, reflected in these different layers of factors, that is most pivotal to our understanding. Understanding the 'how' (individual factors) is easy to grasp; 'how' they interact is far more challenging. Individual factors, critical and sensitive periods of development and the relationship of early experiences to later development: all these issues are part of the greater debate of nature and nurture, as you will see throughout this book.

Finally, a word of caution: it is too easy to fall into the trap of 'determinism', which suggests that early experiences set in stone our development and behaviour in the future, a pessimistic approach and one I don't subscribe to. Hopefully, if there is only one thing you learn, it is that change is possible, for better or worse, so let's try to make it for the better. I hope that the information in this book and the journey it might lead you on will help that happen!