### **Understanding human development**

How humans develop has been of interest to philosophers and scientists for millennia. Every culture around the world places value on understanding, explaining and facilitating the process of moving from birth towards adulthood and full maturity. Previous generations are typically interested in how the next generation functions, the way they interact with the world, and the factors and mechanisms which may affect their transition into adulthood. The way in which this chain of events is understood, conceptualised and studied has, however, changed and evolved over time. Different theories of human development approach the subject in contrasting ways and emphasise some specific areas and ideas over others. To understand how sport scientists have investigated this area, it is paramount to gain a broad appreciation of how the general discipline has been constructed.

#### **Classification of theories of human development**

Thomas (2001) states that, simply put, a theory “refers to a proposal about (a) which components or variables are important for understanding a selected phenomenon –such as human development- and (b) how those components interact to account for why the phenomenon turns out as it does” (p.28). In this way, theories are lenses through which we see and try to explain various phenomena. According to Horn (2004), theories of human development are used “to better understand, explain and predict changes that occur in individuals as a function of increasing age” (p.29). Due to the lack of agreement between theorists as to what constitutes desirable change, Thomas (2001) believes that defining development simply as ‘change’ is acceptable as it accommodates a greater range of theories and conceptualisations.

A number of parameters are typically used to establish a comparison between existing theories of human development. These are important to consider since the choices made by researchers in this respect affect the way development is understood, the manner in which investigations are conducted and, ultimately, the way theories can inform practitioners in real settings. In comparing general theories of human development, Horn (2004) focuses on five types of parameters which provide a suitable framework for our analysis of the relevant literature.

**Scope or Range of Theory**

The scope or range of a theory is typically measured according to either, the age range on which it focuses, or the domain or domains it addresses. For instance, some theories describe only a particular stage of development (e.g., infancy or adolescence), whereas others have a lifespan perspective. Likewise, some theories focus only upon a particular domain such as social, cognitive or physical development. Moreover, some theories have a specific focus on an aspect of a particular domain (e.g., developmental theories of motivation within the broader psychological domain). Alternatively, other theories consider human development from a broader perspective as a result of the interaction and interplay of different domains. A third categorisation refers to whether a theory focuses on normative or idiographic development. Normative theories typically focus on identifying commonalities in the development process. Those taking a more idiographic stance however, place value on seeking and understanding causes of individual differences, and therefore stress the need to understand the individual.

**Mechanisms of Developmental Change**

Theories of development can also differ in the way they conceptualise developmental mechanisms. Arguably, the main difference resides in their stand in relation to the nature versus nurture debate. Theorists have, over the years, argued about the relative importance of genetic endowment and the environment in predicting and directing developmental change. The recent emergence of epigenetics, the area of science which studies the impact of the environment on the differentiated expression of genes, supports a dynamic and interactionist perspective. The complex ways and the many levels at which the environment can affect gene expression, however, remains a point for debate and further research.

In the case of psychosocial development, exploring the differential impact in different areas of development, at different stages, and the conditions which affect the interaction becomes a priority. Brain development underpins executive functioning which, in turn, is the foundation to psychosocial development (Diamond, 2013). New brain imaging technologies such as MRI (Magnetic Resonance Imaging) and fMRI (functional MRI) are allowing researcher to better understand how the brain changes in structure, function and connectivity as a result of interactions with the environment (Bond Chapman, 2013). This neuroplasticity can therefore, both explain and promote psychosocial development.

**Definition and Direction of Development**

In the main, theories of human development argue in favour of a specific and desirable developmental pathway which may contain discrete stages and a concrete endpoint. In this respect, many theories clearly separate between ‘normal’ and ‘abnormal’ development, and between ‘desirable’ and ‘undesirable’ change. Psychosocially, supporting children and young people (CYP) to optimise their development towards ‘normal’ and ‘desirable’ goals and milestones is appropriate and laudable. However, understanding the starting point in the journey of each young person, and their relative progression towards desired goals must remain a priority. Simple benchmarking which disregards individuality and context is likely to offer an incomplete picture of the psychosocial development and potential of CYP.

**Patterns of Developmental Change**

Another way to differentiate developmental theories is the pattern in which development takes place. Some theories conceptualise development as a continuous, incremental process whereby individuals constantly add new elements to their current make-up. This approach is described as a continuous pattern. Other scholars view development as the progressive completion of different stages characterised by rapid change from one to another. Moving from one stage to the next requires fundamental reorganisation of the person’s assets. This is referred to as a discontinuous pattern and implies the existence of windows and thresholds for development. Developmental theories espousing a discontinuous approach to development can also vary at a number of levels. For instance, in the proposed role that chronological age plays in development; the universality of the stages described by the theory; the factors that affect development; the possibility of progress being reverted; and the consequences of not fulfilling the transition to the next stage of development.

A third way of understanding developmental patterns has been put forward by Siegler (1996). Siegler refutes the idea of abrupt transitions between discrete stages and proposes the existence of ‘overlapping waves’ of development. From this perspective, individuals respond to the development process using different strategies which are a function of their own maturational level and the impact of the context in which they are developing. Siegler however, recognises that the likelihood of an individual responding in a particular way changes (increases or decreases) with age and maturation. In Siegler’s theory, transitions are more gradual.

**Philosophical Assumptions and Investigational Methods**

The final way in which developmental theories can be classified, Horn argues, is according to their philosophical origins and assumptions. These foundational beliefs have a major impact on the theoretical hypotheses formed by investigators, as well as the choice of research methods chosen to prove them. North (2013) states that in broad terms, approaches to research differ in the meta-theoretical assumptions they make, that is, their ontology (e.g. their understanding of nature of the social world), and their epistemology (i.e. the way we develop knowledge claims). This choice of paradigm, in turn, leads researchers to favour certain investigative methods over others and to make knowledge claims at different levels.

In the main, ontological approaches can sit between two ends of a spectrum. At one extreme there are ontologies based on the belief that the world exists in a concrete way independent of individual cognition and interpretation and that therefore it can be neatly measured (i.e. positivistic scientism). At the other end, there are ontologies which propose a more nuanced, dynamic and textured worldview dependent on individual and contextual factors (i.e. constructive interpretivism). The former tends to look for regularities and generalities and thus rely mostly on quantitative methodologies; the latter seeks to unearth individual meaning and therefore leans towards more descriptive and qualitative methodologies.

In conclusion, scope or range of theory, developmental mechanisms, definition and direction of development, patterns of developmental change and philosophical assumptions and investigational methods all play a role in guiding research and theory[[1]](#footnote-1). More importantly, they impact on the ability of research to inform and support practitioners. It is thus necessary to scrutinise existing literature exploring the role of sport as an agent for psychosocial developmental in CYP from this perspective. This examination will allow for a better understanding of how the field has been constructed, its achievements to date and the necessary steps to optimise its development and the way it supports practitioners. Before delving into the sport literature, however, the following section will describe and group by domain the central psychosocial developmental outcomes across childhood and adolescence proposed by the most popular theories of human development.

#### **Classification of psychosocial developmental outcomes in childhood and adolescence.**

In the study of human development, three major domains are typically described by the academic literature: physical, cognitive and psychosocial. The physical domain entails the development of our bodily structures (i.e. the musculoskeletal, digestive, reproductive or nervous systems). The cognitive domain is concerned with the development of the brain and its functions. Finally, according to the Miller-Keane Encyclopaedia and Dictionary of Medicine, Nursing, and Allied Health (Miller-Keane & O’Toole, 2003) psychosocial development is defined as “‘the development of the personality, including the acquisition of social attitudes and skills, from infancy through maturity”. This classification should be regarded as heuristically useful. In reality, the three domains overlap and interact considerably (Rathus, 2014). For instance, the development of certain brain structures and connections is a pre-condition for the consecution of many psychosocial developmental outcomes (Chapman Bond, 2011; Diamond, 2013).

This paper is concerned with the psychosocial development arising from organised sport participation. However, despite the ‘clear-cut’ nature of the definition offered above, the reality of what is understood by psychosocial development, the associated developmental outcomes and the relevant mechanisms is much more uncertain. For example, the examination of two of the most commonly used textbooks at college and university level for the study of child and adolescent development fails to offer a comprehensive definition and account of what this domain of development entails (Lindon, 2010; Rathus, 2014).

Nonetheless, Meggitt (2007) offers a classification comprised of four developmental domains that will frame this literature review.

* **Physical:** related to the increase in skill and performance of the developing body. It includes gross and fine motor skills, as well as sensory development such as sensation and proprioception.
* **Cognitive:** includes the development of the mind and the capacity to recognise, reason, know and understand. It also relates to the person’s ability to make sense of the information received through the senses, and the development of communication skills.
* **Emotional and social:** concerned with the development of feelings about and awareness of oneself and others, and the emerging self-concept and self-esteem. It also relates to the building of relationships with others and the process of socialisation whereby a person learns the skills, knowledge and attitudes to interact within a set community.
* **Moral and spiritual:** concerned with the developing ability to relate to function ethically, morally and humanely. It involves the acquisition of values and a clear sense of right and wrong.

For the purpose of this paper, Meggitt’s emotional and social and moral and spiritual domains will be merged to encompass what has earlier been referred to as psychosocial development (see earlier definition). Thus, psychosocial development can now be defined as entailing four key sub-domains: development of the self; social development; emotional development; and moral development. The four subdomains of course interact and overlap, yet again, this classification has heuristic value to structure our discourse. At this point, it is necessary to build a comprehensive picture of these four sub-domains before we can investigate the role organised sport participation can play in their development.

**Development of the Self**

Fundamental to the process of human development is the development of a strong sense of self (Rathus, 2014). The self, however, is a multi-dimensional construct. Schaffer (2004) proposes three main components: a) self-awareness, understood as the realisation of being a distinct entity; b) the self-concept, construed as the image we form of ourselves; and c) self-esteem, entailing the evaluative, worth-laden aspect of the self.

In relation to self-awareness, infants are able to recognise their own existence separate from others and from inanimate objects from around 18 months to 2 years of age (Keller et al., 2005). This step is fundamental to the acquisition of other abilities later in life. For instance, self-awareness plays a key role in the development of emotional and social competence as a precursor to the notions of cooperation and sharing, and the origin of ‘self-conscious’ emotions such as empathy, pride or guilt (Rathus, 2014). Self-awareness is also central to the emergence of other features of the self, such as the self-concept and self-esteem (Lindon, 2010).

The self-concept can be defined as “a theory we develop about who we are and how we fit into society” (Schaffer, 2004, p.308). However, it is not fixed and evolves throughout life. It is influenced by progressive cognitive development, social influences such as parenting styles and social experiences, and children’s own actions in monitoring, appraising, constructing and interpreting the various hypothesis and theories of the self they develop. In addition, adolescents’ self-concept flows along two parallel, and at times conflicting, tracks (Damon, 1983). On the one hand a process of socialisation (becoming like others), and on the other, a search for individuation (becoming a distinctive individual). Therefore, the development of the self takes place both through continuous (cumulative accruing) and qualitative changes (via internal reorganisation or the experiencing of drastic events).

Table 2.1 shows Schaffer’s summary of the qualitative changes which occur to the self-concept as children and adolescents develop.

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| --- | --- | --- |
| **Qualitative changes of the self over time** | | |
| **From** | **To** | **Nature of change** |
| Simple | Differentiated | Younger children form global concepts; older children make finer distinctions and allow for circumstances |
| Inconsistent | Consistent | Younger children are more likely to change their self-evaluation; older children know about the stability of the self |
| Concrete | Abstract | Younger children focus on visible, external aspects; older children focus on invisible, psychological aspects |
| Absolute | Comparative | Younger children focus on self without reference to others: older children describe themselves in comparison to others |
| Optimistic | Realistic | Younger children give a rosy account of themselves; older children are more balanced in mentioning weaknesses as well as strengths |
| Self-as-public | Self-as-private | Younger children do not distinguish between private and public behaviour; older children consider private self as ‘true’ self |

**Table 2.1 Developmental changes in self-concept (reproduce from Schaffer, 2004, p310)**

A fundamental component of the self-concept is the formation of identity. Erikson (1968) defined identity as a “subjective sense of and invigorating sameness and continuity” (p.31) and postulated that the quest for identity is the main driver in life. According to Erikson, it is during adolescence that young people, making use of their newly gained independence and greater cognitive capacity, commence to explore different possibilities towards the development of their own identity. During this period, young people are seeking answers to two questions: i) who am I?; and ii) who do I want to be?. The degree to which young people can resolve and reconcile the answer to these questions satisfactorily and match them to their actual behaviours has a major impact on the level of psychological adjustment and well-being (Schaffer, 2004).

Young people go through different stages of identity development. This can be influenced by social factors such as ethnicity, religious beliefs, community influences and life experiences. Marcia (1991), based on the identity dimension of exploration and commitment posited by Erikson, proposed four different identity statuses: i) Identity achievement is reached when a person has a high level of commitment to an identity informed by an optimal amount of exploration of the various possibilities available; ii) Foreclosure refers to a high level of commitment to an identity with minimal exploration of other options; iii) Identity diffusion happens when there is low level of commitment and exploration; and iv) Moratorium relates to a period characterised by high levels of exploration with low levels of commitment. Moratorium is seen as a necessary precursor to identity achievement. Erikson (1968) described the process of acquiring one’s identity through the moratorium as ‘identity crisis’. Crisis is however, understood here as conflict, a positive weighing up of options and possibilities before committing to a particular perspective.

In addition to self-awareness and self-concept, the third component of the self proposed by Schaffer is self-esteem. He defines it as the overall evaluation of our own self-worth which emanates from the gap between our ideal self (e.g. who do we want to be) and our estimation of our real self (e.g. who we think we are). Coopersmith (1967) interprets self-esteem as an indication of the extent to which the individual believes to be capable, significant, successful and worthy. An important by-product is that the development of a positive self-image is vital to psychological adjustment and personal well-being.

Research shows that children can make judgements about cognitive and physical competence and social acceptance by age four, but that they cannot differentiate yet at that point being good at one thing or another. Thus, self-esteem at this stage is more general and global: e.g. ‘I am good or bad’ (Harter, 2012; Underwood & Rosen, 2011). As children’s cognitive ability improves, their self-esteem becomes more differentiated, and the judgments they make of themselves become more accurate and referenced against peers and other models. For this reason, self-esteem declines through childhood until 12-13 years of age (Harter & Whitesell, 2003). As children’s notions of ideal and real self adjust through their teens, self-esteem gradually improves. Self-esteem levels, can thus change over time, yet the interpretive framework used by children and adolescents to determine their self-worth can become fixed from early childhood (Lindon, 2010).

Closely related to self-esteem it is the notion of self-efficacy. Self-efficacy is a sense of being able to do things, a sense of local competence. Lindon (2010) describes it as a sense of being a learner. Self-efficacy is a fundamental component of self-esteem. Most significantly, self-efficacy can act as a modulator of self-esteem when the person interprets competence, intelligence and ability as incremental and changeable rather than fixed or pre-determined at birth (Dweck, 2006). Likewise, the theory of Achievement Goal Motivation (Nicholls, 1984) posits that humans can construe competence in achievement situations as a measure of their own improvement (a mastery or task-oriented approach) or as a function of how their performance compares to others (a performance or ego-oriented). Although the two orientations, mastery and performance, are orthogonal, the presence of a mastery orientation has been linked with adaptive responses such as higher self-esteem, resilience and persistence in the face of difficulty.

Achievement Goal Theory has also found that the type of environment created by significant others like parents, teachers and coaches, can impact on the achievement orientation of the child or young person. This is referred to as the motivational climate. Environments which promote self-referenced learning, allow exploration and mistakes, encourage cooperation between learners and reward effort and process over performance lead to the adoption of a task orientation and adaptive psychological responses. Environments which foster internal competition, chastise mistakes and exploration, and focus solely on final outcome and result in the adoption of an ego orientation and maladaptive responses over time (Ames, 1992).

Also related to self-esteem, Erikson (1959) signalled that three key developmental outcomes that need to be considered in the building of the child’s self-esteem are a sense of autonomy, a sense of initiative, and a sense of industriousness. Between the ages of 1 and 3, Erikson argues, children start to assert their independence in a variety of ways. If supported during this process of autonomy development, children become confident in their ability to cope with the world, but if criticised and controlled they develop feelings of shame, lower self-esteem and self-efficacy. During the period between three and six years of age, children being to rely more on themselves for the choice of activities they engage with and how, and thus, develop a sense of initiative. Lack of success at this stage, Erikson proposes, leads to a lower self-esteem and a sense of guilt. Finally, from 6 years old to puberty, children start developing a sense of pride in their achievement and a sense of being able to complete projects and reach goals. Without this sense of industriousness, children may suffer from an inferiority complex and a lack of self-belief. Finding ways to promote the development of autonomy, initiative and industriousness in children is vital.

A final element to consider with regards to the development of the self is that of personality. Personality can be defined as “a distinctive way of responding to people and events” (Rathus, 2014, p.245). Research shows that early in life, personality is substantially influenced by our genetic makeup, which gives rise to someone’s temperament, that is, the typical way in which we react to the world (Thomas & Chess, 1989). However, as human beings develop and interact with their environments, personality, influenced by genetics, epigenetics and the social context, becomes much more multidimensional and multi-layered.

Contemporary personality psychology advocates a definition of personality as a person’s “unique variation of the general evolutionary design for human nature, expressed as a developing pattern of dispositional traits, characteristic adaptations, and integrative life stories complexly and differentially situated in culture” (McAdams & Pals, 2006, p. 212). McAdam’s integrative framework of personality (1995) proposes three distinctive and interrelated personality layers. The first layer contains dispositional traits which are influenced by genes and social interactions and become our ‘behavioural signature’. The second layer concerns what McAdams refers to as characteristics adaptations, or how we adapt to the world. These are much more influenced by social forces than dispositional traits and typically signal our motivational drives, personal goals, values, ideologies, and cognitive style. This second layer starts developing from middle childhood. Finally, the third layer comprises our own personal narrative, our own interpretation of who we are, where we come from and where we want to go. This final layer typically arises in the late teens and early adulthood. The social context affects the development of the three layers to different degrees.

**Social Development**

Social development comprises the ability of the child and young person to relate to others and form appropriate relationships, and the development of positive social norms enabling their capacity to function within a given community (Meggit, 2007). A fundamental step in the construction of the social self is the development of a secure attachment with a specific individual, typically the mother, between 6 months and 3 years of age (Bolwby, 1969). On the one hand, secure attachment enables the child to engage in a host of beneficial behaviours such as exploration and play; on the other, it is the foundation for the development of the capacity of the child to build relationships in the future. Similarly, Erikson (1959) proposed a similar concept when he described the role of trust between birth and 1 year of age. According to him, trust, is built upon the consistency of the caregivers.

A lack of trust or an insecure attachment has consequences at emotional, cognitive and social level. It can lead to anxiety, insecurity and mistrust in the surrounding environment. This can set in motion a chain reaction which results in the production of certain hormones such as adrenaline, norepinephrin and cortisol. Although conducive to more alert states which enhance survival under immediate threat, these three hormones create a chemical environment in the brain not conducive to the development of social relationships. When these heightened states become chronic, they can also lead to decreased physical and mental health and wellbeing.

Another critical step in the development of the social self and our social ability is the emergence of social cognition (Rathus, 2014). Social cognition is understood as the child’s comprehension of the difference and the relationships between the self and others. It is influenced by cognitive development, specially by the ability to take a different perspective to one’s own. Children’s ability to build and negotiate peer relationships is a function of their social cognition. Although children start to differentiate between themselves and others from a very early age, Erikson posited (1959) that it is between the ages of 7 and 11 that they begin to fully see things from another’s perspective. Erikson termed this process of progressively building a differentiated self-concept ‘decentring’. Decentring is a precursor to many psychosocial developmental outcomes, for instance, empathy and respect for others and social norms.

Although the development of prosocial norms is influenced by the development of the self-concept, environmental factors are also at play. From 1 year of age, children start to develop socially oriented behaviours (Lindon, 2010). Cultural forces which children need to respond to affect the development of these behaviours. Whiting and Edwards (1998) propose that adult expectations of children and sufficient opportunities to practice desired behaviours are key to this process of socialisation or understanding of the norms by which a given group or community operates. A positive approach to control by significant others based around consistent rules, guidance and regular explanations of ‘why’ has also been shown to promote development of pro-social norms. However, not all social learning is adult-led. Children learn a lot of these norms through play (Elkind, 2007; Lindon, 2010). Early opportunities to interact with other children, such as those afforded by attendance to day care, foster more peer-oriented behaviours and higher emotional development, autonomy, and self-esteem (Gupta & Simonsen, 2010).

The factors impacting on the development of social norms also vary as a function of the age and stage of development of the child. Through middle childhood both the family and the school environment become very significant sources of social norms (Maughan, 2011). As children’s cognitive and emotional abilities develop, a process of handing over control to the individual is set in motion. Rathus (2014) terms this process co-regulation, and it is a fundamental step towards self-regulation. The issue of control becomes central during this period and it becomes a source of conflict between CYP and their families (Smetana et al., 2006). Chores, homework, curfews, money, physical appearance become common sources of disagreement until a progressive delegation process is completed.

During adolescence, peers play a greater role as socialisation influences and older children and adolescents feel pressure to conform with the norms of their peer group (Eivers et al., 2012). Peer pressure peaks during mid-adolescence but declines around 17 years of age when the self-concept becomes more stable. However, peer pressure seems to be more relevant with regard to superficial aspects of the self (e.g. appearance, leisure choices), whereas parents remain more influential with regards to deeper areas like one’s beliefs and values (Savin-Williams & Berndt, 1990). Still, peer relationships and friendships are fundamental for the social development of the child and adolescent. They afford opportunities for practice in sharing and cooperation, provide emotional support and offer benchmarks for comparison of own development. They are also a central source of intimacy, a pre-cursor to security, commitment and a sense of being cared for and being able to care for others (Erikson, 1959). Peers and friends also facilitate a process of ‘normalisation’ whereby the child and adolescent realise he or she are not the only one going through the process of growing up and the challenges associated with it (Eivers et al, 2012).

In sum, socially competent CYP are able to relate to others and form appropriate relationships. The emergence of social cognition and the ability of the individual to decentre and be able to take different perspectives is a fundamental precursor for the development of social norms and prosocial behaviours. Environmental factors play an important role in this process. Adults and peers provide guidance and benchmarks for behaviours and afford opportunities to gain and practice social skills. The relative salience of all these factors changes across ages and stages of development.

**Emotional Development**

Emotional development has four main components, namely, emotional literacy, emotional self-regulation, emotional competence or intelligence, and psychological wellbeing. Sroufe (1997) defines emotions as “a subjective reaction to a salient event characterised by physiological, experiential and overt behavioural change” (p.125). Rathus (2014) adds that emotions are “a state of feeling that has physiological, situational and cognitive components” (p.241). Emotions are thus important because they are linked to physiological states and, more importantly, to the subsequent behaviours. They have, however, received little attention in psychology until the beginning of the XXI Century, when their role in modulating and directing behaviour has started to be explored. Especially, the part played by emotions in facilitating the use of different brain centres, and how this impacts on behaviour, particularly in learning and performance environments has emerged as a promising field.

Emotional literacy is the ability to express and recognise a range of feelings. From two years of age children start developing self-referenced emotional literacy, that is, they can recognise and label some of their own emotions. By age four, they are also capable to recognise some of these feelings in others, and thus start reading social interactions in a more accurate way and directing their resulting behaviours accordingly. These two abilities are fundamental to the development of emotional intelligence (Lindon, 2010) and social cognition (Rathus, 2014) which are central to the ability of the child to function in social groups and situations. Supporting CYP in developing their ability to recognise and identify emotions and feelings in themselves and others is paramount to their emotional development.

Emotional self-regulation is the ability of the child to inhibit emotions when appropriate and to direct and re-direct the resultant feelings and behaviours (Lindon, 2010). Emotions are primarily processed by the autonomous nervous system, an ancient part of the brain, not the central nervous system which controls rational thinking (Schaffer, 2004). However, emotional regulation depends on these two systems working alongside each other. Emotional self-regulation entails impulse control and the ability to hold back inclinations or expressions of feelings (Lindon, 2010). Emotional literacy, the capacity of the child to name, observer and evaluate his/her own feelings and behaviours, is a precursor of self-regulation. It is mediated by the cognitive capacity and level of rational thinking of the child. If this area does not develop, emotional self-awareness and control are hampered, and the learning and social capacity of the child is reduced.

Freud (1973) proposed that the rudiments of self-regulation were planted in early childhood during what he called the anal stage (1 to 3 years of age). During this period, according to Freud, children encounter rules and regulations for the first time related to potty-training and are thus forced to develop initial self-control and self-regulation. Piaget (1950), however, argues that the key to emotional development is the increasing perspective-taking ability of children gained during the concrete-operational stage (7-11 years old) which allows them to be able to see things from another’s point of view. Similarly, social referencing, the process of seeking out another person’s perception of a situation to help us form our own view, has also been highlighted as key to emotional development (Rathus, 2014). Two potential contributors to the development of self-regulation are thus identified; on the one hand, the need of the child to learn to comply with externally imposed rules; on the other, the emerging capacity of CYP to decentre and see the world through others’ eyes and thus, recognise the impact of their own behaviours on those around them.

Recent research suggests that the period between 6 and 12 years of age is of great importance in the development of children’s emotional self-regulation. This process is, as aforementioned, influenced by cognitive development (Slaughter et al, 2011), but also by other elements such as reward and punishment, modelling, attachment style, support system and parental educational level (Schaffer, 2004; Dubois et al, 2009). Accordingly, Schaffer (2004) proposes that, whilst emotional development has a biological foundation common to all human beings, the course it takes for different individual is shaped significantly by the various social experiences they are exposed to and any salient cultural biases. It has been posited that OSP can play a part in the development of self-regulation through the discipline afforded by the environment. Likewise, OSP has been proposed as capable of providing experiences which foster perspective-taking and empathy. The characteristic of the environment and the specific role of significant others within it have not yet been fully explored in the field.

The combination of emotional literacy and self-regulation gives rise to what is known as emotional competence or emotional intelligence. Saarni (1999) states that emotional competence has 8 components: 1) awareness of one’s own emotions; 2) discern other’s emotions; 3) ability to use a vocabulary of emotions; 4) sympathy; 5) dissociation of inner state and overt manifestation/expression of emotions; 6) adaptive coping with aversive/distressing emotions; 7) relationships are defined by how emotions are communicated and the reciprocity of emotions; and 8) emotional self-efficacy (feeling in control of and accepting one’s own emotional experiences). In sum, as we progress through childhood and adolescence, ever more sophisticated strategies are developed to help us understand and regulate our emotions, feelings and their expression. The wider this emotional repertoire, the more flexible and successful the individual becomes in adapting to social life. (Schaffer, 2004).

The way we emotionally adapt and cope with the demands of the environment has a major impact on our overall psychological wellbeing understood as the overall degree of psychological health. Children and adolescents are not immune to psychological problems. Depression and suicide are amongst the most common psychological issues found in these age groups. Affecting mostly, but not only, adolescents, depression is linked to anxiety, low self-esteem, identity problems and poor family and peer relationships (Rathus, 2014). A strong relationship with parents, specially fathers, seems to protect against depression (Flouri & Buchanan, 2003). This is not incompatible with the greater independence needed as CYP get older to develop other psychosocial areas (Collins & Larsen, 2006). On the other hand, suicide has been found to be the third cause of death for adolescents in the USA (Miniño et al., 2012). In the UK, adolescent suicides account for approximately 15 percent of adolescent deaths (Scowcroft, 2014). Suicide has been linked to depression and hopelessness, impulsiveness, confusion about self, emotional instability and interpersonal problems (Rathus, 2014), perfectionism (Roxborough et al., 2012) and trauma (Chehil & Kutcher, 2012).

**Moral Development**

The final component of psychosocial development relates to the child’s moral ability. Moral development can be defined as the capacity of the individual for moral thinking and behaviour involving the understanding of right and wrong, respecting others and comprehension of and compliance with the rules of society (Lerner et al., 2005).

Children start first by differentiating between desirable and undesirable behaviours. To do this, they use cues from those around them, initially their parents, and, as they grow older, they can also rely on peers and other adults. Bandura (1979) found that, early in life, children were impacted upon in a stronger manner by their parents’ behaviours than by their verbal commands. As they get older, however, they developed a greater ability to rationalise and understand behaviours.

A central outcome of moral functioning is the development of pro-social behaviour. Rathus (2014) defines it as “behaviour that is aimed at helping others without the expectation of personal reward” (p.327). As with previous elements, it is strongly linked to cognitive development and the formation of the brain structures which support perspective-taking and the recognition of other’s emotions, so the child can read the environment and behave accordingly. Empathy and altruism have been identified as precursors of pro-social behaviour (Lindon, 2010).

In addition, the surrounding environment plays a major role in facilitating or inhibiting a pro-social stance. A caring climate nurtures pro-social behaviours, whereas one where children have to compete for attention leaves them with little energy to care for each other (Lindon, 2010). Similarly, affectionate child-rearing styles lead to higher moral sense and social and personal wellbeing (Rathus, 2014). For instance, an authoritative parenting style, high in control and warmth, leads to more adaptive social responses in children by contrast to authoritarian (high control/low warmth), permissive (low control/high warmth) and rejecting (low control/low warmth) styles.

At the other extreme of the spectrum there is aggression and anti-social behaviour. It is important to distinguish aggression from children’s typically boisterous and rambunctious play in early and middle childhood, specially boys. Aggression is behaviour that is directly intended to hurt others (Rathus, 2014). Aggressive behaviour evolves from instrumental and possession-oriented in early childhood (i.e. a child hitting someone who is trying to take a toy from them) towards more hostile and personalised in middle childhood and adolescence (i.e. ‘I don’t like you and I’m going to hurt you’). In terms of explanations for this type of behaviour, different school of thought have offered different underlying causes. These range from an evolutionary perspective (i.e. aggression linked to survival of one’s genes), to genetically pre-programmed through testosterone levels, low social cognition leading to misinterpretation of non-aggressive signals in others as aggressive, and social learning and modelling (Rathus, 2014).

In its worst representation, a lack of moral development and pro-social behaviours may lead to delinquency and crime in children and young people. These behaviours are also linked to low self-esteem, alienation and impulsivity (Lynam et al., 2007), lax and ineffective discipline, physical abuse, broken family structures, punishment and neglect and a ‘normalisation’ of delinquency via socialisation (Rathus, 2014). A similar picture emerges when considering risk behaviours such as substance abuse and sexual activity.

**Psychosocial Developmental Outcomes Glossary**

From the above, it can be seen that the development of the self, and social, emotional and moral development, rather than being discrete entities, go hand in hand and are irreversible intertwined. While developmental psychologists and sociologist tend to work in silos (Pedlar, 1999), the above review of the key components and milestones of psychosocial development highlights the interconnectedness of the different areas of development. It is thus necessary to ensure that all these elements are considered in conjunction and that, where possible, the connections between them are made explicit and appropriately explored when attempting to explain the psychosocial development and behaviour of children and young people in a real setting.

Likewise, it is important to acknowledge the role other factors may play in affecting psychosocial development. For instance, the above review highlighted how closely linked to brain functioning psychosocial development is. Without the relevant cognitive structures which allow children to see themselves as separate to the world around them and those inhabiting it, psychosocial development becomes an impossible task. Therefore, cognitive development becomes a central element of the model acting as a mediator and modulator of development (Figure 1).

Diagram

Description automatically generated

Figure 1 - Psychosocial Development Outcomes Framework

An observed limitation of the reviewed literature is, however, the lack of agreement as to a classification of psychosocial developmental outcomes. Table 2.2 below proposes a composite glossary of psychosocial developmental outcomes which will be used as a framework for the subsequent research conducted in this study. This framework contains developmental outcomes and their respective sub-components.

|  |  |  |
| --- | --- | --- |
| **Domain** | **Developmental Outcome** | **Subcomponents** |
| **Development of the Self** | Self-Awareness  Self-Concept  Self-Esteem  Personality | Decentring  Identity & Role  Self-Worth  Self-Competence  Autonomy  Initiative  Industriousness  Traits  Characteristic Adaptations  Personal Narrative |
| **Social Development** | Secure attachment  Social Cognition | Trust  Intimacy  Exploration  Self-Awareness  Perspective-taking/ Decentring  Empathy  Respect  Positive social norms  Relationship building |
| **Emotional Development** | Emotional Competence  Psychological Wellbeing | Emotional literacy  Emotional awareness  Own emotions  Others’  Sympathy  Empathy  Emotional self-regulation  Impulse control  Emotional self-efficacy  Emotional control/ Adaptive Coping (expression and impact of emotions)  Social referencing |
| **Moral Development** | Understanding of right & wrong  Moral thinking | Pro-social behaviour |

**Table 2.2 Glossary of psychosocial developmental outcomes grouped by sub-domain.**

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1. Reviewing every single theory of human development is an impossible task (Thomas, 2001) and is beyond the scope of this literature review. For this reason, Horn (2004) proposes a classification system which is a hybrid of other grouping systems and includes six categories: a) learning theory approaches; b) cognitive-developmental approaches; c) psychosocial/psychoanalytical approaches; d) ethological/biological approaches; e) contextual approaches; and f) social movement approaches. Appendix 1 offers and adaptation of Horn’s comparative table of the main approaches to the study of human development, their key features, and their positioning in relation to the differentiating elements outlined in this review. [↑](#footnote-ref-1)