

## What Do We Mean by a Normal Child?

We often talk about difficult children, and we try to describe and classify their difficulties; we also talk of normality, or health, but it is much harder to describe a normal child. We know well enough what we mean by normal when we are speaking of the body. We mean that the child's development is somewhere about average considering the child's age, and that there is no physical disease. We know, too, what we mean by a normal intellect. But a child with a healthy body, and a normal or even supra-normal intellect, can still be very far from normal as a whole personality.

We could think in terms of behaviour, comparing a child with other children of the same age, but we would hesitate before labelling children abnormal because of their behaviour, since there are such wide variations in the normal and, indeed, in what is expected; a child cries when hungry, and the question is, what is the age of the child? It is not abnormal to cry when hungry at a year old. A child takes a penny out of his mother's bag. Again, at what age? Most children of two would do this sometimes. Or watch two children who each act as if expecting to be hit; in one case there is no reality basis for the fear, whereas in the other, the child is always being hit at home. Or, a child is still feeding from the breast at three years old; this is very unusual in England, but in some parts of the world this is the custom. Not by comparing the behaviour of one child with another do we come to an understanding of what we mean by normal.

What we want to know is whether a child's personality is building up normally, and whether character is strengthening in a healthy way. Cleverness in a child will not make up for a hold-up in the maturing of the personality. If emotional development has got hung up at some spot, a child has to be going back whenever certain circumstances recur, to act as if

still an infant or a little child. For instance, we say that someone is acting like a child if, whenever frustrated, that person changes into a nasty person, or has a heart attack. A so-called normal person has other ways of dealing with frustration.

I will try to say something positive about normal development. But first let us agree that the needs and feelings of infants are tremendously powerful. It is essential to look at the child as a human being who starts off with all the intense feelings of human beings, though his relation to the world is only beginning. People adopt all sorts of devices to try to recapture the feelings that belong to their own infancy and early childhood, feelings that are valuable because so intense.

On this assumption we may think of early childhood as a gradual process of the building up of belief. Belief in people and things is built up little by little through innumerable good experiences. 'Good' here means satisfactory enough, so that the need or the impulse can be said to have been met and justified. These good experiences are weighed against the bad experiences, 'bad' being the word we use when anger and hate and doubt turn up, as they inevitably do. Every human being has to find a place to operate from, and to build up there, in the self, an organization of the instinctive urges; every human being has to develop a personal method of living with these impulses in the particular kind of world which has been allotted him, and it is not easy. In fact, the main thing to point out to people about infants and children is that life for infants and children is not easy even if it has all sorts of good things about it, and there is no such thing as life without tears, except where there is compliance without spontaneity.

From this fact – that life is inherently difficult and that no infant or child can avoid showing evidence of its difficulties – it follows that in everyone there will be symptoms, any one of which, under certain conditions, could be a symptom of illness. Even the most kindly, understanding background of home-life cannot alter the fact that ordinary human development is hard, and indeed a perfectly adaptive home would be difficult to endure, because there would be no relief through justified anger.

So we are driven to the idea that there are two meanings to

the word normal. One is useful to the psychologist, who needs a standard, and who has to call everything abnormal that is imperfect. The other is useful to doctors, parents, and teachers when they want to describe a child who seems likely eventually to grow up into a satisfactory member of society, in spite of the fact that symptoms and inconvenient behaviour problems are clearly present.

For instance, I know a baby boy who was born prematurely. Doctors would say this was abnormal. He would not feed for ten days, so his mother had to express milk and give it in a bottle. This is normal for a premature child and abnormal for a full-term child. From the day when he ought to have been born he took the breast, although slowly, only at his own rate. From the beginning he made tremendous demands on his mother, who found she could succeed only by following him, letting him decide when to start and when to leave off. Throughout infancy he screamed at every new thing, and the only way to get him to use a new cup, or a new bath, or a cot, was to introduce him to it, and then to wait and wait till he turned to it. The degree to which he needed his own way spelt abnormality to a psychologist, but, because he had this mother who was willing to follow him, we can still call this child normal. As a further evidence of finding life difficult the child developed very intense screaming attacks, in which he got beyond being consoled, so that the only thing to do was to leave him in his cot and wait nearby till he recovered. In the attacks he did not know his mother, so she could not be of any use to him until he started to recover, when she became once more a mother he could use. The child was sent to a psychologist for special investigation, but while the mother was waiting for an appointment she found that the child and she together were becoming able to understand each other without help. The psychologist left them to it. He could see abnormality in the child and in the mother, but he preferred to call them normal, and to let them have the valuable experience of recovering from a difficult situation by means of their own natural resources.

For my own part, I use the following description of a normal child. A normal child *can* employ any or all of the devices nature has provided in defence against anxiety and intolerable

conflict. The devices employed (in health) are related to the kind of help that is available. Abnormality shows in a *limitation* and a *rigidity* in the child's capacity to employ symptoms, and a relative lack of relationship between the symptoms and what can be expected in the way of help. Naturally, one has to allow for the fact that in earliest infancy there is but little capacity for judging what type of help is available, and a corresponding need for close adaptation on the part of the mother.

Take bed-wetting, a common enough symptom which almost everyone has to deal with who has to deal with children. If by bed-wetting a child is making effective protest against strict management, sticking up for the rights of the individual, so to speak, then the symptom is not an illness; rather it is a sign that the child still hopes to keep the individuality which has been in some way threatened. In the vast majority of cases, bed-wetting is doing its job, and given time, and with ordinary good management, the child will become able to leave off the symptom and adopt other methods of asserting the self.

Or take refusal of food – another common symptom. It is absolutely normal for a child to refuse food. I assume that the food you offer is good. The point really is that a child cannot always *feel* the food to be good. A child cannot *always* feel that good food is deserved. Given time and calm management the child will eventually find out what to call good, and what to call bad; in other words, will develop likes and dislikes, as we all do.

It is these devices that are normally employed by our children that we call symptoms, and we say that a normal child is able to have any kind of symptom in appropriate circumstances. But with an ill child it is not the symptoms that are the trouble; it is the fact that the symptoms are not doing their job, and are as much a nuisance to the child as to the mother.

So although bed-wetting, and refusal of food, and all sorts of other symptoms can be serious indications for treatment, they need not be so. In fact, children who can surely be called normal can be shown to have such symptoms, and to have them simply because life is difficult, inherently difficult for every human being, for every one from the very beginning.

From what do the difficulties arise? *Firstly*, there is the fundamental clash between the two kinds of reality, that of the external world which can be shared by everyone, and that of each child's personal inner world of feelings, ideas, imagination. From birth each baby is constantly being introduced to the fact of the external world. In the early feeding experiences, ideas are compared with fact; that which is wanted, expected, thought up, is weighed against what is supplied, against what is dependent for its existence on the will and wish of another person. Throughout life there must always be distress in connexion with this essential dilemma. Even the best external reality is disappointing because it is not also imaginary, and although perhaps to some extent it can be manipulated, it is not under magical control. One of the chief tasks before those who care for a little child is to give help in the painful transition from illusion to disillusion, by simplifying as far as possible the problem immediately in front of a child at any one moment. Much of the screaming and the temper tantrums of infancy range round this tug-of-war between inner and outer reality, and the tug-of-war must be reckoned normal.

A special part of this particular process of disillusionment is the child's discovery of the joy of the immediate impulse. If the child is to grow up, however, to join with the others of a group, a great deal of the joy that belongs to spontaneity has to be given up. Yet nothing can be given up that has not first been found and possessed. How difficult it is for the mother to make sure that each infant in turn gets the feeling of having had the essentials of love, before being asked to do with less than all! Clashes and protests are indeed to be expected normally in connexion with such painful learning.

Then, *secondly*, there is the awful discovery the infant begins to make that with excitement there go very destructive thoughts. When feeding, a child is liable to feel the urge to destroy everything that is good, the food, and the person who has the food to give him. This is very frightening, or gradually becomes so as the infant recognizes a person behind the child care, or because the child comes to be very fond of the person who at feed-times is there as if asking to be destroyed or used up. And, along with this, there comes a feeling that

there will be nothing left if everything has been destroyed; and what happens then, should hunger return?

So what is to be done? Sometimes the child will just stop being eager about food, thereby gaining peace of mind but losing something valuable, because if there is no eagerness there cannot be the experience of full satisfaction. So here we have a symptom – inhibition of healthy greediness – which we must expect to some extent in children whom we shall call normal. If, in trying all sorts of dodges to get round the symptom, the mother knows what all the fuss is about, she will not be so liable to get in a panic and will be able to play for time, always a good thing in child care. It is wonderful what the human infant and child can manage in the end, because someone how is personally responsible is calmly and consistently continuing to act naturally.

All this only concerns the relation between the infant and the mother. Only too soon, added to other troubles, are those that belong to the child's recognition that there is also father to be reckoned with. A lot of the symptoms you note in your child have to do with the complications that arise naturally out of this fact and the wider implications. Yet we would not want there to be no father on this account. It is obviously better that all sorts of symptoms should appear as a direct result of a child's jealousy of the father, or love of him, or because of mixed feelings, than that the child should go straight ahead without having had to cope with this further hard fact of external reality.

And the arrival of new children causes upsets which likewise are desirable rather than deplorable.

And *lastly*, for I cannot mention everything, the child soon begins to create a personal inner world in which battles are lost and won, a world in which magic holds sway. From children's pictures and play you will see something of this inner world, which must be taken seriously. As this inner world seems to the child to have a position, seems to be located in the body, you must expect the child's body to be involved. For instance, all sorts of body pains and bodily upsets will accompany the strains and stresses in the inner world. And in an attempt to control inner phenomena a child will have aches and pains, or will make magic gestures, or

dance round like one possessed, and I do not want you to think, when you have to deal with these 'mad' things in your own child, that the child is ill. You must expect a child to become possessed by all kinds of real and imaginary people, and by animals and things, and sometimes these imaginary people and animals will come outside, so that you will have to pretend you see them too, unless you want to cause great confusion through requiring your child to be grown-up while still a child. And do not be surprised if you have to cater for imaginary playmates who are entirely real to your child, derived from the inner world, yet for the time being kept external to the personality for some good reason.

Instead of going on trying to explain why life is normally difficult I will end with a friendly hint. Put a lot of store on a child's ability to play. If a child is playing there is room for a symptom or two, and if a child is able to enjoy play, both alone and with other children, there is no very serious trouble afoot. If in this play is employed a rich imagination, and if, also, pleasure is got from games that depend on exact perception of external reality, then you can be fairly happy, even if the child in question is wetting the bed, stammering, displaying temper tantrums, or repeatedly suffering from bilious attacks or depression. The playing shows that this child is capable, given reasonably good and stable surroundings, of developing a personal way of life, and eventually of becoming a whole human being, wanted as such, and welcomed by the world at large.