Counselling Young People

A PRACTITIONER MANUAL

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Contents

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Understanding Young People and their Development

Relevant BACP (2014) competences

C1. Knowledge of development in young people and of family development and transitions.

C2. Knowledge and understanding of mental health problems in young people and adults.

B1. Knowledge of the basic assumptions and principles of humanistic counselling.

Introduction

- Knowledge of child and adolescent development is essential for counselling with young people. It provides a vital structure and background for understanding young people and the issues they present with in the counselling room.
- This chapter begins with a look at some theories of human development beginning with those of Carl Rogers, which form the basis of Humanistic counselling. It goes on to consider Attachment theory along with other perspectives on development in childhood.
- The chapter goes on to consider adolescent development including puberty, socio-emotional, socio-cultural and psychosexual development, and explores how these affect identity formation and separation.
- The chapter ends with an exploration of mental health, including a brief look at diagnosis and understanding of common presentations in young people.
- By the end of this chapter the reader will have basic knowledge of development and mental health as well as information on further resources for these areas.

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Due to the breadth of material covered by this chapter, it is divided into three sections: Section 1 – Infant and child development; Section 2 – Adolescent development; Section 3 – Mental health in adolescence.

Suggestions for further reading and other resources are made throughout the text to support readers who would like to look in more depth at the topics covered in the chapter.

Section 1: Infant and child development

Knowledge of the dynamic processes of child development helps create an understanding of the individual which is an essential underpinning of therapeutic work with young people. This knowledge will aid practitioners in understanding their clients and appreciating the origins of their world view. It can be crucial in understanding the developmental needs of young people and the origins of psychological dysfunction, as well as how development might affect the capacity to engage fully in a therapeutic relationship.

The first section of this chapter examines the development of a sense of self. It considers the optimal conditions for this development as well as looking at what happens when those conditions are not provided.

Humanistic theories of growth and development

As explained in the introduction, in line with the BACP (2014) competences framework the central theoretical approach of this manual is humanistic, so it seems appropriate to begin by looking at development from an associated perspective. In 1959, Carl Rogers published a paper outlining his theory of personality development in infancy. Rogers was influenced by two important areas of thinking: those of phenomenology, '… which starts from the assumption that human existence can be best understood in terms of how people *experience* their world', and that of Humanistic psychology, which held an assumption that, '… individuals are propelled forward in the direction of *growth* or *actualization*' (Cooper, 2013a: 119). In Rogers' (1959) view the infant begins life in an undifferentiated state, i.e. there is no 'me' and 'not me', no pre-existing core sense of self or of an external, non-subjective reality. As they develop, the infant begins to have 'self-experiences', when '… a portion of the individual's *experience* becomes differentiated and *symbolized* in an *awareness* of being, *awareness* of functioning' (1959: 223). For Rogers, this marks the beginning of a separate sense of self, or self-concept, which forms the basis of how the infant will *experience* and make sense of their world. Rogers suggests that next the infant forms a sense of an 'other' from whom 'The infant learns to need love' (1959: 225), and it is this need for love or positive regard which predominates because of its connection with the need to survive. Without a positive connection to their caregiver, the infant's survival may be jeopardised and,

> Consequently the expression of positive regard by a significant social other can become more compelling than the *organismic valuing process*, and the individual becomes more adient to the *positive regard of* such others than toward *experiences* which are of positive value in *actualizing* the organism. (Rogers, 1959: 224)

The organismic valuing process referred to here is a concept from humanistic theory that the human organism can be relied upon to lead the individual in the right direction for growth. The need for positive regard can conflict with this process, resulting in the development of 'conditions of worth', which arise when an infant is not unconditionally valued by their caregiver. If the child is always wholly 'prized' exactly as they are, in other words if they receive unconditional positive regard from the caregiver, then no conditions of worth are arising. If the positive regard of the significant other is viewed as conditional, i.e. the child experiences themselves as prized in some ways and not in others, then a condition of worth will arise, as explained in the following:

> Hence, as well as developing an understanding of which self-experiences are worthy of reward by others and those which are not, the infant starts to shape his interactions with others in a manner designed to maximise the positive regard he receives. As a result, he increasingly orientates his attention toward positively regarded self-experiences, such as feelings of happiness and their associated behaviours, attending less to those that invoke less or no positive regard from others. (Gillon, 2007: 31)

Conditions of worth can have a significant impact on the capacity for self-regard as the child begins to prize themselves only in ways in which they have been prized by others (Rogers, 1959). This is crucial in the humanistic theory of psychological wellbeing as it marks the point where the need to obtain positive regard from significant others takes priority over the needs of the organism. This 'disturbance' of the valuing process, Rogers argues, '… prevents the individual from functioning freely and with maximum effectiveness' (1959: 210). Humanistic theory views this as where psychological disturbance is most likely to develop and therefore where therapy comes in. For Rogers, the role of the counsellor is to provide a relationship where the client experiences themselves as wholly prized without the imposition of conditions of worth. This enables the reinstating of the organismic valuing process within the individual.

Other theories of growth and development

Erikson and the psychosocial approach

Erik Erikson's (1950) psychosocial approach to development is outlined in his book *Childhood and Society*, which is based on Freud's original psychoanalytic formulations but studies human development from the point of view of different cultures. Erikson suggests in his writing on the human life-cycle and the crises that need to be resolved at each stage of human development that the establishment of a basic sense of trust is vital for the infant, and that it is the relationship with the caregiver which is instrumental in creating this trust. Erikson writes:

> Mothers create a sense of trust in their children by that kind of administration which in its quality combines sensitive care of the baby's individual needs and a firm sense of personal trustworthiness … This forms the basis in the child for a component of the sense of identity which will later combine a sense of being 'all right,' of being oneself, and of becoming what other people trust one will become. (1950: 224)

In Erikson's (1950) model of 'eight stages of life', this initial stage lays the ground work for all that succeeds it in developmental terms.

Attachment theory

Rogers' (1959) view of infant development places the care environment and the relationship with the primary caregiver/s at the centre of the development of the self-structure or self-concept and this, along with genetic predispositions and biological processes, forms the core of contemporary theories of infant development. This is also the approach of Attachment theory, developed by psychologist and psychiatrist John Bowlby during the post-war period of the 1950s and based on the study of infants' attachment to their caregiver. Attachment theory fits well with Rogers' view of development and the broadly humanistic theory on which this book is based. From both his earlier ethological studies of animal behaviour, along with work he undertook in 1950 as part of a World Health Organisation (WHO) survey of the mental health of homeless children, Bowlby formulated the idea that, 'What is believed to be essential for mental health is that the infant and young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother-substitute) in which both find satisfaction and enjoyment' (1969: xi). Bowlby identified human infants, due to their intense vulnerability at birth, as having an innate need to maintain proximity to someone, '… conceived as better able to cope with the world' (1988: 27). Bowlby (1973) suggested that to develop secure attachments, children require caregivers who are psychologically, physically and emotionally available. According to attachment theory, a child's early experience of their primary caregiver's ability to respond appropriately to their needs leads to the development of an 'internal working model' (IWM) (Bowlby, 1969) akin to Rogers' (1959) self-concept or self-structure. The IWM is a set of expectations and beliefs which the child develops experientially about self, others and the world, as well as the relationships between them. For example, if a hungry baby who cries is responded to reasonably promptly by their caregiver in a way which is soothing, this begins to form the basis for an IWM developed out of an understanding that behaviours and needs produce positive behaviour on the part of the caregiver. The infant consequently begins to develop a sense that they are loved and worthy of their basic needs being met. If such experiences continue, they will develop trust in an environment which is basically responsive to their needs. Infants not responded to in this way or similarly are likely to develop an IWM of an environment far less naturally responsive and of themselves and their behaviour as responsible for this lack of response. The IWM becomes a fundamental blueprint for the child, determining to an extent how they experience themselves, their relationships, and the world in general as they grow. It contains

expectations and beliefs regarding the behaviour of self and others; whether or not the self is loveable and worthy of love and protection, and whether the self is worthy of another's interest and availability. The term 'working' model is significant here, particularly in the context of therapy, as in line with the optimism of the Humanistic approach in general, it indicates that this 'working' model can adapt and change in accordance with new experiences.

In line with Rogers' development of the 'self-concept' or 'self-structure', the IWM of attachment theory relates to development of the child's sense of their basic acceptability and worth, as well as their understanding of how reliably others and the world around them will meet their emotional and physical needs. In Rogers' (1959) theory, the infant may begin to deny and distort its own needs in order to maintain the positive regard of a parent and prevent the perceived threat of withdrawal of love, just as in attachment theory the child adapts their behaviour to maintain an emotional attachment/physical proximity to their caregiver in an attempt to ensure physical and psychological safety. Bowlby (1969) suggests that children instinctively recognise which behaviours seem to please their caregiver and encourage them to maintain proximity, and which trigger rejection, thus threatening the attachment. This adaptation fits with Rogers' (1959) theory that the infant adapts behaviour in order to secure necessary positive regard from their caregiver.

Classification of attachment patterns

While working alongside Bowlby, psychologist Mary Ainsworth developed the 'Strange Situation Test' (Ainsworth et al., 1978) as a way of identifying and categorising children's attachment patterns. The 'Strange Situation' consists of a 'laboratory situation' (Ainsworth et al., 1978) which begins with a mother and child aged 12–18 months playing together in a room. A stranger enters and the mother leaves before returning soon after. This experiment was repeated on many different subjects and the observations recorded. The reactions and behaviours of the mother and child throughout the test were monitored and used as the basis for developing classifications of 'typical' attachment behaviours. Using the 'Strange Situation' on large numbers of mothers and babies in Baltimore, Ainsworth (1985) and her associates arrived at three basic categories of attachment behaviour, as shown in Table 1.1.

A later category of 'insecure-disorganised', indicating a confused or traumatised pattern of attachment was arrived at by Main and Solomon (1986), and subsequently included in the patterns of attachment identified by the 'Strange Situation'.

Relevance of attachment theory for counselling young people

Awareness of attachment patterns and how they originate can be helpful in gaining insight into a client's world view as well as in understanding their IWMs and how these affect their relationships with self and others.

The following case example demonstrates the potential significance of attachment theory in the case of one individual.

Table 1.1 Attachment Patterns (Ainsworth, 1985)

Attachment pattern	Child behaviour	Caregiver behaviour
Pattern B: Secure attachment	'… babies … were ready to explore when the mother was present, less so when she was absent and prompt to seek to be close to the mother in the reunion episodes …' (1985: 775)	Caregivers were more sensitively responsive to their baby's signals. They read signals more accurately and responded more appropriately, promptly and contingently. 'They were less rejecting, interfering and/or ignoring than the mothers of the other infants' (1985: 776)
Pattern A: Insecure attachment Anxious/avoidant	'… babies tended to maintain exploration across all episodes, not to be upset by separations from the mother, and to avoid her when reunited with her' (1985: 775)	Caregivers '… were the most rejecting, their positive feelings toward the baby being more frequently submerged by anger and irritation' (1985: 776)
Pattern C: Insecure attachment Anxious/resistant or Anxious/ ambivalent	'… babies tended to be wary of the stranger, intensely upset by the separations and ambivalent to the mother when she returned, both wanting to be close to her and at the same time being angry with her, thus being difficult to soothe' (1985: 775)	Caregivers '… were not rejecting, although they tended to be either interfering or ignoring. They were inconsistent in their responsiveness, but when they did respond they could be positive; they often failed to respond to bids for close contact or offered contact when it was not sought by the baby, but they could themselves enjoy close bodily contact' (1985: 777)

CASE EXAMPLE 1.1: James

James is 15 and has been referred to a voluntary sector young people's counselling service by a youth worker connected to his school. The referral says that James is coming to the end of secondary school and is about to take his GCSEs. He has gone from being a friendly and hard-working student to suddenly getting into trouble with teachers and the police in his local community. James has been brought up by his grandparents since the age of three. Both his parents had significant issues with substance misuse and are now deceased.

Reflective questions

How might an understanding of attachment theory be useful to the counsellor seeing James?

Why might things have changed for James at this point in particular?

Attachment theory is usefully applied in counselling when the work involves issues of loss or transition. Young people whose early attachment history included multiple or

significant separations or losses are likely to experience difficulties when facing similar situations in later life. In James' case, it may be that he has managed to build a solid attachment with school but that the approaching loss of his connection here is provoking anxieties relating to previous losses. His counsellor may use their knowledge of attachment theory in this respect to help James understand his difficulties and their origins while also finding ways of managing transition and change which could help him cope with this when it arises again in later life.

Daniel Stern

The American psychiatrist and psychoanalytic theorist, Daniel Stern, made significant further contributions to the understanding of human development by using research from developmental psychology to enlarge upon knowledge of the relational self in infancy. Stern (1985) used his observation studies of young children and their caregivers to put forward an argument that the sense of self develops in 'layers' in relation to physiological and cognitive development, along with language and other communication skills. As the infant becomes aware of consistent patterns in their own experience and behaviour and the behaviour of others, they begin to create a 'self-concept' or working model of their experience. Stern (1985) used observations of infant behaviour and interactions to develop the concept of 'Representations of Interactions that have been Generalised' (RIGs) which were similar in some respects to the IWMs of attachment theory. RIGs were based on his understanding that, '… the intrinsic motivation to order one's universe is an imperative of mental life' (1985: 76), and it is this need to organise and make sense of experience which is so essential in the infant's development. Stern explicitly relates RIGs to the working models of attachment theory but suggests they differ in that RIGs are not confined to interactions related to attachment but cover all interactions that take place in the infant's experience. He suggests that RIGs are the '… basic building block from which working models are constructed' (1985: 114).

Stern's theories sit comfortably with both those of Rogers and Bowlby while offering a deeper understanding of early interpersonal experiences and correspondingly helping with the development of empathic understanding. They also give further weight to ideas about the importance of early interactions between infants and their environment in the development of the self, and are also useful for understanding the internal constructs that underpin how young people relate to their environment, including their counselling. For example, if there has been trauma or abuse in a young person's early life, this is likely to affect how they organise and make sense of their world and may result in heightened anxiety or aggressive behaviours. These may be a reasonable response to their early experiences which then causes conflicts when they are in other situations, for example at school or with friends. Counselling which can explore underlying reasons for problematic behaviour is then better placed to address current difficulties which arise for the young person.

Affect regulation and mentalisation

Affect regulation is an important concept in child and adolescent development as well as in psychological therapy in general. It relates to the capacity for emotions to be experienced in a way which allows them to be felt and made use of, but which is not overwhelming. As will be explored in later chapters, the capacity to experience and articulate emotions is essential to having a full and authentic relationship with self and others. In order for emotions to be available for use in this way, infants need to develop the capacity to manage their emotion states. In the early stages of life this kind of self-regulation is not possible due to the undeveloped condition of the infant's neuro-affective system. Infants rely on the responses of their caregiver to help them understand what they are feeling and what those feelings mean. This can be observed in crying babies who need to be soothed in some way or another before they can calm down. They need the presence of another mind to help them manage their emotional responses to experience. If the infant's feelings are repeatedly mirrored and given meaning by an empathically attuned caregiver, they can begin to be able to understand and process their own emotion states, eventually without the need for another to help them do so. This process leads to the development of a mind which is able to understand emotional states, first in the self and later in others, as well as be able to give them meaning. This is called a 'theory of mind', defined by Fonagy and colleagues as, '… an interconnected set of beliefs and desires, attributed to explain a person's behavior' (2002: 26). The term 'mentalisation' is used increasingly to describe the concept of a mind which can perceive and make sense of emotion states in self and other. In line with humanistic theories of development and attachment theory, theories of mentalisation propose that the infant's early experiences of caregiving are crucial for the development of affect regulation and the capacity for mentalisation. The caregiver's own mental state and their capacity to mentalise has been shown to have a significant impact on this process (Fonagy et al., 2002). A caregiver's attachment history, their mental health and their own capacity to regulate emotion states can understandably have an enormous influence on how well they manage their children's needs as they develop. There are other factors in parents' functioning which can affect attachment and development. Caregivers who are stressed, anxious or depressed may struggle to effectively regulate their children's emotional states (Gerhardt, 2015), leading to difficulties in the capacity to self-regulate later in life. As we will see in later chapters which explore further the role of emotions in counselling young people, the capacity to regulate emotion states has a major impact on sense of self and general wellbeing in adolescence and beyond.

Neurological development and early relational experience

Recently clinicians have been exploring the findings of neuroscience in order to discover more about how the brain develops in infancy and what implications this has for later life. Developments in the field have enabled psychologists and clinicians to further understand the neurological implications of early relationships for both cognitive development and affect regulation. According to Gerhardt (2015), '… the kind of brain

that each baby develops is the brain that comes out of his or her particular experiences with people' (2015: 55). Most significantly in terms of attachment theory, there is now considerable scientific data showing that early interactions between the infant and their caregiver facilitate early brain development, particularly in the right hemisphere (Schore and Schore, 2007). Gerhardt (2015) links research on infant brain development directly to the development of attachment behaviours, stating that, 'Over time, the anterior cingulate becomes expert at handling a wide range of competing or conflicting information; it specialises in a sort of cost-benefit analysis, figuring out what kind of behaviour works best and adjusting behaviour accordingly' (2015: 53), in line with the theories of both Bowlby and Rogers explored earlier in this chapter. Gerhardt (2015) goes on to outline what we learn from research of the adverse effects on infant neurological development of stress or the lack of 'good enough' early relationships, '… without the appropriate one-to-one social experience with a caring adult, the baby's orbitofrontal cortex is unlikely to develop well …' (2015: 56). This research and the enhanced understanding it brings enriches earlier theories of relational infant development, as outlined above, along with the humanistic theories of psychotherapeutic change. The perceived consequences for optimal development of an attuned, responsive caregiver offering non-verbal, right-brain empathy as a sort of 'emotion coach' validate previous humanistic models of development. This also supports humanistic practice in its approach of offering empathic attunement with dysregulated and distressed young people in order to help them begin to develop the capacity to experience emotions in ways which are beneficial for their wellbeing and ongoing development.

Implications of early attachment

Secure attachment, with all that it brings in terms of a child's neurological, psychological, social and emotional development, is clearly of great importance. Without this, children and young people are at risk of growing up with difficulties in understanding emotional states, both their own and those of other people, and in becoming self-regulating. This can lead to a broad spectrum of difficulties in terms of behaviour, relationships, academic achievement and general health and wellbeing (Fonagy et al., 2002). They may struggle not only to understand themselves but also to make sense of others and the world around them. This can have an impact on how young people experience the counselling relationship and it is important that counsellors are aware that a young person's attachment history can affect how they experience counselling and their counsellor. Counsellors may find that those with insecure attachment histories have difficulty trusting that they are genuinely accepted and welcomed by their counsellor. There may be vulnerability around breaks in the counselling or, conversely, a denial that the counsellor is important in any way.

Young people who have experienced the care system or who have had early multiple separations and losses may be particularly vulnerable in this respect and counsellors should be prepared to be patient with this group in terms of forming a therapeutic alliance. Those who experienced trauma in their early relationships can understandably often find it difficult to form trusting relationships with adults in later life.

Trauma and its impact on development

Having begun to understand just how important early relational experiences are for the development of the self, we now consider the implications of early trauma for development. Young people who are referred for counselling because of concerns regarding problematic behaviour, including risk-taking, or because of concerns about emotional or psychological functioning may exhibit perplexing behaviour which only begins to make sense when we know something of their early attachment histories and experience of trauma in childhood. Trauma is defined as any experience which threatens your life, your body, or any harm which is inflicted on you intentionally (Gerhardt, 2015). Infants and younger children are particularly vulnerable to the effects of trauma given their state of intense dependence on adults for protection and survival. Infants and children who are exposed to emotional, physical and/or sexual abuse, neglect, domestic violence or chronic instability or abandonment are likely to have experienced significant trauma (Bomber, 2007). As infants and children have not had a chance to develop the resources to help them cope with these experiences, they can easily find them overwhelming and damaging, both at the point when they occur and further on in their life. This can leave those who experience early trauma particularly vulnerable to symptoms of Post-Traumatic Stress Disorder (PTSD) in later life. PTSD is a condition where the individual still experiences psychological and physiological symptoms related to stress long after the trauma has passed and in situations which would ordinarily not cause stress (see *Diagnostic and Statistical Manual of Mental Disorders (DSM) 5* for clinical criteria). As noted earlier, experiences of stress and trauma in early life can have a significant impact on hormone levels such as cortisol, as well as on the development of areas of the brain. This can lead to difficulties in affect regulation and behaviour later in life (Gerhardt, 2015). For a full examination of the impact of early trauma on the brain and on children's development see Gerhardt (2015). Some early trauma leads to somatisation where the experience is stored or felt in the body, or emerges in the form of physical symptoms in later life. Studies suggest there is a close association between childhood trauma and somatisation including unexplained medical symptoms in later life (Spitzer et al., 2008). For a more detailed exploration of trauma and somatisation please see Van Der Kolk (2014).

Young people who have experienced early trauma may present for counselling as emotionally over- or under-regulated. They may dissociate during their sessions or find it difficult to concentrate for long periods of time. It is useful if counsellors are aware of the signs of early trauma or PTSD and are able to respond accordingly. Chapter 5 on working with emotions suggests how to approach some of these presentations.

Having looked at early development, in the following part of this chapter we will look at the broad spectrum of adolescent development and consider how it might be impacted by the early experiences outlined above.

Section 2: Adolescent development

Having focused so far on infant development and, in particular, at the development of the self-concept or sense of self, we look now at how this self-concept develops

and expands during the adolescent transition. Adolescence is a phase which sees change across many, if not all, areas of the young person's functioning, and as the transition from child to adult occurs there are significant developments in how the individual views themselves and their world. Knowledge of these changes will help practitioners understand young people within a developmental context as well as to differentiate them from younger or older client groups. This should not remove the need to recognise all clients as unique individuals and not as a set of clichéd assumptions. Young people can be heavily burdened by society's prejudices regarding 'hormonal' or 'rebellious' teenagers, and a balance needs to be held between understanding the developmental processes of adolescence and a non-judgemental curiosity about the individual young person as we meet them. This section considers something of the normal developmental processes of adolescence but with the caveat that these are intended to provide a general background to the counselling process rather than to define it.

Key areas of change during adolescence

During adolescence change occurs across five key areas:

1. Physiological/biological
2. Cognitive/neurological
3. Social
4. Emotional
5. Psychosexual

These changes will have a considerable impact on the young person's sense of self and identity as they occur.

Physiological and biological changes

The physiological transition of puberty brings profound changes across the genders as the body moves towards physical and sexual maturity, generally over about 5–7 years. This manual focuses on young people aged between 11–18 years, the majority of whom will have begun to experience the biological and physiological changes of puberty.

The significance of puberty in terms of normal human development cannot be understated. Susman and Rogol (2004) suggest that, 'Puberty is one of the most profound biological and social transitions in the life span. It begins with subtle changes in brain-neuroendocrine processes, hormone concentrations, and physical morphological characteristics and culminates in reproductive maturity' (2004: 15). Hormonal changes begin on average at around 10 years of age for girls and 12 years of age for boys (Tanner, 1989), and these initiate the physiological changes of puberty. These include, for both sexes:

- rapid skeletal growth ('growth spurt');
- changes in the amount and distribution of muscle and body fat;
- developments in the respiratory and circulatory systems allowing for increase in strength and endurance;
- changes in secondary sexual characteristics and reproductive systems. (Archibald et al., 2006)

Young people grow taller and stronger during puberty. They experience changes in the growth of body hair, breast and penis size, and boys' voices will 'break'. Menstruation begins for girls, and boys experience their first ejaculation. Fonagy et al. (2002) suggest that any of these changes '… might trigger emotional upheaval. Which biological events might do so could be quite idiosyncratic, depending to a degree on what particular changes represent to the adolescent' (2002: 318). This representation will be impacted by the working models and early relational experiences which have been previously discussed. Although the physical changes of puberty are largely universal, the rate at which they occur and to what extent varies greatly between individuals. Young people can be understandably self-conscious and anxious regarding changes during puberty, and those that perceive themselves to be developing either earlier or later than their peers may find this has a negative impact on their emotional and psychological wellbeing (Steinberg and Morris, 2001; Mendle et al., 2007; Mendle and Ferrero, 2012).

CASE EXAMPLE 1.2: Leia

Leia is an 11-year-old girl receiving counselling at school. Since returning from the Christmas break, Leia has been experiencing symptoms of anxiety and is reluctant to come into school some days. Her form teacher decides to refer her to the school counsellor and when they meet, Leia tells her that she has recently started her periods. She has told her mum but no one else. She reports feeling embarrassed around her friends as none of them has 'started' yet. She feels isolated and says she has no one to talk to about what is happening. Leia is preoccupied by fears that her period will start when she is in class and everyone will know what is happening to her. In their session, the counsellor gently accepts Leia's feelings, which sound like a response to the shock of starting her periods. As the sessions continue, Leia goes on to open up and talk more about her feelings of confusion and loss of control about the changes that she is experiencing. At the end of their counselling, Leia reports feeling less overwhelmed by fears and more comfortable being in school.

Reflective questions

Can you think of any other puberty-related issues that might bring a young person to counselling?

What factors might make puberty harder for some young people than for others?

As puberty has such a profound effect on how young people feel and appear this can have a significant impact on how they feel about themselves and how they relate to others during this time, and therefore individual responses to puberty can be an important factor in prompting a young person to seek counselling.

Cognitive changes

Young people undergo important changes to their cognitive capacities during adolescence. While bodies develop in preparation for adult life, including sexual maturity and reproduction, minds also develop in preparation for the adult world of more complex relationships and understandings. Swiss psychologist Jean Piaget saw adolescence as precipitating the fourth stage of cognitive development, as shown in Table 1.2:

Table 1.2 Piaget's stages of cognitive development (1964)

Age	Developmental stage
Birth–2 yrs	**Sensorimotor stage –** infants and babies experience the world through sense and action.
2–6 yrs	**Preoperational stage** – young children begin to represent and understand their experiences through words and images.
7–11 yrs	**Concrete operational stage** – children are able to think logically about concrete happenings and make analogies between them.
12 years onwards	**Formal operational stage** – adolescents and young adults are able to consider hypothetical situations and process abstract, non-concrete, thoughts.

Formal operational stage

As they reach the formal operational stage, young people gradually become capable of thinking beyond the known and 'concrete' and develop the capacity to work with abstract ideas and concepts. This change has implications for counselling with young people, as those who have moved beyond the concrete thinking stage may have a more complex and sophisticated sense of themselves and others. They may find it easier to work in therapy with metaphor and metacognitions, i.e. thinking about their thoughts, enabling them to be more adept at reflecting on patterns in thoughts and behaviours, as well as identifying and utilising links.

Neurological development in adolescence

Research suggests that there are significant structural changes in the brain during adolescence (Wilkinson, 2006; Steinberg, 2010), and for Cozolino (2006) this indicates that the adolescent brain, as though by design, '… needs to be plastic to develop new relationships, a new self-image, and to learn of new roles in society' (2006: 45), and he

suggests that brains go through a similar 'growth spurt' to the body as young people get ready to form their own identities and separate from their parents and family. Wilkinson (2006) points out that even in healthy adolescents the frontal lobes that manage reasoning and judgement are still immature, meaning that they may still have difficulty looking into the future and predicting the consequences of their actions, potentially placing them at risk from impulsive behaviour. For more on neurological development in adolescence see Wilkinson (2006).

Social and emotional development

The self and identity in adolescence

Adolescence is an important time in terms of the development of the self-concept and identity formation. Erikson (1968) saw a crisis of identity as the central conflict to be resolved during adolescence, suggesting that the stage could not be passed without, '… identity having found a form which will decisively determine later life' (1968: 91). Erikson saw early childhood as a time when the individual was closely identified with the parents. In adolescence, he saw the task of the individual as seeing where they could integrate what they had discovered about themselves in childhood with the world and begin the process of finding a place within society. Erikson (1950) suggested that the adolescent mind was a 'mind of the moratorium' (1950: 236), operating in a space between the parentally provided morality of childhood and the mature ethics developed over time by the adult. He saw young people as often becoming overly concerned with how others see them in terms of their identity seeking, an idea which is apparent today in the era of the 'selfie' and the compulsion for young people to live out their lives in social media.

Sherry Turkle, an American academic interested in our relationships with technology, takes Erikson's idea of the adolescent moratorium and applies it to cyberspace suggesting that modern online communities offer a space where young people can experiment with identities and different roles during adolescence. Turkle writes, 'Relatively consequence-free experimentation facilitates the development of a "core self", a personal sense of what gives life meaning that Erikson called "identity"' (2004: 22). It is the development of this sense of a 'core self' which is a fundamental socio-emotional task of adolescence, and one which requires engagement with a range of external factors such as culture, peer group, family, school, work, etc.

For more on young people's developmental relationship with digital technology see Turkle (2011) and Kirkbride (2016a).

In terms of forming an identity to carry them into adulthood, cognitive developments such as reaching Piaget's formal operations stage can be significant in terms of how young people begin to understand themselves in more abstract ways. For Fonagy and colleagues (2002), it is the cognitive changes of adolescence and particularly that of reaching the formal operations stage, which have most significance for emotional development in the young person. The formal operations stage arguably facilitates greater sensitivity in the young person to their own complex emotional states as well as those of others. However, Fonagy et al. (2002) argue that this may not always be a good thing. An increase in the young person's capacity to experience their own feelings as well as

those of others around them can possibly result in overwhelming, or in a 'cutting-off' from, mentalisation and a retreat into using leisure activities such as computer games, reading or surfing the internet in a 'mindless' way, designed to offer distraction and relief from confusing internal emotional states. When problems with over-use of technology or gaming arise in counselling with young people, it is important to recognise that they may need help uncovering and understanding what the underlying reasons for this are, rather than being judged further for being lazy and unmotivated.

Family and parent-child relationships during adolescence

One of the most important relational changes for young people in terms of social and emotional development is that of separation and individuation as they become less dependent on their parents and begin to form separate identities and lives of their own.

Adolescence can herald a time of increased conflict between young people and their families (Steinberg and Morris, 2001; Marceau et al., 2012), possibly due to changes in hormonal levels and/or difficulties adjusting to new identities and roles. Parenting styles can impact on how well a family manages the process of separation, with an authoritative style of firm but loving and flexible parenting being viewed as creating the best outcomes for young people's social, psychological and academic development (Steinberg and Morris, 2001). Geldard et al. (2016) make the point that in families which seem enmeshed and where children have little sense of an independent identity, separation can prove difficult. Parents may be over-protective and over-anxious about the world and thus the young person may struggle to be allowed to exercise their need for increased autonomy and agency (Geldard et al., 2016). Young people less able to form secure attachments in childhood may find it hard to separate and form new relationships outside of the family if basic trust has not been established early on. These issues can manifest for young people in a variety of ways, such as problems with school trips, sleepovers, changing school, finding suitable work or leaving home for university. Young people who experience their parents as vulnerable in some respect may also find the demands of separation difficult to cope with.

The following case example shows how family difficulties can present in adolescent clients.

CASE EXAMPLE 1.3: Mira

Mira is a student in Year 9 referred to the school counsellor. Mira recently went on a school trip abroad where she experienced chronic homesickness. Mira became overwhelmed by feelings of anxiety and began to have panic attacks. She was taken to the local A&E department by her teachers. Mira tells the counsellor she feels anxious now in school and finds it difficult to stay in class unless her best friend is with her. She also expresses concerns about having to leave school in two years to transfer to sixth form, and although she realises this is some way off, she can't stop worrying about it.

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Mira is the eldest child in a family of four siblings. Mira's mother has multiple sclerosis (MS) and her symptoms fluctuate from mild to moderate. Mira's dad is a pharmaceutical company representative and frequently travels away from home.

Reflective questions

How might the counsellor help Mira understand what she is experiencing?

What factors might be contributing to Mira's homesickness?

It is important that counsellors are open to exploring with the young person what might be making it difficult for them to cope with separation. In this example, Mira may be experiencing fear around leaving mum along with a sense of responsibility for her siblings. Counselling can help her to voice these and any other fears as well as begin to negotiate a way of separating and individuating which allows her to have her own life as well as being an important part of the family, if this is what Mira wishes.

Family break-up and separation

Where young people have experienced divorce or separation in their family, either during or prior to adolescence, this may affect their ability to separate and become independent. Practitioners working with young people who have experienced family break-up need to maintain curiosity and be open to exploring with the young person their own story and feelings about this, rather than assuming meaning. However, possible issues for counsellors to look out for include conflict and guilt around separation if the young person has already seen their parent affected by a partner's abandonment and/or concerns about the parent's ability to cope economically or emotionally with the young person's independence. For some young people the introduction of new family members with the formation of 'blended' or step-families can cause stress as they adapt to new family dynamics and changes in their relationship with their parents. For others, their experiences may precipitate them into a premature separation if they are finding home life difficult (Isaacs et al., 1986).

Young people who have experienced domestic violence within their family unit may also find separation and moving toward independence difficult. They may feel guilt or anxiety regarding leaving a parent or younger siblings whom they perceive as vulnerable.

Extended family and the wider community

As we have seen, young people's growth and development is affected by a range of dynamic factors. Extended family and the wider community also play a role which will vary between individuals. For some, extended family may play a significant role where they have been brought up by grandparents or other family members rather than their

own parents. Extended family can also play a vital part when there are tensions between parents and adolescents, providing a safe place for the young person to go when relationships at home are under stress.

Young people may also belong to community groups such as religious communities, sports teams or activity groups, etc. Some will have grown up in contact with these groups and this can provide a sense of continuity as they go through their transition to adulthood. Often organisations have a progression 'through the ranks' so that young people can be given a chance to try out more responsibility as they get older. They may take charge of teaching younger children or try out leadership roles. This can provide young people with important opportunities to experiment with identity away from their immediate family but still within the safety of a familiar structure.

Being part of such community activities may provide young people with a sense of social inclusion and value which can offer them some resilience against being drawn into peer pressure to take part in anti-social behaviour.

Socio-economic factors in adolescence

Economic factors such as unemployment, poverty, redundancy and insecure housing all impact on children and young people's development and wellbeing. A recent report in *The Lancet* (McCall, 2016) suggested that child poverty in the UK had increased sharply since 2011, resulting in 3.9 million children currently living in poverty in the UK, 66% of whom are in working families, and predicted that these numbers will rise by another 50% by 2020 (2016: 747). The report goes on to highlight the impact on the mental health of children of growing up in poverty, reporting that, 'Analysis of the Millennium Cohort study of 19 000 UK children shows that those who have never lived in poverty have a one in ten chance of a mental health issue by age 11 years, but if they have experienced persistent poverty then this rises to a 30% chance' (2016: 747).

The implication of this is that young people are increasingly likely to grow up in circumstances of socio-economic difficulty, and this alone significantly increases the likelihood of their developing a mental health issue. This can bring challenges when families or the care system cannot provide the resources and security necessary for young people, to grow into healthy and fulfilled adults. For some young people living in areas affected by poverty can also have a negative impact on development, where higher crime rates and incidences of drug dealing and misuse, violence, gang behaviour, prostitution, etc. put vulnerable young people at risk of being engaged by older peers or adults in the community in risky behaviours, potentially leading to serious harm and/or involvement with the criminal justice system.

Counsellors need to be aware of the impact of socio-economic circumstances on young people's development and use this awareness to help them in understanding individual client's experiences.

Socio-cultural factors and diversity

Cultural background also has an important role in young people's development and transition to adulthood. The UK has become increasingly culturally diverse in recent

decades, meaning that increasing numbers of young people grow up in families which may have different cultural values and expectations from the wider society in which they are living. Chapter 14 considers in depth how to ensure practice is inclusive of all as well as sensitive to different values and beliefs, but here we briefly consider the role of culture in adolescent development and its meaning.

It can be argued that adolescence itself is a culturally specific concept which does not exist in those cultures where there is a more rapid shift from child to adult, with marriage and work responsibilities beginning at a younger age than in Western societies. Erikson (1968) suggests that it is advances in technology delaying entry into the workplace which has enabled adolescence to become, '… almost a way of life between childhood and adulthood' (1968: 128) in contemporary Western society. Counsellors should be mindful that Western ideas of a transitional period of 'adolescence' between childhood and adulthood may not be present in all cultures and therefore not all clients will relate to the concept in the same way.

Cultural issues can cause stress for young people if the culture they are surrounded and influenced by as they grow up holds different values around attitudes and behaviours than does the prevailing culture they encounter in their school or in the lives of peers. For example, issues around gender and sexuality can emerge and cause difficulties for some young people if they feel they are treated unfairly or that their sexuality makes them culturally unacceptable in some way. Young people encountering such issues and coming with them to counselling will need to be supported in a sensitive and accepting manner as they find their way through their problems. Cultural factors play an important part in young people's perceptions of difference, both in themselves and others. Young people can be acutely aware of difference and if they perceive themselves as different from the majority of their peers, fear that this makes them fundamentally unacceptable to others outside of their culture.

Cultural values and religion are likely to play an important part in adolescent development as young people try to form a meaningful view of themselves and the world (Trommsdorff, 2012). Young people may feel that their cultural or religious background provides them with good values and a solid foundation which helps them navigate the transition into adulthood. Others may want to reject their culture, even if only temporarily, and this can cause difficulties within their community and in themselves as they begin to fundamentally question their identity. For some this may be a normal part of growing up which can be accepted by the community with tolerance, while for others it may bring them into conflicts which can cause high levels of anxiety and stress. Recently there has been much in the media (Dugan, 2015; Tran, 2015) regarding cultural practices such as female genital mutilation (FGM) and 'forced' marriage which have been designated as incompatible with UK law. Counsellors working with young people who come from relevant backgrounds and who may be affected by these issues will need to be sensitive in how they manage this, undertake relevant training and always seek advice in supervision.

Where young people have come to the UK as refugees or asylum seekers, counsellors need to be aware that they may have experienced significant losses and traumatic events which will need careful handling in their therapy.

Counsellors wishing to know more about socio-cultural influences in adolescence should see Trommsdorff and Chen (2012).

Peer relationships

For most young people, feeling included and accepted by their social group can be of crucial importance in terms of self-esteem, emotional and psychological wellbeing, particularly as they separate from their parents. Young people's ability to form and sustain close relationships may be affected by the IWMs developed in infancy and childhood (Zimmermann, 2004). While friendships provide some young people with a sense of connection and self-worth, for others they can become problematic. Reflecting Rogers' (1959) theory of the development of conditions of worth, young people are likely to seek positive regard from peers in adolescence as they did from caregivers in infancy. This can lead to them behaving in ways which may not represent their best interests or enhance self-esteem. For some this may just be experimentation which is not long-lasting, but others may get drawn into behaviour with highly negative consequences. Some may be vulnerable to joining gangs engaged in typically anti-social behaviour, e.g. shoplifting, drug use and violent behaviour. They may be coerced into behaving in ways they are not comfortable with but which seem better than the perceived alternative of social exclusion.

The school environment

During childhood, school offers opportunities for children to discover themselves socially and gain a sense of their abilities and their limitations. Some may have had a generally positive experience of education or, for others, it may have been more problematic. As they enter secondary school with its emphasis on exams and achievement, young people can experience a range of stresses directly related to this.

School is a context where young people with learning difficulties may experience themselves as falling behind peers, and this can certainly have a negative impact on self-esteem. Those young people who find social relationships difficult may struggle with isolation and have problems forming connections which will help them cope with the stresses they encounter during the school day. One outcome of this can be that young people are left vulnerable to bullying and victimisation which may have lasting implications for wellbeing if not addressed. For other young people, becoming the bully themselves can be a way of managing their feelings of vulnerability or anger.

School can also become an outlet for anxieties regarding separation, and school refusal can become a problem for some young people as well as their families and teachers.

Exam stress

There is considerable pressure on young people as they progress through secondary school to perform and achieve at exams. Some are able to take these expectations in their stride and will manage increased pressure at exam time with the support of their teachers and family. For others, exams can become fraught with anxieties regarding perfectionism, fear of failure and performance anxiety. Often young people lacking in a sense of intrinsic worth and value see exams as an opportunity to establish this, and the importance of good results can become overwhelming in their minds with concurrent

increases in feelings of anxiety, hopelessness and depression. Understandably many referrals for counselling support for young people may come around exam time.

Psychosexual development

Sexual and psychosexual development is a normal and important aspect of adolescence. Chapter 11 explores some of the risks that can arise for young people around sexual behaviours, but at this point we are focusing on developmental aspects. As young people enter puberty and their bodies mature sexually they also begin to try to establish a sexual identity for themselves. For some this will mean experimentation with romantic and sexual relationships, possibly hetero- and/or homosexual. For some this can also be a time of exploration of gender and gender fluidity. Increasing numbers of young people are identifying with non-binary gender categories – letting go of traditional gender pronouns and experimenting with new gender and sexual identities. In spite of increased tolerance and acceptance of such movements in some parts of the world, Minshew (2015) suggests that, '… identifying as lesbian, gay, or bisexual has also been found to predict childhood physical, psychological, and sexual abuse, in a sample of sexual minorities as compared to their heterosexual siblings and LGBTQ individuals face increased exposure to traumatic stress across the life span' (2015: 202). In this respect, psychosexual development during adolescence can be viewed as another example of the kind of search for a stable identity which Erikson (1950) refers to in his stages of development.

As with all aspects of counselling with this group, counsellors need to be prepared to meet their clients wherever they are at that point and be accepting of how they present themselves as they negotiate the various aspects of socio-, emotional and psychosexual development.

Section 3: Mental health in adolescence

The BACP (2014) competences framework suggests that counsellors working with young people need to have knowledge of mental health problems in young people and adults. In this section of the chapter we will consider some of the presentations of mental health problems which counsellors may encounter in their practice. We will also consider factors which help increase resilience and potentially moderate the impact of mental health issues in individuals and in families.

It is beyond the scope of this chapter to offer the reader a comprehensive understanding of mental health problems in young people and their families as well as the pharmacology used to treat them. Therefore, readers are advised to see Alan Carr (2015) in the further reading section for more information on this area of practice.

Resilience and mental health

Regarding mental health and wellbeing, it is important that practitioners are aware of positive and protective factors which help young people to cope with the challenges they

face to good mental health. The concept of 'psychological resilience' has become popular relatively recently, particularly regarding how children and young people are able to find, '… the ability to bounce back from negative events by using positive emotions to cope' (Tugade et al., 2004: 1162). Counsellors working with young people need to be aware of the factors implicated in the development of psychological resilience such as good physical health, high self-esteem, secure attachment to caregiver, higher levels of social support and try to promote these where appropriate within the therapeutic work. Many of these factors, such as high self-esteem and secure attachment to caregiver, are naturally present in the delivery of humanistic counselling in the form of the relationship conditions.

There is a reported rise in young people experiencing issues with their mental health (McArthur et al., 2013) and this means there is more likelihood that some young people presenting for counselling will exhibit symptoms of classifiable mental health difficulties and may even have received a diagnosis from another professional such as an educational psychologist, GP or psychiatrist. It is important that counsellors working with young people explore what meaning the young person themselves makes of any diagnosis they have received. A mental health diagnosis should not be viewed as a means of 'knowing' anything definitive about the client or being an expert with superior knowledge of their mental or emotional health. Table 1.3 is intended as a guide to possible issues the practitioner may encounter when working with young people or other professionals working with them.

For more detailed information on criteria for diagnosis counsellors should see the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (DSM-5) and/or the *ICD-10 Classification of Mental and Behavioural Disorders* (ICD-10).

Table 1.3 Possible mental health diagnoses or presenting issues

Name	Presenting symptoms or likely issues
Anxiety	Anxiety can be experienced across a broad spectrum from mild 'worries' to debilitating phobias and is relatively common in childhood. Sometimes experienced in educational settings in the form of 'school refusing'. Anxiety can be masked in some young people by aggression or depression. Diagnostic labels for anxiety which may be encountered by counsellors include: *generalised anxiety disorder (GAD)*, *panic disorder*, *obsessive–compulsive disorder (OCD)*, *phobia and post-traumatic stress disorder (PTSD).* Counsellors working with young people who experience high levels of anxiety need to be aware that at times the counselling situation itself or talking about events that trigger anxiety can raise anxiety to difficult levels.
Depression	As with anxiety, depression can present with varying degrees of severity in young people. Counsellors may meet young people exhibiting symptoms of *mild*, *moderate* or *severe* depression. Young people experiencing depression may present with symptoms of low mood, low energy, a lack of motivation and *anhedonia*, or the absence of any pleasure in life. Depression can also affect sleeping and eating. Counsellors working with young people exhibiting the symptoms of depression will need to take note of any shift in the severity of an individual's symptoms. Depression can also be at the root of behaviours such as self-injury and suicidal ideation or attempts. Depressed clients may find it difficult to believe that therapy will help them and also struggle to set meaningful goals when they are experiencing severe low mood.

(Continued)

Table 1.3 (Continued)

Name	Presenting symptoms or likely issues
Eating disorders	The two most commonly diagnosed eating disorders are *anorexia nervosa (AN)* and *bulimia nervosa (BN)*. Young people who have received a diagnosis of either of these or another eating disorder, or who are displaying the relevant symptoms are likely to need support beyond the counselling room. Counsellors will need to work with the client alongside other professionals such as a psychiatrist, dietician or GP.
Psychosis	Psychosis is defined as a thought disorder where cognitions are distorted to such an extent that there is a break with reality in the mind of the sufferer. Although generally rare, psychosis can emerge in adolescence (Lee and Jureidini, 2013) and is also sometimes linked to substance misuse. Psychosis can also involve symptoms of *mania*, *visual and auditory hallucinations*, *paranoid delusions* amongst others. Any counsellor concerned that a client is developing a psychosis should seek immediate advice from their supervisor. As with many mental health issues, early intervention for psychosis is known to give the individual the best chance of making a good recovery.

Autistic spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD)

Counsellors working with young people are likely also to encounter clients who are experiencing issues arising from either ASD or ADHD. While these are not mental health diagnoses they can cause problems for the individual which are distressing and which counselling may be helpful in addressing.

ADHD is a neurodevelopmental disorder characterised by symptoms in the young person of inattention, impulsivity and hyperactivity. There has been a marked increase in the number of children and young people diagnosed and treated pharmacologically for ADHD in the UK in recent years (McCarthy et al., 2012). Practitioners working with young people diagnosed with these disorders may need to adapt the counselling offered in order to keep it engaging for the young person.

Those who have been diagnosed as being on the autistic spectrum are likely to have issues with social functioning and communication. Adolescents on the autistic spectrum can present with a range of issues in their relationships with their peers and with adults. They may have difficulties reading emotions and responding appropriately to social cues. Counsellors may find that young people with a diagnosis of ASD also present with symptoms of depression and anxiety relating to their diagnosis. There is a growing body of literature and professional development opportunities for counsellors working with young people on the autistic spectrum (see further reading section).

Specific learning difficulties

Young people experiencing specific learning difficulties such as dyslexia may also encounter problems which cause them emotional and psychological distress. Feeling that they are doing badly in school can undermine a young person's self-confidence. This can

lead to a range of socio-emotional issues. Also, young people with specific reading difficulties often become angry and frustrated, so behavioural problems may occur. These issues can also lead to the young person becoming disillusioned and failing exams or dropping out of school prematurely. It is important that counselling support is available to young people who may be experiencing these issues, particularly in schools or colleges.

Chapter summary

- Knowledge of development in infants and children underpins therapeutic work with young people.
- Humanistic theory is rooted in the developmental theories of Carl Rogers. These theories sit alongside those of attachment theory and Erikson's stages of development.
- All these theories suggest that the infant's early experiences of caregiving have a profound impact on their development.
- Adolescence is a significant developmental transition with change occurring across all spheres of functioning.
- Adolescence is a time when young people are seeking to establish an identity to help them move into adulthood.
- Young people may present for counselling with a diagnosed mental health problem which may have implications for the counselling relationship.

Additional online resources

MindEd – www.minded.org.uk

Development

410-003 Introducing Child Development – Anna Redfern

410-004 Attachment and Human Development – Matt Woolgar

410-005 Development of Children's Thinking – Maxine Sinclair

410-009 Child Developmental Theories – William Yule

401-0004 Healthy Development in Adolescence – Russell Viner

412-037 Becoming Independent – Sally Ingram

412-039 Developing Sexuality – Justin Hancock and Andrew Reeves

Mental health

410-014 What Goes Wrong? – Brian Jacobs

401-0049 The Assessment of Common Mental Health Problems – Dick Churchill

Other

412-042 Autistic Spectrum Issues – Katherine Paxton

Further reading

Carr, A. (2015) *The Handbook of Child and Adolescent Clinical Psychology*, 3rd edn. Hove: Routledge.

Geldard, K., Geldard, D. and Yin Foo, R (2015) *Counselling Adolescents*, 4th edn. London: Sage.

Gerhardt, S. (2015) *Why Love Matters*, 2nd edn. Hove: Routledge.

Howe, D., Brandon, M., Hinings, D. and Schofield, G. (1999) *Attachment Theory, Child Maltreatment and Family Support*. London: Palgrave.

Jackson, L. (2002) *Freaks, Geeks and Asperger Syndrome: A User Guide to Adolescence*. London: Jessica Kingsley.

Kirkbride, R. (2016) 'The impact of digital technology and communication', in R. Kirkbride, *Counselling Children and Young People in Private Practice*. London: Karnac.

Trommsdorff, G. and Chen, X. (eds) (2012) *Values, Religion, and Culture in Adolescent Development*. Cambridge: Cambridge University Press.

Turkle, S. (2011) *Alone Together: Why we Expect More from Technology and Less from Each Other*. New York: Basic Books.

Van Der Kolk, B. (2014) *The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma*. London: Penguin.

Wilkinson, M. (2006) *Coming into Mind: The Mind–Brain Relationship: A Jungian Clinical Perspective*. Hove: Routledge.