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Reformulation of Childhood from an African Perspective: Key Issues in Child Counselling

Hector Chiboola, Ph.D

Principal Lecturer, Kabwe University P.O Box 80222, Kabwe, Zambia

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ABSTRACT

This article was developed based on the qualitative literature search with the intention of reformulating childhood from an African perspective in the context of child counselling. The term childhood has varying descriptions and the age bands occasionally cause some confusion that is hard to reconcile when counselling children. When viewed from an African perspective, it is manifest that childhood is a period spanning from conception to fifteen years of a child's life. Counselling children is a growing area of special interest in contemporary society, especially amongst members of the counselling profession. Without a clearer understanding of the key issues and concepts of child development, the context of psychosocial counselling of children is likely to be shrouded in mystery and misapplication. Therefore, the research question was: How could childhood be reformulated from an African perspective in the context of child counselling? The reformulation of childhood from an African perspective is the key to enhancing knowledge and understanding of the cardinal psychosocial issues in child counselling. The study of child development is paramount for counsellors specializing in child counselling.

Keywords: Childhood, psychosocial stages, developmental psychology, counselling

Corresponding Author's E-mail: hectorchiboola@yahoo.com

INTRODUCTION

The purpose of this qualitative literature search was to reformulate childhood from an African perspective in the context of child counselling. It also sought to clarify some key issues and concepts in child development that are cardinal to psychosocial counselling practice. From an African perspective, the development of human beings over the lifespan can be segmented into four distinct cohorts: childhood, adolescence, adulthood and elderhood. Childhood encompasses the age range from conception to approximately fifteen years of life; adolescence (young adults) covers the period from sixteen to twenty-four years; adulthood covers the period from twenty-five to seventy-four years; and elderhood extends from the end of adulthood till death. It should be stressed that childhood has ways of seeing, thinking, feeling, behaving and experiencing peculiar to itself, distinct from the other three stages of human development. This view underscores the importance of children as clients in psychosocial counselling. For counsellors to facilitate orderly and resourceful interactions with children in a counselling relationship, they need a clearer understanding and appreciation of the complex processes that govern the child's physical, social, emotional, and intellectual development. Without this understanding, effective counselling interventions cannot be provided or achieved.

There are many theories and concepts used to describe child's development which will not be considered in this discourse due to its limited nature. The focus of this discourse is on three key aspects related to child development from a psychosocial perspective: stages of a child's life, attachment theory and moral theory. These three aspects have a strong bearing on human behaviour and conduct, as well as a strong influence on interpersonal relationships and communication patterns (Braisby and Gellatly, 2012). There are other equally important aspects that underpin child development but are excluded on account of space. Psychosocial counselling has more to do with communication for behaviour and attitude change, improvement of interpersonal communication, and remediation of problem situations. It is necessary that the counsellor must be knowledgeable about some key issues and concepts related to the development of a child as a distinct human being, different from adolescents and adults, and the importance of such knowledge in the practice of child counselling.

The psychosocial development of human beings involves many facets from conception until death; and it refers to the maturation of a person's personality and his response to various groups such as family, school, community, and environment (Berns, 2010; Hurlock, 2011). The theory accounts for the patterns of human development, represents as a product of the interaction between individual needs and societal expectations, and offers an organizational framework for considering developmental issues within the all-encompassing perspective of psychosocial evolution (Newman and Newman, 1991). The term psychosocial evolution refers to those human abilities that allow people to gather knowledge, social norms and practices from past ancestors and transmit them to the next descendants or passed on from one successive generation to another (Chiboola, 2017; McLeod, 2003). These include aspects such as maturation rites, child-rearing practices, traditional norms and customs, culture, informal education, and communication patterns. The abilities of a person are partly influenced by the demands of society and opportunities of the environment. People also learn how to develop new information, new ways of thinking, and new ways of communicating the discoveries to others thereby expanding on their existing repertoire of social knowledge, skills and competences (Argyle, 1994; McLeod, 2003; Myers, Shoffner and Briggs, 2002). These are essential elements in child development in that they not only help to shape the behaviour and personality of children during their transition to maturity and adulthood, but also to act as barometers for understanding their behaviour and conduct in adulthood as mature members of the community, particularly during psychosocial counselling interactions (Brown and Lent, 2008).

Five Stages of a Child's Life

The concept of staging is usually applied in explaining the developmental stages from conception to old age that all human beings pass through. A stage of development is a period of life that is characterized by a specific underlying organization, and every stage has some characteristics that differentiate it from preceding and succeeding stages (Newman and Newman, 1991). Stage theories propose a specific direction for development, with each stage incorporating the gains and failures made during earlier stages. From a psychosocial context, each stage has a characteristic crisis; and the way individuals resolve the crisis at that particular stage influences their behaviour and experience at later stages in the lifespan (Hurlock, 2011; Miller, 1993). The stages are complex and different from each other. They constitute a framework for analysis and understanding of the developmental issues, including the identification and clarification of common tasks appropriate for each stage. It is, therefore, necessary that counsellors ought to know and understand the basic developmental issues at each stage and how these issues interface with presenting concerns of clients in their everyday living.

There are various categorizations or models to explain human development, with some theories postulating five stages and others eight, ten or more stages of human life. In some instances, each basic cohort could have a couple of sub-stages integrated within it. Such descriptions are intended to elaborate the conceptual framework more clearly and provide tangible explanations to aid

understanding. Viewed from an African perspective, the childhood cohort postulates five stages of a child's life: prenatalhood, infanthood, early childhood, middle childhood, and late childhood (Table 1). This reformulation is very important as it helps clarify some key concepts, issues and common concerns in child counselling based on the psychosocial counselling model. The five stages are elaborated here under.

Table 1: Five stages of a child's life

No.	Stage	Psychosocial Issue	Outcome
1	Prenatalhood (0-9 months)	Confidence vs. Despair	Faith
2	Infanthood (0-3 yrs.)	Trust vs. Mistrust	Hope
3	Early childhood (4-7 yrs.)	Autonomy vs. Shame	Will
4	Middle childhood (8-11 yrs.)	Initiative vs. Guilt	Purpose
5	Late childhood (12-15 yrs.)	Industry vs. Inferiority	Competence

Prenatalhood (0-9 months): In most scholarly writings on stage theory, the prenatal stage is usually excluded primarily because life begins at birth from a legal perspective. However, it is argued that life begins at conception from a biological perspective. The social interpretation of life integrates the two perspectives; and it is manifest that the care needs of a child in his mother's womb are equally as important as those for the child outside. Integration of prenatalhood to describe the stages of a child's life is the basic step in the reformulation of childhood from an African perspective. Almost all African cultures and societies value the sanctity of a child's life right from conception. In order to promote a healthy development of the unborn child, the expectant mother needs to attend antenatal clinics for the duration of her pregnancy. The health professionals or providers make regular checks to ensure that the child is developing properly and provide accurate advice as appropriate. Since the child in the womb depends on his mother for survival, her nutritional needs ought to be well-balanced and adequate to cater for the unborn child so as to enable him develop and grow healthily (Snooks, 2009; Walker, 2002). The expectant mother needs adequate rest and exercise. In the event of any physical illness, she needs to seek early medical attention and treatment. This protects the unborn child in the womb because some illnesses such as syphilis and malaria may adversely affect the growth of a baby in the womb if they remain untreated for too long, including premature birth or death and complications of delivery (Hewstone, Fincham and Foster, 2005; Ogden, 2004).

The psychosocial context of prenatalhood is that, an expectant mother must have confidence about the well-being of the child developing in her womb and garner enough faith of delivering a healthy baby. This expectation works to the contrary when the expectant mother is infected with human immunodeficiency virus (HIV) or suffering from a chronic illness. She displays a lot of fear and despair, constantly wondering whether or not the child will be born free of infection or deformity (Pretorius, Greeff, Freeks and Kruger, 2015). When the expectant mother is HIV-infected, she must seek early medical attention to protect the unborn baby from acquiring HIV infection through the prevention of mother-to-child transmission (PMTCT) intervention (Chiboola, 2006; Sarafino and Smith, 2011). An unborn child is entitled to the same rights and parental care as those of a born one. The role of the counsellor is to provide adequate information to the expectant mother about her health and nutritional needs as well as preventive counselling about environmental hazards and communicable diseases that may affect both her wellbeing and that of the unborn child.

Infanthood (0-3 years): When a child is born he is almost a helpless human being whose survival entirely depends upon his mother (or primary caregiver if orphaned at birth). His needs for food, warmth and protection, including hygiene and sanitation are met through the mother. The most important influence in the first three-years of a child's life is the mother (Hurlock, 2011). The quality of care, emotional love, presence and support helps to generate trust in the infant. The infant's sense of trust in the outside world

depends on his relationship with the mother, the nature of communication and interaction he receives, and the surrounding environment in which he lives (Braisby and Gellatly, 2012; Eysenck and Keane, 2010). Trust is considered one of the most important characteristics in personality development; and a majority of children acquire it without any problem (Miller, 1993; Newman and Newman, 1991). The positive product is hope or optimism. When the quality of emotional love and support is inadequate or poor, the child develops mistrust which has a bearing on his behaviour and personality in the later years of life (Pawlik and Rosenzweig, 2000). For instance, a mistrustful personality is prone to lying, deception and mischief - traits that become prominent as the child grows older. Besides, mistrust can also be linked to egocentricism, ambivalence, and fault-finding – traits that manifest in adulthood and they have a negative bearing on interpersonal communication with other people.

Further, the quality of care and support is linked to the child's environment. A secure and supportive environment helps the infant to explore the outside world with vigour and enthusiasm (Schneiderman, Antoni, Saab and Ironson, 2001). A stable family tends to greatly contribute to the infant's development of trust, that is, his ability to freely interact and communicate with the parents, other people and the environment; whereas an unstable family has the potential to trigger mistrust, that is, the infant feels distrustful and loses hope in his dealings with the parents, other people and the environment (Henderson and Thompson, 2011). These issues do not only affect the infant at this stage, but also in later stages of his life. The other issues that may adversely affect the infant's psychosocial development and his prospects for the future at this stage include: early orphanhood (where one or both parents die); marital disruption (through separation or divorce); misplaced parenting (the father fails to render financial and material support to the child because it was born outside wedlock); foster parenting (in which the infant is cared and supported by non-biological parents); and physical illness such as malnutrition, cancer and retroviral disease.

It has increasingly become common that some infants develop physical illness soon after birth such as high fever, jaundice, vomiting and diarrhoea that renders them hospitalized for several days during the earliest days of their life on earth. It is not known whether this scenario coupled with the drugs administered render some infants not to respond to normal milestone graph of child development, for instance, they delay crawling, standing, walking and talking beyond prescribed timeframes (there might be need for in-depth research in this area). Under normal circumstances, some of the developmental tasks that children in this age band would have successfully accomplished by age three years include: eating solid food, walking, talking, toilet control, appreciating sex differences and sexual modesty, forming concepts and learning language to describe social and physical reality, and distinguishing right and wrong. Some children born with hereditary deformities or HIV-infection may have difficulty achieving some of these developmental tasks. All these issues are important for the counsellor because they cause a lot of worry, anxiety and emotional distress not only to the child, but also to the mother and other family members as well (Feldgaier and Diawol, 2012). Children in this age band can access psychosocial counselling services through their parent or guardian; and the focus of interaction should be on the parent or guardian on behalf of the child client.

Early childhood (4-7 years): During this stage of a child's development, his needs expand appreciably. He is able to talk and demand for things he wants, he is able to feed himself and, with proper toilet training, he can use a toilet without difficulty. The important influence at this stage is parental authority, control and guidance; whereas the psychosocial crisis is autonomy versus shame. When the child is given greater leverage and freedom to explore, express and discover his environment, the chances of developing autonomy are enhanced. Autonomy is the prime driver to success; it promotes the will and motivation to achieve one's life goals, including the exercise of self-control. This is true for both children and adults. It is desirable to allow a child work through difficult problems himself so that he develops a sense of individuation, autonomy and willpower to achieve desired outcomes (Jacobs, 1993). If parents or guardians are overly critical the child may begin to doubt his own adequacy and competence. Shame is an inhibiting factor to the development of initiative; it prohibits free exploration; it limits the capacity for problem solving; and it can be a recipe for frustration, anger and guilty feelings. These negative emotional states permeate through adulthood.

During early childhood the major activity is playing. The child has developed a relatively sound command of the local language used in the home where he stays or the school where he interacts with other children, he knows his local community, and he has formed friendships with other children within the neighbourhood or at school. Even in the absence of friends, most children engage in play with imitative or imaginary friends wherein they mimic going to the market for shopping, driving to work, carrying a baby on their back, preparing and serving food, telephone conversation, sweeping the house, bathing a baby, shepherding animals, talking like a teacher, and so on. In most urban or township communities in Zambia for instance, children are enrolled into preschool as early as four years for most families (or a little earlier for a few others); whereas in most rural communities this facility is not readily available and affordable. The major influences in the child's life at this stage are parental guidance, the community and preschool interaction.

The amount and type of toys given to a child partly helps to shape the scope of play, but in a majority of cases, children

determine and develop the scope of play instinctively when given ample authority and leverage to do so by their parents or primary caregivers. At community level, social peers help direct the scope and type of play by girls' or boys' groups; and at school, the preschool teacher determines much of the play based on the school curriculum. It is important to note that freedom of parental authority and control increases the child's level of initiative, that is, the child freely explores many types and avenues of play, including when and how to play. The reverse is true when there is too much parental authority and control resulting in guilt feelings on the part of a child. This inhibits his psychosocial development. How the parents react to a child's individuality will affect the degree to which he feels free to express himself (Miller, 1993). If initiative or innovation is condemned, the child will suffer guilt; and if encouraged, the child will gain a sense of purpose (Jacobs, 1993). Guilty feelings predispose the inferiority complex and negativity in most children. It is on the basis of this understanding that parents, teachers and counsellors bear a responsibility to ensuring that the child client is not inhibited from play or condemned for his initiative at play, including when and how he plays. Children in this age band can access psychosocial counselling services in the presence of their parent, guardian or older sibling; and the focus of interaction should be on the child client.

Middle childhood (8-11 years): During this stage of the child's life, much of his time is spent at school. The important influences in his life are parents, the school and neighborhood. Almost all the children in this age band will have learned how to control their bowels (avoid inappropriate soiling) and bladders (avoid inappropriate urinating) both at home and school. Most children unless disturbed by some family or classroom crisis are likely to be freed of these physical anxieties by school-age (Jacobs, 1993). Failure to achieve effective control of the bowels and bladder causes anxiety, worry and lessened concentration in the classroom thereby inhibiting the child's academic progress or resulting in poor school attendance and performance (Kundu, 2015; Seifert and Sutton, 2009). Some of the psychosocial issues school children experience include: first, separation anxiety (that is, fear of leaving or lack of parental presence) can result in school phobia (Alloy, Riskind and Manos 2005). In more rural communities, school phobia could also be triggered by long distance and lack of parental guidance. Besides, school phobia may be precipitated by the child's fear of poor or weak performance, criticism or punishment by the teacher, bullying by older boys, and onset of antisocial conduct.

Second, lack of trust at home can lead to lack of trust in the teacher as well, or even friends. This poses a social challenge or creates a social distance from the child's peers. In some situations, a lack of trust can lead to wholesome acceptance of what a parent, teacher or friend says without digesting or questioning it. Third, rebellion against parents can lead to rebellion against teachers as well. Some children are predisposed to rebellion for several factors such as excessive parental authority and control, inadequate support and care, inappropriate criticism, unwarranted prohibitions, social peer pressure, and misplaced or erroneous judgement (Miller, 1993; Henderson and Thompson, 2011). A latent explanation of why some children rebel against their parents is more a conflict of interest whereby the parent is seen as pressurizing the child into school against his wish while others want to please their parents and teachers by working hard in class as an end in itself rather than a means to an end (Woolfolk, 2011). There are variations, and the counsellor would do well to appreciate these dynamics and their degree of influence on the child's behaviour and conduct.

Fourth, transfer of some emotional feelings from parents to teachers - such as wish to please, to give, to copy or imitate, to achieve – which strengthen the learning process. Cooperation becomes a catalyst to learning whereas negativism works the opposite. Another equally important factor is healthy competition, that is, children compare their learning and achievement against each other (Hendrikz, 1994; Seifert and Sutton, 2009). Success becomes a desirable educational goal and fear of failure by comparison becomes a social challenge (Woolfolk, 2011). The extent to which a child achieves his educational goals is referred to as industry, that is, the potential and capacity to use his intellect judiciously and productively (Jacobs, 1993). Inferiority is the opposite, often associated with failure and drop out in productive activities. Failure enhances anxiety and depressive mood which interferes with the child's emotional stability.

And lastly, mimicry displayed during early childhood (4-7 years) is transformed into reality as part of social skills development. During this stage, most children learn household chores (such as drawing water, cooking and preparing food, sweeping the house and surroundings, washing and ironing clothes, and bathing younger siblings), and farm chores (such as herding cattle and goats, ploughing, weeding, gardening and harvesting). In most African traditions and cultures, household chores are predominantly activities for girls and farm chores are activities for boys. In homes, where children are majorly either boys or girls, these chores cut across gender. Besides, both girls and boys are usually involved in economic activities such as selling assorted merchandise on the streets, at the market or in shops to supplement the family income (Chiboola, 2018). Furthermore, children in this age band develop fundamental skills in reading, writing, calculating, and problem-solving; conscience, morality and a scale for values; and attitudes toward social groups and institutions, including achieving personal independence (Newman and Newman, 1991). In practical terms, the concept of industry aptly relates to the extent that children learn (amount of knowledge gained) and apply the social

skills (degree of competence) in their daily living. Failure to achieve industry results into inferiority complex, that is, a psychological web of inadequacy and incompetence. Issues of jealousy and envy are partly influenced by the inferiority complex.

During middle childhood, children try to find out how things work, why they work, and how these factors affect their social life (Argyle, 1994). If they succeed, they are likely to become more industrious and gain a sense of social competence. If they do not, they may consider themselves inferior. Inferiority complex breeds guilty feelings and role confusion. Children who feel intellectually inferior or socially incompetent may become loners and develop their physical capacities to compensate for these negative feelings, such as becoming good footballers or athletes (Jacobs, 1993; Kundu, 2015). This psychological process can have direct value, and it can also be an attempt by the child to say 'don't see the ways in which I am inferior, but see me in my accomplishments', kind of compensatory behaviour. It must be stressed that the polarity presentation of the psychosocial crises does not imply that some children will develop only the positive polar and others the negative polar during their psychosocial development journey (Brown and Pate, 1983; Hurlock, 2011). These are conceptual explanations that aid understanding the social behaviours of children at the various stages of their development. The same child can be good in some aspects and not so in others. Equally, there are marked differences in the capabilities of children of the same age specifically or age band generally. These are important issues for psychosocial counselling; and the counsellor would do well to appreciate these differences when interacting with children in varying age bands (Gilbert, 2009; Jordans, 2003). Children in this age band can access psychosocial counselling services in the presence of their parent, guardian or older sibling; and the focus of interaction should be on the child client.

Late childhood (12-15 years): This stage concludes typical childhood and introduces adolescence. Thus, it is an overlapping age band between two transitional periods. The period of adolescence is segmented into three sub-stages: early adolescence (13-15years), middle adolescence (16-19 years) and late adolescence (20-24 years) which overlaps with early adulthood (Miller, 1993; Noller and Callan, 1991; Turner and Helms, 1995). Early adolescence is part reformulation of late childhood from the African perspective advanced in this discourse. At both its beginning and end, late childhood is marked by conditions that profoundly affect a child's personal and social adjustment (Miller, 1993; Hurlock, 2011). The young girls and boys in this age band are actively in school, either at primary level in grades six and seven or at junior secondary level in grades eight and nine. Some of them may not be in school, especially in rural communities for instance, due to poverty and limited opportunities and facilities or drop out due to poor performance and early or forced marriage, or teenage pregnancy. From an African perspective, this stage of a child's life is truly a transitional period between typical childhood (0-11 years) and presumed adulthood (16 years and above), a turning point of no return with its own ambiguities, complexities, and vicissitudes. In most rural communities of contemporary African countries, 16 years of age is regarded as the lower limit of adulthood whereby marriage or bearing children is socially acceptable and permissible. This is the social interpretation of early marriage in African cultures.

Late childhood marks the onset of puberty; it is the pubescence period with marked characteristics. It is the time for visible physical and personal development that segments girls from boys; a period of sexual identity reformulation; and the time for reworking typical childhood themes with realism (Jacobs, 1993; Turner and Helms, 1995). The sexual organs develop and mature. The physical body develops and matures. The physiological development is marked by menarche in girls and nocturnal emissions in boys. The cosmorphysical features change from typical childlike to adult like; and these changes are remarkable in both girls and boys.The child tends to have shade off the childlike appearance and clad in the new adulthood coat. The rapidity at which this transition takes place evokes emotional turbulence in most of the girls and boys. For some, it generates pride and control, others shame and despair, and yet others fear and anxiety (Miller, 1993). Children in the late childhood age band would have their comprehension of issues, decision making, and moral reasoning matured appreciably. Besides, they are able to facilitate interaction with other people freely, meaningfully, and intelligibly.

Symbolically, the issue of menstruation in girls transforms them into women while the issue of masturbation in boys transforms them into men (Hopkins, 1993). This realization drives some girls and boys into sexual experimentation (self-indulgence) or subjects them to sexual abuse (seduction by teachers, parents or guardians, and relatives); and sexual fantasy (wish to be wife or husband, mother or father). Children in this age band, naturally try to make sense of their world, including physical and social phenomena (Kail and Cavanaugh, 2000); and they consistently create and test theories to explain the world they observe (Myers, Shoffner and Briggs, 2002). This is one of the social challenges of late childhood. The other challenges revolve around child marriage, teenage pregnancy, infant abandonment, child-parenting, exploitation, alcohol/drug abuse, complications in labour or abortion, and physical illness such as retroviral disease, sexually transmitted infections, and cervical cancer. Whatever the tale, these social vices negatively impact children's behaviour and conduct. It is the role of counsellors to address these vices when they present in counselling and provide appropriate advice and guidance with extreme objectivity, sensitivity and impartiality.

Children in this age band can access psychosocial counselling services either individually (on their own) or with parental consent; and the focus of interaction must be the child client.

Attachment Theory

The social attachment of a baby to his mother is an important event in child development; and it involves many different factors. Attachment is an innate bond that develops due to the necessity for survival and mother love, the gratification of needs, and the infant's cognitive and physical development (Bowlby, 1982; Spiegel, Severino and Morrison, 2000). Since an infant relies for protection on his mother, the pleasure of gratifying needs becomes associated with her as well. Communication is one of the primary ingredients in the development of attachment between infant and mother, including the act of carrying the infant on his mother's back which is a common feature in African cultures. Equally important aspects to the concept of attachments are the psychological, emotional and physiological needs of both infant and mother. Infants do not necessarily become attached solely to their mothers, but they also develop attachments to people who interact with them socially regardless of any care-giving functions or roles such as the father or older siblings. In families where both mother and father work, infants find solace in primary caregivers, older siblings, nannies and neighbours. This is core to the concept of social attachment.

As children mature, their social world expands from only their parents to friends, school, religion, nationality, ethnicity, and society. Since human beings take long to mature in comparison to other living organisms, the relationship formed or the social attachment between infant and mother in the first three years of a child's life has a special quality and significance (Bowlby, 1982; Hewstone, Fincham and Foster, 2005). The social bonding enhances the psychosocial development of children that lasts a life time. Based on some studies and personal observation for instance, a young infant at three months of his life can tell the difference between the mother and other people through his eyes that show a consistent glare at her more than anyone else, he smiles more enthusiastically at her, and he expresses a feeling of happiness and safety in her presence (Turner and Helms, 1995). At the age of six months, infants smile at people almost indiscriminately; they can be comforted by almost anyone, even a stranger. However, by the age of nine months most infants have a strong social attachment to their mothers and often cry when approached by any stranger. When frightened the infant goes to her mother, clings to her leg or demands to be picked by crying or lifting his arms up. As long as the mother is near, an infant feels secure, protected, safe and free to explore the surrounding environment (i.e. through crawling) and to communicate to non-observable objects, including imitation chat through his murmurings or coos.

From the age of one year, infants learn the concept of object permanence, that is, the presence of the mother or primary caregiver is always assured and they often show extreme distress when the mother leaves (Brown & Pedder, 1993; Gross, 1993). This distress is known as separation anxiety. When the mother returns, the infant will often cling to her desperately and intensely. The infant cannot be comforted by just anyone; only the mother or primary caregiver brings relief. This social bonding and early attachment serves to keep the helpless infant close to the mother or primary caregiver where it can be protected against undesirable intrusions and imaginary harm. As infants develop separation anxiety, they also become afraid of strangers, a fear that is called stranger anxiety. In this situation, the infant is likely to scream and cry if a stranger approaches him, especially if they are in a strange place or if his mother or primary caregiver is not around. Most children at age two-three years resist being picked or comforted by strangers. In extreme cases for instance, some strangers even within the family are abhorred and regarded as perpetual enemies such that nothing can be done to reconcile the situation from a child's perspective. When the strange person approaches or attempts to pick him, he cries or/and runs away, thereby completely avoiding direct contact with that stranger.

Separation from an attachment such as the mother-child bond has three effects (Newman and Newman, 1991; Turner and Helms, 1995): First, the initial effect of separation generates anxiety, disbelief and searching for the lost one. Depending on the nature of separation, children usually find alternative attachments where they place hope for survival, comfort and protection. The searching for a lost attachment may make a child cry often, look miserable, and lose appetite. His health may be adversely affected as well. Second, separation may cause psychosocial effects of depression, withdrawal and isolation. The child feels lost and uncared for which accentuates his mistrust of strangers and the environment. Withdrawn children create a desperate situation in both their care and management. Third, a child learns to live and cope with the loss. Depending on the nature of separation and with passage of time, a child gradually recovers from the loss or grief if the new caregivers and the environment are emotionally supportive and protective. The child accepts the new situation and lives a normal life once again. This is critical to understanding loss and grief as experienced by children. These effects have physiological consequences that are similar to the physiological arousal of the fight-or-flight response (Vivyan, 2009). Similar attachments occur in adults: they feel the same agitation, the same arousal, and the same feelings of grief as infants (Ornstein & Carstensen, 1991). There are also adverse health consequences of losing a loved one such that the immune system and emotional balance of the child may become adversely affected (Schneiderman, Antoni, Saab & Ironson, 2001; Marks et al., 2010).

Securely attached infants appear to be very happy around their mothers. They use their mothers as a security base for exploration and protection. For instance when the mother is not around, the infant shows varying amounts of distress but always greet her happily when she returns. Being securely attached may be an advantage in the early stages of a child's life. Securely attached children are more advanced in cognitive and social skills at the age of two years and they play more intensely and more enjoyably than infants who are either unattached or insecurely attached; and they walk, talk and explore their environment with sustained curiosity and enthusiasm (Eysenck and Keane, 2010; Gross, 1993). By the age of three years, securely attached children play well with others and tend to be leaders. There are variations on what children say, what they do, how they play, and how they think of themselves. Secure children are more adept at problem solving and they approach problems with enthusiasm, interest and pleasure; whereas insecure children exhibit the opposite (Miller, 1993; Myers, Shoffner and Briggs, 2002).

Further, unattached infants show little or no interest in either their mothers or the strangers; and they seldom cry when the mother or primary caregiver is not around. If they cry, strangers could easily comfort them. Unattached and insecure children are easily frustrated and quickly give up on problems; they seldom ask for help; and simply cling to their mothers or primary caregivers (Gross, 1993). Insecurely attached infants explore less and stay close to their mothers; they show great distress when the mother leaves and they resist her efforts to comfort them upon return; and they tend to be more anxious, withdrawn, and less curious (Miller, 1993). The quality of attachment in the first three years of a child's life leads to competence and social adjustment for a few years afterward. Better adjustment in later years of life may not only be due to social attachment in the first three years of a child's development, but also to a continuing good relationship with his parents, other people and the environment, as well as the quality of care and support anticipated from both the family and society. Parents have a tendency to support children that are securely attached and adjusted than those that are insecure and maladjusted. This is a societal expectation too. Counsellors should be consciously aware of this dynamic interplay between the quality of social attachment and the presenting psychosocial concerns during counselling interactions with children.

Moral Theory

The concept of moral development refers to the staging of moral decision making, value clarification, conscientiousness and intuition. The development of acceptable moral values, virtues and belief system enhances interpersonal interaction and communication not only in childhood, but in adolescence and adulthood as well. The process starts at infancy and permeates throughout adulthood. The development of a child's morals depends on the stage of thought and cognitive abilities. In adulthood, there is sufficient evidence indicating that individuals at high levels of moral development appear to behave more morally than those at lower levels and tend to be more honest and altruistic (Gross, 1993; Hopkins, 1983). According to the moral development theory espoused by Kohlberg, there are three distinct levels of moral development: pre-conventional, conventional and post-conventional. Each of these levels is divided in two stages, that is, a total of six stages. In this discourse, the emphasis is placed on the pre-conventional and conventional levels of moral development(i.e. stages 1-4) that are cardinal to the psychosocial development of children (Table 2). The various levels of moral development inform the operationalization of moral reasoning and judgement in children, adolescents, adults and elders. This theory helps the counsellor to appreciate people's reasons for doing right or wrong, understand the dynamics of moral judgement, and the limitations to sustainable behavior change and personal growth (Thompson and Rudolph, 1992). It also helps the counsellor to appreciate the child's behavioral disposition and conduct in the context of child counselling.

Table 2: Moral development in children

Level and Stage	Psychosocial Perspective of Stage
Level 1: Pre-Conventional Stage1: Heteronomous Morality	• Doesn't consider the interests of others • Doesn't relate to points of view • Actions considered physical rather than psychological • Confusion of authority perspective with one's own
Stage 2: Individualism	• Aware that everybody has his own interests to pursue • Aware that the interests may conflict • Right is relative in the concrete individualistic sense
Level 2: Conventional Stage 3: Interpersonal Conformity	• Aware of shared feelings, agreements and expectations • Aware that shared interests take primacy over individual interests • Relates points of view through the concrete Golden Rule, putting yourself in the other person's shoes • Doesn't consider the generalized system perspective
Stage 4: Social System	• Differentiates societal points of view from interpersonal agreements • Takes points of the system that define roles and rules • Considers individual relations in terms of place in the system

Pre-conventional level: The first stage in moral development and decision making is called heteronomous morality. The concept of heteronomy is the opposite of autonomy, and it refers to the individual's ability to appreciate different perceptions according to same situations or occurrences by different individuals. Younger children up to the age of eleven years do not adequately appreciate and integrate different perceptions; and they interpret social issues from an individualistic context. The consequences of pre-conventional moral decision-making are partly determined by the individual's perception and partly by other people's views. This is what differentiates between moral decisions of children and those of adults. In practical terms, antisocial behaviour, criminality, exploitation and abuse are associated with pre-conventional level moral decisions that are devoid of an empathic consideration for other people and their feelings, including the consequences of their actions. Egocentricism is linked to and associated with pre-conventional moral judgment and infantile or childlike tendencies in adulthood (Jacobs, 1993). Such behaviour adversely affects interpersonal communication and breeds resentment by other people.

The individual operating at pre-conventional level of moral judgment recognizes labels of good and bad, right and wrong, but fails to interpret these labels in terms of social conventions or standards. He only adheres to prescribed rules to avoid punishment not because of respect or moral support for the rule. Two aspects stand out at this level: first, the egocentric view which prescribes the desire to do something in order to satisfy one's own needs irrespective of all the punishment consequences; and second, the individualistic perspective which generates a conscious awareness that right or wrong is relative to individual perception and interpretation. In a majority of cases, children exhibit an egocentric view. They place their needs and desires central to whatever they do; they take punishment as part of the game of life; repeated mistakes become habitual; and they do not consider the interests of other people (Chiboola, 2006; Miller, 1993). As children grow older, their moral judgement becomes predominantly individualistic, that is, they follow social rules only when it is to their interests, needs or advantage. Besides, they perceive punishment as unfair and not right because other people have their own interests and needs; and they appreciate interests and needs conflict between them and those applying sanctions or punishment. When there is conflict of interest, children would rather go it their way regardless of the anticipated punishment or sanctions. This partly explains why children repeatedly commit the same omissions despite the punishment applied. This understanding is cardinal in psychosocial counselling of children in early and middle childhood age bands. The counsellor must be conscious to this factor when interacting with parents in the context of child counselling.

Conventional level moral judgement is based on anticipated expectations such as in the family, social peer group, society and environment. Stages three and four of moral development prescribes that conformity with social rules and obligations becomes a norm; and good behaviour is that which pleases, helps or earns the approval of other people generally (Sharf, 2012). Therefore, maintaining conventional expectation has a value in its own right and it does not only benefit the individual, but also other people and society. The cardinal driving force in the social context is the individual's ability to differentiate his needs or aspirations from those of other individuals in particular and

the society in general (Eysenck and Keane, 2010; Miller, 1993). There is greater awareness of the interrelationships amongst individuals in society which is integral to the socialization process and harmonious co-existence from an African perspective (Chiboola, 2017). Empathic understanding and appreciation of other people's points of view is paramount just like the recognition of one's role and the governing rules of the system in the society (Hopkins, 1983). Actions are judged by motive. For instance, being good is important and it means having good conduct, showing concern for others, and keeping mutual relationships such as trust, loyalty, respect, and gratitude or positive regard. It is a common truism that good motives lead to good acts, bad motives lead to bad acts, and yet, an individual's conduct is partly judged by the type of his companions, by what he does, and how other people perceive his actions or social behaviour.

Conformity to stereotypes of what is good and what pleases other people contribute greatly to moral judgement. In other words, conventional moral judgement shows a loyalty to conformity as well as identification with persons or groups who maintain the social order. It is in the context of this understanding that older children in the late childhood age band are expected to conform to social pressure and live up to what their colleagues do as a fashionable undertaking and peer requirement. Older children share fantasies, expectancies and experiences as they interact socially; they plan things in consultation with each other; and they encourage one another to try out what the other has done for personal satisfaction or gaining experience or being like the other colleagues. This partly explains the social interpretation of bad company. Older children are prone to indulge in bad behaviour depending on their associates and context of association, including their experiences in the family and the environment. They may show understanding of some social issues but their level of comprehending the consequences is limited. For instance, children in late childhood age band may engage in sexual relationships without appreciating the consequences of teenage pregnancy or contracting sexually transmitted diseases. It is only after the incident happens that moral judgement dawns. Contextually, good behaviour includes doing one's duty, respecting authority, maintaining the social order, and achieving personal life goals; whereas bad behaviour is precisely the opposite of the good-behaviour aspects. As indicated elsewhere in this discourse, these are important issues that ought to be well understood and appreciated by counsellors engaged in the psychosocial counselling of children in late childhood.

CONCLUSION

This discourse clearly demonstrates that the reformulation of childhood from an African perspective is the key to enhancing knowledge and understanding of the cardinal psychosocial issues in child counselling. It is apparent that depending on the specific age band, the children's psychosocial and moral developments would not have reached maturity by eleven years. Because of this, their faculties for moral reasoning, decision-making and comprehension are equally limited; and they can only access psychosocial counselling services based on a triadic counselling relationship. It is a misnomer that adults anticipate children to think and behave like themselves when there is such a large gap in their cognitive and moral developments. Therefore, the study of child development is paramount for counsellors specializing in child counselling. Children have their own needs, aspirations and desires which should be addressed in the context of their occurrence. Oftentimes, children have preferences on how they wish to behave, interact and respond to developmental issues both amongst themselves, with other people and their environment. There is a lot more that can be learned by facilitating counselling interactions with children according to their age band as illustrated in this discourse. The counsellor must exhibit a deeper understanding and appreciation about the psychosocial issues that may adversely affect children during their transitional journey to adolescence and adulthood. This is the focus of child counselling based on the psychosocial counselling model.

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