Q.1 Discuss Erikson's theory of socio-emotional development.

Erikson maintained that personality develops in a predetermined order through eight stages of psychosocial development, from infancy to adulthood. During each stage, the person experiences a psychosocial crisis which could have a positive or negative outcome for personality development.

For Erikson (1958, 1963), these crises are of a psychosocial nature because they involve psychological needs of the individual (i.e., psycho) conflicting with the needs of society (i.e., social).

Stage	Psychosocial Crisis	Basic Virtue	Age
1.	Trust vs. Mistrust	Hope	0 - 1½
2.	Autonomy vs. Shame	Will	1½ - 3
3.	Initiative vs. Guilt	Purpose	3 - 5
4.	Industry vs. Inferiority	Competency	5 - 12
5.	Identity vs. Role Confusion	Fidelity	12 - 18
6.	Intimacy vs. Isolation	Love	18 - 40
7.	Generativity vs. Stagnation	Care	40 - 65
8.	Ego Integrity vs. Despair	Wisdom	65+

1. Trust vs. Mistrust

Trust vs. mistrust is the first stage in Erik Erikson's theory of psychosocial development. This stage begins at birth continues to approximately 18 months of age. During this stage, the infant is uncertain about the world in which they live, and looks towards their primary caregiver for stability and consistency of care.

If the care the infant receives is consistent, predictable and reliable, they will develop a sense of trust which will carry with them to other relationships, and they will be able to feel secure even when threatened.

If these needs are not consistently met, mistrust, suspicion, and anxiety may develop.

If the care has been inconsistent, unpredictable and unreliable, then the infant may develop a sense of mistrust, suspicion, and anxiety. In this situation the infant will not have confidence in the world around them or in their abilities to influence events.

Success and Failure In Stage One

Success in this stage will lead to the virtue of **hope**. By developing a sense of trust, the infant can have hope that as new crises arise, there is a real possibility that other people will be there as a source of support.

Failing to acquire the virtue of hope will lead to the development of fear. This infant will carry the basic sense of mistrust with them to other relationships. It may result in anxiety, heightened insecurities, and an over feeling of mistrust in the world around them.

Consistent with Erikson's views on the importance of trust, research by Bowlby and Ainsworth has outlined how the quality of the early experience of attachment can affect relationships with others in later life.

2. Autonomy vs. Shame and Doubt

Autonomy versus shame and doubt is the second stage of Erik Erikson's stages of psychosocial development. This stage occurs between the ages of 18 months to approximately 3 years. According to Erikson, children at this stage are focused on developing a sense of personal control over physical skills and a sense of independence.

Success in this stage will lead to the virtue of **will**. If children in this stage are encouraged and supported in their increased independence, they become more confident and secure in their own ability to survive in the world.

If children are criticized, overly controlled, or not given the opportunity to assert themselves, they begin to feel inadequate in their ability to survive, and may then become overly dependent upon others, lack self-esteem, and feel a sense of shame or doubt in their abilities.

The child is developing physically and becoming more mobile, and discovering that he or she has many skills and abilities, such as putting on clothes and shoes, playing with toys, etc. Such skills illustrate the child's growing sense of independence and autonomy.

For example, during this stage children begin to assert their independence, by walking away from their mother, picking which toy to play with, and making choices about what they like to wear, to eat, etc.

Erikson states it is critical that parents allow their children to explore the limits of their abilities within an encouraging environment which is tolerant of failure.

For example, rather than put on a child's clothes a supportive parent should have the patience to allow the child to try until they succeed or ask for assistance.

So, the parents need to encourage the child to become more independent while at the same time protecting the child so that constant failure is avoided.

A delicate balance is required from the parent. They must try not to do everything for the child, but if the child fails at a particular task they must not criticize the child for failures and accidents (particularly when toilet training).

The aim has to be "self control without a loss of self-esteem" (Gross, 1992).

3. Initiative vs. Guilt

Initiative versus guilt is the third stage of Erik Erikson's theory of psychosocial development. During the initiative versus guilt stage, children assert themselves more frequently through directing play and other social interaction.

These are particularly lively, rapid-developing years in a child's life. According to Bee (1992), it is a "time of vigor of action and of behaviors that the parents may see as aggressive."

During this period the primary feature involves the child regularly interacting with other children at school. Central to this stage is play, as it provides children with the opportunity to explore their interpersonal skills through initiating activities.

Children begin to plan activities, make up games, and initiate activities with others. If given this opportunity, children develop a sense of initiative and feel secure in their ability to lead others and make decisions.

Conversely, if this tendency is squelched, either through criticism or control, children develop a sense of guilt. The child will often overstep the mark in his forcefulness, and the danger is that the parents will tend to punish the child and restrict his initiatives too much.

It is at this stage that the child will begin to ask many questions as his thirst for knowledge grows. If the parents treat the child's questions as trivial, a nuisance or embarrassing or other aspects of their behavior as threatening then the child may have feelings of guilt for "being a nuisance".

Too much guilt can make the child slow to interact with others and may inhibit their creativity. Some guilt is, of course, necessary; otherwise the child would not know how to exercise self-control or have a conscience.

A healthy balance between initiative and guilt is important. Success in this stage will lead to the virtue of **purpose**, while failure results in a sense of guilt.

4. Industry vs. Inferiority

Erikson's fourth psychosocial crisis, involving industry (competence) vs. Inferiority occurs during childhood between the ages of five and twelve.

Children are at the stage where they will be learning to read and write, to do sums, to do things on their own. Teachers begin to take an important role in the child's life as they teach the child specific skills.

It is at this stage that the child's peer group will gain greater significance and will become a major source of the child's self-esteem. The child now feels the need to win approval by demonstrating specific competencies that are valued by society and begin to develop a sense of pride in their accomplishments.

If children are encouraged and reinforced for their initiative, they begin to feel industrious (competent) and feel confident in their ability to achieve goals. If this initiative is not encouraged, if it is restricted by parents or teacher, then the child begins to feel inferiour, doubting his own abilities and therefore may not reach his or her potential.

If the child cannot develop the specific skill they feel society is demanding (e.g., being athletic) then they may develop a sense of Inferiority.

Some failure may be necessary so that the child can develop some modesty. Again, a balance between competence and modesty is necessary. Success in this stage will lead to the virtue of **competence**.

5. Identity vs. Role Confusion

The fifth stage of Erik Erikson's theory of psychosocial development is identity vs. role confusion, and it occurs during adolescence, from about 12-18 years. During this stage, adolescents search for a sense of self and personal identity, through an intense exploration of personal values, beliefs, and goals.

During adolescence, the transition from childhood to adulthood is most important. Children are becoming more independent, and begin to look at the future in terms of career, relationships, families, housing, etc. The individual wants to belong to a society and fit in.

The adolescent mind is essentially a mind or moratorium, a psychosocial stage between childhood and adulthood, and between the morality learned by the child, and the ethics to be developed by the adult (Erikson, 1963, p. 245)

This is a major stage of development where the child has to learn the roles he will occupy as an adult. It is during this stage that the adolescent will re-examine his identity and try to find out exactly who he or she is. Erikson suggests that two identities are involved: the sexual and the occupational.

According to Bee (1992), what should happen at the end of this stage is "a reintegrated sense of self, of what one wants to do or be, and of one's appropriate sex role". During this stage the body image of the adolescent changes.

Erikson claims that the adolescent may feel uncomfortable about their body for a while until they can adapt and "grow into" the changes. Success in this stage will lead to the virtue of **fidelity**.

Fidelity involves being able to commit one's self to others on the basis of accepting others, even when there may be ideological differences.

During this period, they explore possibilities and begin to form their own identity based upon the outcome of their explorations. Failure to establish a sense of identity within society ("I don't know what I want to be when I grow up") can lead to role confusion. Role confusion involves the individual not being sure about themselves or their place in society.

In response to role confusion or **identity crisis**, an adolescent may begin to experiment with different lifestyles (e.g., work, education or political activities).

Also pressuring someone into an identity can result in rebellion in the form of establishing a negative identity, and in addition to this feeling of unhappiness.

6. Intimacy vs. Isolation

Intimacy versus isolation is the sixth stage of Erik Erikson's theory of psychosocial development. This stage takes place during young adulthood between the ages of approximately 18 to 40 yrs. During this stage, the major conflict centers on forming intimate, loving relationships with other people.

During this stage, we begin to share ourselves more intimately with others. We explore relationships leading toward longer-term commitments with someone other than a family member.

Successful completion of this stage can result in happy relationships and a sense of commitment, safety, and care within a relationship.

Avoiding intimacy, fearing commitment and relationships can lead to isolation, loneliness, and sometimes depression. Success in this stage will lead to the virtue of **love**.

We give back to society through raising our children, being productive at work, and becoming involved in community activities and organizations. Through generativity we develop a sense of being a part of the bigger picture.

Success leads to feelings of usefulness and accomplishment, while failure results in shallow involvement in the world.

By failing to find a way to contribute, we become stagnant and feel unproductive. These individuals may feel disconnected or uninvolved with their community and with society as a whole. Success in this stage will lead to the virtue of **care**.

Ego integrity versus despair is the eighth and final stage of Erik Erikson's stage theory of psychosocial development. This stage begins at approximately age 65 and ends at death. It is during this time that we contemplate our accomplishments and can develop integrity if we see ourselves as leading a successful life.

Individuals who reflect on their life and regret not achieving their goals will experience feelings of bitterness and despair.

As we grow older (65+ yrs) and become seniour citizens, we tend to slow down our productivity and explore life as a retired person.

Erik Erikson believed if we see our lives as unproductive, feel guilt about our past, or feel that we did not accomplish our life goals, we become dissatisfied with life and develop despair, often leading to depression and hopelessness.

Success in this stage will lead to the virtue of **wisdom**. Wisdom enables a person to look back on their life with a sense of closure and completeness, and also accept death without fear.

Wise people are not characterized by a continuous state of ego integrity, but they experience both ego integrity and despair. Thus, late life is characterized by both integrity and despair as alternating states that need to be balanced.

Maslow	Erikson
Maslow proposed a series of motivational stages, each building on the previous one (i.e., cannot progress without satisfying the previous stage).	Erikson proposed a series of predetermined stages related to personality development. The stages are time related.

Progression through the stages is based on life circumstances and achievement (i.e., it is flexible).	Progression through the stages is based a person's age (i.e., rigid). During each stage an individual attains personality traits, either beneficial or pathological.
There is only one goal of achievement, although not everyone achieves it.	The goal of achievement vary from stage to stage and involve overcoming a psychosocial crisis.
Individuals move up the motivational stages / pyramid in order to reach self-actualisation. The first four stages are like stepping stones.	Successful completion of each stage results in a healthy personality and the acquisition of basic virtues. Basic virtues are characteristic strengths used to resolve subsequent crises.

Psychosocial Stages Summary

Like Freud and many others, Erik Erikson maintained that personality develops in a predetermined order, and builds upon each previous stage. This is called the epigenetic principle.

Erikson's eight stages of psychosocial development include:

Trust vs. Mistrust

This stage begins at birth and lasts through around one year of age.

The infant develops a sense of trust when interactions provide reliability, care, and affection.

A lack of this will lead to mistrust.

Autonomy vs. Shame and Doubt

This stage occurs between the ages of 18 months to approximately age two to three years.

The infant develops a sense of personal control over physical skills and a sense of independence.

Erikson states it is critical that parents allow their children to explore the limits of their abilities within an encouraging environment which is tolerant of failure.

Success leads to feelings of autonomy, failure results in feelings of shame and doubt.

Initiative vs. Guilt

This stage occurs during the preschool years, between the ages of three and five.

The child begins to assert control and power over their environment by planning activities, accomplishing tasks and facing challenges. Success at this stage leads to a sense of purpose.

If initiative is dismissed or discourages, either through criticism or control, children develop a sense of guilt.

Industry vs. Inferiority

This stage occurs during childhood between the ages of five and twelve.

It is at this stage that the child's peer group will gain greater significance and will become a major source of the child's self-esteem. The child is coping with new learning and social demands.

Success leads to a sense of competence, while failure results in feelings of Inferiority.

Identity vs. Role Confusion

The fifth stage occurs during adolescence, from about 12-18 years.

Teenagers explore who they are as individuals, and seek to establish a sense of self, and may experiment with different roles, activities, and behaviors.

According to Erikson, this is important to the process of forming a strong identity and developing a sense of direction in life.

Intimacy vs. Isolation

This stage takes place during young adulthood between the ages of approximately 19 and 40.

During this period, the major conflict centers on forming intimate, loving relationships with other people. Success leads to strong relationships, while failure results in loneliness and isolation.

Generativity vs. Stagnation

This stage takes place during middle adulthood between the ages of approximately 40 and 65.

People experience a need to create or nurture things that will outlast them, often having mentees or creating positive changes that will benefit other people.

Success leads to feelings of usefulness and accomplishment, while failure results in shallow involvement in the world.

Ego Integrity vs. Despair

This stage takes place after age 65 and involves reflecting on one's life and either moving into feeling satisfied and happy with one's life or feeling a deep sense of regret.

Success at this stages leads to feelings of wisdom, while failure results in regret, bitterness, and despair.

Q. 2 Discuss the characteristics of learners at kindergarten level relating to morality. Also suggest the activities to develop morality at this level.

The chart below provides a closer look at how preschoolers develop social-emotional skills at different ages. Remember that individual differences exist when it comes to the precise age at which children meet these milestones. Milestones should not be seen as rigid checklists to judge children's development, but rather as guides for when to expect certain skills or behaviors to emerge in young children so you are prepared to meet their changing needs. Think of these milestones as guidelines to help you understand and identify typical patterns of growth and development in children. You can use these milestones to meet the needs of the young children in your classroom. Although the skills highlighted in the chart develop in a predictable sequence over the preschool years, each child is unique. Your goal is to help all children grow and learn to their potential.

Age 3	Age 4	Age 5
• Copies adults and friends	• Enjoys doing new things	• Wants to please friends
• Shows affection for friends without prompting	• Is more and more creative with make-believe play	• Wants to be like friends
• Takes turns in games	• Would rather play with other children than alone	• More likely to agree with rules
• Shows concern for a crying friend	• Cooperates with other children	• Likes to sing, dance, and act
• Dresses and undresses self	• Plays "Mom" or "Dad"	• Is aware of gender
• Understands the idea of "mine" and "his" or "hers"	• Often can't tell what's real and what's make-believe	• Can tell what's real and what's make-believe
• Shows a wide range of emotions	• Talks about what he or she likes and is interested in	• Shows more independence
• Separates easily from family members		• Is sometimes demanding and sometimes cooperative
• May get upset with major changes in routine		

Preschoolers and Social-Emotional Development

As you study the chart, you may notice that the milestones are associated with different aspects of social-emotional development: Some are associated with children's ability to engage in relationships with others, whereas others are associated with positive self-awareness. Some milestones relate to children's ability to regulate or control emotions and others correspond with children's ability to perform various tasks independently. Let's take a closer look at these aspects of social-emotional development:

Relationships with others:

Preschool-age and Elementary age children engage in pretend play with friends and use words and sentences to express their feelings and thoughts. Even though they may still need adult support to share toys and materials with friends, they improve on their own as time passes. Preschoolers also improve in their ability to understand and appropriately respond to their friends' feelings. Children with healthy social-emotional development have a balance of all of these components.

Self-awareness:

Preschool-age and Elementary age children improve their ability to control their bodies during different activities throughout the day (e.g., sitting at circle time or playing in the gym), take turns and have conversations with peers, acknowledge and use their own names and the names of others, and self-evaluate and know when they made appropriate or inappropriate choices.

Emotional regulation:

Preschool-age and Elementary age children display a variety of emotions in different ways. For example, they may say, "I'm upset," they may match facial expressions to happy, mad or sad, or they may laugh when excited. At the same time, they also improve their ability to manage their emotions to match the situation and environment and to control their emotions (e.g., separate easily from family members). Although preschoolers

are better than toddlers at regulating emotions, they still need a great deal of help and practice with developing these appropriate behaviors.

Independence:

Preschoolers with healthy independence will follow predictable daily routines and activities at school and at home, start identifying a favorite friend and ask that friend to play, independently play with toys and materials at home, school, or an outdoor playground, and complete many self-care tasks, such as getting dressed, going to the bathroom, eating snacks, feeding themselves, or getting ready for bed. Independent preschoolers will also tell caregivers about their day and learn and use new vocabulary daily.

Moral development focuses on the emergence, change, and understanding of morality from infancy through adulthood. Morality develops across a lifetime and is influenced by an individual's experiences and their behavior when faced with moral issues through different periods' physical and cognitive development. In short, morality concerns an individual's growing sense of what is right and wrong; it is for this reason that young children have different moral judgments and character than that of a grown adult. Morality in itself is often a synonym for "rightness" or "goodness". It refers to a certain code of conduct that is derived from one's culture, religion or personal philosophy that guides one's actions, behaviors and thoughts. This term is related to psychology. There are other types of development such as social development, physical development and cognitive development.

Notions of morality development have been developed over centuries, the earliest came from philosophers like Confucius, Aristotle, and Rousseau, who all took a more humanist perspective and focused on the development of the conscience and sense of virtue. In the modern day, empirical research has explored morality through a moral psychology lens by theorists like Sigmund Freud and its relation to cognitive development by theorists like Jean Piaget, Lawrence Kohlberg, B. F. Skinner, Carol Gilligan and Judith Smetana.

The interest in morality spans many disciplines (e.g., philosophy, economics, biology, and political science) and specializations within psychology (e.g., social, cognitive, and cultural). In order to investigate how individuals understand morality, it is essential to consider their beliefs, emotions, attitudes, and behaviors that contribute to their moral understanding. Additionally, researchers in the field of moral development consider the role of peers and parents in facilitating moral development, the role of conscience and values, socialization and cultural influences, empathy and altruism, and positive development, in order to understand what factors impact morality of an individual more completely.

Research on socioemotional development and prosocial development has identified several "moral emotions" which are believed to motivate moral behavior and influence moral development. These moral emotions are said to be linked to moral development because they are evidence and reflective of an individual's set of moral values, which must have undergone through the process of internalization in the first place. The manifestation of these moral emotions can occur at two separate timings: either before or after the execution of a moral or immoral act. A moral emotion that precedes an action is referred to as an anticipatory emotion, and a moral

emotion that follows an action is referred to as a consequential emotion. The primary emotions consistently linked with moral development are guilt, shame, empathy, and sympathy. Guilt has been defined as "an agitation-based emotion or painful feeling of regret that is aroused when the actor actually causes, anticipates causing, or is associated with an aversive event. Shame is often used synonymously with guilt, but implies a more passive and dejected response to a perceived wrong. Guilt and shame are considered "self-conscious" emotions, because they are of primary importance to an individual's self-evaluation. Moreover, there exists a bigger difference between guilt and shame that goes beyond the type of feelings that they may provoke within an individual. This difference lies in the fact that these two moral emotions do not weigh the same in terms of their impact on moral behaviors. Studies on the effects of guilt and shame on moral behaviors has shown that guilt has a larger ability to dissuade an individual from making immoral choices whereas shame did not seem to have any deterring effect on immoral behaviors. However, different types of behaviors in different types of population, under different circumstances might not generate the same outcomes. In contrast to guilt and shame, empathy and sympathy are considered other-oriented moral emotions. Empathy is commonly defined as an affective response produced by the apprehension or comprehension of another's emotional state which mirrors the other's affective state. Similarly, sympathy is defined as an emotional response produced by the apprehension or comprehension of another's emotional state which does not mirror the other's affect, but instead causes one to express concern or sorrow for the other. The relation between moral action and moral emotions has been extensively researched. Very young children have been found to express feelings of care, and empathy towards others, showing concerns for other's wellbeing. Research has consistently demonstrated that when empathy is induced in an individual, he or she is more likely to engage in subsequent prosocial behavior. While emotions serve as information for children in their interpretations about moral consequences of acts, the role of emotions in children's moral judgments has only recently been investigated. Research from the social domain theory perspective focuses on how children actively distinguish moral from conventional behavior based in part on the responses of parents, teachers, and peers. Social domain suggests that there are different areas of reasoning co-existing in development those include societal (concerns about conventions and grouping), moral (fairness, justice and rights) and psychological (concerns with personal goals and identity). Adults tend to respond to children's moral transgressions (e.g. hitting or stealing) by drawing the child's attention to the effect of his or her action on others, and doing so consistently across various contexts. In contrast, adults are more likely to respond to children's conventional misdeeds (e.g. wearing a hat in the classroom, eating spaghetti with fingers) by reminding children about specific rules and doing so only in certain contexts (e.g. at school but not at home).[37][38] Peers respond mainly to moral but not conventional transgressions and demonstrate emotional distress (e.g. crying or yelling) when they are the victim of moral but unconventional transgression.

Q. 3 What is language? Briefly discuss the components of a language.

Language development is the process by which children come to understand and communicate language during early childhood. From birth up to the age of five, children develop language at a very rapid pace. The stages of

language development are universal among humans. However, the age and the pace at which a child reaches each milestone of language development vary greatly among children. Thus, language development in an individual child must be compared with norms rather than with other individual children. In general girls develop language at a faster rate than boys. More than any other aspect of development, language development reflects the growth and maturation of the brain. After the age of five it becomes much more difficult for most children to learn language.

Receptive language development (the ability to comprehend language) usually develops faster than expressive language (the ability to communicate). Two different styles of language development are recognized. In referential language development, children first speak single words and then join words together, first into two-word sentences and then into three-word sentences. In expressive language development, children first speak in long unintelligible babbles that mimic the cadence and rhythm of adult speech. Most children use a combination these styles.

Between birth and three months of age, most infants acquire the following abilities:

- seem to recognize their mother's voice
- quiet down or smile when spoken to
- turn toward familiar voices and sounds
- make sounds indicating pleasure
- cry differently to express different needs
- grunt, chuckle, whimper, and gurgle
- begin to coo (repeating the same sounds frequently) in response to voices
- make vowel-like sounds such as "ooh" and "ah"

Between three and six months, most infants can do the following:

- turn their head toward a speaker
- watch a speaker's mouth movements
- respond to changes in a tone of voice
- make louder sounds including screeches
- vocalize excitement, pleasure, and displeasure
- cry differently out of pain or hunger
- laugh, squeal, and sigh
- sputter loudly and blow bubbles
- shape their mouths to change sounds
- vocalize different sounds for different needs
- communicate desires with gestures
- babble for attention
- mimic sounds, inflections, and gestures

- make many new sounds, including "p," "b," and "m," that may sound almost speech-like

The sounds and babblings of this stage of language development are identical in babies throughout the world, even among those who are profoundly deaf. Thus all babies are born with the capacity to learn any language. Social interaction determines which language they eventually learn.

Six to 12 months is a crucial age for receptive language development. Between six and nine months babies begin to do the following:

- search for sources of sound
- listen intently to speech and other sounds
- take an active interest in conversation even if it is not directed at them
- recognize "dada," "mama," "bye-bye"
- consistently respond to their names
- respond appropriately to friendly and angry tones
- express their moods by sound and body language
- play with sounds
- make long, more varied sounds
- babble random combinations of consonants and vowels
- babble in singsong with as many as 12 different sounds
- experiment with pitch, intonation, and volume
- use their tongues to change sounds
- repeat syllables
- imitate intonation and speech sounds

Between nine and 12 months babies may begin to do the following:

- listen when spoken to
- recognize words for common objects and names of family members
- respond to simple requests
- understand "no"
- understand gestures
- associate voices and names with people
- know their own names
- babble both short and long groups of sounds and two-to-three-syllable repeated sounds (The babble begins to have characteristic sounds of their native language.)
- use sounds other than crying to get attention
- use "mama" and "dada" for any person
- shout and scream

- repeat sounds

- use most consonant and vowel sounds

- practice inflections

- engage in much vocal play

Toddlerhood

During the second year of life language development proceeds at very different rates in different children. By the age of 12 months, most children use "mama/dada" appropriately. They add new words each month and temporarily lose words. Between 12 and 15 months children begin to do the following:

- recognize names

- understand and follow one-step directions

- laugh appropriately

- use four to six intelligible words, usually those starting with "b," "c," "d," and "g," although less than 20 percent of their language is comprehensible to outsiders

- use partial words

- gesture and speak "no"

- ask for help with gestures and sounds

At 15 to 18 months of age children usually do the following:

- understand "up," "down," "hot," "off"

- use 10 to 20 intelligible words, mostly nouns

- use complete words

- put two short words together to form sentences

- chatter and imitate, use some echolalia (repetitions of words and phrases)

- have 20 to 25 percent of their speech understood by outsiders

At 18 to 24 months of age toddlers come to understand that there are words for everything and their language development gains momentum. About 50 of a child's first words are universal: names of foods, animals, family members, toys , vehicles, and clothing. Usually children first learn general nouns, such as "flower" instead of "dandelion," and they may overgeneralize words, such as calling all toys "balls." Some children learn words for social situations, greetings, and expressions of love more readily than others. At this age children usually have 20 to 50 intelligible words and can do the following:

- follow two-step directions

- point to parts of the body

- attempt multi-syllable words

- speak three-word sentences

- ask two-word questions

- enjoy challenge words such as "helicopter"

- hum and sing

- express pain verbally

- have 50 to 70 percent of their speech understood by outsiders

After several months of slower development, children often have a "word spurt" (an explosion of new words). Between the ages of two and 18 years, it is estimated that children add nine new words per day. Between two and three years of age children acquire:

- a 400-word vocabulary including names

- a word for most everything

- the use of pronouns

- three to five-word sentences

- the ability to describe what they just saw or experienced

- the use of the past tense and plurals

- names for body parts, colors, toys, people, and objects

- the ability to repeat rhymes, songs, and stories

- the ability to answer "what" questions

Children constantly produce sentences that they have not heard before, creating rather than imitating. This creativity is based on the general principles and rules of language that they have mastered. By the time a child is three years of age, most of a child's speech can be understood. However, like adults, children vary greatly in how much they choose to talk.

Preschool

Three to four-year-olds usually can do the following:

- understand most of what they hear

- converse

- have 900 to 1,000-word vocabularies, with verbs starting to predominate

- usually talk without repeating syllables or words

- use pronouns correctly

- use three to six-word sentences

- ask questions

- relate experiences and activities

- tell stories (Occasional stuttering and stammering is normal in preschoolers.)

Language skills usually blossom between four and five years of age. Children of this age can do the following:

- verbalize extensively

- communicate easily with other children and adults

- articulate most English sounds correctly

- know 1,500 to 2,500 words

- use detailed six to eight-word sentences

- can repeat four-syllable words

- use at least four prepositions

- tell stories that stay on topic

- can answer questions about stories

School age

At age five most children can do the following:

- follow three consecutive commands

- talk constantly

- ask innumerable questions

- use descriptive words and compound and complex sentences

- know all the vowels and consonants

- use generally correct grammar

Six-year-olds usually can correct their own grammar and mispronunciations. Most children double their vocabularies between six and eight years of age and begin reading at about age seven. A major leap in reading comprehension occurs at about nine. Ten-year-olds begin to understand figurative word meanings.

Adolescents generally speak in an adult manner, gaining language maturity throughout high school.

Common problems

Language delay is the most common developmental delay in children. There are many causes for language delay, both environmental and physical. About 60 percent of language delays in children under age three resolve spontaneously. Early intervention often helps other children to catch up to their age group.

Common circumstances that can result in language delay include:

- concentration on developing skills other than language

- siblings who are very close in age or older siblings who interpret for the younger child

- inadequate language stimulation and one-on-one attention

- bilingualism, in which a child's combined comprehension of two languages usually is equivalent to other children's comprehension of one language

- psychosocial deprivation

Language delay can result from a variety of physical disorders, including the following:

- mental retardation

- maturation delay (the slower-than-usual development of the speech centers of the brain), a common cause of late talking

- a hearing impairment

- a learning disability

- cerebral palsy

- autism (a developmental disorder in which, among other things, children do not use language or use it abnormally)

- congenital blindness, even in the absence of other neurological impairment

- Klinefelter syndrome, a disorder in which males are born with an extra X chromosome

Brain damage or disorders of the central nervous system can cause the following:

- receptive aphasia or receptive language disorder, a deficit in spoken language comprehension or in the ability to respond to spoken language

- expressive aphasia, an inability to speak or write despite normal language comprehension

- childhood apraxia of speech, in which a sound is substituted for the desired syllable or word

Parental concerns

Language development is enriched by verbal interactions with other children and adults. Parents and care-givers can have a significant impact on early language development. Studies have shown that children of talkative parents have twice the vocabulary as those of quiet parents. A study from the National Institute of Child Health and Human Development (NICHD) found that children in high-quality childcare environments have larger vocabularies and more complex language skills than children in lower-quality situations. In addition language-based interactions appear to increase a child's capacity to learn. Recommendations for encouraging language development in infants include:

- talking to them as much as possible and giving them opportunities to respond, perhaps with a smile; short periods of silence help teach the give-and-take of conversation

- talking to infants in a singsong, high-pitched speech, called "parentese" or "motherese" (This is a universal method for enhancing language development.)

- using one- or two-syllable words and two to three-word sentences

- using proper words rather than baby words

- speaking slowly, drawing-out vowels, and exaggerating main syllables

- avoiding pronouns and articles

- using animated gestures along with words

- addressing the baby by name

- talking about on-going activities

- asking questions

- singing songs

- commenting on sounds in the environment

- encouraging the baby to make vowel-like and consonant-vowel sounds such as "ma," "da," and "ba"

- repeating recognizable syllables and repeating words that contain the syllable

When babies reach six to 12 months-of-age, parents should play word games with them, label objects with words, and allow the baby to listen and participate in conversations. Parents of toddlers should do the following:

- talk to the child in simple sentences and ask questions
- expand on the toddler's single words
- use gestures that reinforce words
- put words to the child's gestures
- name colors
- count items
- gently repeat correctly any words that the child has mispronounced, rather than criticizing the child

Parents of two to three-year-olds should do the following:

- talk about what the child and parent are doing each day
- encourage the child to use new words
- repeat and expand on what the child says
- ask the child yes-or-no questions and questions that require a simple choice.

Q. 4 Explain the laws of learning and their application in our local settings.

Associative learning can be defined as a type of learning in which a behavior is linked to a new stimulus. It highlights that our ideas and experiences are connected and cannot be recalled in isolation. Psychologists point out that in most situations our learning is a connected experience. According to them, associative learning can take place through two types of conditioning. They are,

1. Classical conditioning
2. Operant conditioning

The term conditioning came into psychology with the Behavioral perspective. Psychologists such as Pavlov, Skinner and Watson stressed that human behavior was an important feature in psychology. With the theories of conditioning, they pointed out how behavior can be altered, or new behavior can be created with the assistance of new stimuli from the surrounding environment. In associative learning, this line of thought is pursued.

Through **classical conditioning**, Ivan Pavlov pointed out how a completely unrelated stimulus can create a response in an organism through the use of a dog and a bell. Usually, a dog would salivate at the sight of food, but not at the hearing of a bell. Through his experiment, Pavlov highlights how a conditioned response can be created for a conditioned stimulus.

Skinner in his experiments of **operant conditioning** presented how rewards and punishments can be used to train new behavior. In Associative learning, this pairing of a new stimulus with behavior can thus be examined.

Cognitive learning can be defined as **the learning processes where individuals acquire and process information**. The key difference between associative learning and cognitive learning is, unlike in associative

learning where the focus is on the behavior and external stimuli, in cognitive learning the focus is on the human cognition.

According to cognitive learning theories, people learn things both consciously and unconsciously. When consciously learning the individual makes an effort to learn and store new information. In the case of unconscious learning, this naturally takes place.

When speaking of cognitive theories there are mainly two types. They are,

1. Social cognitive theory
2. Cognitive behavioral theory

According to the **social cognitive theory**, personal, environmental and behavioral factors influence learning. On the other hand, in the **cognitive behavioral theory** of Aaron Beck, he points out how cognition determines the behavior of the individual.

Definitions of Associative and Cognitive Learning:

Associative Learning: Associative learning can be defined as a type of learning in which a behavior is linked to a new stimulus.

Cognitive Learning: Cognitive learning can be defined as the learning processes where individuals acquire and process information.

Characteristics of Associative and Cognitive Learning:

Focus:

Associative Learning: The focus is on the impact of new stimuli.

Cognitive Learning: The focus is on the mental processes.

Types:

Associative Learning: Classical conditioning and Operant conditioning can be considered as types of associative learning.

Cognitive Learning: Social cognitive theory and cognitive behavioral theory are two theories that explain cognitive learning and different variables included in the learning process.

Q. 5 Discuss provision of education for slow learners and handicapped children.

A school can usually provide help and sometimes uses specialists. If your child has special educational needs, they may need extra help:

- with schoolwork
- reading, writing, number work or understanding information
- expressing themselves or understanding what others are saying
- making friends or interacting with adults
- behaving properly in school
- organising themselves

They might have sensory or physical needs that affect them in school. Children progress at different rates and have different ways in which they learn best. When planning lessons, your child's teacher will take account of this by looking carefully at how they organise their lessons, classroom, books and materials.

The teacher will choose suitable ways to help your child learn. If your child is making slower progress or having particular problems in one area, they may be given extra help or different lessons to help.

Just because your child is making slower progress than you expected or the teachers are providing different support, help or activities in class, this doesn't necessarily mean that your child has special educational needs.

Your child's early years are a very important time for their physical, emotional, intellectual and social development. When the health visitor or doctor makes a routine check, they might suggest that there could be a problem. If you have any worries of your own, you should ask for advice right away.

You should ask your child's class teacher, the person in the school responsible for helping children with special educational needs or the headteacher.

You could ask them if:

- the school thinks your child is having problems
- your child is able to work at the same level as others of the same age
- your child is already getting extra help
- you can help your child

If the school agrees your child has special needs in some areas, they'll use a step-by-step approach to meeting these.

- Special educational needs: a step-by-step approach
- Identifying special educational needs in under fives
- Getting help for children under five with special educational needs

There are some basic principles that everyone involved in your child's education at school will consider:

- if your child has special needs, these should be met and they should receive a broad, well-balanced and relevant education
- your views should always be taken into account and the wishes of your child should be listened to
- your child's needs will usually be met in a mainstream school, sometimes with the help of outside specialists
- you should be consulted on all the decisions that affect your child
- you have a vital role to play in your child's education

Several specific techniques have been evolved through researches while working with the Learning Disabled Children. They are:

1. **Behavioural Approach:** In this approach, attempts are made to modify the behaviour of the Learning Disabled by reorganizing the environmental conditions, providing opportunities for modifications In behaviour and properly re-imposing their change behaviour.

2. **Psychoanalytical Approach:** In this approach, attempts are made to find out the root cause of this learning deficiency. Accordingly, a remedial program is planned.

3. **Individualized Instructional Approach:** This approach advocates the use of small groups or even individuals for helping them rectify their learning deficiencies.

4. **Self-instructional Approach:** In this approach, Learning, Disable children are required to adopt self-learning and self-improvement measures for treating their learning deficiencies. For this purpose, remedial programs like computer-assisted Instruction, Teaching Machines, Instructional CDs, Tape recorder etc can be used.

5. **Multisensory Approach:** In this approach, Learning Disabled children are taught by appealing to their multiple senses, visual, auditory, touch, smell and taste etc.

6. **Technological Approach:** Advanced technology is used for providing remedial programs for the Learning Disabled. Some example is video- disc instructions, computer-assisted instruction, Audiotape and tape recorder-etc.