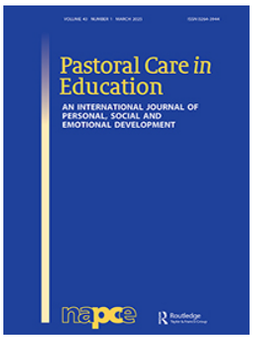

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Adolescent 're-birth' at puberty: implications for the development of a relational pedagogy of 'intentional care'

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ABSTRACT

Whilst recognising puberty as a period of significant change, this paper argues that, rather than being simply a period of transition on a continuum of ongoing development, puberty is, in fact, a point of rupture of the child concept of self and a 're-birth' into a new, emerging adolescent concept of self. As such, the fledgling adolescent becomes not 10, 11, 12 years of age, but rather, newborn, 1, 2 years of age in terms of their newly forming self-concept. The impact of this on adolescent wellbeing and the implications for pastoral support within school are significant. Part 1 of this paper sets out the arguments supporting the 'rupture and re-birth' proposition, including consideration of the biological, neurobiological, behavioural, emotional and cognitive changes that take place. Implications for the development of a new self-concept post puberty are also considered. Part 2 takes learning from the work of English psychoanalyst Donald Winnicott to assess how his early child development theory might be applied to the nurture and support of the 'newborn' adolescent. Part 3 considers ways in which this theory might be applied in school as part of a pedagogical approach of 'intentional care'.

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Introduction

As a practising counsellor with almost 15 years' experience of working with children and adolescents, the difficulties that some youngsters experience during adolescence is, sadly, something that I encounter daily. Current NHSdata reinforces this qualitative perspective, with recent studies suggesting that 1:6 youngsters aged 11–17 experience a probable mental health disorder, rising to 1:4 in older teens (17–19 year olds) (NHS Digital, 2022).

It is in response to this data, and as a result of both the tacit and empirical knowledge that I have developed during my years of clinical practice (Flyvbjerg,

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2001), that this paper argues for a different approach to the nurture and support that adolescents receive at the developmentally critical stage of puberty and the immediate years beyond. The basis of my argument is twofold. First, that puberty be considered not simply a point of transition on a continuum of ongoing development (Johnson et al., 2011), but rather a significant developmental milestone that involves a rupture of the child concept of self and a 're-birth' into a new and, as yet, unformed sense of an evolving 'me' (Bentley, 2012). Viewed from this perspective, this paper argues that whilst our emerging teens may present as 10, 11, 12 . . . years of age in terms of their physical stature and academic ability, in terms of their self-concept and recognition of who they are and how they fit in the world, they are in fact fledgling newborns, emergent infants and immature toddlers.

The implications of this change in perspective link directly to the second premise of my argument; that to re-birth well, the emerging adolescent needs to be both seen and supported by a consistent 'other' who recognises the vulnerabilities of the age and is available to offer the consistency of support and care that is required. Whilst this function sits at the heart of therapeutic practice (Norcross, 2010), it is the argument of this paper that teachers and those with specific pastoral responsibility within schools, are ideally placed to assume this role as part of everyday school practice. Indeed, a growing body of empirical evidence already recognises the positive impact of teachers' relational capacity within various educational domains, including academic learning (Scales et al., 2020) and student social and emotional development (Lippard et al., 2018). What this paper seeks to add to this existent body of knowledge is an alternative understanding of the *type* of support that these youngsters require and a re-evaluation of the understanding behind *why* this change of approach is necessary.

Part 1 of this paper focusses on the rupture and re-birth of the child sense of self at puberty, offering evidence for the biological, neurobiological, behavioural, emotional and cognitive changes that support this (Mendle et al., 2019). This overview is followed by a brief assessment of the implications of this rupture on the development of a new self-concept at puberty. Part 2 analyses three core principles from within the early child development theory of English paediatrician and psychoanalyst Donald Winnicott (1896–1971) that offer a lens through which to consider the type of care needed by the re-birthing adolescent post-puberty. Part 3 focusses on how the learning outlined in Parts 1 and 2 might be applied to equip and support teachers in the provision of a relational pedagogy of 'intentional care'.

Part 1 – Rupture and re-birth

Many of the theories outlining the vagaries of adolescent development are rooted in concepts first outlined in the field of psychoanalysis (Newman &

Newman, 2020). As such, they are largely based on concepts developed by analysts such as Freud (1856–1939), Jung (1875–1961), Erikson (1902–1994) and Winnicott (1896–1971). Whilst in-depth analysis of these concepts falls outside the word count limitations of this paper, it is enough to note that whilst none reference the specific terms 'rupture and re-birth' per se, the essence of what they suggest reinforces this concept. Indeed, Winnicott described adolescents as 'isolates' who needed to 'start from scratch' in their 'struggle to feel real' (Winnicott, 1965, p. 122).

Empirical analysis of adolescent development theories that extend beyond psychoanalysis, such as evolutionary theories, dynamic systems theories and cognitive development theories, to name but a few (Newman & Newman, 2020), also recognise the strategic role of puberty in delineating the end of childhood and entry into adult reproductive competence (Mendle et al., 2019). Though of interest in the context of this paper, word count limitation prohibits in-depth analysis of these additional perspectives. Instead, the focus of this next section is to bring together learning from several domains that evidence the multiple changes that occur at puberty and that support the concept of childhood 'rupture'.

Biological changes

The biological changes that occur to announce the arrival of puberty are both comprehensively well-known and extensively well-documented (Robeva & Kumanov, 2016). Whilst research in this field continues to develop to take account of the multiple factors that influence pubertal development (Dorn & Susman, 2019), what is still widely recognised is the onset of adrenarche and gonadarche as the two primary signals that evidence the emergence of pubertal change (Mendle et al., 2019). These tend to occur at around age 8–12 in girls and age 12–15 in boys (Blakemore et al., 2010). In practice, early physical development can cause some youngsters to feel overly self-conscious and ashamed of their physical maturity, particularly if this results in mockery or shame from later-developing peers. School support both in helping youngsters come to terms with these physical changes as well as managing any 'bullying' situations is important.

Neurobiological changes

As well as these bodily changes, neuroscientific discoveries over the past 20–30 years have evidenced developmental change in both the structure and the function of the adolescent brain (Goddings et al., 2019). Axonal myelination and synaptic pruning result in an adolescent brain that is less cluttered and more efficient (Blakemore et al., 2010) making it ripe to receive new information and build and develop new concepts and ideas – a state that is commonly

referred to as 'brain plasticity' (Kolb & Gibb, 2014). The complexity of these neurobiological changes mean that the brain of the pubescent adolescent is simultaneously falling apart and re-forming; the new-born adolescent is, quite literally, losing their 'child' mind and developing a new 'adolescent' mind at one and the same time (Blakemore, 2018). This requires both understanding and tolerance from educators when engaging with the pubescent teen.

Behavioural changes

An increase in risky behaviour during adolescence is well documented (Albert & Steinberg, 2011; Crone & van Duijvenvoorde, 2021). The reasons for this are open to much empirical debate (Bozzini et al., 2020), with possible factors including (inter alia) the effect of the imbalance between the timing of development between the thinking parts of the brain (executive functions) and the feeling or emotional parts of the brain (Murray et al., 2021; Shulman et al., 2016), an increase in sensitivity/desire to receive rewards (Duell & Steinberg, 2020) a reduction/delay in somatic sensation (sweaty palms, stomach 'butterflies') when faced with risk (Sandor & Gürvit, 2019) and a 'hyper' focus on the reward rather than the possibility of risk, when considering options (Reyna et al., 2015). The net result is an adolescent thought process that is often 'act first, think later'.

In practice, this means that despite being fully aware of the risks involved in a particular decision (Cauffman & Steinberg, 2000), the emerging adolescent is much more interested in the sense of gratification that he/she will experience by taking a risk and potentially receiving a reward than they fear the negative consequences of the risky behaviour (Blakemore, 2018). Whilst taking positive risk is recognised as important for development and wellbeing in adolescence (Duell & Steinberg, 2019) the increased propensity for taking negative, impulse generated risks means that building secure and trusted relationships with members of the school community who can assume the role of the emerging adolescent's thinking brain and thereby provide the necessary 'handbrake' on behaviour, cannot be underestimated.

Experiencing shame following a risky behaviour that has resulted in negative consequences can be particularly damaging to the emerging adolescent's wellbeing, particularly if this results in public humiliation. The role of school staff who can minimise the risk of 'toxic shame' – by normalising behaviour, explaining the vagaries of adolescent developmental (to students, parents and potentially other members of staff) and imposing reasonable sanctions – is fundamental to wellbeing and ongoing development.

Changes to both sleep patterns (deep sleep to lighter sleep) and sleep behaviour (later bedtimes and difficulty waking in the morning) are also common with the onset of puberty (Kirshenbaum et al., 2023). These changes mean that by mid-adolescence, youngsters can experience up to a 2-h delay in feeling sleepy as opposed to their child and adult counterparts (Carskadon, 2011). The

long lie-in at the weekend to recoup lost sleep also has a counter-productive effect; pivotting between two different time zones results in 'social jet-lag' making engagement in school during the week as well as focussing on homework at the weekends, an even greater challenge (Henderson et al., 2019).

Overall, these changes mean that many adolescents operate on significantly less sleep than their maturational and developmental needs require (Short et al., 2018) resulting in difficulties with mood and concentration and increasing the likelihood of mental health difficulties and substance misuse (Bruce et al., 2017). Whilst calls to delay the start of school to accommodate this change in adolescent sleep patterns are the subject of ongoing debate (Wheaton et al., 2016), better understanding of the impact of reduced sleep on academic engagement and ability would significantly improve student stress, anxiety and wellbeing.

Emotional changes

The emerging adolescent is also at the mercy of significant emotional change, largely due to changes to the 'social brain'. The 'social brain' offers greater capacity to mentalise (Blakemore, 2008) resulting in an increased ability to predict the behaviour of others (allowing for the development of empathy), regulate their own behaviour (to both adapt to, and fit in with, their changing social environment (Blakemore & Mills, 2014), and develop deeper friendships with peers (Bagwell & Schmidt, 2011).

In practice, this means that as the emerging adolescent begins to separate from the security of the 'family nest' peer-to-peer connectedness becomes increasingly important; friendships become both a significant buffer to loneliness and isolation (Nangle et al., 2003) as well as highly injurious when they breakdown, particularly for girls (Brown, 2003).

'Fitting-in' becomes a social imperative for the new-born adolescent with studies suggesting that the pressure to fit in impacts both stress levels in the moment as well as hormone levels and brain structure throughout adolescence (Burke et al., 2017; Somerville, 2013). Indeed, a recent study of a large cohort of children across various regions of the UK indicated a significant decline in student wellbeing at the point of transition to senior school when 'fitting-in' to a new academic environment populated by a sizable number of unknown people is recognised as being particularly challenging (Katsantonis et al., 2022).

Given the weight of social acceptability, studies also show that adolescents are much more likely to 'take the risk' if they are in the presence of their peers than if they are alone (Van Hoorn et al., 2017). Indeed, in one experiment, adolescent boys were found to be three times more likely to 'jump a red light' in a simulated driving game when they thought they were being watched by their peers than when they thought they were alone (Chein et al., 2011).

The hormonal changes that instigate the onset of puberty and the development of the social brain also result in an increase in sexual awareness, appetite

and behaviour, a trajectory that continues to develop throughout adolescence (Clark et al., 2020).

Within the context of large senior schools, the changes outlined above can often create feelings of confusion, isolation and rejection for the emerging adolescent. As already indicated, the provision of a safe space and a trusted adult within school where youngsters can discuss their worries and concerns cannot be underestimated.

Cognitive changes

The onset of puberty also results in changes to cognitive processing abilities in the newborn adolescent. Whilst this is a dynamic field of study (Bjorklund, 2022), much of the foundational understanding around these changes stems from the metatheory of cognitive development offered by Swiss psychologist Jean Piaget (1896–1980) (Flavell, 1996). Piaget's theory broadly suggests that children construct knowledge in line with stages of development (Ginsburg, 1970). Correspondingly, entry into adolescence at puberty prompts a move away from the rigid, black and white thinking that is characteristic of the younger child, to a more nuanced and reflective way of thinking that allows for both rational and systematic thought, as well as consideration of abstract concepts, hypothetical alternatives and varying possibilities in the newly emerging adolescent (Ginsburg, 1970).

Whilst Piaget's theories have been both critiqued and advanced over the years (Barrouillet, 2015), most scholars concur that what Piaget offered was a 'metatheory' of cognitive development, that is, 'a set of guidelines along which different psychological theories of cognitive and personality development could be built' (Pascual-Leone et al., 1978, p. 244). As such, many neo-Piagetian perspectives can be seen to build on his initial constructs (Sevinç, 2019) in response to (inter alia) advancements in both cognitive and neuro science (Carey et al., 2015), as well as a greater understanding of the role of learning (Siegler, 2000) and memory (Bjorklund, 2022) on cognitive development.

Of particular relevance in the context of this paper is recognition of the impact of context and the people within-context on cognitive development. Whilst not entirely alien to Piaget's initial theory (DeVries, 2000), this concept is most commonly associated with the socio-cultural theory of Russian psychologist Lev Vygotsky (1896–1934) (Rieber & Carton, 1987). Word count limitation prevents in-depth analysis of this perspective, however, it bears particular relevance when considering the role of school staff in supporting adolescent rebirth.

A further re-conceptualisation of Piaget's initial theory that is particularly apparent within therapy, is the suggestion that development does not necessarily occur in set stages but is more 'domain-specific' (Lourenço, 2016). This

'staggered maturity' is in evidence as youngsters develop the ability to think analytically and expansively in one aspect of their lives, for example, academic ability, whilst remaining more rigid and 'immature' in other aspects, such as feeling ready to enter a romantic relationship. In practice, this can cause much confusion, anxiety and potential overwhelm; normalising this within the context of general adolescent development can be particularly helpful.

The increase in seemingly argumentative, belligerent and non-compliant behaviours that are considered 'typical' of adolescence can also be problematic within adult–adolescent relationships. This discord – though reflective of the more logical and analytic mind that Piaget suggested (Smetana, 1989) – can often lead to family and friendship breakdowns that result in confusion, isolation and loneliness. Supporting youngsters in understanding emotional regulation, how best to structure discussion, and teaching 'rupture and repair'/conflict resolution strategies are supportive ways that educators can offer help and guidance.

Despite the differences and advancements in theory since Piaget's initial claims, what remains consistent is an understanding of the changes in the way adolescents process information as they progress through puberty and adolescence (Bjorklund, 2022). This shift allows the emerging adolescent the flexibility to contemplate and formulate a new, 'post-rupture' concept of the 'self', one that is not set or rigid, but formulative and conceptual. In essence, they are able to consider not just who they are, but who they *could* be – it is to consideration of the formation of a new self-concept that this paper now turns.

Development of self-concept

Formation of a new self-concept post-puberty occurs over multiple domains (Kozina, 2019) and is informed by both internal as well as external perceptions of the self (Sebastian et al., 2008). Internal perceptions of the self involve the capacity for 'introspection' – youngsters become much more able to think about who they are, who they want to become and the choices they are making (Blakemore, 2018). This is aided by the cognitive changes outlined above (Crone et al., 2022). External perceptions of the self include 'the looking glass self' – the view and opinion youngsters believe others have of them – and 'the imaginary audience' – the extent to which youngsters feel they are being constantly watched and appraised by others (Blakemore, 2018).

It is my experience that much of what youngsters bring to therapy can be linked to the doubt and fears that can arise from these post-pubertal changes in self-concept. The confusion, loss of a sense of self and corresponding lack of self-confidence, together with the loneliness and isolation that can result from the rupture and marginalisation of friendships, can provide the perfect storm for self-doubt, rumination and mental health difficulties to flourish. Again, normalising this as part of routine adolescent development within a safe, non-

judgemental space can counteract the adolescent tendency for introspection and bring some perspective to their sense of 'being watched' and judged.

With this in mind, the focus of Parts 2 and 3 below is on the importance of the emerging adolescent being 'seen into existence' in order to facilitate the 'rupture' of their child concept of self and to 're-birth' into their pending adult sense of self. It is the suggestion of this paper that, to be carried out well, this 'seeing' needs to occur in a context that is both sufficiently robust as well as adequately informed of the task at hand. Whilst the counselling room is one such place, it is the proposition of this paper that teachers, and particularly those with pastoral responsibility within schools, are ideally placed to provide this within a wider school context.

With aspects of therapeutic learning in mind, this next section focusses on development as examined through the psychoanalytic lens of Donald Winnicott. Whilst Winnicott's concepts focus on development of the newborn child, it is the argument proposed in this paper that they nonetheless offer a framework by which to consider the type of support needed by the newborn adolescent as they pursue the development of their new self-concept following adolescent re-birth.

Part 2 – Lessons from early child development

Donald Winnicott's theories on early child development contain many aspects worthy of consideration (Winnicott, 1964, 1965, 1971). Whilst in-depth analysis of each of these falls outside the remit of this paper, with a focus on the application of Winnicott's constructs for pastoral support of the adolescent journey of re-birth in school, three principal concepts hold particular relevance and will be the focus of this next section:

(a) The role of a significant other who is physically and emotionally available to keep the child safe – what Winnicott termed 'primary maternal preoccupation' (Winnicott, 1965);
(b) The role of the wider environment in enabling and facilitating primary maternal pre-occupation and ongoing child development to occur (Winnicott, 1965); and
(c) The role of a 'mirror image' that reflects-back to the child who they are and how they are seen in the world (Winnicott, 1971).

Before examining each of these concepts in more detail, it is important to recognise one principle that remains consistent throughout Winnicott's work, namely the principle of being 'good enough' (Winnicott, 1965, p. 5). For Winnicott, being 'good enough' – both in terms of the environment and the people within that environment – sits at the heart of what facilitates and enables 'natural growth' in the newborn infant (Winnicott, 1965, p. 5). Multiple

factors constitute 'good enough' for Winnicott which, taken together, suggest a level of attentive care, nurture and support that allows the child to begin to recognise themselves as a separate entity to their primary carer and to develop a sense of curiosity, creativity and intentionality that facilitates the formation of a congruent sense of self (Winnicott, 1965). What is of particular note, however, is that the type of care that allows for this growth and development to occur is neither expected to be, nor indeed is it needed to be, perfect and absolute – according to Winnicott 'good enough *is* good enough'.

With this in mind, this next section outlines in more detail the three core constructs indicated above that sit at the heart of Winnicott's theory and that are of particular relevance in the context of adolescent re-birth.

Primary maternal pre-occupation

According to Winnicott, at birth, the newborn infant has no sense of a cohesive self beyond being a collection of fragments, what Winnicott refers to as a state of 'unintegration' (Winnicott, 1965, p. 7). In this state, the infant is extremely vulnerable, being fully dependent on the care it receives from its environment to stay safe, to flourish and to grow and develop a sense of itself as a whole individual with an identity and a personality separate to others in their world (Winnicott, 1965, p. 6). Writing in the 1960's, Winnicott placed considerable emphasis on the facilitation of this being the pre-requisite of the mother, recognising her capacity to be 'very sensitive' in her 'adaptation' (Winnicott, 1965, p. 6) to her infant's needs. This ability to be fully attuned to, and to fully identify with, the needs of her newborn infant – indeed to 'drain interest from her own self onto the baby' - Winnicott termed 'primary maternal preoccupation' (Winnicott, 1965, p. 22).

As the child develops, Winnicott recognised that this absolute 'devotion' from the mother could soften, so that it becomes enough for her to be 'reliable enough' (Winnicott, 1965, p. 33). Nonetheless, the integral role of a 'someone' who is available to offer the support, safety, consistency and care required for the child to move beyond the sense of a fragmented self to pursue psychological integration and the formation of a 'true self' cannot be understated.

> If the mothering is not good enough, the infant becomes a collection of reactions to impingement and the true self of the infant fails to form or becomes hidden behind a false self which complies with and generally wards off the worlds knocks (Winnicott, 1965, p. 24).

The role of the wider environment

Winnicott also recognised that for the mother to lose herself in a state of primary maternal pre-occupation, she requires a 'good enough' facilitating

environment that is readily available to keep her safe (Winnicott, 1965). Winnicott termed this role a 'protective covering' that recognises the extent of the mother's vulnerability and enables her to be 'in-turned and oblivious of external danger while she is pre-occupied maternally' (Winnicott, 1965, p. 23).

Allowing the mother to maintain her vigilance is the primary pre-occupation of the facilitating environment during these early stages of infant development.

As the child grows, the role of the facilitating environment changes and it joins the mother in becoming more of a buffer against which the infant can push to test the continuity of care and security being offered, as he states,

> Healthy children do need people to go on being in control, but the disciplines must be provided by persons who can be loved and hated, defied and depended on: mechanical controls are of no use, nor can fear be a good motive for compliance. It is always a living relationship between persons that gives the elbow room which is necessary for true growth (Winnicott, 1965, p. 46).

Without this sense of continuity and stability from a trusted someone within a safe and consistent facilitating environment, Winnicott warned against the child becoming 'a pattern of reacting to the unpredictable and forever starting again' (Winnicott, 1971, p. 191).

The role of the mirror-image

An integral part of being 'good enough' for Winnicott involves the ability of the primary carer to 'reflect-back' to the new born infant what they see when they look into the face of the child. By being seen and engaged with the child gets a sense of their own existence, as Winnicott states 'When I look, I am seen, so I exist' (Winnicott, 1971, p. 154).

Accordingly, if the primary carer reflects-back an angry, disgruntled face to the child, the child develops a self-concept of being unsatisfactory, someone who elicits anger and negativity. Similarly, if the child elicits no response in the primary carer, either the child does not exist or their existence is irrelevant and unremarkable. On the other hand, if the response in the face of the primary carer is one of warmth, smiles, glows of excitement and pleasure, the child forms a self-concept as someone with worth and value, a person who brings joy, love and satisfaction to the world. It is this ability to see oneself in the face of another that allows first the infant and then the child to 'feel real' and 'find a way to exist as oneself' (Winnicott, 1971, p. 158).

As the infant grows, it is the child's environment that takes over the role of reflecting-back the mirror-image of the child, as they become able to see themselves in 'the attitudes of the individual members of the family or . . . . the family as a whole' (Winnicott, 1971, p. 158).

Part 3 – Application in school

The sense of insecurity and vulnerability that the rupture and re-birth journey renders in the emerging adolescent and the faltering and sometimes unwelcome attempts at forming a new self-concept mean that defensive behaviours can sometimes dominate even the most secure youngster. Conflict is common, at school, at home and within friendship groups. In addition, the 24-h lens of social media – over which youngsters have little, if any, control – together with the increased weight placed on peer acceptance post-puberty, mean that the impact of both the looking glass self (the opinion of others) and the imaginary audience (the sense of being constantly watched) can be particularly brutal for contemporary adolescents. This perpetual scrutiny – actual as well as perceived – means that youngsters have little 'wiggle room' within which to experiment with their emerging sense of self, as well as no sense of emotional safety or periods of respite in which they can pause and reflect on the direction in which their developmental journey is heading. Without a sense of people in their world who see and notice their fledgling attempts at self-discovery, the journey to self can be perilous, with no safe place and no safe 'someone' to guide them on their way. Indeed, the experience of my almost 15 years in adolescent therapy suggests that this lack of safety can be the breeding ground for much of what becomes adolescent mental health difficulties.

Whilst recognising that the vagaries of re-birth are complex and the intricacies of Winnicottian theory appear to require a level of availability that may seem unattainable in school, it is nonetheless the argument of this paper that much of what is required to replicate this 'good enough mothering' can in fact be developed through a relational approach of 'intentional care'. The final section of this paper seeks to outline ways in which this concept of 'intentional care' – aspects of which already occur in many schools – can be both recognised and prioritised as part of everyday life in school.

First, as Winnicott indicated, is the role of a stable and consistent adult who is able to 'see the youngster into existence' by 'keeping them in mind'. This can be achieved in both big and small ways such as remembering birthdays, asking about external achievements, touching base when events outside school are known to be tricky, developing lunch clubs, hosting after school activities, offering additional academic support and taking the time to give both positive acknowledgement as well as sensitive admonishment. Each gesture of nurture and support, however big or small, is a form of intentional care that encapsulates Winnicott's concept of primary maternal pre-occupation. The message youngsters receive through this 'good enough' intentional care is twofold – 'You exist' and 'You matter'. The cumulative effect of multiple teachers' small attempts to 'see students into existence' through a lens of intentional care as they notice, comment on and engage with student attempts to practise their new self-concept and forge their new identities, has the potential to make

a significant impact on student wellbeing. Without it, as Winnicott suggested, the newly forming adolescent risks fragmentation or, worse still, annihilation.

As indicated, the process of rupture and re-birth also results in a variety of new behaviours that can be both conflicting and confusing to the emerging adolescent, as well as to those in their world. A lack of a sense of self with no clear direction about who they are and where they fit-in; difficulty with friendships; alignment with peer groups that are at odds with who they were as children and that may cause conflict both at home and at school; adoption of a false identity in order to have a sense of belonging; 'flip-flopping' between polarities of what they like and what they dislike; experimenting with different versions of who they are and who they might want to become, are just some of the behavioural changes that become commonplace during adolescence. A significant part of offering a relationship of intentional care, therefore, is recognising and understanding these behaviours for what they actually are – fledgling attempts at self-identity and rudimentary endeavours to fit-in in the melting pot of peer acceptance – and advocating for tolerance and understanding with colleagues and peers.

A further feature of intentional care, therefore, is the capacity to 'look past' difficult adolescent behaviours and see them as misguided attempts at identity exploration, avoiding guilt and shame as students try out their new identities and experiment with their emerging self-concept. This attitude of understanding and forgiveness allows the formation of the 'new me' to be expanded and explored without fear of humiliation or rejection. 'Looking past' behaviour through the lens of intentional care does not mean that misbehaviour should be ignored, however. On the contrary, as Winnicott suggested, part of offering the relational support that guides and directs development is the ability to care enough to impose boundaries and resist the pressure of noncompliance. Indeed, boundaries are the bonds that keep the fledgling adolescent safe, offering the wisdom, knowledge and rationality that is still so developmentally lacking in the brain and thought processes of the newborn adolescent. In practice, 'looking past' behaviour involves considering the trials and challenges of student behaviour from the perspective of rupture and re-birth, rather than assuming 'misbehaviour' and belligerent noncompliance, and continuing to offer a relationship of understanding and support.

Similarly, the administration of consequences and penalties from a perspective of intentional care requires that this is done in a way that is considered fair, appropriate and consistent.

Indeed, Winnicott's 'mirror-image' concept suggests that it is the *way* in which boundaries and admonishments are administered that has the greatest impact. The response students receive to their behaviour dictates how they see themselves; a consistent eye roll will reinforce the message that they are irritating and tiresome, whereas a smile, cheery greeting or consistent and fair admonishment will embed a sense of worth and value.

As indicated, one of the major difficulties to offering a level of Winnicottian intentional care to the emerging adolescent is the developmental pull in the post-pubertal adolescent to forge stronger and stronger peer-to-peer friendships. In practice, this means that the peer group increasingly takes on the role of the facilitating environment within which the emerging adolescent pursues a 'good enough mother' to 'reflect back' their 'mirror image' and 'see them into existence'. Like fractals coursing through the atmosphere, however, the risk is that each re-birthing adolescent tumbles through a tumult of integration, disintegration and re-integration (Winnicott, 1965, p. 7) at one and the same time, with no secure boundary against which they can push and no constant presence against which they can measure themselves.

The presence of a collection of 'good enough' 'mothers' – form tutors, subject teachers, heads of year, sports coaches and pastoral support – who together establish a relational context of intentional care and thereby rise above the vagaries of peer-to-peer friendships cannot be underestimated.

One important aspect to note, however, is Winnicott's emphasis on the need for the facilitating environment itself to feel safe and resourced enough to offer the type of intentional care that the emerging adolescent needs. Whilst the implications of this perspective fall beyond the scope of this paper, it is my opinion that the current focus on performance targets, outcome measures and Ofsted ratings sits in complete antithesis to the relational culture that is required for teachers to engage in the type of adapted primary maternal pre-occupation and reflective mirror-imaging that Winnicott suggests. If the learnings from Winnicott are to be headed, the wellbeing of students as well as that of education staff rests on a re-evaluation of educational priorities whereby teachers' innate capacity for intentional care (Bingham & Sidorkin, 2004) is prioritised alongside academic success.

Conclusion

In this paper, I have sought to suggest that the biological, neurobiological, behavioural, emotional and cognitive changes that occur at puberty signpost a rupture of the child concept of self, paving the way for the re-birth of a 'new me'. Unlike the event of initial birth, however, the process of adolescent re-birth can sometimes occur in a societal context that heralds the event with some degree of trepidation and hostility. In addition, whilst many teachers assume their pastoral responsibilities with diligence and concern, the complexities of the changes outlined above and the impact of these on adolescent wellbeing may not be fully understood by some in education. This antipathy and lack of understanding becomes even more hazardous as the impact of 'typical' adolescent behaviours creates increased tension, conflict and misunderstanding. As the fledgling adolescent becomes ever more isolated from the (secure) nest of childhood, loneliness and despair are often left to flourish in its place.

Unsupported and unprotected, the new born adolescent is vulnerable to the vagaries of peer influence, social media hype and unlimited access to the world wide web. Whilst electronic communication has its place, the rise in smartphone technology and the prolific use of social media mean that all of this isolation, exploration and developmental angst is played out in a theatre that includes a 24/7 audience and the possibility of lifelong critique.

After many years in therapeutic practice, it is my suggestion that the knowledge and pressure of this perpetual stage, together with the loss of a childhood sense of self and the awareness of an identity void that has yet to be filled, provides the perfect storm for mental health difficulties to develop. I have presented the suggestion that the learning from aspects of Donald Winnicott's theory on early child development offers an insight into ways in which schools can better support some of the 'storm and stress' (Hall & Granville, 1904) that this developmental journey affords. With a focus on a relational structure of 'intentional care' it is my suggestion that the implications of this learning for those within pastoral support, are significant. Indeed, as the use of on-line chat rooms to pro-actively promote self-harm, anorexia and suicide increases in the adolescent population (Cataldo et al., 2021), the need for a relational presence with whom youngsters can fully engage in the developmental imperative of adolescent re-birth has never been greater.

Within an education context in which the role and nature of pastoral care continues to be debated (Calvert, 2009; Jones, 2022) the purpose of this paper has been to offer a body of knowledge and understanding that forms the basis of my therapeutic approach, in the hope that this enables teachers and those within education to feel more equipped and empowered to offer the same type of intentional care and relationality within school. Developing a relational attitude that invites discussion, curiosity, care and acceptance, whilst maintaining reasonable expectations and boundaries, and filtering all of this through the lens of rupture and re-birth, means that, in my opinion, schools *can* become a place of safety and continuity into which students can retreat from the tumult of their re-birthing journey and in which teachers *can* offer a level of intentional care and support that sits at the heart of their professional identity.

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