Human development

From Birth to Death

Radwan Banimustafa

Life Events

- **Developmental Milestones: Notable events, markers, or turning points in personal development.**
- **Developmental Tasks: These must be mastered for optimal development (e.g., learning to read and adjusting to sexual maturity)**
- **Psychosocial Dilemma: Conflict between personal impulses and the social world.**

Erik Erikson's Eight Stages of Psychosocial Dilemmas

- Stage One: Trust versus Mistrust: Children are completely dependent on others
  - Trust: Established when babies given adequate warmth, touching, love, and physical care
  - Mistrust: Caused by inadequate or unpredictable care and by cold, indifferent, and rejecting parents

Erik Erikson's Eight Stages

- Stage Two: Autonomy versus Shame and Doubt
  - Autonomy: Doing things for themselves
- Stage Three: Initiative versus Guilt
  - Guilt: May occur if parents criticize, prevent play, or discourage a child's questions

Erik Erikson's Eight Stages of Psychosocial Dilemmas Continued

- Stage Four: Industry versus Inferiority
  - Industry: Occurs when child is praised for productive activities
  - Inferiority: Occurs if child's efforts are regarded as messy or inadequate

Erik Erikson's Eight Stages

- Stage Five: Identity versus Role Confusion
  - Identity: For adolescents; problems answering, "Who am I?"
  - Role Confusion: Occurs when adolescents are unsure of where they are going

Erik Erikson’s Eight Stages of Psychosocial Dilemmas Continued

- **Stage Six: Intimacy versus Isolation**
  - **Intimacy: Ability to care about others and to share experiences with them**
  - **Isolation: Being alone and uncared for in life**
- **Stage Seven: Generativity versus Stagnation**
  - **Generativity: Interest in guiding the next generation**
  - **Stagnation: When one is only concerned with one’s own needs and comforts**

Erik Erikson’s Eight Stages of Psychosocial Dilemmas Concluded

- Stage Eight: Integrity versus Despair
  - Integrity: Self-respect; developed when people have lived richly and responsibly
  - Despair: Occurs when previous life events are viewed with regret; experiences heartache and remorse

Childhood Problems

- Toilet Training Problems: Average age for completion is 30 months; some children will take up to six months longer
  - Enuresis: Lack of bladder control; bedwetting. May be physical problem. Much more common in males
  - Encopresis: Lack of bowel control; soiling. Not as common as enuresis

Childhood Problems Continued

- **Feeding Disturbances:**
  - **Overeating: Eating in excess of daily caloric needs; significant problem because of convenience and fast foods**
  - **Anorexia Nervosa: Self-starvation or sustained loss of appetite that is assumed to have psychological origins**
  - **Pica: Eating or chewing inedible objects or substances such as lead, chalk, paint chips, clay and so on. Note: Eating inedible foods on occasion is not uncommon among young toddlers**

Speech Disturbances

- Delayed Speech: Speech that begins well after the normal age for language development
- Stuttering: Chronic hesitation or stuttering in speech. Seems to involve speech timing mechanisms in brain; NOT parent's fault

Learning Disorders

- **Includes problems with reading, math or writing. Exists when academic achievement is significantly lower than expected for child's intellectual level and age**
- **Dyslexia: Inability to read with understanding. Classic example is reversing letters**
  - **Affects about 10-15% of all school-age children**

Attention-Deficit Hyperactivity Disorder (ADHD)

- **Behavioral problem characterized by short attention span, rapid speech, impulsivity, and rarely finishing work. Much more common among boys than girls**
- **Treatment Methods:**
  - **Drugs: Ritalin (methylphenidate): Stimulant; seems to lengthen attention span and reduce impulsiveness**
  - **Behavior Modification: Application of learning principles to change or eliminate maladaptive or abnormal behavior**

Autism

- **Severe disorder involving mutism (silence), sensory spin-outs (watching a faucet drip for hours), sensory blocking (not responding to an extremely loud noise), tantrums, and unresponsiveness to others, among other symptoms**
- **Echolalia: When an autistic child parrots back everything said, like an echo.**
- **“Rain Man” is a decent example on film**

Child Abuse

- **Physical or emotional harm caused by violence, mistreatment, or neglect**
- **3.5 to 14 percent of all children are physically abused by parents**
- **Abusive parents typically have high level of stress and frustration in their lives**
- **About 1/3 of all parents who were abused as children mistreat their own children**
- **One method to prevent child abuse is to change attitudes; not a parent's right to hit or slap their child**

Adolescence

- Culturally defined period between childhood and adolescence
- Puberty: Hormonal changes promote rapid physical growth and sexual maturity
  - Puberty tends to increase body awareness and concerns about physical appearance
- Growth Spurt: Accelerated growth rate

Adolescence

- Social Markers: Visible or tangible signs that indicate a person's social status or role, e.g., driver's license or wedding ring
- Imaginary Audiences: People adolescents imagine are watching them
- Peer Group: People who share similar social status

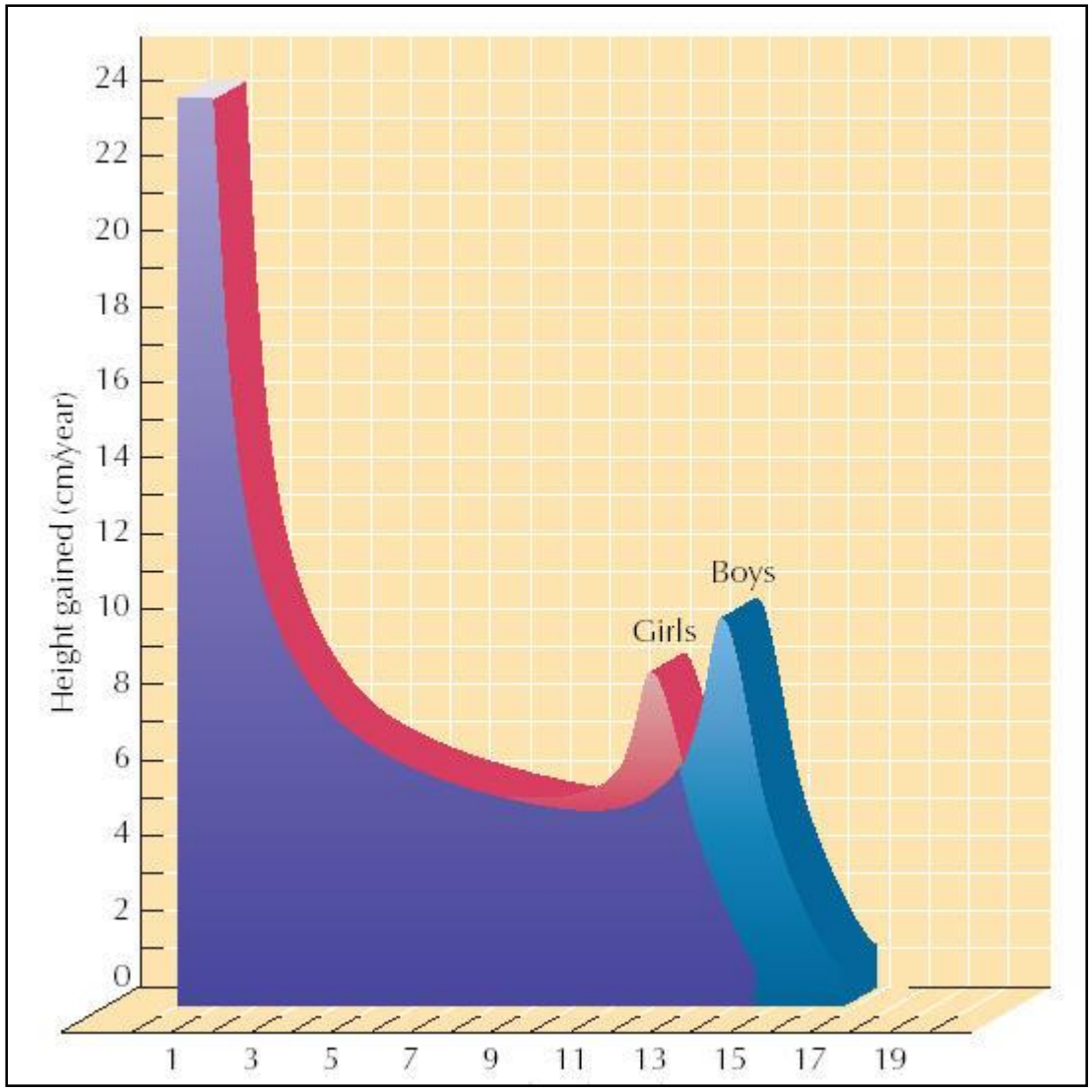
Height gained (cm/year)
0
2
4
6
8
10
12
14
16
18
20
22
24
1
3
5
7
9
11
13
15
17
19
Girls
Boys

Figure 4.2

Lawrence Kohlberg and Stages of Moral Development

- **Moral Development: When we acquire values, beliefs, and thinking abilities that guide responsible behavior**
- **Three Levels**
  - **Preconventional: Moral thinking guided by consequences of actions (punishment, reward)**
  - **Conventional: Reasoning based on a desire to please others or to follow accepted rules and values**
  - **Postconventional: Follows self-accepted moral principles**
- **Stage theorist, like Freud and Erikson**

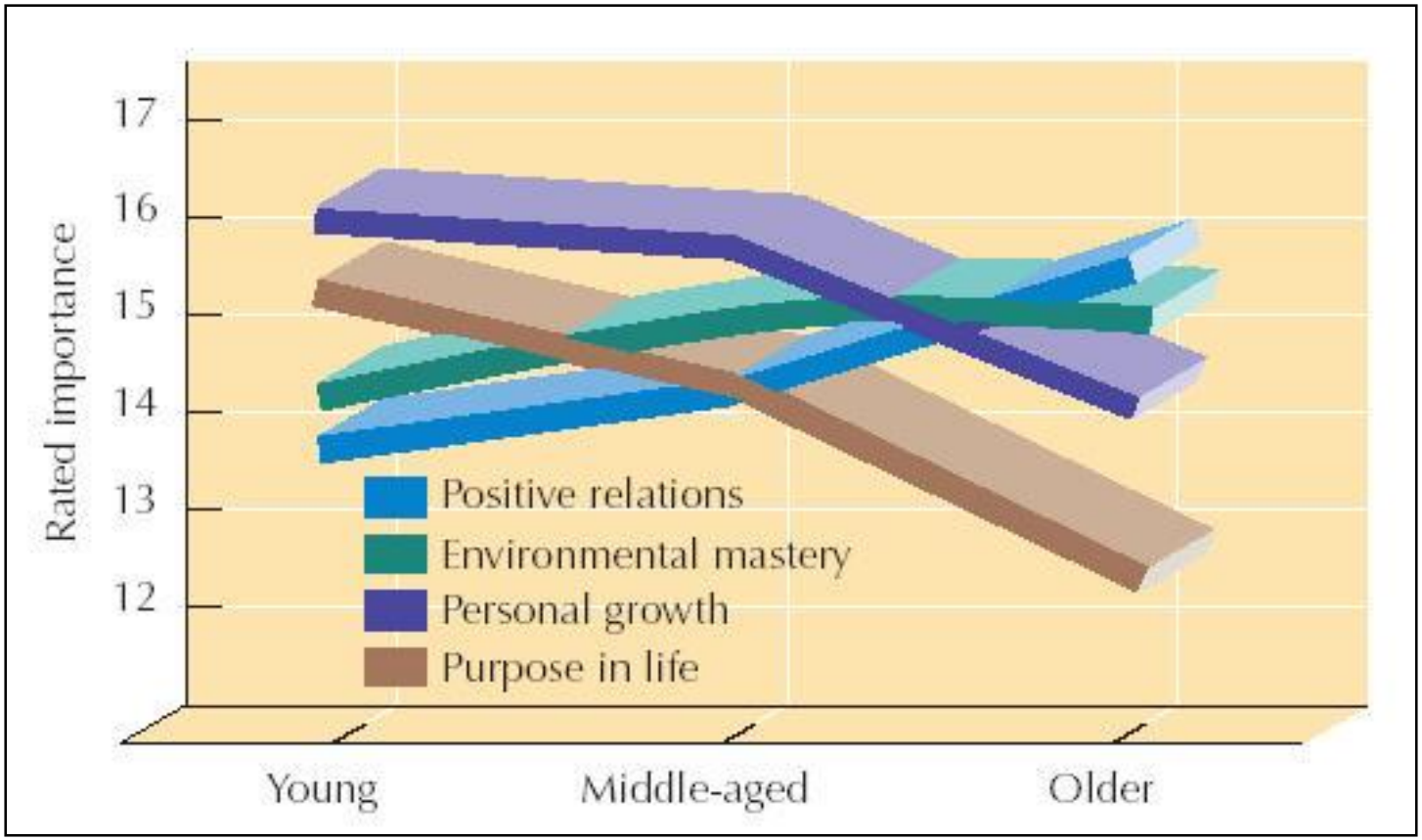
Rated importance
17
16
15
14
13
12
Positive relations
Environmental mastery
Personal growth
Purpose in life
Young
Middle-aged
Older

Figure 4.3

Developmental Challenges (Gould)

- **Escape from Dominance (Ages 16-18)**
- **Leaving the Family (Ages 18-22)**
- **Building a Workable Life (Ages 22-28)**
- **Crisis of Questions (Ages 29-34)**

Developmental Challenges (Gould) Continued

- **Crisis of Urgency (Ages 35-43)**
- **Attaining Stability (Ages 43-50)**
- **Mellowing (Ages 50 and up)**
- **Empty Nest Syndrome: A woman may become depressed after her last child leaves home**

Middle Age Issues: Mid-Life Crises?

- **Menopause: Menstruation ends and a woman is no longer able to bear children. Estrogen levels also drop, sometimes causing mood or appearance changes.**
  - **Hot flashes: Sudden uncomfortable sensation of heat; symptom of menopause in some women**
  - **Climacteric: When men experience a significant change in health, vigor, or appearance. Affects some men between 40-60 years old**

Gerontology and the Study of Aging

- **Gerontologists study aging and its effects**
- **Intellectual Abilities:**
  - **Fluid Abilities: Abilities requiring speed or rapid learning; based on perceptual and motor abilities**
- **Crystallized Abilities: Learned (accumulated) knowledge and skills; vocabulary and basic facts**

Gerontology and the Study of Aging (continued)

- **Disengagement Theory: Assumes that it is normal and desirable for people to withdraw from society as they age**
- **Activity Theory: People who remain active physically, mentally, and socially will adjust better to aging**
- **Ageism: Discrimination or prejudice based on age**

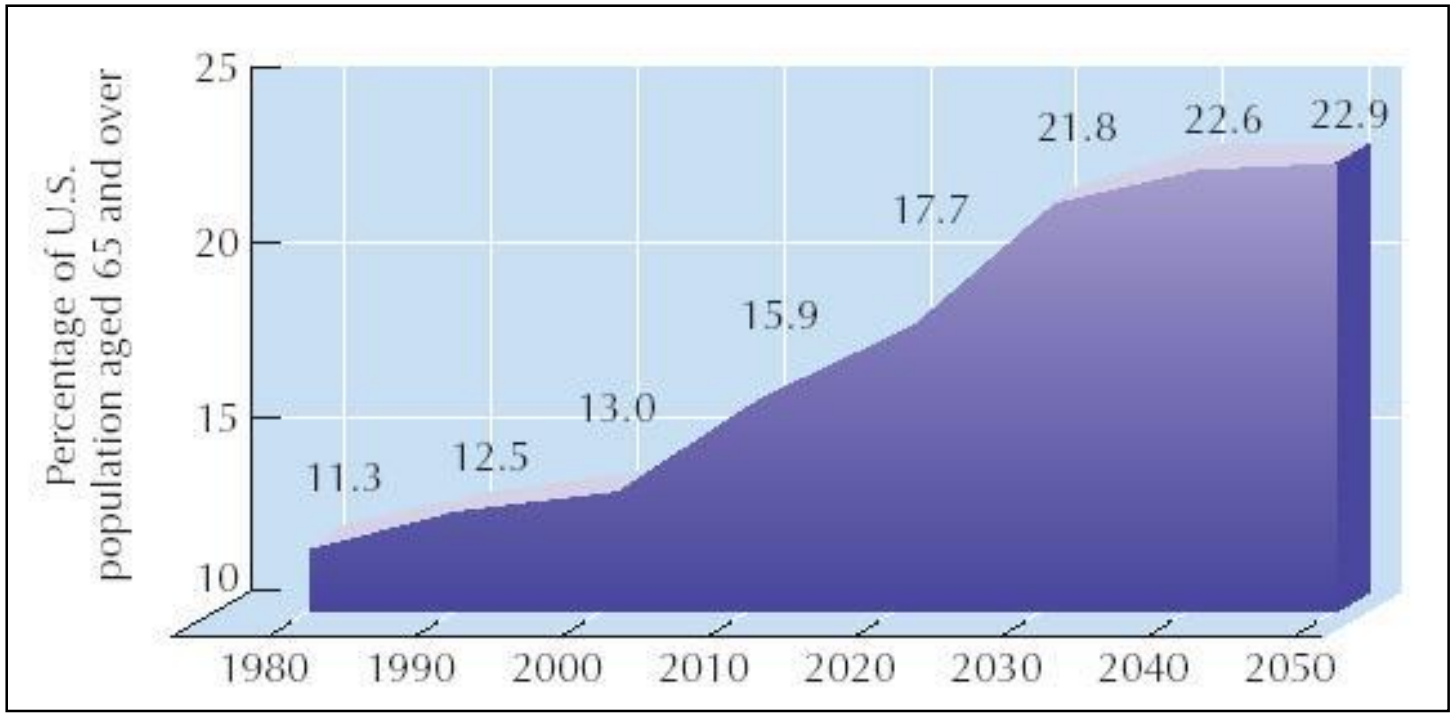
Percentage of U.S. population aged 65 and over
25
20
15
10
11.3
12.5
13.0
15.9
17.7
21.8
22.6
22.9
1980
1990
2000
2010
2020
2030
2040
2050

Figure 4.4

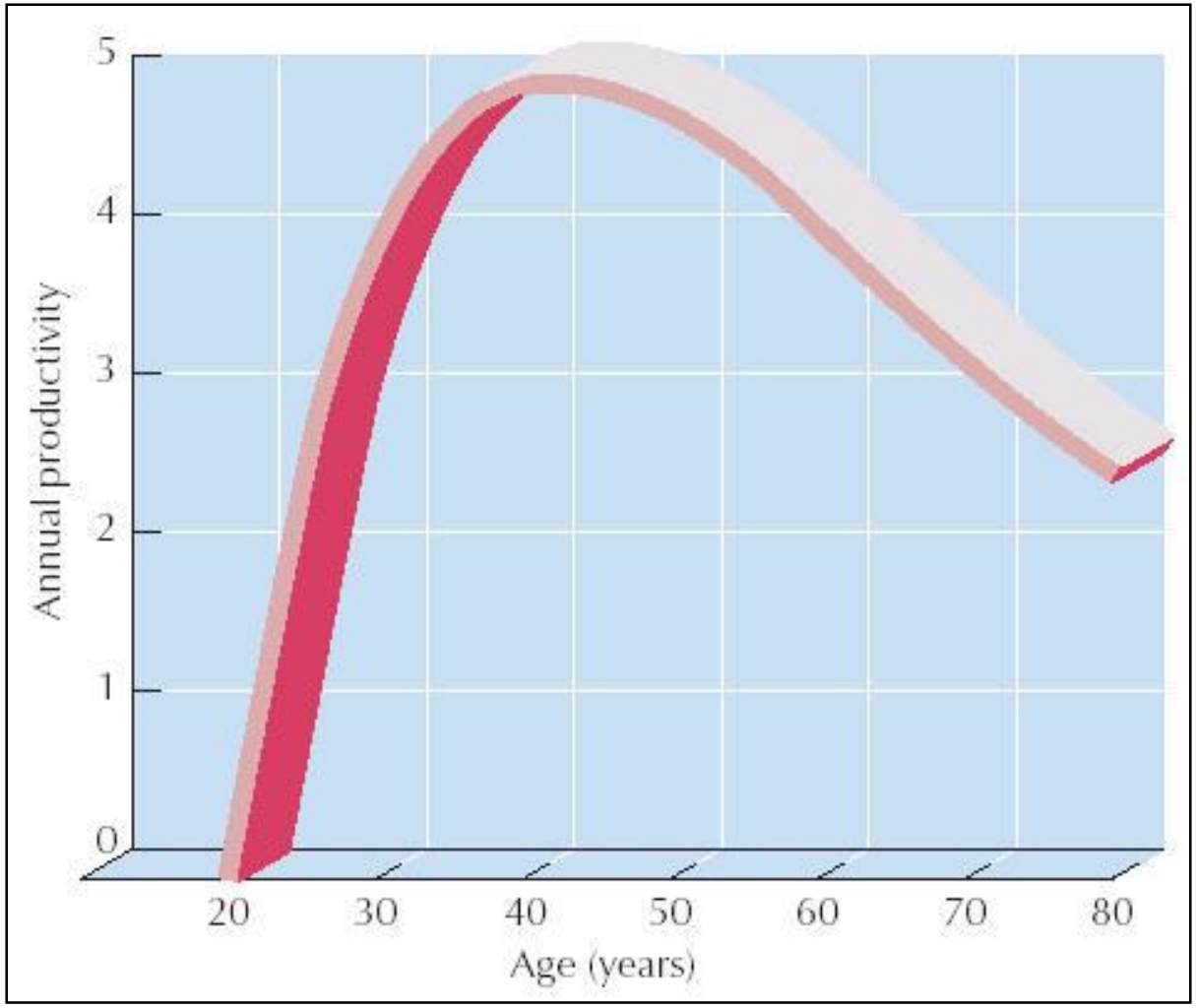

Figure 4.5

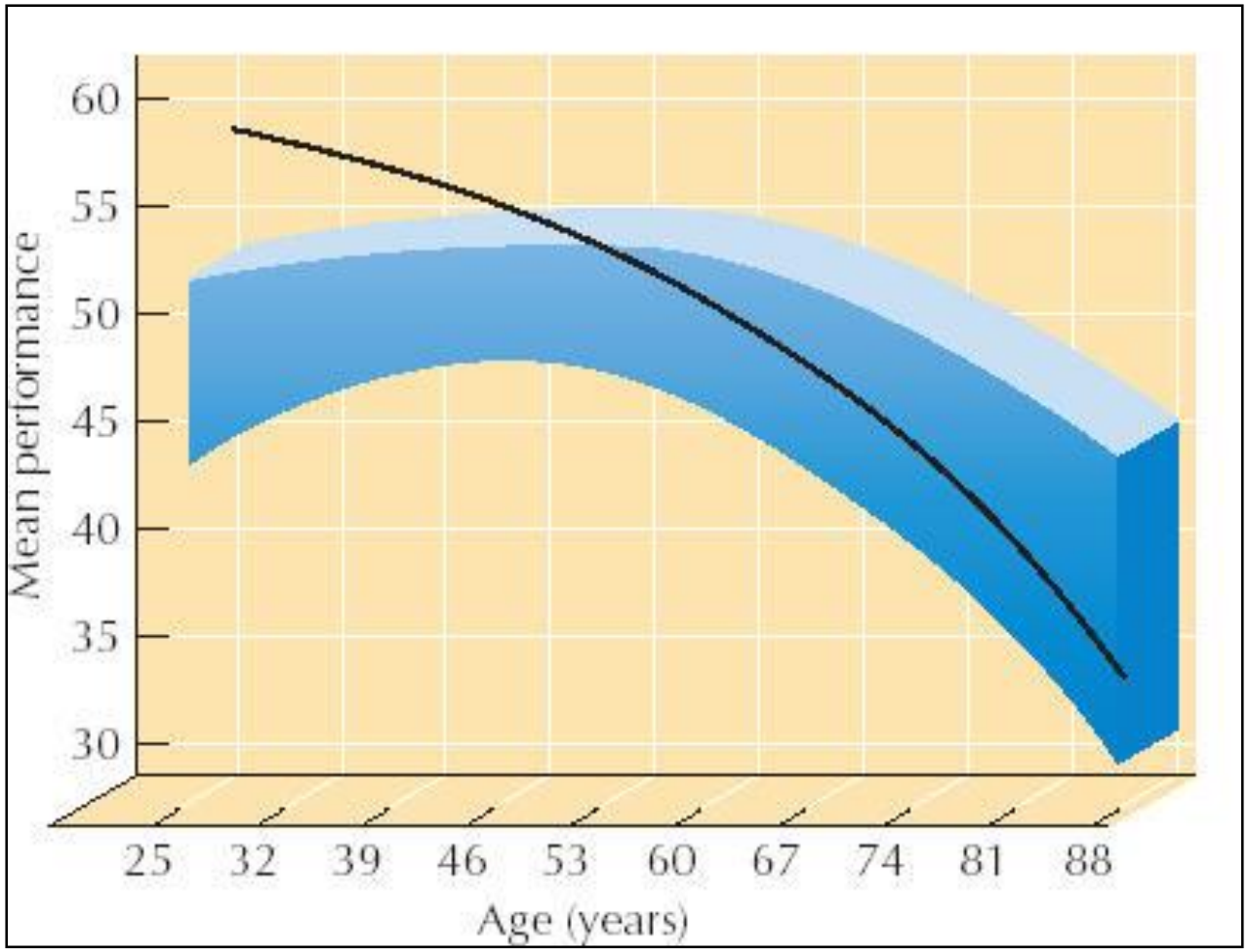
60
55
50
45
40
35
30
Mean performance
25
32
39
46
53
60
67
74
81
88
Age (years)

Figure 4.6

Death and Dying; Elizabeth Kubler-Ross

- **Ross is a thanatologist: One who studies emotional and behavioral reactions to death and dying**
- **Ross described five basic reactions to death that occur in the following order (Thus she's a stage theorist also!)**

Five Basic Reactions to Death in Order (Kubler-Ross)

- **Denial and Isolation: Denying death's reality and isolating oneself from information confirming that death will occur. "It's a mistake; the doctors are wrong."**
- **Anger: Asking "why me?" Anger may then be projected onto the living**

Five Basic Reactions to Death in Order (Kubler-Ross)

- Bargaining: Terminally ill will bargain with God or with themselves. "If I can live longer I'll be a better person."
- Depression: Feelings of futility, exhaustion and deep sadness
- Acceptance: If death is not sudden, many will accept death calmly. Person is at peace finally with the concept of death

Attitudes Towards Death

- **Hospice: Medical facility or program that provides supportive care for terminally ill; goal is to improve person's final days**
- **Living Will: Written statement that a person does not wish to have his/her life artificially prolonged if terminally ill; a Do Not Resuscitate order to doctors**

Bereavement and Grief

- **Bereavement: Period of adjustment that follows death of loved one**
- **Grief: Intense sorrow and distress following death of loved one**
- **Shock: Emotional numbness experienced after death of loved one**
- **Pangs of Grief: Intense and anguished yearning for one who has died**
- **Resolution: Acceptance of loss and need to build a new life**

Happiness

- **Subjective Well-Being: Feelings of well-being occur when people are satisfied with their lives, have frequent positive emotions, and have relatively few negative emotions**
- **Happier people tend to be**
  - **Married**
  - **Comfortable with their work**
  - **Extraverted**
  - **Religious**
  - **Generally optimistic and satisfied with their lives**