

# Human development

From Birth to Death

Radwan Banimustafa

# Life Events

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- **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

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- 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

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- 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

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- 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

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- 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

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- **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

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- 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

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- 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)

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- **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

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- **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

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- **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

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- 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

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- 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

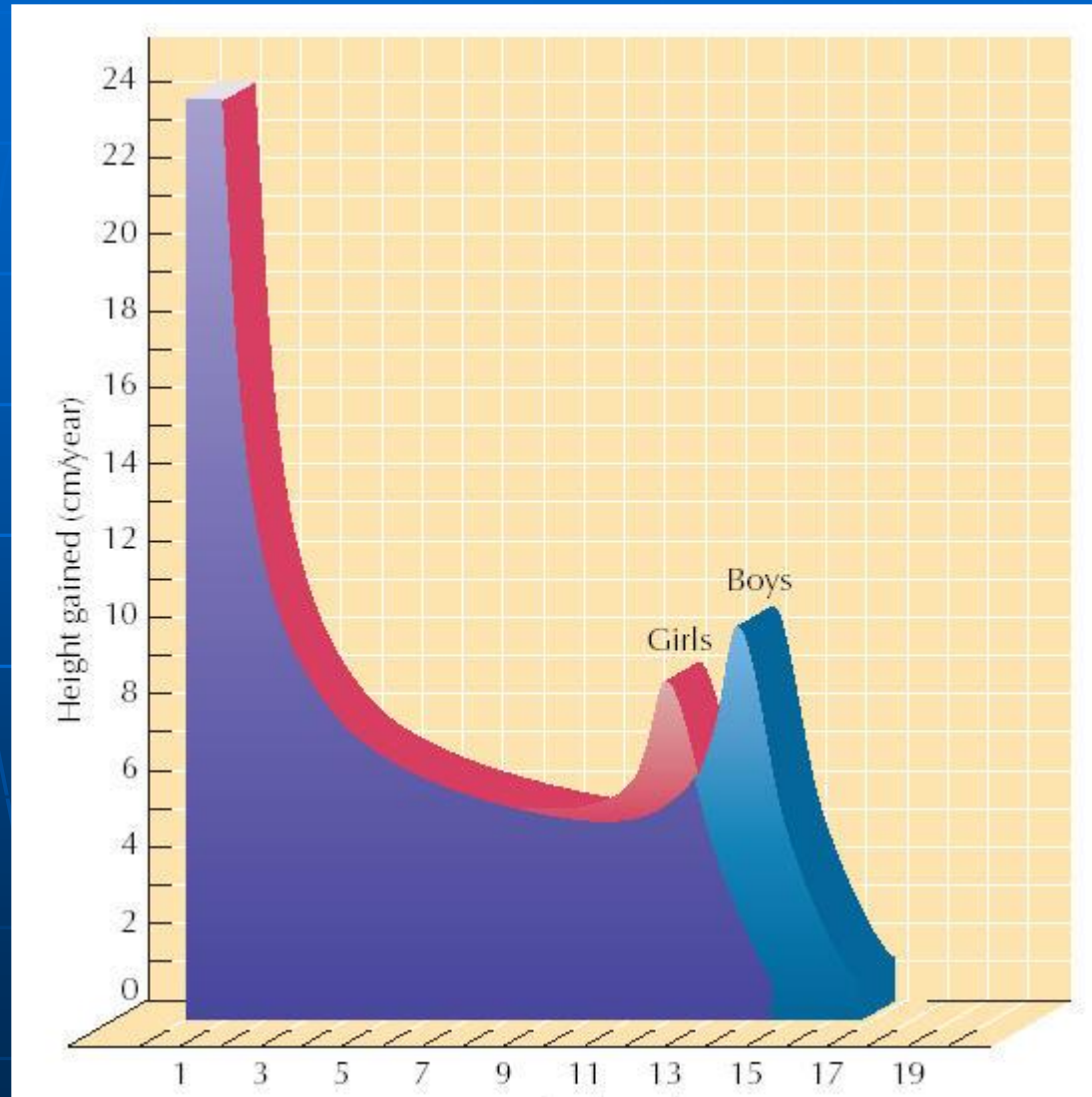
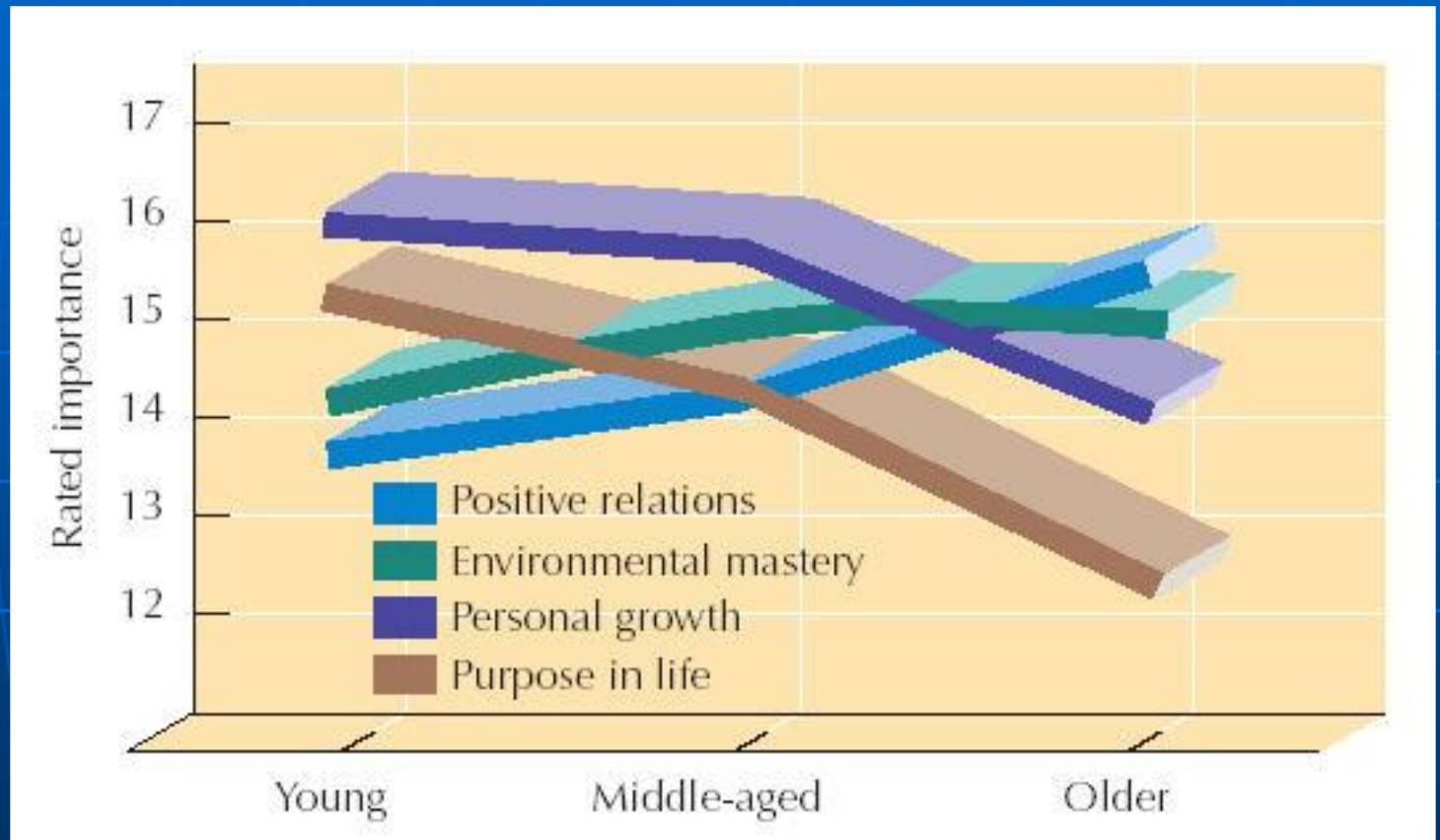


Figure 4.2

# Lawrence Kohlberg and Stages of Moral Development

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- **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**



**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

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- **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?

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- **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

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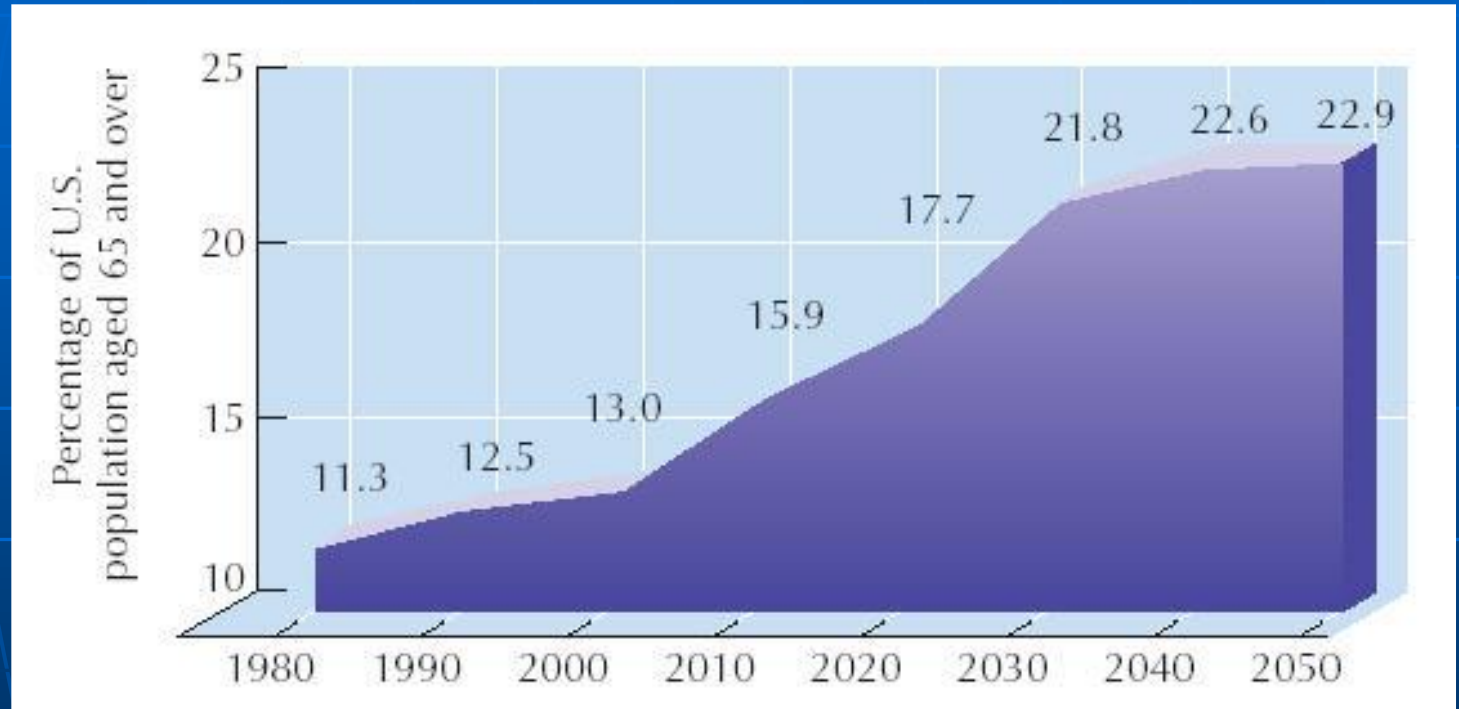
- **Gerontologists study aging and its effects**
- **Intellectual Abilities:**
  - **Fluid Abilities: Abilities requiring speed or rapid learning; based on perceptual and motor abilities**
- **Crystallized Abilities: Learned (accumulated) knowledge and skills; vocabulary and basic facts**



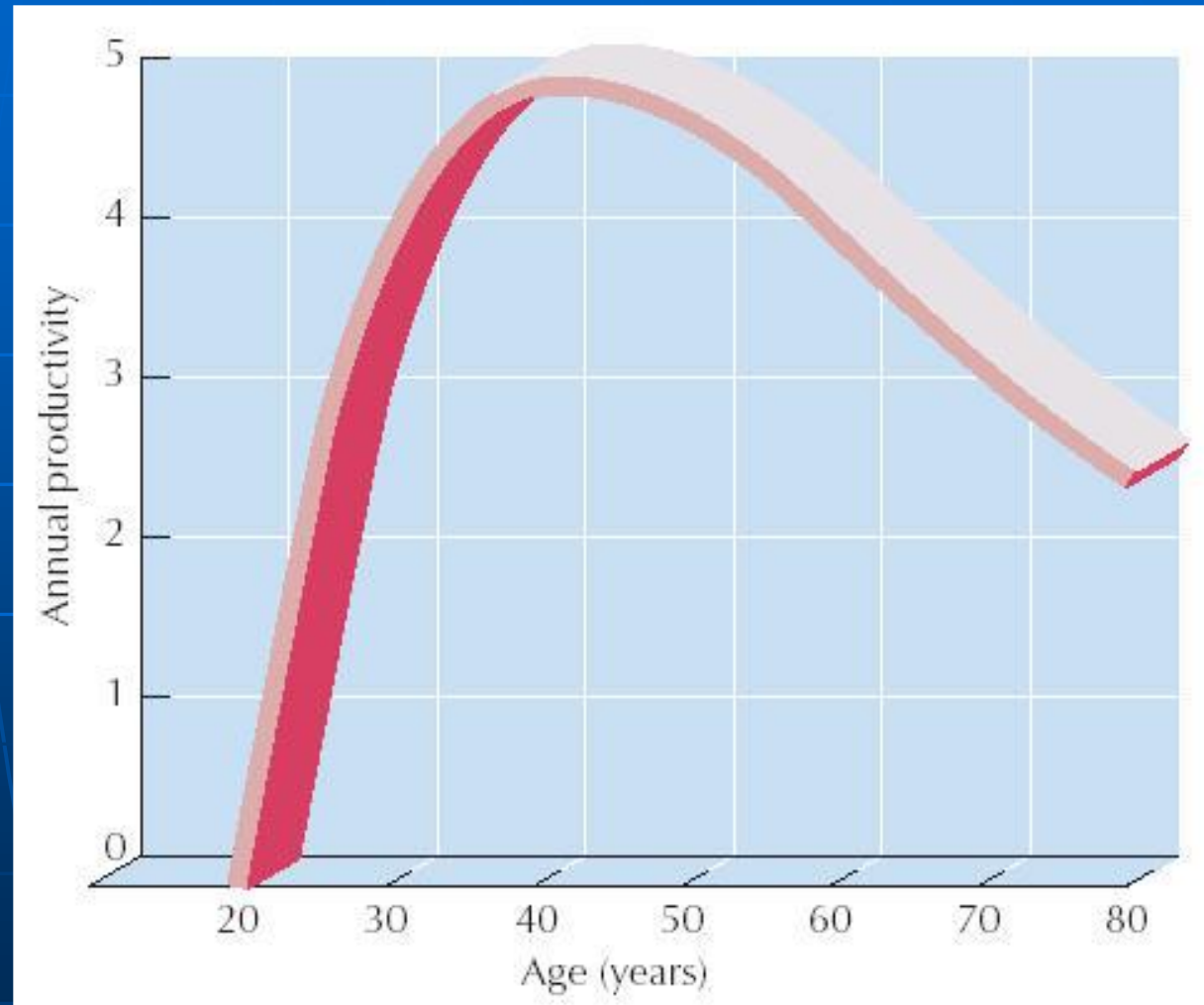
# **Gerontology and the Study of Aging (continued)**

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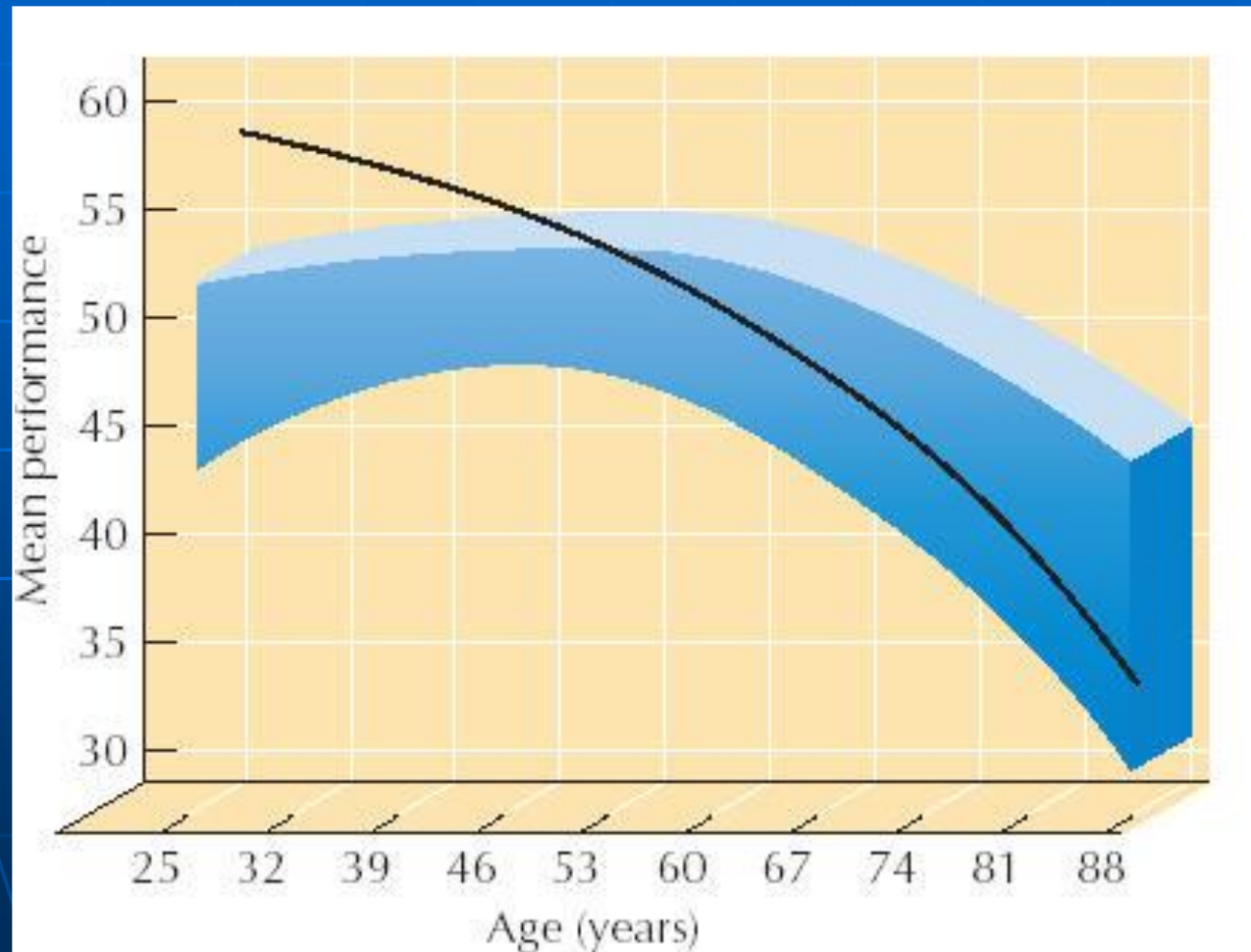
- **Disengagement Theory: Assumes that it is normal and desirable for people to withdraw from society as they age**
- **Activity Theory: People who remain active physically, mentally, and socially will adjust better to aging**
- **Ageism: Discrimination or prejudice based on age**



**Figure 4.4**



**Figure 4.5**



**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)

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- **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)

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- 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

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- **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

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- **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

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- **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**