

Developmental Psychology

From Birth to Death: Life-Span Development

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

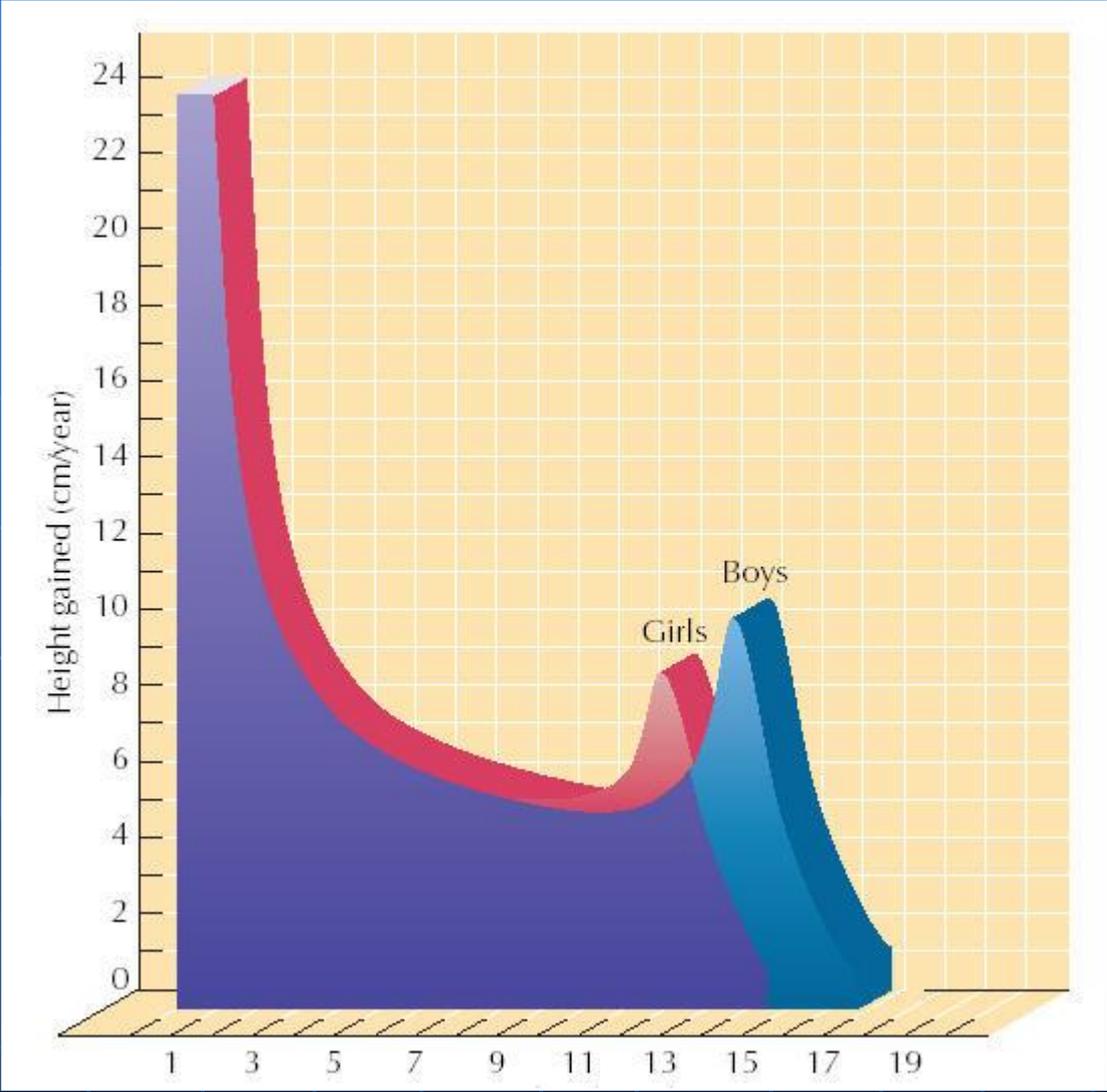


Figure 4.2

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**

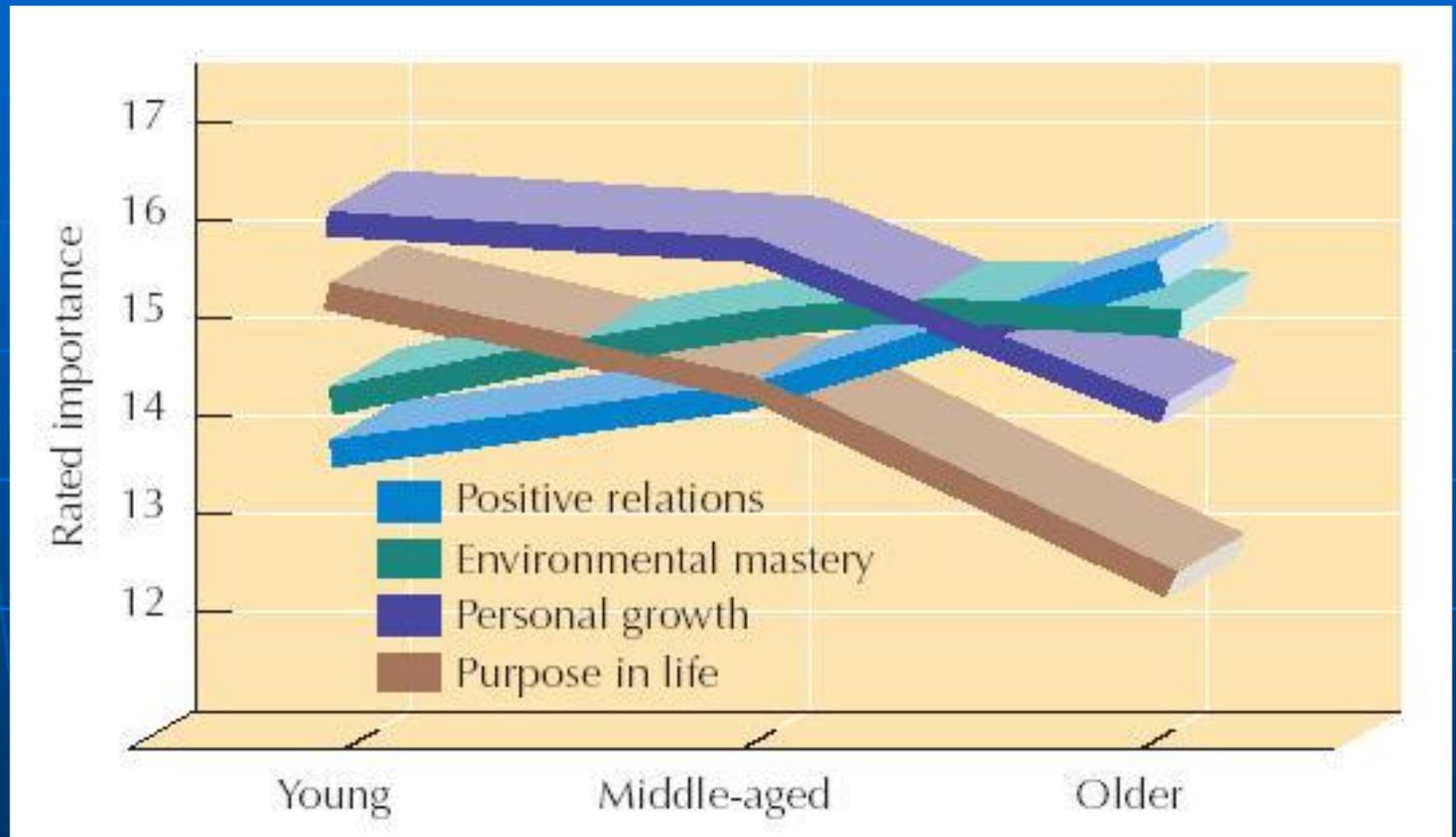


Figure 4.3

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**

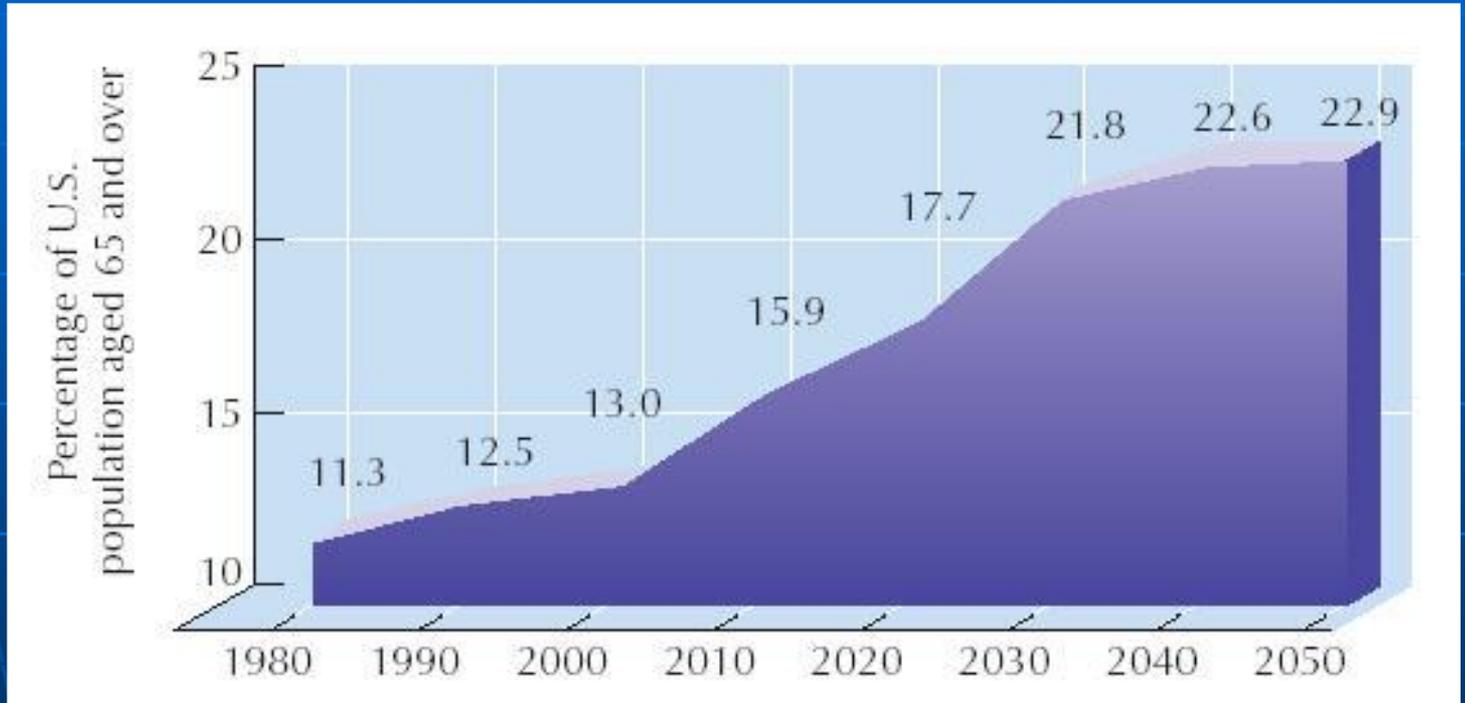


Figure 4.4

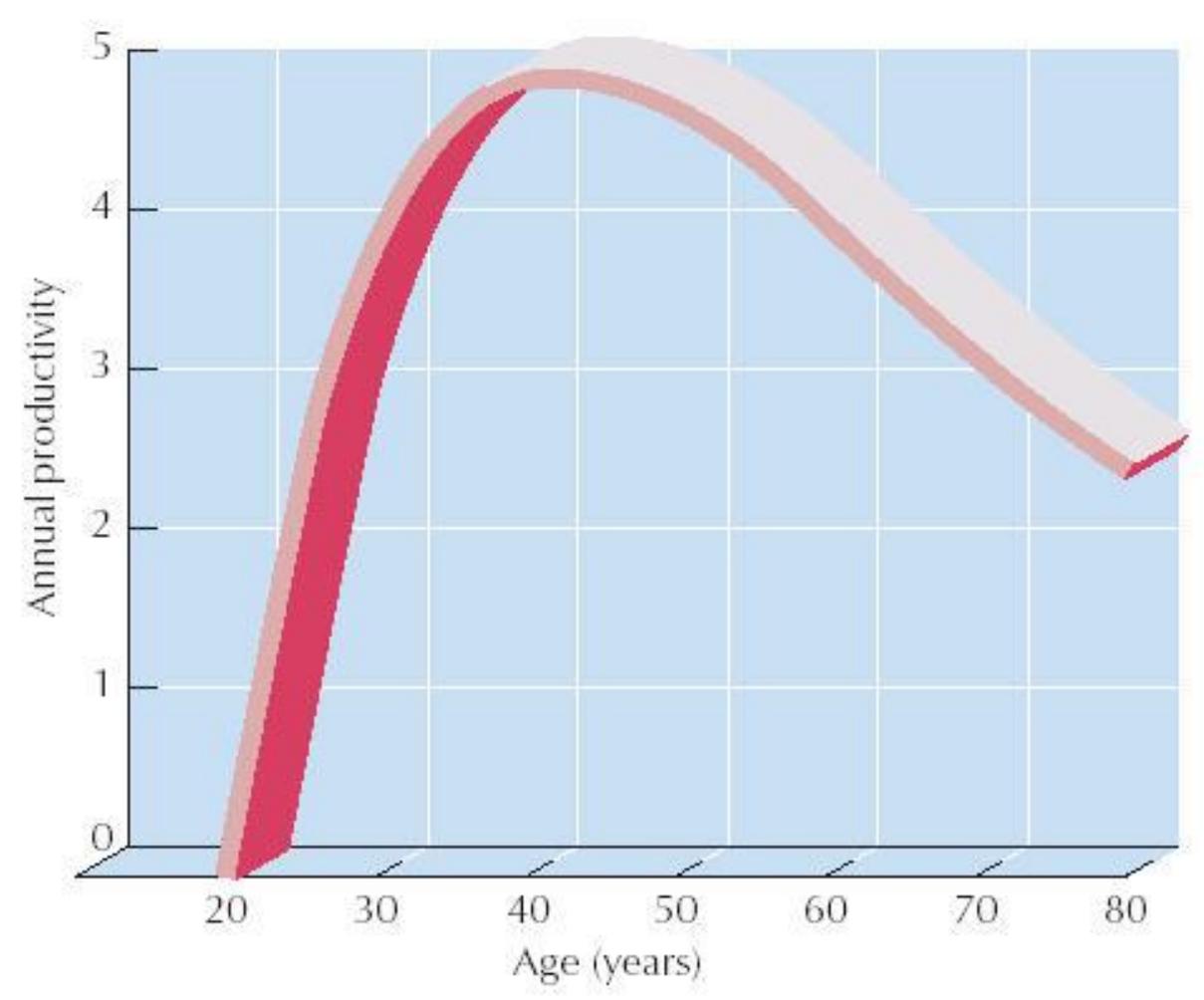


Figure 4.5

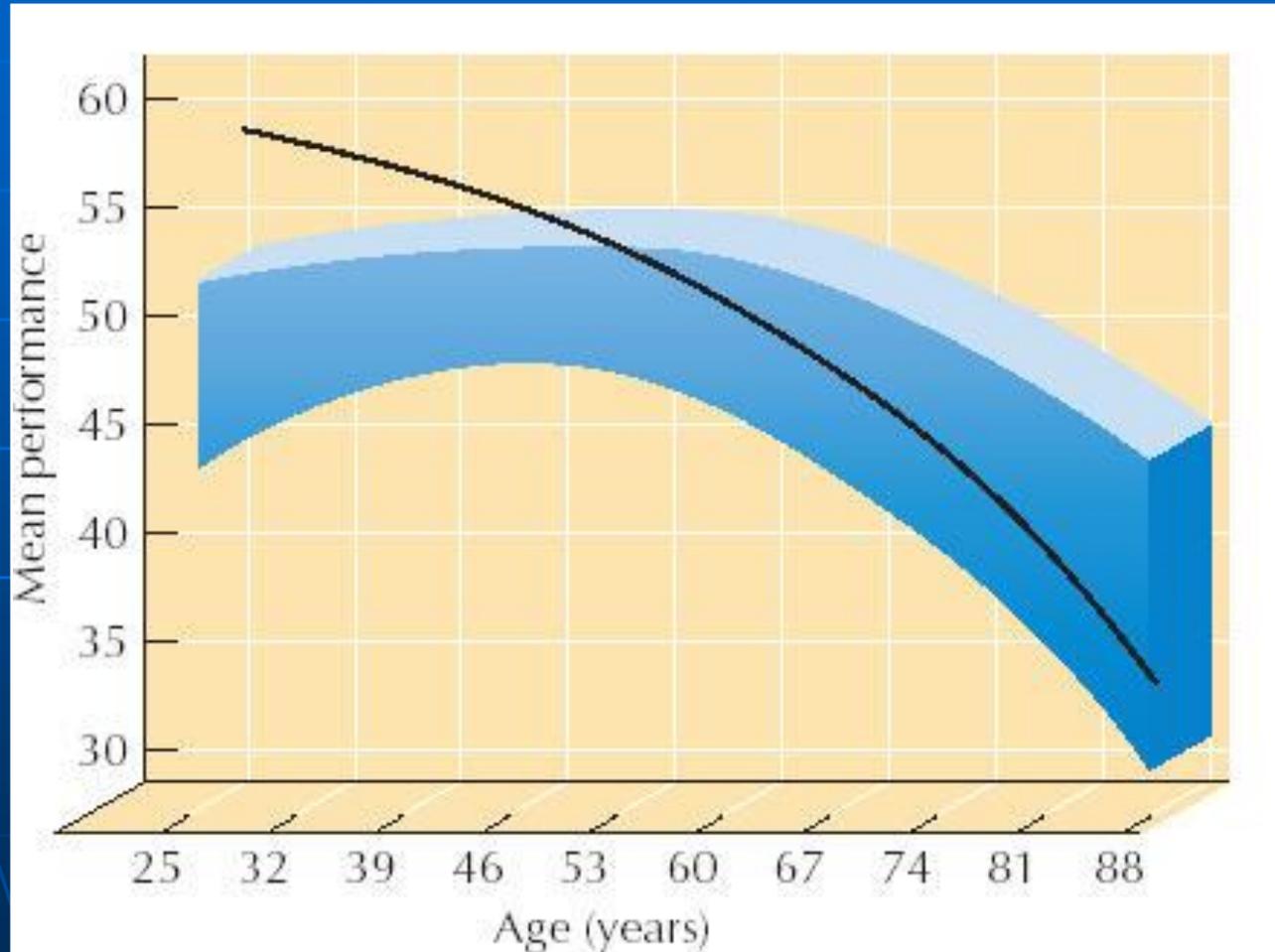


Figure 4.6

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**