DEVELOPMENTAL PSYCHOLOGY

PmLE | Main reference: Papalia and Newman & Newman

PERSPECTIVES ON NATURE AND NURTURE (5)

HUMAN DEVELOPMENT (DEVELOPMENTAL PSYCHOLOGY) – scientific study of processes of change and stability throughout the human lifespan

- Is ***systematic*** (coherent and organized) and ***adaptive*** (aimed at dealing with internal and external conditions of existence)

LIFESPAN DEVELOPMENT

- Concept of human development as a lifelong process, which can be studied scientifically
- **From "*womb*" to "*tomb*"**
- Comprising the entire lifespan from conception to death

Four Goals of Human Development

1. **To describe**
   - Observing and recording behavior and developmental milestones.
   - Establishing norms for what happens at different stages of life.
2. **To explain**
   - Identifying the underlying causes of developmental changes and differences.
   - Figuring out the "why" behind genetic and environmental influences.
3. **To predict**
   - Forecasting future developmental outcomes based on current or past data.
   - Estimating the likelihood of specific behaviors or milestones occurring.
4. **To intervene**
   - Applying developmental knowledge to improve people's well-being and quality of life.
   - Designing therapies, educational programs, and policies to overcome challenges.

Domains of Development	
Physical Development	Growth of the body and brain, sensory capacities, motor skills, and health
Cognitive Development	Learning, attention, memory, language, thinking, reasoning, and creativity
Psychosocial Development	Emotions, personality, and social relationships

2 Types of Developmental Principle

- **Cephalocaudal Principle** (*"head to tail"*) – development proceeds from the head to the lower part of the trunk
- **Proximodistal Principle** (*"near to far"*) – development proceeds from parts near the center of the body to outer ones

ASSUMPTIONS OF HUMAN DEVELOPMENT

1. **Growth occurs at every period of life, from conception through elderhood**
   - At each period, new capacities emerge, new roles are undertaken, new challenges must be faced, as a result, a new orientation toward self and society unfolds
   - **Plasticity –** a capacity for adaptive reorganization at the neurological, psychological, and behavioral levels
2. **Individual lives show both continuity and developmental change over time**
   - An awareness of the processes that contribute to both continuity and change is central to an understanding of human development.
   - **Continuity –** refers to the stability in characteristics from one period of life to another
     - It also refers to a sense of sameness over time built on a history of memories, identity, and reflected self
   - **Developmental Change –** refers to patterns of growth and reorganization
     - Change may be attributed to biological maturation, systematic socialization, self-directed striving, and the interaction of these forces
3. **We need to understand the whole person, because we function in an integrated manner**
   - To achieve such an understanding, we need to study the major developments in physical, social, emotional, and cognitive capacities and their interrelationships
   - Each system serves as a stimulus for the others, requiring an integration of all these capacities in order to produce an adaptive response

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4. **Behavior must be interpreted in the context of relevant settings and personal relationships**
    - Human beings are highly skilled in adapting to their environments
    - The meaning of a given behavior pattern or behavior change must be interpreted in light of the significant physical and social environments in which it occurs
    - While individuals are changing, so are their environments
5. **People contribute actively to their development**
    - These contributions take many forms, including the expression of tastes and preferences, choices and goals, and one's willingness to embrace or resist cultural and societal expectations
    - One of the most critical ways in which a person contributes to his or her development is through the creation of significant social relationships, which then form a context for social support and socialization
6. **Diversity is a product of the interaction of the biological, the psychological, and the societal systems**
    - **Diversity –** refers to the differences that exist among people
        - It is built into the architecture of the human genome
    - It increases as individuals encounter new settings and make unique meaning of their experiences
    - Social identities, economic resources, and educational opportunities are all aspects of the societal system that contribute to diversity
    - The differences that exist among people are part of what protects the human species and allows it to adapt across a wide and changing range of environments

FOUNDATIONAL INFLUNCES ON DEVELOPMENT

- **Social Construction –** refers to ideas or phases of life that aren't purely biological but are defined by society.
    - For example, "adolescence" or "emerging adulthood" are social constructs; they exist because modern society recognizes and structures them, whereas past cultures simply transitioned individuals from childhood straight to adulthood.
- **Heredity –** biological blueprint passed down from your biological parents.
    - This includes physical traits like eye color, as well as genetic predispositions to certain talents or health conditions.
- **Environment –** every external influence from the moment of conception onward.
    - This ranges from the mother's nutrition in the womb to socioeconomic status, parenting styles, education, and cultural surroundings.
- **Maturation –** the unfolding of a natural sequence of physical changes and behavior pattern

BIOLOGICAL BLUEPRINT: GENETICS AT THE CELLULAR LEVEL

- **Behavioral Genetics –** scientific study of the extent to which genetic and environmental differences among people and animals are responsible for differences in their traits
- **Heritability –** proportion of all the variability that can be linked to genetic differences among those individuals
- **Chromosomes –** coils of DNA that consist of smaller segments called genes
- **DNA (deoxyribonucleic acid) –** is a double-helix structure of chemicals that carries inherited instructions for the development of all cellular forms of life
- **Genes –** small segments of DNA located in definite positions on particular chromosomes; functional units of heredity
- **Bases –** the "letters" of the genetic code
    - adenine (A), thymine (T), cytosine (C), and guanine (G)
- **Human Genome –** complete sequence of genes in the human body
- **Mitosis –** a process by which the non-sex cells divide in half over and over again, the DNA replicates itself, so that each newly formed cell has the same DNA structure as all the others
- **Meiosis –** which the sex cells undergo when they are developing—each sex cell ends up with only 23 chromosomes—one from each pair
- **Mutation –** permanent alterations in genes or chromosomes that may produce harmful characteristics
- **Autosomes –** in humans, the 22 pairs of chromosomes not related to sexual expression
- **Sex Chromosomes –** pair chromosomes that determines sex
    - **XX** – normal female
    - **XY** – normal male (Y chromosomes contains the gene for maleness called the SRY gene)

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PATTERNS OF INHERITANCE

- **Alleles –** two or more alternative forms of a gene that occupies the same position on paired chromosomes and affect the same trait
- **Homozygous –** possessing two identical alleles for a trait
    - Homozygous dominant (RR): two copies of the allele for brown hair
    - Homozygous recessive (rr): inherited one allele for red hair from each parent
- **Heterozygous –** possessing differing alleles for a trait
    - Rr or rR: one copy of the red hair allele (r) and one copy of an allele for brown hair (r)
- **Dominant Inheritance –** pattern of inheritance in which, when a child receives different alleles, only the dominant one is expressed
- **Recessive Inheritance –** pattern of inheritance in which a child receives identical recessive alleles, resulting in expression of a nondominant trait
- **Polygenic Inheritance –** pattern of inheritance in which multiple genes at different sites on chromosomes affect a complex trait
- **Genotype –** genetic makeup of a person, containing both expressed and unexpressed characteristics
- **Phenotype –** observable characteristics of a person
- **Multifactorial Transmission –** combination of genetic and environmental factors to produce certain complex traits
- **Epigensis –** mechanism when the genes are turned off or on as they are needed by the developing body or when triggered by the environment
    - Chemical molecules (or "*tags*") attached to a gene that alter the way a cell "reads" the gene's DNA

MEASURING GENE-ENVIRONMENT INTERACTIONS

- **Selective Breeding –** involves attempting to breed animals for a particular trait to determine whether the trait is heritable
    - Twin Studies
    - Adoption Studies
    - Family Studies
- **Concordance Rate –** the percentage of pairs of people studied in which if one member of a pair displays the trait, the others does too
    - **Reaction Range –** wide range of possibility that it might exhibit differently
    - **Canalized Range –** limited possible changes of changing (fixed)
- **Gene-Environment Correlation –** the effects of genes depend on what kind of environment we experience, and how we respond to the environment depends on what genes we have.
    - **Passive Gene-Environment –** parents provide for their children is influenced partly by the parents' genotypes
    - **Evocative (Reactive) Gene-Environment –** child's genotype evokes certain kind of reactions from other people
    - **Active Gene-Environment –** children's genotype influence the kinds of environment they seek

A | Context of Development

- **Nuclear Family –** two-generational kinship, economic, and household unit consisting of one or two parents and their biological children, adopted children, or stepchildren
- **Extended Family –** multigenerational kinship network of parents, children, and other relatives, sometimes living together in an extended-family household
- **Socioeconomic Status –** combination of economic and social factors describing an individual or family, including income, education, and occupation
- **Culture –** a society's or group's total way of life, including its customs, traditions, laws, knowledge, beliefs, values, language, and physical products, from tools to artworks—all of the behavior and attitudes that are learned, shared, and transmitted among members of a social group
- **Ethnic Group –** consists of people united by a distinctive culture, ancestry, religion, language, or national origin, all of which contribute to a sense of shared identity and shared attitudes, beliefs, and values
- **Ethnic Gloss –** overgeneralization about ethnic or cultural group that obscures differences within the group

Historical Context

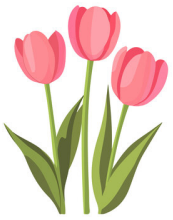
➔ The time in which people live

➔ How certain expectancies, tied to time and place, affect the course of people's lives

B | Influences on Development

Individual Differences – differences in characteristics, influences, or developmental outcomes

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- **Genes**
- **Shared Environmental Influences –** common experiences that work to make them similar (e.g., parenting style)
- **Nonshared Environmental Influences –** unique experiences to the individual that are not shared with the other members of the family (e.g., parental favoritism)

Normative Influences – biological or environmental events that affect many or most people in a society in similar ways and events that touch only certain individuals

- **Normative Age-Graded Influences**
  - They are experiences and changes that are common for individuals within a specific age group
  - Puberty, menopause, formal schooling, retirement
- **Normative History-Graded Influences**
  - They are events that are experienced by a majority of people within a specific culture or society at a similar point in history
  - COVID-19 Pandemic

Historical Generation & Cohorts

- ➔ **Historical Generation –** group of people strongly influenced by a major historical event during their formative period
- ➔ **Cohorts –** group of people born at about the same time

Nonnormative Influences – unusual events that have a major impact on individual lives because they disturbed the expected sequence of the life cycle

C | Timing of Influences

Imprinting – instinctive form of learning in which, during a critical period in early development, a young animal forms an attachment to the first moving object it sees, usually the mother; automatic and irreversible

- ➔ **Predisposition Toward Learning –** the readiness of an organism's nervous system to acquire certain information during a brief critical period in early life
- ➔ By Konrad Lorenz, an Austrian zoologist, he showed that the newly hatched ducklings will instinctively follow the first moving object they see, whether it is a member of their species or not

Critical Period

- Is a specific time when a given event, or its absence, has a specific impact on development
- If a necessary event does not occur during a critical period of maturation, normal development will not occur, and the resulting abnormal patterns may be irreversible
- The length of a critical period is not absolutely fixed

Sensitive Period

- A more extended period of time during development when an individual is particularly receptive and responsive to specific types of experiences
- While optimal learning or development occurs during this time, development can still happen outside this window, although it might require more effort or be less efficient

Plasticity – range of modifiability of performance

D | Issues in Human Development

Issue 1: Is Development Active or Reactive?

- **Active Development –** people create experiences for themselves and are motivated to learn about the world around them
  - **Organismic Model –** sees people as active, growing organisms that set their own development in motion

Jean Jacques Rousseau

- ➔ Children are born "noble savages" who develop according to their own positive natural tendencies if not corrupted by society

- **Reactive Development –** the developing child as a hungry sponge that soaks up experiences and is shaped by this input over time
  - **Mechanistic Model –** people are like machines that react to environmental input

John Locke's Tabula Rasa ("Blank Slate")

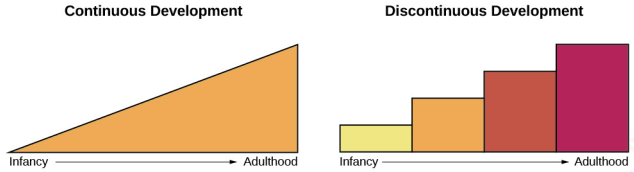
- ➔ The child developed in either positive or negative ways, depended entirely on experiences

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Issue 2: Is Development Continuous or Discontinuous?



- **Continuous Development –** gradual and incremental
  - **Quantitative Change –** change in number or amount, such as height, weight, or vocabulary size
- **Discontinuous Development –** abrupt or uneven
  - **Qualitative Change –** discontinuous changes in kind, structure, or organization

Issue 3: Stability vs. Change

- **Stability –** personality traits, temperament, and other characteristics established early in life tend to persist throughout the lifespan
- **Change –** emphasizes the potential for individuals to evolve and alter their characteristics due to new experiences, learning, and maturation

Issue 4: Nature vs. Nurture

- **Nature –** emphasizes the role of genes, heredity, and biological predispositions in shaping our traits, abilities, and behaviors
- **Nurture –** highlights the influence of environmental factors, including upbringing, social relationships, culture, education, and life experiences

Issue 5: Early vs. Later Experience

- **Early experience** proponents argue that the first few years of life are critical, and early events can have lasting and profound effects on a person's development, potentially setting trajectories that are difficult to alter
- **Later experience** proponents emphasize that development is a lifelong process and that individuals remain adaptable throughout their lives

RESEARCH METHODS IN DEVELOPMENTAL PSYCHOLOGY AND ETHICS (5)

APA GENERAL PRINCIPLES

- **Beneficence & Nonmaleficence –** take care to do no harm or minimize harm
- **Fidelity & Responsibility –** establish relationships of trust with those with whom they work
- **Integrity –** promote accuracy, honesty, and truthfulness
- **Justice –** fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services
- **Respect for People's Rights & Dignity –** respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination

PAP GENERAL PRINCIPLES

1. **Respect for the Dignity of Persons and Peoples –** respect for all human beings, diversity, culture, and beliefs; privacy, fairness, and justice
2. **Competent Caring for the Well-Being of Persons and Peoples –** working for the benefit of individuals and communities while doing no harm
3. **Integrity –** honesty, truthfulness, and accuracy in all psychological activities
4. **Professional and Scientific Responsibilities to Society –** upholding ethical standards in research, practice, and education, contributing to the welfare of the community

PAP Code of Ethics in Research Key Points

- ➔ Informed consent may be waived if the research poses no distress or harm to participants
- ➔ Fair compensation for participation is allowed unless refused in advance
- ➔ Deception is only permissible if justified by significant scientific, educational, medical, or applied value and when non-deceptive alternatives are not possible
- ➔ Debriefing
- ➔ Animals should only be used if it's the only way to further understand human or animal behavior, increase understanding of the species used, or augment benefits to human or animal health and welfare
- ➔ Procedures that adversely affect the environment should be avoided
- ➔ Caution is needed when reporting results on vulnerable groups to avoid misuse
- ➔ Data fabrication is prohibited
- ➔ Errors in published data should be corrected quickly

A Basic Research Designs

Descriptive – aims to observe and record behavior

Case Study – study of a certain individual or group

- Useful in rare cases, in-depth information

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- Cannot generalize to other populations and cannot make strong causal statements
- Low external validity

Ethnographic Studies – seek to describe the pattern of relationships. Customs, beliefs, technology, arts, and traditions that make up a society's way of life

- Case study of the culture
- Open to observer bias
- Help overcome cultural biases in theory and research and debunks the logic of Western-developed theories

Correlational Study – examine the relationship between two or more variables

- It determines the strength and direction of an association, but not necessarily a causal link
- No random assignment
- High external validity

Experiment – establish cause-and-effect relationships between variables

- Permits replication
- Involves manipulation of the independent variable
- Could encounter ethical issues
- High internal validity

Quasi-Experiment – natural experiment; compared people who have been accidentally assigned to separate groups by circumstances of life

B | Developmental Research Designs

Cross-Sectional Design – this design compares different age groups at a single point in time

- Less time-consuming
- Provides immediate information about age-related differences
- Can study multiple age groups simultaneously
- Cannot determine how individuals change over time

Cohort Effects – differences between age groups may be due to unique experiences of their generation (cohort) rather than actual developmental changes

Longitudinal Design – follows the same group of individuals over an extended period, measuring their characteristics or behaviors at multiple time points

- Can directly measure individual developmental changes
- Eliminates cohort effects because the same individuals are studied
- Can examine the stability of traits and the impact of early experiences on later development
- Time-consuming and expensive
- **Practice Effect** – may perform differently on repeated measures due to familiarity with the tests
- Time-of-measurement effects

Participant's Attrition – individuals may drop out of the study over time, potentially leading to a biased sample

Sequential Design – combines elements of both cross-sectional and longitudinal approaches

- Can separate age effects from cohort effects by comparing different cohorts at the same age and the same cohort at different ages
- Provides information about both age-related changes within individuals and age-related differences between groups
- Can be more efficient than a purely longitudinal study in terms of time and resources
- More complex to design and analyze than cross-sectional or longitudinal studies
- Still susceptible to some attrition and practice effects
- May not completely disentangle all developmental influences

DEVELOPMENTAL THEORIES (25)

THEORY – is a set of logically related concepts or statements that seek to describe and explain development and to predict the kinds of behavior that might occur under certain conditions

- What makes a theory useful?
  - Generates research
  - Is falsifiable
  - Organize data
  - Guides action
  - Internally consistent
  - Parsimonious
- Theory and its relatives
  - Philosophy is broader than theory
  - Speculations are single and isolated
  - **Hypothesis** – possible explanations for phenomena, used to predict the outcome of research, and narrower than a theory
  - Taxonomy does not constitute a theory but can evolve into a new theory
  - Science: theory provides fertile ground for

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producing testable hypotheses

Five Major Theoretical Perspectives

- **Psychoanalytic** – focuses on unconscious emotions and drives
- **Learning** – studies observable behavior
- **Cognitive** – analyzes thought processes
- **Contextual** – emphasizes the impact of the historical, social, and cultural context
- **Evolutionary/Sociobiological** – considers evolutionary and biological underpinnings of behavior

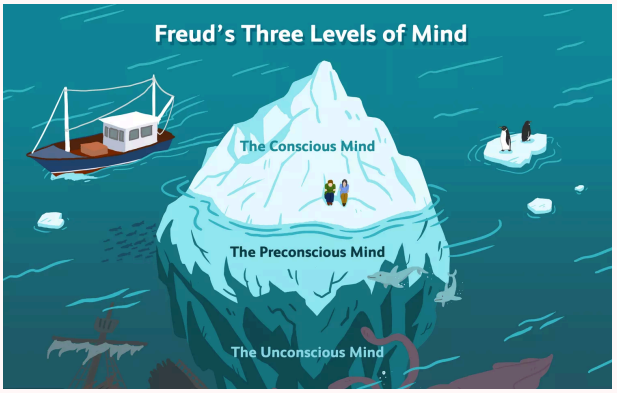
A | Psychosexual Theory by Freud (3)

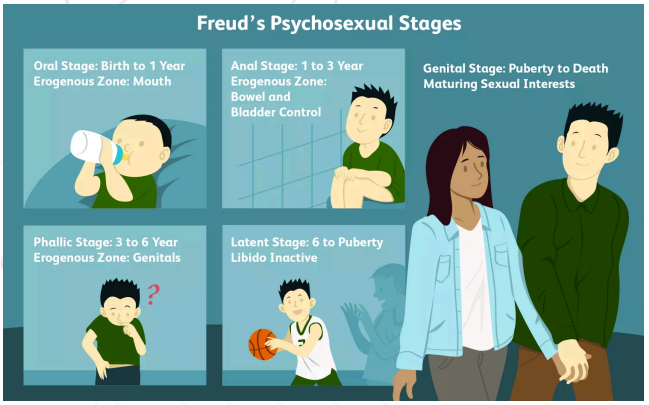
- Humans were born with a series of innate biologically based drives such as hunger, sex, and aggression; early experiences shaped later functioning
- People are driven by motives and emotional conflicts of which they are largely unaware that they are shaped by their earliest experiences with the family
- Viewed newborn as *"seething cauldron"*—an inherently selfish creature driven by *instincts*—inborn biological forces to motivate behavior
- Strongly believed in *unconscious motivation*—the power instincts and other inner forces to influence our behavior without awareness

Key Concepts in Freud's Psychosexual Theory

- **Libido** – psychic energy or sexual drive that motivates human behavior and shifts its focus to different erogenous zones during each stage
- **Erogenous Zones** – specific areas of the body that are the primary source of pleasure during each stage
- **Fixation** – an arrest in development that can show up in adult personality

Provinces of the Mind/Structure of Personality	
Id ("It") Pleasure Principles	It seeks immediate gratification of all desires, wants, and needs, regardless of social norms or consequences
Ego ("I")	Striving to satisfy the id's desires in realistic and socially appropriate ways
Reality Principle	
Superego ("over-I") Morality Principle	Internalized moral standards and ideals that we acquire from our parents, society, and other authority figures It acts as our conscience, providing guidelines for making judgments and instilling feelings of guilt and pride





Psychosexual Stages

1. **Oral Stage** (birth to 12-18 months)
    - Stage in development governed by the id
    - Erogenous Zone: Mouth (sucking, biting, feeding)
        - Oral Receptive (sucking phase)
        - Oral Sadistic (biting phase)
    - Fixations: might manifest as nail-biting, smoking, overeating, or excessive talking
        - **Oral Passive** (under gratification) – trusting and dependent
        - **Oral Aggressive** (over gratification) – dominating, hostile, and verbally abusive

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2. **Anal Stage** (12–18 months to 3 years)
    - Ego develops gradually
    - Erogenous Zone: Anus (bowel and bladder elimination)
    - **Anal Triad –** obstinacy (stubbornness), orderliness (cleanliness), and parsimony (stinginess)
    - Fixations:
        - **Anal-Retentive –** obsessive neatness, orderliness, and control
        - **Anal-Expulsive –** messiness, rebelliousness, and disorganization
3. **Phallic Stage** (3 to 6 years)
    - Superego gradually develops and marked by libido
    - Erogenous Zone: Genitals
    - Children become aware of their genitals and the differences between sexes
    - **Oedipus Complex –** boys develop sexual attachment to their mothers
    - **Castration Anxiety –** a fear of losing one's genitals as punishment for incestuous feelings toward the mother and murderous feelings toward the father
    - **Female Oedipus Complex [Electra Complex (Jung)] –** girls develop sexual attachment to their fathers
    - **Penis Envy –** female children experience profound distress upon realizing they do not have a penis
    - Fixations: can lead to difficulties in relationships, excessive masculinity or femininity, or sexual anxieties in adulthood
4. **Latency Stage** (6 years to puberty)
    - Libido is dormant or suppressed
    - Sexual urges are repressed as children focus on developing social skills, hobbies, and schoolwork
5. **Genital Stage** (puberty onwards)
    - Libido redevelops, energy shifts to heterosexual relationships
    - Individuals seek to satisfy their sexual desires in socially acceptable ways
    - Successful navigation of previous stages is believed to lead to a well-adjusted adult capable of healthy relationships

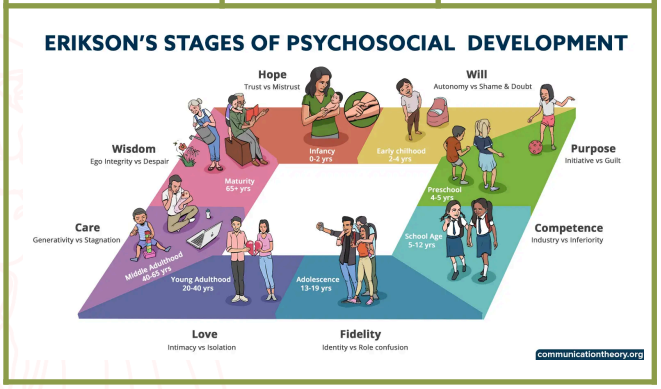
Defense Mechanism	
Repression	Unconsciously pushing threatening or unacceptable thoughts, feelings, and memories out of awareness Ex. a person who experienced childhood abuse may have no conscious memory of the events
Regression	Reverting to an earlier stage of development in response to stress or anxiety Ex. a adult throwing a temper tantrum when they don't get their way
Displacement	Redirecting unacceptable urges or emotions onto a less threatening target Ex. being angry at your boss but yelling at your spouse or children instead
Rationalization	Creating false but seemingly plausible excuses to justify unacceptable behavior or feelings Ex. a student who cheated on an exam saying
Denial	Refusing to accept reality or facts that are unpleasant or threatening Ex. an alcoholic insisting they don't have a drinking problem despite clear evidence
Projection	Attributing one's own unacceptable thoughts, feelings, or impulses to another person Ex. someone who is secretly angry with a friend constantly accuses the friend of being angry with them
Sublimation	Channeling unacceptable impulses into socially acceptable and even admirable behaviors Ex. aggressive urges being channeled into competitive sports or artistic expression
Reaction-	Behaving in a way that is the

Formation	opposite of one's true unconscious feelings Ex. someone with unconscious homosexual urges becoming vehemently homophobic

B | Psychosocial Theory by Erikson (4)

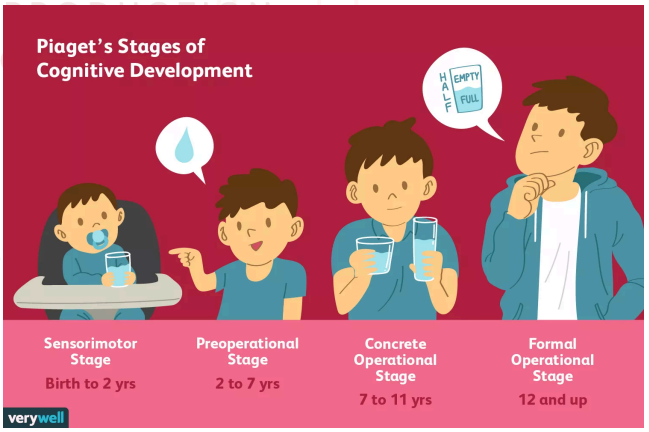
- Erikson modified and extended Freudian theory by emphasizing the influence of society on the developing personality
- The socially and culturally influenced process of development of the ego, or self
- **Crisis** – a major psychosocial challenge that is particularly important at that time and will remain an issue to some degree throughout the rest of life
- **Virtue** – or strength, the successful outcome of each stage
- **Core Pathology** – is a negative trait or pattern of behavior that can hinder their development and well-being
    - Infancy: Withdrawal
    - Toddlerhood: Compulsion
    - Early Childhood: Inhibition
    - Middle and Late Childhood: Inertia
    - Adolescence: Role Repudiation
    - Young Adulthood: Exclusivity
    - Middle Adulthood: Rejectivity
    - Late Adulthood: Disdain

Period	Crisis	Virtue
Infancy	Trust vs. Mistrust	Hope
Toddlerhood	Autonomy vs. Shame & Doubt	Will
Early Childhood	Initiative vs. Guilt	Purpose
Middle and Late Childhood	Industry. Inferiority	Competence
Adolescence	Identity vs. Role Confusion	Fidelity
Young Adulthood	Intimacy vs. Isolation	Love
Middle Adulthood	Generativity vs.	Care
	Stagnation	
Late Adulthood	Integrity vs. Despair	Wisdom



C | Cognitive Development by Piaget (3)

- Children's cognitive development advances in a series of four stages involving qualitatively distinct types of mental operations
- Viewed intelligence as a process that helps an organism to adapt to its environment
- **Constructivism** – children actively construct new understandings of the world based on their experiences
- **Schemes** – organized patterns of thought and behavior used in particular situations



Three Interrelated Cognitive Processes

➔ **Organization** – the tendency to create categories or systems of knowledge **Adaptation** – how children handle new information in the light of what they already know

- ◆ **Assimilation** – taking new information and incorporating it into existing

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cognitive structures
  - ◆ **Accommodation** – adjusting one's cognitive structures to fit the new information
- ➔ **Equilibration** – children want what they understand of the world to match what they observe around them

Stages of Cognitive Development

1. **Sensorimotor Stage** (birth to 2 years old) – infants learn about themselves and their world through their developing sensory and motor activity
   - **Circular Reactions** – an infant learns to reproduce events originally discovered by chance
   - **Representational Ability** – the ability to mentally represent objects and actions in memory, largely through symbols such as words, numbers, and mental picture
   - **Stage Attainment: Object Permanence** – the realization that something continues to exist when out of sight
   - **Dual Representation Hypothesis** – children under age of 3 have difficulty grasping spatial relationships because of the indeed to keep more than one mental representation in mind at the same time

6 Substages of Sensorimotor Stage	
Use of Reflexes (birth to 1 month)	Infants exercise their informed reflexes and gain some control over them
Primary Circular Reactions (1 to 4 months)	Repeat pleasurable behaviors that first occur by chance (such as thumbsucking)
Secondary Circular Reactions (4 to 8 months)	Become more interested in the environment; they repeat actions that bring interesting results and prolong interesting experiences
Coordination of Secondary Schemes (8 to 12 months)	Coordinate previously learned schemes and use previously learned behaviors to attain their goals
Tertiary Circular Reactions (12 to 18 months)	Toddlers show curiosity and experimentation
	Trial and error
Mental Coordination (18 to 24 months)	They can think about events and anticipate their consequences without always resorting to action

2. **Preoperational Stage** (2 to 7 years old) – characterized by an expansion in the use of symbolic thought. However, children are not yet fully ready to engage in logical mental operation
   - **Symbolic Function** (2 to 4 years old) – being able to think about something in the absence of sensory or motor cues
     - **Deferred Imitation** – children imitate an action at some point after having observed it
     - **Pretend Play** – also called fantasy play, dramatic play, or imaginary play, in which play is involving imaginary people and situations
   - **Intuitive Thought** (4 to 7 years old) – begin to use primitive reasoning and want to know the answers to all sort of questions
   - **Transduction** – tendency mentally link particular phenomena, whether or not there is logically a causal relationship
   - **Identities** – people and many things are basically the same even if they change in outward form, size, or appearance
   - **Animism** – attribute life to objects that are not alive
   - **Artificialism** – the belief that natural phenomena are created by humans, while transductive reasoning is a type of logic where children link unrelated events to draw conclusions
   - **Centration** – tendency to focus on one aspects of a situation and neglect others
     - **Decenter** – think about several aspects of a situation at one time
   - **Irreversibility** – failure to understand that an action can go in two or more directions
   - **Egocentrism** – assume everyone else thinks, perceives and feels as they do
   - **Conservation** – two objects that are equal remain so if their appearance is altered, as long as nothing is added or taken away
   - **Stage Attainment: Theory of Mind** – the awareness of the broad range of human mental states; beliefs, intents, desires, dreams, and the understanding that others have their own

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3. **Concrete Operational Stage** (7 to 11 years old) – they can think logically because they can take multiple aspects of a situation into account. However, their thinking is still limited to real situations in the here and now
    - **Spatial Concepts –** allows to interpret maps and navigate environment
    - **Causality –** makes judgment about cause and effects
    - **Seriation –** arranging objects in a series according to one or more dimensions
    - **Transitive Inferences** – understanding the relationship between two objects by knowing the relationship of each to a third object (if a<b and b<c, then a<c)
    - **Class Inclusion –** the ability to see the relationship between a whole and its parts, and to understand the categories within a whole
    - **Inductive Reasoning –** type of logical reasoning that moves from particular observation about members of a class to general conclusion about that class
    - **Stage Attainment: Conservation –** understand the principles of identity, reversibility, and can now decenter
    - **Number and Mathematics**
4. **Formal Operational Stage** (11 through adulthood) – the highest level of cognitive development, when they move away from their reliance on concrete, real-world stimuli and develop the capacity for abstract thought
    - **Deductive Reasoning –** type of logical reasoning that moves from a general premise about a class to a conclusion about a particular member or member of the class
    - **Stage Attainment: Hypothetical-Deductive Reasoning –** involves a methodical, scientific approach to problem solving, and it characterizes formal operational thinking
    - **Fuzzy-Trace Theory Dual-Process Model –** decision making is influenced by two cognitive systems: verbatim analytical and gist-institutional which operated in parallel

David Elkind; Adolescent's Egocentrism

- ➔ The new way of thinking of adolescents, the way they look at themselves and their world, is as unfamiliar to them as their reshaped bodies, and they sometimes feel just awkward in its use
- ➔ **Self-Consciousness –** adolescents can think about thinking their own and the other people's thoughts
- ➔ **Imaginary Audience –** a conceptualized "observer" who is concerned with a young person's thoughts and behavior as he or she is
- ➔ **Personal Fable –** belief that they are special, their experience in unique, and they are not subject to the rules that govern the rest of the world

D | Moral Development by Kohlberg (2)

- As children attain higher cognitive levels, they become capable of more complex reasoning about moral issues
- However, Kohlberg place too much emphasis on moral thought and not enough for moral behavior



Stages of Moral Reasoning

1. **Level 1: Preconventional Morality** (birth to 9 years old) – they obey rules to avoid punishment or reap rewards, or they act out of self-interest
    - **Stage 1: Obedience and Punishment Orientation –** children obey rules to avoid punishment
    - **Stage 2: Individualism and Exchange –** children conform rules out of self-interest and consideration for what others can do for them
2. **Level 2: Conventional Morality** (9 to 20 years old) – individuals internalize societal norms and value maintaining social order
    - **Stage 3: Interpersonal Accord and Conformity** (Good Boy/Good Girl Orientation) – want to please and help others, can judge the intentions of others, and develop their own ideas of what a good person is
    - **Stage 4: Authority and Social-Order**

Maintaining Orientation (Law and Order Morality) – it is their duty to uphold the law

3. **Level 3: Postconventional Morality** (20 onwards) – recognize conflicts between moral standards and make their own judgments on the basis of principles of right, fairness, and justice
    - **Stage 5: Social Contract and Individual Rights Orientation –** laws are created for the greater good but can be changed through democratic processes if they infringe on individual rights
    - **Stage 6: Universal Ethical Principles –** based on internalized universal principles of justice, equality, and human rights

Cosmic Stage – people consider the effect of their actions not only on other people but on the universe as a whole

Carol Gilligan

- ➔ Kohlberg's theory was sexist and oriented towards values more important to men than to women
- ➔ She argues that men, Kohlberg included, viewed morality in terms of justice and fairness.
- ➔ Women held a different set of values, however, that placed caring and avoiding harm as higher goals than justice

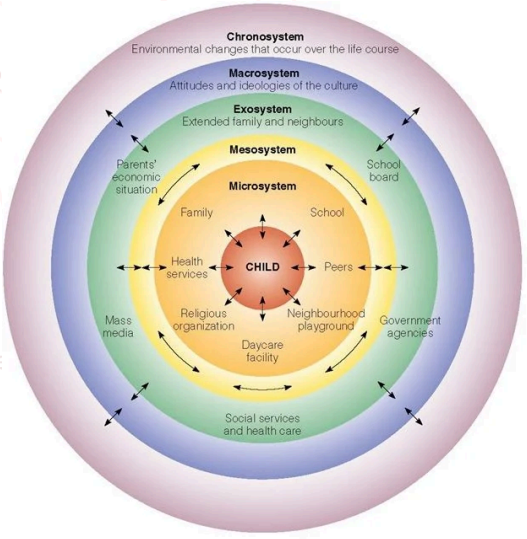
Gilligan's Stages of the Ethic of Care	
Stage	**Goal**
Preconventional	*Goal is individual survival*
Transition is from selfishness -- to -- responsibility to others	
Conventional	*Self sacrifice is goodness*
Transition is from goodness -- to -- truth that she is a person too	
Postconventional	*Principle of nonviolence: do not hurt others or self*

Piaget's Moral Reasoning

- ➔ **Heteronomous Morality –** children think of justice and rules as unchangeable properties of the world, removed from the control of people
    - Approximately 5-9 years
    - Rules as Absolute
    - **Immanent Justice –** concept that if a rule is broke, punishment will happen immediately
    - **Moral Realism –** children believe that morality is objective and resides in the rules themselves, not in the intentions or agreements between people
- ➔ **Autonomous Morality –** biomes aware with the rules and laws created by people, and in judging an action, they consider the intentions as well as the consequences
    - Approximately 9/10 years and older
    - Rules as Social Agreements
    - Focus on Intentions
    - Rejection of Immanent Justice
    - **Moral Relativism –** children realize that moral rules are not absolute and can be relative to specific situations and cultural contexts

E | Bioecological Systems Theory by Bronfenbrenner (2)

- Understanding processes and contexts of human development that identifies five levels of environmental influence
- The child is not seen as just an outcome of development; the child is an active shaper of development
- But the child does not exist in isolation. To understand development, we must see the child within the context of the multiple environments surrounding her



Five Nested Systems

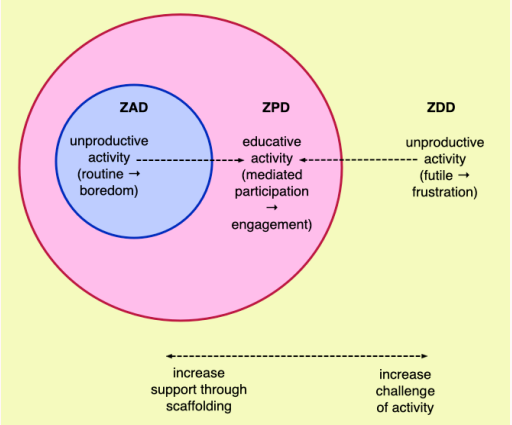
1. **Microsystem –** everyday environment of home, work, school, or neighborhood
    - Direct contact with the child
2. **Mesosystem –** linkages between home and school (such as a parent-teacher conference) or between the family and the peer group
    - Interaction between child microsystems

3. **Exosystem –** interactions between a microsystem and an outside system or institution
    - Family composition, place of residence, or parents' employment, and larger events
    - Child is not involved and are external to their experience but nonetheless affect them anyway
4. **Macrosystem –** overarching cultural patterns, such as dominant beliefs, ideologies, and economic and political systems
    - How cultural elements affect a child's development
5. **Chronosystem –** represents the dimension of time
    - Consist of all environmental changes that occur over the lifetime that influence development
    - Major life transitions and historical events
    - Nonnormative events

F | Sociocultural Theory by Vygotsky (2)

- Cognitive development is shaped by the sociocultural context in which it occurs and grows out of children's interaction with the member of the culture
- **Scaffolding –** refers to the temporary support or guidance provided to learners within their ZPD, helping them to master new skills or knowledge
- **Zone of Proximal Development (ZPD) –** the gap between what they are to do by themselves vs. what they can accomplish with assistance
    - This gap represents the potential for learning and growth that can be facilitated through interaction with a **more knowledgeable other (MKO)**

Other Zones of Development



- → **ZAD (Zone of Actual Development) –** often refers to the learner's current independent capabilities
- → **ZDD (Zone of Distal Development) –** is a less standard term that can describe skills beyond immediate reach, long-term developmental potential, or broader cultural influences on development

G | Attachment Theories by Ainsworth and Mahler (3)

Attachment Theory by Mary Ainsworth

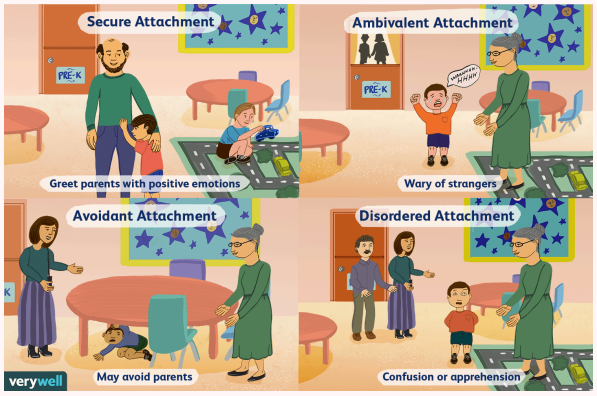
- **Attachment –** reciprocal, enduring emotional tie between an infant and a caregiver, each of whom contributes to the quality of relationships
- **Strange Situation** (Mary Ainsworth) – designed to assess attachment patterns between infant and adult
- **Stranger Anxiety –** wariness of a person he/she does not know
- **Separation Protest –** crying when caregiver leaves
- **Mutual Regulation –** the ability of both infant and caregiver to respond appropriately and sensitively to each other's mental and emotional states
- **Social Referencing –** seeking emotional information to guide behavior

4 Attachment Styles	
Secure Attachment	Generally become visibly upset when their caregivers leave and are happy when their parents return. When frightened, these children will seek comfort from the parent or caregiver Parenting Style: sensitive and responsive
Avoidant (Insecure) Attachment	Might not reject attention from a parent, but neither do they seek out comfort or contact. Children with an avoidant attachment show no preference between a parent and a complete stranger Parenting Style: inconsistent, often unresponsive
Ambivalent	Tend to be extremely suspicious of

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DEVELOPMENTAL PSYCHOLOGY

(Resistant) Attachment	strangers. These children display considerable distress when separated from a parent or caregiver but do not seem reassured or comforted by the parent's return Parenting Style: rejecting-unresponsive, or intrusive-overly stimulating
Disorganized-Disoriented Attachment	Show a lack of clear attachment behavior. Their actions and responses to caregivers are often a mix of behaviors, including avoidance or resistance Parenting Style: frightened and frightening



Five Stages of Attachment Development

1. **Stage 1 (birth to 3 months) –** infants uses sucking, rooting, grasping, smiling, etc., to maintain closeness with caregivers
2. **Stage 2 (3 to 6 months) –** more responsive to familiar figures than to strangers
3. **Stage 3 (6 to 9 months) –** infants seeks physical proximity and contact with objects of attachment
4. **Stage 4 (9 to 12 months) –** infants form internal mental representation of object of attachment, including expectations about caregiver's typical responses to signals of distress
5. **Stage 5 (12 months and older) –** child uses variety of behaviors to influence behavior of the objects of attachment ways that will satisfy needs for safety and closeness

Attachment Theory by Bowlby

- **Attachment Behavior System –** a complex set of reflexes and signaling behaviors that bring about caregiving responses from adults
  - When the child is frightened or separated from the mother, the attachment system is activated and the child will seek proximity or physical closeness to the mother
  - The child is motivated to attain a sense of security, a subjective experience of safety and well-being
  - When the child feels secure, the attachment system is deactivated and the exploratory system is turned on
  - Attachment is primary drive
- **Principle of Monotropy –** need to form attachment to one significant person
- **Internal Working Model of Attachment –** through repeated attachment experiences, the child develops expectations about the availability and responsiveness of the mother
- **Separation Anxiety –** distress when a familiar caregiver leaves

3 Stages of Separation Anxiety

1. **Protest –** upon the disappearance of the caregiver, the infant will cry, and will resist soothing from others
2. **Despair –** when the separation is prolonged, the infant becomes quiet, sad, passive, and apathetic
3. **Detachment –** infants become emotionally detached from other people

Separation-Individuation Theory by Mahler

- **Psychological Birth –** focused on independence, how the child grows entirely dependent being to one who is relatively independent, both physically and psychologically
  - First 36 months of an infant
  - Successful completion of the developmental stages in first few years of life results in separation and individuation
- **Separation –** internal process of mental separation
- **Individuation –** developing self-concept

Phases and Subphases of Separation-Individuation
Normal Autistic Phase (0 to 1 month)
• First weeks of life and shows little social

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engagement
- Infant is focused on himself/herself
- Uninterested in external stimuli
- As if they are inside their own eggshell
- Primary Goal: achieve a state of equilibrium, while lacking the understanding that the satisfaction needs may come from an external source

Normal Symbiotic Phase (1 to 5 months)

- Child gains awareness of caregivers but has no sense of individuality
- Acknowledges the mother's existence as the main source of need-satisfaction
- Egg extends to include the mother

Separation-Individuation Phase (5 to 24+ months)

- Child develops a sense of self, separated from the mother
- In separation, the infant develops an understanding of boundaries of the self

Differentiation (Hatching) (5 to 10 months)	The infant becomes more alert and interested in the external world They begin to differentiate themselves from the mother, showing increased exploration of her face and body ("customs inspection") Motor development allows for physical distancing from the mother (e.g., pushing away)
Practicing (10 to 16 months)	Marked by significant motor achievements like crawling and walking, allowing for greater independent exploration The infant experiences a sense of exhilaration and relative obliviousness to minor dangers ("love affair with the world") The mother serves as a secure base to which the infant periodically returns for emotional "refueling"
Rapprochement (16 to 24 months)	The child becomes more aware of their separateness from the mother and experiences a growing need for her to share their experiences and accomplishments This can manifest as clinging behavior, temper tantrums, and a strong need for the mother to be in sight
Object Constancy (24+ months)	The understanding that the mother exists as a separate individual even when she is not physically present Increased independence and the ability to internalize a mental representation of the mother that provides comfort and security

H | Identity Formation by Marcia (2)

Has a commitment been made? \ Has a crisis been experienced?	Yes	No
Yes	Identity achievement	Foreclosure
No	Moratorium	Identity diffusion

- James Marcia proposed that the achievement of a stable sense of identity involves two key dimensions:
  - **Crisis** – actively considering various options and beliefs
  - **Commitment** – making a firm decision and adhering to a particular path

Four Types of Identity Statuses

1. **Identity Diffusion**
   - Low Exploration, Low Commitment
   - Individuals in this status have not actively explored different options and have not made any firm commitments regarding their identity in areas like occupation, ideology, and relationships
2. **Identity Foreclosure**
   - Low Exploration, High Commitment
   - These individuals have made commitments without actively exploring alternatives. Their identities are often based on the beliefs and values of their parents, family, or community, which they have accepted without question

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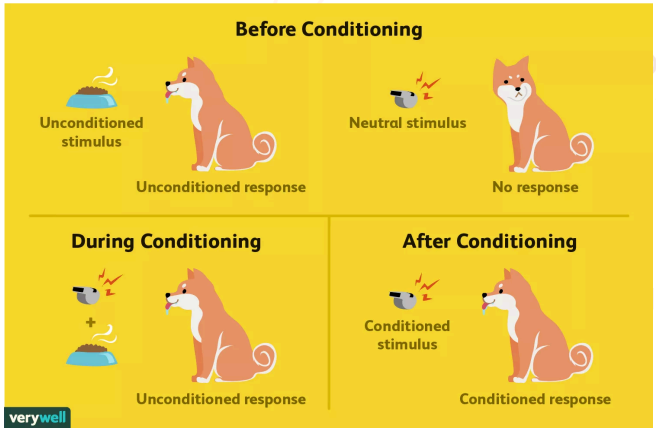
3. **Identity Moratorium**
   - High Exploration, Low Commitment
   - Individuals in moratorium are actively exploring various options, roles, and beliefs but have not yet made firm commitments
   - This is often experienced as a period of questioning, searching, and trying out different possibilities
4. **Identity Achievement**
   - High Exploration, High Commitment
   - Individuals in this status have gone through a period of exploration, considered different options, and have now made firm commitments to a particular identity
   - They have a strong sense of self, are clear about their values and goals, and feel a sense of purpose

MAMA Cycle (Mora-Achie-Mora-Achie)

➔ The progression often involves moving from diffusion or foreclosure through moratorium and ideally towards achievement

I Learning Theories based on Behaviorism and Social Learning (2)

- **Behaviorism** – observed behavior as predictable response to experience



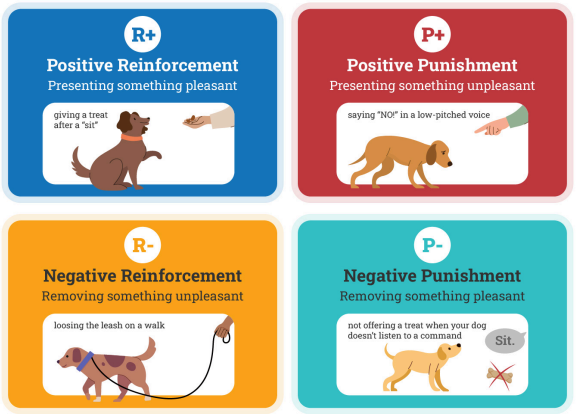
Classical Conditioning by Pavlov – response to stimulus is evoked after repeated association with a stimulus that normally elicits response

- **Unconditioned Stimulus (US) –** a stimulus that naturally and automatically triggers a response (e.g., food)
- **Unconditioned Response (UR) –** the natural, automatic response to the unconditioned stimulus (e.g., salivation)
- **Neutral Stimulus –** a stimulus that, before conditioning, does not trigger a specific response (e.g., a bell)
- **Conditioned Stimulus (CS) –** the neutral stimulus that, after being paired with the unconditioned stimulus, triggers a conditioned response (e.g., the bell)
- **Conditioned Response (CR) –** the learned response to the conditioned stimulus (e.g., salivation)

- **Acquisition –** the initial stage of learning where the association between the CS and CR is established
- **Extinction –** the gradual weakening of the conditioned response when the CS is no longer paired with the US
- **Spontaneous Recovery –** the reappearance of a conditioned response after a period of rest, even if the CS and US have not been paired again
- **Generalization –** the tendency for a conditioned response to occur in response to stimuli that are similar to the conditioned stimulus
- **Discrimination –** the ability to distinguish between the conditioned stimulus and other stimuli that are not associated with the unconditioned stimulus

Operant Conditioning by Skinner – consequences of "operating" on the environment; reinforcements and punishments

- **Reinforcement –** increasing the likelihood that the behavior will be repeated
- **Punishment –** decreasing the likelihood of repetition reinforcement is most effective when it immediately follows a behavior
- **Extinguished –** behavior returns to its original level when a response is no longer reinforced



Schedules of Reinforcement

➔ **Continuous Reinforcement –** every occurrence of the desired behavior is reinforced

➔ **Intermittent Reinforcement**

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- **Fixed Interval –** delivered for the first response after a specific and predictable amount of time has elapsed
  - Ex. Getting paid every two weeks
- **Fixed Ratio –** delivered after a specific and predictable number of responses
  - Ex. A worker is paid for every 10 items produced
- **Variable Interval –** delivered for the first response after an unpredictable amount of time has elapsed, varying around an average
  - Checking email, where new messages arrive at random times
- **Variable Ratio –** delivered after an unpredictable number of responses, varying around an average
  - Slot machines pay out after a random number of plays

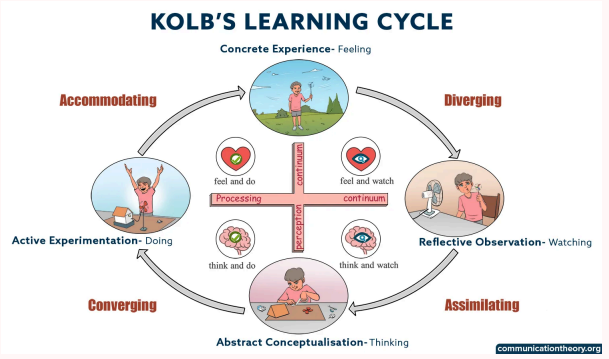
Social Learning Theory by Bandura – learning occurs through observation, imitation, and modeling, emphasizing that people learn by observing others and their consequences, rather than solely through direct experience

- **Reciprocal Determinism –** behaviorists sees the environment as the chief impetus for development and Bandura suggested that the impetus for development is bidirectional
- **Observational Learning –** people learn appropriate social behavior chiefly by observing and imitating models that is, by watching other people
- **Social Cognitive Theory –** cognitive processes are at work as people observe models, learn chinks of behavior, and mentally put the chunks together into complex new behavior patterns
- **Self-Efficacy –** confidence in one's ability
- **Vicarious Reinforcement –** when the model's behavior is rewarded, the behavior is more likely to be imitated; when the model is punished, the behavior is more likely to be avoided

Experiential Learning Theory by Kolb – focuses on the best way to learn things is by actually having experiences

- *"Learning by doing"*
- Learning is the process whereby knowledge is created through the transformation of experience

4 Stages of Kolb's Experiential Learning CyclE	
Concrete Experience	New experience or situation, or reinterpretation of existing experience in the light of new concepts
Reflective Observation	Reflects on the new experience in the light of their existing knowledge of particular importance are any inconsistencies between experience and understanding
Abstract Conceptualization	Reflection gives rise to a new idea, or a modification of an existing abstract concept
Active Experimentation	Newly created or modified concepts give rise to experimentation; applying their ideas to the world around them



4 Basic Learning Styles

1. **Diverging** (Feeling and Watching) – imaginative, enjoy observing situations from multiple perspectives, and are good at generating ideas
   - CE/RO
2. **Assimilation** (Watching and Thinking) – more interested in abstract concepts and theoretical models, and they excel at understanding and organizing information
   - AC/RO
3. **Converging** (Doing and Thinking) – are practical problem-solvers who prefer technical tasks and find practical uses for abstract theories and ideas
   - AC/AE
4. **Accommodating** (Doing and Feeling) – are hands-on learners who enjoy new challenges

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and experiences, and they are intuitive and enjoy completing plans
    - CE/AE

J | Evolutionary Theory by Wilson (2)

- Draws findings of anthropology, ecology, genetics, ethology, and evolutionary psychology to explain the adaptive, or survival, value of behavior for an individual or species
- Influenced by Charles Darwin's theory
- Altruistic behaviors, which seem to reduce an individual's direct fitness, can be explained if they benefit genetically related individuals
- By helping relatives survive and reproduce, an individual indirectly promotes the survival of their own genes
- **Multilevel Selection** – group-level selection, favoring cooperation and altruism within groups competing with other groups, played a significant role in the evolution of eusociality (highly cooperative social systems like those of ants and bees) and, arguably, human social behavior
- **Natural Selection** – the differential survival and reproduction of different variants of members of species and is the tool the natural world uses to shape evolutionary processes
- **Ethology** – study of the adaptive behaviors of animal species in natural contexts
- **Evolutionary Psychology** – apply Darwinian principles to human behavior
- **Law of Natural Selection** – as the principle of survival of the fittest was proposed by Herbert Spencer

Social Role Theory

➔ Traces the process of socialization and personality development through the person's participation in increasingly diverse and complex social roles

➔ **3 Elements of Role Theory**
- ◆ **Role Enactment** – the patterned characteristics of social behavior
- ◆ **Social Roles** – the parts or identities a person assumes
- ◆ **Role Expectations** – the scripts or shared expectations for behavior that are linked to each parts

➔ **4 Dimensions of Social Role Theory**
- ◆ *Number of roles* a person occupies
- ◆ *Intensity of involvement*, or how deeply the person identifies with the role
- ◆ Amount of *time* the role demands
- ◆ The extent to which the expectations associated with each role are either *highly structured* or flexible and open to to improvision

➔ **Self-Fulfilling Prophecy** – individuals often behave in ways that are consistent with the social roles they occupy and the expectations associated with those roles

K | Maturational Theory by Gesell

Maturational Theory – pioneered by developmental psychologist and pediatrician Arnold Gesell, posits that a child's growth and development are primarily dictated by innate, biological factors. In this view, genetics play the dominant role in determining both the sequence and the pace of physical, cognitive, and emotional milestones.
- While environmental factors are acknowledged, Gesell argued that biology provides the blueprint, famously asserting that while nature and nurture work together, "nature holds the reins."

Principles of Maturity

- **Sequential Development:** Development is not random; it follows a highly predictable, universal sequence. For example, in motor development, a child must learn to sit before they can crawl, and crawl before they can walk. This sequence is biologically hardwired.
- **Individual Pace:** While the order of milestones is universal, the rate at which children achieve them is highly individualized. One child may walk at 10 months, while another may walk at 15 months. Both are following the same sequence, but their internal biological clocks tick at different speeds.
- **Developmental Milestones:** Each stage of development is marked by specific behavioral and physical norms. These milestones act as biological checkpoints that indicate a child is maturing as expected.
- **Influence of Environment and Heredity:** Development is a synthesis of genetics and environment. However, Maturational Theory heavily emphasizes that psychological and physical growth are largely unfolding based on a genetic script. The environment provides the setting, but genetics write the story.
- **Role of Genes:** Genes act as intrinsic directors, orchestrating the natural, unforced process of

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development from conception through adolescence.

- **Nervous System and Development:** A child's developmental rate is intrinsically tied to the maturation of their central nervous system (the brain, spinal cord, and nerve fibers). Complex behaviors cannot emerge until the nervous system has sufficiently matured to support them.
- **Mind and Behavior:** Psychological development is a direct reflection of physical nervous system maturation. As the brain creates new neural pathways and the nervous system matures, the child's cognitive abilities and behaviors naturally become more complex.

Concept of Maturational Development

- **Fixed Patterns of Development:** Growth follows a directional, predictable sequence that cannot be easily altered or skipped.
- **Embryonic Development:** The biological blueprint is evident early in gestation. For example, the heart is the first major organ to develop. This is followed by the central nervous system (brain and spinal cord), and finally, peripheral organs and limbs. This demonstrates a "center-to-outward" (proximodistal) and "head-to-toe" (cephalocaudal) growth pattern.
- **Postnatal Development:** After birth, motor control continues to follow a strict top-down and center-out sequence:
    - **Initial Control:** Babies first gain control of their lips and tongue (crucial for feeding).
    - **Next Stage:** Eye movements and tracking develop.
    - **Subsequent Stages:** Control moves down the body to the neck (holding the head up), shoulders, arms, hands, and eventually refined finger movements (pincer grasp).
    - Later Stages: Finally, control reaches the legs and feet, enabling standing and walking.
- **Role of Genetics vs. Environment:** Internal genetic mechanisms are responsible for individual differences in growth rates, while the social and cultural environment acts as a supporting framework that nurtures this overall development.
- **Opposition to Accelerated Learning:** A core tenet of Gesell's theory is his staunch opposition to rushing development. He believed that trying to teach children skills (like reading or potty training) before their nervous system was biologically ready was not only futile but potentially harmful. Premature teaching interferes with natural learning processes and can cause frustration. Gesell argued we must wait for "developmental readiness."

Reciprocal Interweaving – development is not a straight, upward line; it is a complex, dynamic process; Gesell used the term Reciprocal Interweaving to describe how opposing tendencies alternate and eventually integrate to form balanced behaviors.

- **Dynamic Growth Process:** Growth involves a back-and-forth swing between contrasting behaviors or physical tendencies before achieving equilibrium.
- **The Handedness Example:** A young child does not immediately become strictly right- or left-handed. They may heavily favor the right hand for a few months, then switch to using both, then heavily favor the left, before finally settling into a permanent dominant hand. This alternation allows the brain to organize and refine motor skills.
- **Broader Applications:** This concept applies to personality and emotions as well. A child might go through a phase of extreme independence (pushing boundaries), followed by a phase of clingy dependence, before eventually finding a healthy, balanced autonomy. It shows that behavioral regression or inconsistency is often just a normal part of the brain "interweaving" new skills.

Functional Asymmetry

- **The Tonic Neck Reflex:** The most famous example is the asymmetrical tonic neck reflex (often called the "fencing posture") seen in newborns. When a baby lies on their back and turns their head to one side, the arm on that side extends straight out, while the opposite arm bends at the elbow.
- **Purpose of Asymmetry:** This is not a flaw; it is highly functional. It helps the baby develop hand-eye coordination (by forcing them to look at their extended hand) and is an essential precursor to reaching, grasping, and eventually, handedness.
- **Achieving Balance:** Gesell viewed these temporary physical imbalances as necessary stepping stones. By initially favoring one side or one specific movement, the child builds specialized efficiency, which later integrates into complex, symmetrical, and coordinated movements.

Self-Regulation – is the idea that children possess innate mechanisms to govern their own developmental pace and needs.

- **Infant Schedules:** Given the freedom to do so, newborns will naturally regulate their own eating

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and sleeping schedules based on their biological needs, rather than a clock imposed by adults.

- **The Spiral Pattern (Equilibrium vs. Disequilibrium):** Gesell described development as a spiral characterized by alternating phases:
    - **Equilibrium:** Periods where the child is calm, balanced, adaptable, and easy-going (e.g., typically seen around age 3 or 5).
    - **Disequilibrium:** Periods of rapid neurological growth that cause the child to become unstable, prone to tantrums, and difficult (e.g., the "terrible twos" or the transition at age 4).
- **The Value of Tension:** The tensions that arise during phases of disequilibrium are not "bad behavior"—they are essential growing pains. They indicate that the child is breaking down old patterns to build higher, more complex levels of functioning. Gesell trusted that, given the right conditions, children naturally readjust and find their way back to balance.

Individuality

- **Universal Patterns, Individual Timing:** Every child climbs the same developmental staircase, but they linger on different steps for different lengths of time.
- **Temperament and Pacing:** A child's growth rate often correlates with their inherent temperament.
    - **Slow-Developing Child –** a child whose nervous system matures at a slower, more deliberate pace may exhibit personality traits such as extreme patience, caution, and an even, methodical temperament.
    - **Fast-Developing Child –** a child who hits milestones rapidly may exhibit quick reactions, high energy, outgoing behavior, and impulsivity.
- **Respecting the Individual:** Because growth rates shape personality, Gesell argued that parents and educators must respect these individual differences rather than forcing all children into a standardized mold.

Gesell's Philosophy of Child Rearing

- **Child-Centered Approach:** Rearing should focus on the child's natural developmental needs rather than the parents' timeline.
- **Recognizing Inborn Schedules:** Parents must respect the innate biological timetable their child was born with. You cannot force a flower to bloom faster by pulling on its petals.
- **Following the Child's Cues:** Instead of imposing expectations (e.g., "You should be walking by now"), parents should act as keen observers, watching for biological cues that the child is ready for the next step.
- **Parent Education:** Gesell believed knowledge of development relieved parental anxiety. If a parent knows that a phase of extreme defiance (disequilibrium) is a normal, temporary biological phase rather than a result of "bad parenting," they can respond with patience rather than punishment.
- **Guidance over Pressure:** The parent's role is not to sculpt the child, but to provide a safe, supportive environment where the child's natural developmental script can unfold organically.

Criticism of Maturational Theory

- **Overemphasis on Biology:** The most common critique is that Gesell vastly underestimated the power of the environment. Modern theories (like Vygotsky's sociocultural theory) prove that learning, social interaction, and culture actively shape brain development, rather than just waiting for the brain to mature on its own.
- **Limited Research Sample:** Gesell's observational studies were conducted almost exclusively on white, middle-class children in a university setting (Yale). Critics argue this makes his "universal" norms culturally biased and lacking generalizability to children from diverse socioeconomic and cultural backgrounds.
- **Outdated Developmental Norms:** Modern research indicates that infants actually possess much more advanced cognitive abilities than Gesell realized. Furthermore, due to better modern nutrition and healthcare, his specific timelines are often considered slower than what is observed in children today.
- **Uniformity in Stages:** Gesell's stages imply a somewhat rigid sequence. He failed to adequately specify how much variation is "normal," leading some parents to panic if their child deviates slightly from his charts.
- **The Danger of the "Wait and See" Approach:** Because the theory assumes children will "naturally develop in their own time," it can be dangerously misused to delay vital early interventions. For children with developmental delays (e.g., speech delays, autism spectrum disorder), waiting for natural maturation can mean missing the critical window for early therapy.
- **Modern Balancing Viewpoints:** Today, pediatric and psychological fields rely on transactional or ecological models that balance biology and

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environment. While Gesell's specific developmental milestones are still heavily used by pediatricians today to screen for typical growth, they are viewed through a broader lens that accounts for environmental stimulation and diverse cultural contexts.

DEVELOPMENTAL PRINCIPLES (5)

DEVELOPMENTAL PRINCIPLES (Baltes)

1. **Development is lifelong.** No single age period dominates human development. Growth, change, and adaptation do not stop at physical maturity; they continue continuously from conception through infancy, adulthood, and late adulthood until death.
2. **Development is multidimensional.** Development is not a single, isolated process.
    a. **Biological/Physical:** Changes in the body, brain, senses, and motor skills.
    b. **Cognitive:** Changes in thought, intelligence, and language.
    c. **Socioemotional (Psychosocial):** Changes in relationships, emotions, and personality.
3. **Development is multidirectional.** Throughout life, some dimensions or components of a dimension expand while others shrink. For example, older adults may experience a decline in "fluid intelligence" (processing speed and memory), but an increase in "crystallized intelligence" (vocabulary, wisdom, and acquired knowledge).
4. **Development is multidisciplinary.** Understanding human development requires the collaboration of multiple academic fields. Psychologists cannot fully explain it alone; they rely on sociologists, anthropologists, neuroscientists, medical researchers, and historians to understand the complete picture of human growth.
5. **Relative influence of biology and culture shift over the lifespan.** The balance of genetic and environmental influences changes as we age. Biological influences (like sensory acuity and muscular strength) are strongest early in life but weaken with age. Conversely, cultural supports (like education, healthcare, technology, and social relationships) become increasingly important in older adulthood to compensate for biological declines.
6. **Development involves changing resource allocations.** Individuals invest their time, energy, talent, and money in three distinct ways depending on their life stage:
    a. **Growth:** Primarily during childhood and adolescence (e.g., learning to walk, acquiring an education).
    b. **Maintenance and Recovery:** Primarily in middle adulthood (e.g., maintaining career skills, recovering from an illness).
    c. **Regulation of Loss:** Primarily in late adulthood when growth is no longer possible in some areas (e.g., relying on a hearing aid or accepting a loss of mobility).
7. **Developmental shows plasticity. Plasticity is the capacity for change.** Many human characteristics are remarkably malleable and can be modified through training, practice, or life experience at any age. For instance, an older adult can still learn a new language or improve memory through cognitive training, though the degree of plasticity may decline over time.
8. **Development is influenced by historical and cultural context.** Every individual develops within a specific set of circumstances defined by their time and place. These contextual influences include:
    a. **Normative age-graded influences:** Similar for individuals in a particular age group (e.g., starting school at age 6, puberty).
    b. **Normative history-graded influences:** Shared by people of a particular generation due to historical events (e.g., living through a world war, the invention of the internet, or a global pandemic).
    c. **Non-normative life events:** Unusual occurrences that have a major impact on a specific individual's life, not shared by most people (e.g., winning the lottery, losing a parent at a very young age).

DEVELOPMENTAL ISSUES AND TASKS ON DEVELOPMENTAL STAGES (30)

DEVELOPMENTAL ISSUES ACROSS LIFESPAN (15)

A Critical Issues Pertaining to Heredity and Environmental Influences During Prenatal Development (3)

Conceiving a New Life

- **Fertilization (Conception) –** is the process of the unison of sperm and ovum to produce a zygote
- **Zygote –** one-celled organism resulting from

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fertilization
    - Duplicates itself again and again by cell division to produce all the cells that make up a baby
- **Ovulation –** rupture of a mature follicle in either ovary and expulsion of its ovum, occurs about once every 28 days until menopause
- **Ovum –** swept along through one of the fallopian tubes by the cilia, tiny hair cells, toward the uterus, or womb
- **Sperm –** deposited in the vagina, they try to swim through the cervix, the opening of the uterus, and into the fallopian tubes, but only a tiny fraction make it that far

Multiple Births

- → **Dizygotic Twins (Fraternal Twins) –** are the result of two separate eggs being fertilized by two different sperm to form two unique individuals
- → **Monozygotic Twins (Identical Twins) –** twins resulting from the division of a single zygote after fertilization

Genetic & Chromosomal Abnormalities

- **Incomplete Dominance –** pattern of inheritance in which a child receives two different alleles, resulting in partial expression of a trait
- **Sex-Linked Inheritance –** pattern of inheritance in which certain characteristics carried on the X chromosome inherited from the mother are transmitted differently to her male and female offspring
    - Males receive only one copy of any gene that happens to be carried on the sex chromosomes, whereas females receive two copies
    - **Carriers –** heterozygote females who carry one "bad" copy of a recessive gene and one "good" one
    - **Sex-linked Recessive Disorders –** more common in males than females red-green color blindness, hemophilia, and Duchenne muscular dystrophy
- **Chromosomal Abnormalities** – typically occur because of errors in cell division, resulting in an extra or missing chromosome
    - **XYY Syndrome (Jacob's Syndrome) –** male; tall structure, tendency toward low IQ, especially verbal
    - **XXX Syndrome (Triple X Syndrome) –** female; normal appearance, menstrual irregularities, learning disorders, mental retardation
    - **XXY (Klinefelter Syndrome) –** male; sterility, underdeveloped secondary sex characteristics, small testes, learning disabilities
    - **XO (Turner Syndrome/ Monosomy X) –** female; short stature, webbed neck, impaired spatial abilities, no menstruation, infertility, underdeveloped sex organs
    - **Fragile X Syndrome –** minor-to-severe mental retardation; more severe in males; delayed speech and motor development, hyperactivity; the most common inherited from mental retardation
    - **Trisomy 21 (Down Syndrome) –** characterized by moderate-to-severe mental retardation and by such physical signs as a downward sloping skin fold at the inner corners of the eyes
    - **Trisomy 18 (Edwards Syndrome) –** individuals with trisomy 18 often have slow growth before birth (intrauterine growth retardation) and a low birth weight
    - **Trisomy 13 (Patau Syndrome) –** characterized by cleft lip, cleft palate, cerebral defects, anophthalmia, simian creases, polydactyly, trigger thumbs, and capillary hemangiomata

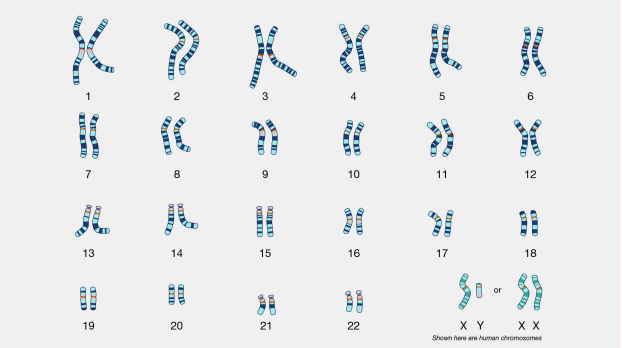
Other Gene-Linked Abnormalities	
Alpha1 Antitrypsin Deficiency	Enzyme deficiency that can lead to cirrhosis of the liver in early infancy and emphysema and degenerative lung disease in middle age
Alpha Thalassemia	Severe anemia; nearly all affected infants are stillborn or die soon after birth
Beta Thalassemia (Cooley's Anemia)	Severe anemia; usually fatal in adolescence or young adulthood
Cystic Fibrosis	Overproduction of mucus, which collects in the lung and digestive tract
Duchenne Muscular Dystrophy	Fatal disease usually found in males, marked by muscle weakness; minor mental

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	retardation is common; respiratory failure and death usually occur in young adulthood
Hemophilia	Excessive bleeding, usually affecting males; in its most severe form, can lead to crippling arthritis in adulthood
Anencephaly	Absence of brain tissues; infants are stillborn or die soon after birth
Spina Bifida	Incompletely closed spinal canal, muscle weakness or paralysis and loss of bladder and bowel control
Phenylketonuria (PKU)	Metabolic disorder resulting in mental retardation
Polycystic Kidney Disease	Infantile form: enlarged kidneys, leading to respiratory problems and congestive heart failure Adult form: kidney pain, kidney stones, and hypertension resulting in chronic kidney failure
Sickle-Cell Anemia	Deformed red blood cells that clog blood vessels, depriving the body of oxygen; symptoms include severe pain, stunted growth, infections, leg ulcers, gallstones, pneumonia, and stroke
Tay-Sachs Disease	Degenerative disease of the brain and nerve cells

Genetic Counseling & Testing

- ➔ Help prospective parents assess their risk of bearing children with genetic or chromosomal defects
- ➔ Takes a family history and gives the prospective parents and any biological children physical examinations
- ➔ Laboratory investigations of blood, skin, urine, or fingerprints may be performed
- ➔ Chromosomes from body tissues may be analyzed and photographed, and the photographs enlarged and arranged according to size and structure on a chart
- ➔ **Karyotype** – can show chromosomal abnormalities and can indicate whether a person might transmit genetic defects if a child



Gestation – period of development between conception and birth

- The normal range of gestation is between 37 and 41 weeks
- **Gestational Age** – usually dated from the first day of an expectant mother's last menstrual cycle
- **Pregnancy Test** – detects the presence of human chorionic gonadotropin which is produced only by embryos and fetuses
- **Infertility** – inability to conceive a child after 12 months of sexual intercourse without the use of birth control

Stages of Prenatal Development

- ➔ **Germinal Stage** (Fertilization to 2 Weeks) – characterized by rapid cell division, blastocyst formation, and implantation in the wall of the uterus
  - ◆ **Implantation** – the attachment of the blastocyst to the uterine wall, occurring at about day 6
  - ◆ **Blastocyst** – a fluid-filled sphere, which floats freely in the uterus until the sixth day after fertilization

Other Parts of Blastocyst

- ➔ **Amniotic Sac** – a fluid-filled membrane that encases the developing embryo, protecting it and giving it room to move and grow
- ➔ **Placenta** – allows oxygen, nourishment, and wastes to pass between mother and embryo
  - ◆ It is connected to the embryo by the umbilical cord
  - ◆ Helps to combat internal infection and gives the unborn child immunity to various diseases

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- Produces the hormones that support pregnancy, prepare the mother's breasts for lactation
- Stimulate the uterine contractions that will expel the baby from the mother's bod

- **Embryonic Disk –** a thickened cell mass from which the embryo begins to develop

3 Layers of Embryonic Disk

- → **Ectoderm** (upper layer) – become the outer layer of skin, the nails, hair, teeth, sensory organs, and the nervous system, including the brain and spinal cord
- → **Endoderm** (inner layer) – become the digestive system, liver, pancreas, salivary glands, and respiratory system
- → **Mesoderm** (middle layer) – will develop and differentiate into the inner layer of skin, muscles, skeleton, and excretory and circulatory systems

→ **Embryonic Stage** (2 to 8 Weeks) – characterized by rapid growth and development of major body systems and organs
- **Organogenesis –** characterized by rapid growth and development of major body systems and organs
- **Spontaneous Abortion/ Miscarriage –** natural expulsion from the uterus of an embryo that cannot survive outside the womb

→ **Fetal Stage** (8 Weeks to Birth) – final stage of gestation, characterized by increased differentiation of body parts and greatly enlarged body size
- **Ultrasound –** prenatal medical procedure using high-frequency sound waves to detect the outline of a fetus and its movements, so as to determine whether a pregnancy is progressing normally
- 12th week of gestation: the fetus swallows and inhales some of the amniotic fluid in which it floats (may stimulate the building senses of taste and smell)
- 14th week of gestation: olfactory system well developed before birth
- 26th week of gestation: responses to sound and vibration
- 33rd week of gestation: orient toward and attend to music

Monitoring Prenatal Development

- **Prenatal Cell-Free DNA –** is extracted from the mother's blood and tested
  - These tests have been shown to be useful for early detection of genetic problems, although they are not definitive
- **Amniocentesis –** is procedure in which a sample of amniotic fluid is withdrawn for analysis
- **Chorionic Villus Sampling –** tissue from the membrane surrounding the fetus is removed and analyzed
- **Embryoscopy, Fetoscopy –** the insertion of tiny viewing scope into the mother's uterus through the abdominal wall for a direct look at the embryo, can help to diagnose non-chromosomal disorders
- **Umbilical Cord Sampling –** allows direct access to fetal DNA in the blood vessels of the umbilical cord for the diagnosis
- **Ultrasound (Sonogram), Sonoembryology –** high-frequency sound waves directed at the mother's abdomen produce a picture of fetus in uterus
  - **Sonoembryology –** uses high-frequency transvaginal probes and digital image processing to produce a picture of embryo in uterus
- **Preimplantation Genetic Diagnosis –** after in vitro fertilization, a sample cell is removed from the blastocyst and analyzed

The Birth Process

- **Labor –** the process of giving birth
- **Parturition –** the act or or process of giving birth, and it typically begins about 2 weeks before delivery
- **Uterine Contraction –** begins typically about 266 days after conception
- **Braxton-Hicks Contractions –** false contractions, when the muscles of the uterus tighten for up to 2 minutes

Stages of Birth

→ **Stage 1: Dilation of the Cervix**
- The longest, typically lasting 12 to 14 hours for a woman having her first child

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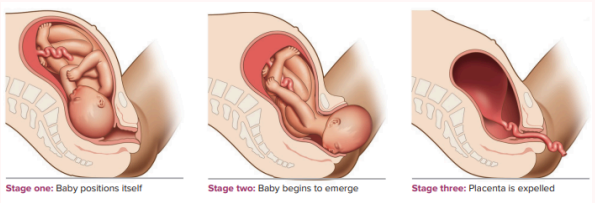
- Regular and increasingly frequent uterine contractions: 15 to 20 minutes apart at first
- Toward the end of the first stage, contractions occur every 2 to 5 minutes
- Cervix is fully open (10 centimeters, or about 4 inches)

→ **Stage 2: Descent and Emergence of the Baby**

- Typically lasts up to an hour or two
- Begins when the baby's head begins to move through the cervix into the vaginal canal, and it ends when the baby emerges completely from the mother's body

→ **Stage 3: Expulsion of the Placenta**

- Lasts between 10 minutes and 1 hour
- The placenta and the remainder of the umbilical cord are expelled from the mother



Delivery Methods

- **Vaginal Delivery –** the usual method of childbirth
- **Cesarean Delivery –** used to surgically remove the baby from the uterus through an incision in the mother's abdomen
- **Natural Childbirth –** method of childbirth that seeks to prevent pain by eliminating the mother's fear through education about the physiology of reproduction and training in breathing and relaxation during delivery
- **Prepared Childbirth –** method of childbirth that uses instruction, breathing exercises, and social support to induce controlled physical responses to uterine contractions and reduce fear and pain
- **Lamaze Method** (Ferdinand Lamaze) – teaches expectant mothers to work actively with their bodies through controlled breathing where the woman learns to relax her muscles as a conditioned response to the voice of her coach who attends classes with her, takes part in the delivery, and helps with the exercises
- **Leboyer Method** (1970's) – a woman gives birth in a quiet room under low lights to reduce stress, and the newborn is gently massaged to ease crying
- **Michael Odent** (French Physician) – submersion of the laboring mother in a soothing pool of water
- **Bradley Method –** focus on natural process of birth and instructs women to focus on controlling their pain
- **Doula –** an experienced mentor who furnishes emotional support and information for a woman during labor

Breech Position – baby's buttocks are the first part emerge from the vagina which can cause respiratory problems



Complications of Birth

- **Low Birth Weight –** less than 2,500 grams (5 lbs.) at birth
  - **Very LBW –** less than 3 pounds, 4 ounces
  - **Extremely LBW –** less than 2 pounds
- **Preterm (Premature) Infants –** born before the 37th weeks of gestation
  - **Very Preterm –** less than 33 weeks
  - **Extremely Preterm –** born less than 21 weeks
- **Small-for-date (small-for-gestational-age) Infants –** born at or around their due dates, but are smaller than would be expected
- **Anoxia –** lack of oxygen, which may lead to brain damage (cerebral palsy)
- **Hypoxia –** reduced oxygen supply
- **Meconium –** stingy, greenish-black waste matter formed in the fetal intestinal tract
- **Neonatal Jaundice –** is a condition in many newborn babies, caused by immaturity of liver and evidenced by yellowish appearance; can cause brain damage if not treated promptly
- **Postmaturity –** a fetus not yet born as of 2 weeks after the due date or 42 weeks after the mother's last menstrual period, and the baby tend to be long and thin and the placenta has aged and become less efficient, it may provide less oxygen and insufficient blood supply
- **Shoulder Dystocia** (difficult or obstructed labor) – a condition in which the baby's shoulders become stuck behind the mother's pelvic bone during delivery
- **Sudden Infant Death Syndrome –** crib death; sudden and unexplained death of an apparently healthy infant under age 1
  - Environmental trigger: sleeping on their stomachs during critical first year of age

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B | Critical Issues Related to Physical, Cognitive, and Socioemotional Development during Prenatal Development (5)

Spontaneous Abortion (Miscrriages)– expulsion from the uterus of an embryo that is unable to survive outside the womb occurred less than 20 weeks

- **Stillbirth –** miscarriage occurred after 20 weeks of gestation (approx. 5 months)

Teratogen – environmental agent such as a virus, a drug, or radiation, that can interfere with normal prenatal development and cause developmental abnormalities

- Pregnant women typically need 300 to 500 additional calories a day
- Underweight – should gain 28-40 lbs.
- Normal weight – should gain 25-35 lbs.
- Overweight – should gain only 11-20 lbs.
- **Docosahexaenoic Acid (DHA) –** found in the CNS and the retina of the eyes, and it is believed to be important to the development of these areas
- **Folic Acid or Folate (A B vitamin) –** found in leafy vegetables and in fortified cereals
- Inadequate levels of folic acid might at risk of developing neurological defect: anencephaly and spina bifida
- Calorie deficit can lead to fetal growth restriction and low birth weight
- Vitamin A and zinc deficiencies result in a higher risk of death for both child and mother
- Babies born to mothers with a vitamin D deficiency may suffer from weak or soft bones
- Regular exercise prevents constipation and reduces back pain, and it may reduce the risk of complications such as gestational diabetes, preeclampsia, and cesarean delivery
- **Medical Drugs**
    - **Thalidomide –** banned after it was found to have caused stunted or missing limbs, severe facial deformities, and defective organs
    - **Antibiotic tetracycline**; certain barbiturates, opiates, and other central nervous system depressants
    - Several hormones, including diethylstilbestrol (DES) and androgens
    - Certain anticancer drugs, such as **methotrexate**
    - **Accutane**, a drug often prescribed for severe acne; drugs used to treat epilepsy
    - Several **antipsychotic** drugs
    - **Angiotensin-converting enzyme (ACE)** inhibitors and **nonsteroidal anti-inflammatory drugs (NSAIDs)**
        - Naproxen and Ibuprofen are linked to birth defects when taken anytime from the first trimester
- **Opioids –** associated with small babies, fetal death, preterm labor, and aspiration of meconium, and long-term effects include deficiencies in growth as well as attentional, memory, and perceptual problems
    - **Neonate Abstinence Syndrome –** a condition in which newborns may show sleep disturbances, tremors, difficulty regulating their bodies, irritability and crying, diarrhea, fever, and feeding difficulties
- **Alcohol –** most common cause of intellectual disability and the leading preventable cause of birth defects
    - **Fetal Alcohol Syndrome (FAS) –** combination of mental, motor, and developmental abnormalities affecting the offspring of some women who drink heavily during pregnancy
- **Tobacco –** during pregnancy also brings increased risks of miscarriage; growth retardation; stillbirth; small head circumference; sudden infant death; colic (uncontrollable, extended crying for no apparent reason) in early infancy; long-term respiratory, neurological, and behavioral problems; and later obesity and cardiovascular disease
- **Caffeine –** intake under 300 milligrams a day is not associated with an increased risk of miscarriage, stillbirth, or birth defects
    - Limiting caffeine to 200 milligrams or less (about one cup of coffee)
- **Marijuana –** is the most commonly used recreational drug during pregnancy
    - Marijuana exposure during pregnancy is not associated with birth defects
    - Subtle deficits in problem-solving skills and it may alter patterns of cerebral blood flow
    - Show minor signs of irritability or altered sleeping patterns
- **Cocaine –** during pregnancy has been associated with spontaneous abortion, delayed growth, premature labor, low birth weight, small head size, birth defects, and impaired neurological development
- **Prenatal Methamphetamine Exposure –** is associated with preterm delivery and low birth weight

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  - Implicated in fetal brain damage to areas of the brain involved in learning, memory, and control
- **Toxoplasmosis –** caused by parasites in the bodies of cattle, sheep, and pigs, and in the intestinal tracts of cats that causes fetal brain damage, severely impaired eyesight, seizures, miscarriages, etc.
- Air pollution, chemicals, radiation, extremes of of heat and humidity
- Fetal exposure to low levels of environmental toxins, such as lead, mercury, and dioxin, as well as nicotine and ethanol, may explain the sharp rise of asthma, allergies, and autoimmune disorders such as lupus
- Women who have routine dental X-rays during pregnancy triple their risk of having full-term, low-birth-weight babies
- In utero exposure to radiation has been linked to miscarriage, mental retardation, small head size, increased cancer, and lowered IQ

Parental Factors

➔ **Maternal Factors**

- Newborns whose mothers experienced moderate levels of both positive and negative stress showed signs of accelerated neurological development
- Mothers had shown moderate anxiety midway through pregnancy scored higher on measures of motor and mental development
- A mother's self-reported stress and anxiety during pregnancy has been associated with more active and irritable temperament in newborns, inattentiveness during a developmental assessment in 8-month-olds, and negative emotionality or behavioral disorders in early childhood
- Chronic stress can result in preterm delivery
- Children of mothers who were depressed during pregnancy were more likely to be born premature, be developmentally delayed as toddlers and show elevated levels of violent and antisocial behaviors in adolescence
- The chance of miscarriage or stillbirth rises with maternal age
- Women 30 to 35 are more likely to suffer complications due to diabetes, high blood pressure, or severe bleeding
- Higher risk of premature delivery, retarded fetal growth, birth defects, and chromosomal abnormalities
- Adolescent mothers tend to have premature or underweight babies

➔ **Paternal Factors**

- A man's exposure to lead, marijuana or tobacco smoke, large amounts of alcohol or radiation, DES, pesticides, or high ozone levels may result to abnormal or poor quality sperm
- Men who smoke have an increased likelihood transmitting genetic abnormalities, and heart defects
- Exposure to father's secondhand smoke has been linked with asthma, attentional problems, low birth weight, and cancer
- Older fathers may be a significant source of birth defects due to damaged or deteriorated sperms
- Advanced paternal age is associated with increases in the risk of several rare conditions, including dwarfism
- Having an older father is a risk factor of schizophrenia
- Advanced age of the father also may be a factor in bipolar disorder and autism and related disorders

C | Developmental issues During Childhood, Adolescence, and Adulthood (5)

DEVELOPMENTAL ISSUES IN INFANCY

Basic Trust vs. Mistrust

- Infancy to 18 months
- In which infants develop a sense of reliability of people and objects
- If unsuccessful: a sense of mistrust and feel that those around us cannot be counted on in times of need
- Virtue: **Hope**
- **Maladaptive Tendency: Sensory Maladjustment –** overly trusting and gullible, unrealistic, spoiled
- **Malignant Tendency: Withdrawal –** never trust anyone, paranoid, neurotic, depressive
- Significant Person: Mother

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DEVELOPMENTAL PSYCHOLOGY

Attachment – a reciprocal, enduring emotional tie between an infant and a caregiver
See Attachment Styles in Developmental Theories section

- **Stranger Anxiety –** wariness of strange people and places, shown by some infants during the second half of the 1st year
- **Separation Anxiety –** distress shown by someone, typically an infant, when a familiar caregiver leaves, which babies rarely react negatively to strangers before age 6 months but commonly do so by 8 or 9 months
- **Contact Comfort (Harlow) –** infants form attachments based on physical and emotional comfort derived from close physical contact with a caregiver, rather than just based on nourishment

Establishing Attachment (Bowlby)

- **Phase 1: Non-Focused Orienting and Signaling (birth to 3 months) –** an infant's social behaviors are not directed at a specific person
  - They will smile, cry, and make eye contact with almost anyone who approaches them
  - Shows no strong preference for one person over another yet
- **Phase 2: Focus on One More Figures (3 to 6 months) –** the baby begins to respond more favorably to familiar caregivers
  - They will smile more frequently, be more easily soothed, and show a distinct preference for the primary caregiver or a few select individuals
  - While the infant still accepts attention from strangers, their focus is narrowing, and they are starting to form the foundations of a specific bond
- **Phase 3: Secure Base Behavior (6 to 24 months) –** true attachment is established
  - The infant actively seeks proximity to their primary caregiver and uses them as a secure base from which to explore the world
  - Formation of deep emotional bond
- **Phase 4: Internal Model (24+ months) –** a child develops an internal working model of relationships based on their interactions with their primary caregiver
  - A mental representation of how trustworthy and reliable people are
  - If the caregiver was consistently responsive and loving, the child forms a positive internal model, which predicts that relationships are secure and people can be trusted
  - This model influences their expectations and behaviors in all future relationships throughout their life

Mutual Regulation – process by which the infant and caregiver communicate emotional states to each other and respond appropriately

Social Referencing – one person forms an understanding of how to act in an ambiguous, confusing, or unfamiliar situation by seeking and interpreting another person's perception of it, when babies look at their caregivers on encountering an ambiguous event

Anaclitic Depression – the loss of an attachment figure, lack of meaningful social interaction, and the absence of sensory stimulation

- Laying passively in the crib
- Limited motor exploration
- Little emotionality (rarely smiled or got excited)
- Babbling and language development were delayed
- Physical deterioration

DEVELOPMENTAL ISSUES IN TODDLERHOOD

Autonomy vs. Shame and Doubt

- 18 months to 3 years
- Children achieve a balance between self-determination and control by others
- Virtue: **Will**
- **Negativism –** the tendency to shout, "No!" just for the sake of resisting authority, which usually begins before age 2, tends to peak at about 3½ to 4, and declines by age 6
- **Maladaptive Tendency: Impulsiveness –** shameless willfulness that leads to jump into things without proper consideration, reckless, inconsiderate
- **Malignant Tendency: Compulsiveness –** perfectionism, rule follower, constrained
- Significant Person: Parents

The Emerging Sense of Self

- **Self-Concept –** image of ourselves, descriptive and evaluative mental picture of one's abilities and traits
  - 3 months: Infants pay attention to their mirror image
  - 4-9 months: Show more interest in images

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of others than of themselves
    - Between 4 and 10 months: Experience a sense of personal agency and develop self-coherence
- **Personal Agency –** the realization that they can control external events
- **Self-Coherence –** the sense of being a physical whole with boundaries separate from the rest of the world
- **Self-Awareness –** conscious knowledge of the self as a distinct, identifiable being

Moral Development

- **Socialization –** is the process by which children develop habits, skills, values, and motivates that makes them responsible, productive members of the society
- **Internalization –** during socialization, process by which children accept societal standards of conduct as their own, where they obey societal or parental dictates, not because they are afraid of getting in trouble but because they themselves believe them to be right and true
- **Self-Regulation –** a child's independent control of behavior to conform to understood social expectations
- **Conscience –** internal standards of behavior, which usually control one's conduct and produce emotional discomfort when violated
- **Situational Compliance –** obedience of a parent's orders only in the presence of signs of ongoing parental control
- **Committed Compliance –** committed to following requests and could do so without their parents' direct intervention
- **Receptive Cooperation –** eager willingness to cooperate harmoniously with a parent in daily interactions, including routines, chores, hygiene, and play

DEVELOPMENTAL ISSUES IN EARLY CHILDHOOD

Initiative vs. Guilt

- The third stage where the children balance the urge to pursue goals with reservations about doing so
- Preschool children can do—and want to do—more and more
- At the same time, they are learning that some of the things they want to do meet social approval, whereas others do not
- Virtue: **Purpose**
- **Maladaptive Tendency: Ruthlessness –** don't care who they step in just to achieve their goals
- **Malignant Tendency: Inhibition –** too much guilt to do anything so nothing would happen
- Significant Person: Family

Self-Definition – the way they describe themselves which typically changes between about 5 and 7

- **Real Self –** the self one actually is
- **Ideal Self –** the self one would like to be
- Cultural Differences in Self-Definition

Gender Identity – awareness, developed in early childhood, that one is male or female

- **Gender Roles –** the behaviors, interests, attitudes, skills, and personality traits that a culture considers appropriate for males or females
- **Gender Typing –** socialization process whereby children, at an early age, learn appropriate gender roles
- **Gender Stereotypes –** preconceived generalizations about male or female role behavior, tend to appear to some degree in children as young as 2 or 3, increase during the preschool years, and reach a peak at age 5

Gender Schema Theory – views children as actively extracting knowledge about gender from their environment before engaging in gender-typed behavior

DEVELOPMENTAL ISSUES IN MIDDLE & LATE CHILDHOOD

Industry vs. Inferiority

- Which children must learn the productive skills their culture requires or else face feelings of inferiority
- Virtue: **Competency**
- **Maladaptive Tendency: Narrow Virtuosity –** children aren't allowed to "be children" and push into one area of competence
- **Malignant Tendency: Inertia –** suffer from inferiority complexes
- Significant Person: Neighborhood and School

Representational Systems – in neo-Piagetian terminology, the third stage of development of self-definition, characterized by breadth, balance and integration and assessment of various aspects of the self

- Around age 7 or 8: judgments about the self become more conscious, realistic, balanced, and comprehensive as children form representative systems

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Coregulation – transitional stage in the control of behavior in which parents exercise general supervision and children exercise moment-to-moment self-regulation

- **Internalizing Behaviors** – behaviors by which emotional problems are turned inward (anxiety or depression)
- **Externalizing Behaviors** – behaviors by which a child acts out emotional difficulties (aggression or hostility)

Sociometric Popularity – measures that is composed of positive nominations, negative nominations, or no nomination

- **Positive Nomination** – children can easily say who they like to play with, who they like the most, or who they think other kinds like the most
- **Negative Nomination** – children can also easily describe which children they don't like to play with, like the least, or think other kids don't like

Sociometric Popularity Types	
Popular Children	Many positive nominations and few negative nominations Good cognitive abilities, are high achievers, are good at solving social problems, are kind and help other children, and are assertive without being disruptive or aggressive
Rejected Children	Receive a large number of negative nominations
Neglected Children	Receives few nominations of any kind Unpopular children are often insensitive to other children's feelings and do not adapt well to new situations
Average Children	Do not receive an unusual number of either positive or negative nominations
Controversial Children	Receives many positive and negative nominations

		Number of "least liked" nominations		
		Many		Few
Number of "most liked" nominations	Many	Controversial		Popular
			Average	
	Few	Rejected		Neglected

Types of Aggression and Social Information Processing

- **Instrumental Aggression** – aggression aimed at achieving an objective is less common
- **Hostile Aggression** – aggression intended to hurt another person, proportionately increases
  - Boys continue to engage in more direct aggression
  - Girls are increasingly more likely to engage in social or indirect aggression
- **Relational Aggression** – associated with increased social influence and popularity
- **Hostile Attribution Tendency** – perceive others as trying to hurt one and to strike out in retaliation or self-defense
- **Bullying** – aggression deliberately and persistently directed against a particular target, or victim, typically one who is weak, vulnerable, and defenseless
  - **Proactive Bullying** – done to show dominance, bolster power, or win admiration
  - **Reactive Bullying** – responding to a real or imagined attack
  - **Physical** – hitting, punching, kicking, or damaging or taking of personal belongings
  - **Verbal Bullying** – name-calling or threatening
  - **Relational or Emotional Bullying** – isolating and gossiping, often behind the victim's back
  - **Cyberbullying** – posting negative comments or derogatory photos of the victim on a website

DEVELOPMENTAL ISSUES IN ADOLESCENCE

Identity vs. Role Confusion

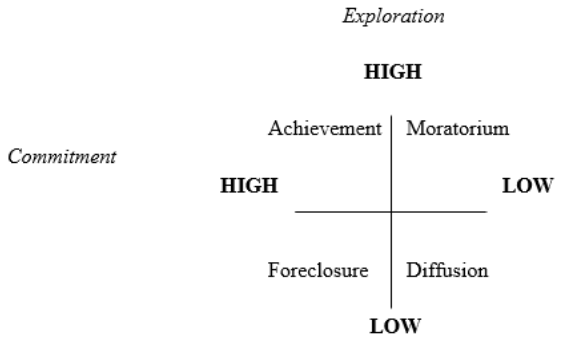
- Adolescent seeks to develop a coherent sense of self, including the role she or he is to play in society
- Virtue: **Fidelity** – Sustained loyalty, faith, or sense of belonging
  - Identification with a set of values, an ideology, a religion, a political movement,

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or an ethnic group
- Three major issues in forming identity
  - The choice of an occupation
  - The adoption of values to live by
  - The development of a satisfying sexual identity
- **Maladaptive Tendency: Fanaticism –** believes that his/her "ways" are the only ways
- **Malignant Tendency: Repudiation –** repudiate (reject) their membership in the world of adults, and they repudiate their need for an identity

Psychosocial Moratorium – ideal for the development of identity and allowed young people the opportunity to search commitments to which they could be faithful

Identity – a coherent conception of the self made up of goals, values, and beliefs to which the person is solidly committed



- **Crisis –** a period of conscious decision making
- **Commitment –** personal investment in occupation or system of beliefs

Sexual Identity – seeing oneself as a sexual being, recognizing one's sexual orientation, and forming romantic or sexual attachments
- **Sexual Orientation –** focus of consistent sexual, romantic, and affectionate interest, either heterosexual, homosexual, or bisexual
- **Heterosexual –** sexually attracted to persons of the other sex both sexes
- **Homosexual –** sexually attracted to persons of the same sex
- **Bisexual –** sexually attracted to both sex
- **Transgender –** individuals whose biological sex at birth and gender identity are not the same
- **Transexual –** people who seek medical assistance to permanently transition to their preferred gender
- **Genderqueer –** a wide range of variable identities that may be neither fully male nor fully female

DEVELOPMENTAL ISSUES IN YOUNG ADULTHOOD

Intimacy vs. Isolation
- Young adults either form strong, long-lasting bonds with friends and romantic partners or face a possible sense of isolation and self-absorption, and failure to achieve leads to overly isolated and self-absorbed
- Virtue: **Love** – mutual devotion between partners who have chosen to share their lives and have children
- **Maladaptive Tendency: Promiscuity –** tendency to become intimate too freely, too easily
- **Malignant Tendency: Exclusion –** isolate oneself from every one

Moratorium – or time out, from developmental pressures and allows young people the freedom to experiment with various roles and lifestyles

Recentering – the process that underlies the shift to an adult identity
- **Stage 1 (The Beginning of the Emerging Adulthood) –** the individual is still embedded in the family of origin, but expectations for self-reliance and self-directedness begin to increase
- **Stage 2 (During Emerging Adulthood) –** remains connected to but no longer embedded within the family of origin and/or still not financially capable but no longer lives in the family's home
- **Stage 3 (Usually by Age 30) –** independence from the family of origin and commitment to a career, a partner, and possibly children

Four Views of Personality Development
- **Normative Life Events Model –** describe psychosocial development in terms of a definite sequence of age-related changes
  - Does personality change in typical ways of certain periods throughout the life course?
- **Timing-of-Events Model –** a response to the expected or unexpected occurrence and timing of important live events
  - When do important life events typically occur? What if they occur earlier or later than usual?

Social Clock – set of cultural norms or expectations for the times of life when certain important events should occur

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- **Trait Model –** psychological models that focus on the measurement and examination of different traits
    - *Do personality traits fall into groups, or clusters? Do these clusters of traits change with age?*



- **Typological Approach –** identifies broad personality types, or styles
    - *Can basic personality types be identified, and how well do they predict the life course?*

Three Personality Types

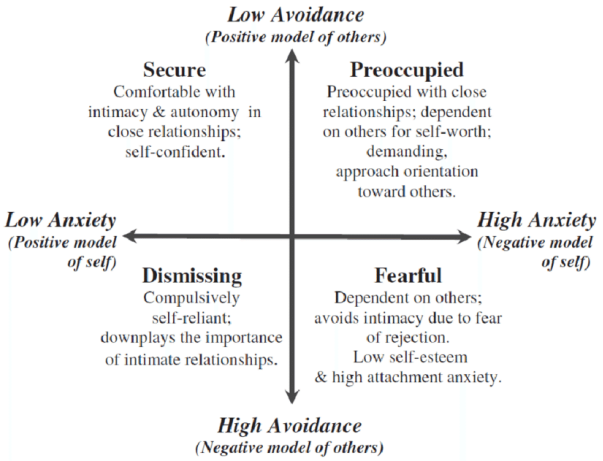
- ➔ **Ego Resiliency –** adaptability under stress and dynamic capacity to modify one's level of ego-control in response to environmental and contextual influences
    - ◆ Well-adjusted, self-confident, independent, articulate, attentive, helpful, cooperative, and task-focused
- ➔ **Ego Overcontrolled –** tend to keep their thought to themselves and to withdraw from conflict, and they are the most subject to depression
    - ◆ Shy, quiet, anxious, and dependable
- ➔ **Ego Undercontrolled –** active, energetic, impulsive, stubborn, and easily distracted

Bartholomew's Two-Dimensional Model of Adult Attachment

- **Attachment-Related Anxiety (fear of rejection or abandonment) –** reflects an individual's level of concern about whether their partner loves them, and their fear of being rejected or abandoned
- **Attachment-Related Avoidance (difficulty with intimacy) –** refers to an individual's comfort level with intimacy and dependence, and their tendency to avoid closeness and emotional vulnerability

Three Personality Types

- ➔ **Secure Attachment –** have a positive view of both themselves and others, are comfortable with intimacy and interdependence, and tend to form healthy relationships
- ➔ **Preoccupied Attachment –** have a negative view of themselves but a positive view of others, they are anxious about relationships, seek reassurance and validation, and are often overly dependent on partners
- ➔ **Fearful-Avoidant Attachment –** have a negative view of both themselves and others, they are fearful of intimacy and rejection, and often engage in relationship behaviors that push others away
- ➔ **Dismissing Attachment –** have a positive view of themselves but a negative view of others, they are comfortable with independence and avoid intimacy, often downplaying the importance of relationships



Parental Investment Theory (Robert Trivers, 1972) – is a fundamental concept that explains the differences in reproductive strategies and behaviors between males and females in a species

- The sex that invests more time, energy, and resources into producing and raising offspring will be more selective when choosing a mate
- **"Parental Investment"** – defined as any expenditure by a parent on an individual offspring that increases that offspring's chance of survival and reproductive success, but at a cost to the parent's ability to invest in other offspring
- The female's investment includes producing a large egg, a long gestation period, and lactation (Oxytocin). The male's minimum investment is often just a small sperm cell (Vasopresin)
- The high-investing sex (typically females) has a limited number of opportunities to reproduce and therefore must be choosy about their mates to ensure their investment is not wasted; they look for mates who demonstrate good genes, resources, or the willingness to provide care
- The low-investing sex (typically males) can

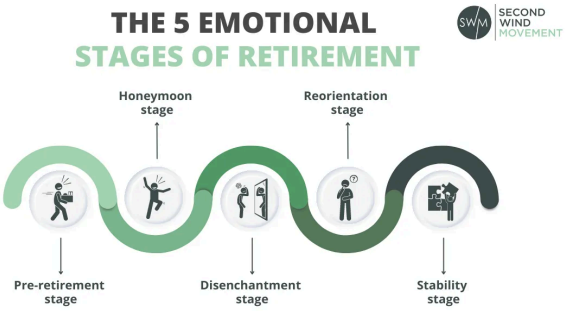
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increase their reproductive success by mating with as many partners as possible, leading to intense intrasexual competition for access to the higher-investing sex

DEVELOPMENTAL ISSUES IN MIDDLE ADULTHOOD

Generativity vs. Stagnation

- Develops a concern with establishing, guiding, and influencing the next generation or else experiences stagnation
- Virtue: **Care** – widening commitment to take care of persons, products, and the ideas one has learned to take care for
- **Generativity** – Finding meaning through contributing to and leaving a legacy for future generations which can be expressed through parenting or grandparenting, teaching or mentorship, productivity or creativity, and self-generation or self-development
- **Stagnation –** a sense of inactivity or lifelessness
- **Maladaptive Tendency: Overextension –** they no longer allow themselves to relax and rest
- **Malignant Tendency: Rejectivity –** no longer participating or contributing in the society



Emotional Stages of Retirement

- **Pre-Retirement** (*Imagination/Anticipation*) – excitement, anticipation, dreams of freedom and new possibilities (travel, hobbies, time with family), it can also be accompanied by anxiety, fear of the unknown, and doubts about financial security or losing one's identity
- **Honeymoon Phase** (*Liberation/Euphoria*) – strong sense of freedom, relief from work stress, excitement, and a "vacation" feeling
- **Disenchantment** (*Reality Check*) – boredom, loneliness, a feeling of aimlessness or loss of purpose, sadness, and even depression
- **Reorientation** (*Adaptation*) – adjusting to the new reality of retirement and actively seeking a renewed sense of purpose and identity
- **Stability/Contentment** (*Reconciliation*) – successfully adjusted to their new lifestyle and found a sense of balance and fulfillment

Midlife Crisis – changes in personality and lifestyle during middle forties

- Not be able to fulfill the dreams of their youth
- Fulfillment of their dreams has not brought the satisfaction they expected
- Become more aware of their own mortality
- Midlife crisis may be a manifestation of a neurotic personality rather than a developmental phase

Turning Point – psychological transition that involves significant change or transformation in the perceived meaning, purpose, or direction of person's life

- Involve an introspective review and reappraisal of values and priorities

Midlife Review – recognizing the finiteness of life and can be a time of taking stock, discovering new insights about the self, and spurring midcourse corrections in the design and trajectory of one's life

- Introspective examination that often occurs in middle age, leading to reappraisal and revision of values and priorities
- Involve regret over failure to achieve a dream or a keener awareness of developmental deadlines

Ego Resiliency – the ability to adapt flexibility and resourcefully to potential source of stress

Developmental Deadlines – time constraints on when certain developmental tasks or goals should be achieved

Identity Processes Theory (IPT) – theory of identity development based on processes of assimilation and accommodation

- **Assimilation –** the interpretation of new information via existing cognitive structures
- **Accommodation –** changing cognitive structures to more closely align with what is encountered
- **Identity Assimilation –** involves holding onto a consistent sense of self in the face of new experiences that do not fit the current understanding
- **Identity Accommodation –** involves adjusting the identity schema to fit new experiences
- **Identity Balance –** Identity Balance – stable sense of self while adjusting their self-schema to incorporate new information

Narrative Psychology – views the development of the self as a continuous process of constructing one's life story and

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view identity itself as this internalized script or story

- **Generativity Scripts –** are internal narratives that individuals create to understand how their efforts to be generative (i.e., contributing to the next generation) fit into their personal history, current society, and the social world they inhabit

Empty Nest – transitional phase of parenting following the last child's leaving the parent's home

- Parents whose children have left the nest report higher levels of well-being, especially when their children stay in frequent contact with them
- When children are not accomplished, however, this process may be more difficult
- Good marriage: the departure of grown children may usher in a second honeymoon
- Negative effects of empty nest occur if identity is dependent on the parental role or who now must face marital problems they had previously pushed aside

Revolving Door Syndrome/Boomerang Phenomenon – tendency for young adults (especially men) who have left home to return to their parents' household in times of financial, marital, or other trouble

Relationship with Aging Parents

- **Filial Crisis –** in Marcoen's terminology, adults learn to balance love and duty to their parents with autonomy within a two-way relationship
- **Sandwich Generation –** caught in a squeeze between the competing needs of their own children and the emerging needs of their parents
- **Caregiver Burnout –** condition of physical, mental, and emotional exhaustion affecting adults who provide continuous care for sick and aged persons
- **Respite Care –** substitute supervised care by visiting nurses or home health aids

Kinship Care – care of children living without parents in the home of grandparents or other relatives, with or without a change of legal custody

3 Grandparenting Styles (Cherlin & Furstenberg, 1986)

- → **Remote –** rarely see their grandchildren
  - ◆ Usually they live far away from the grandchildren, but may also have a distant relationship
  - ◆ Contact is typically made on special occasions such as holidays or birthdays
- → **Companionate Grandparents –** do things with the grandchild but have little authority or control over them
  - ◆ They prefer to spend time with them without interfering in parenting
  - ◆ They are more like friends to their grandchildren
- → **Involved Grandparents –** take a very active role in their grandchild's life
  - ◆ They children might even live with the grandparent
  - ◆ The involved grandparent is one who has frequent contact with and authority over the grandchild

DEVELOPMENTAL ISSUES IN LATE ADULTHOOD

Young Old (60-75)
Old-Old (75-85)
Oldest Old (85 and older)
Octogenarian (80s)
Centenarian (over 100 years old)

Ego Integrity vs. Despair

- People in late adulthood either achieve a sense of integrity of the self by accepting the lives they have lived, and thus accept death, or yield to despair that their lives cannot be relived
- Virtue: **Wisdom** – informed and detached concern with life itself in the face of death itself
- **Maladaptive Tendency: Presumption –** presumes ego integrity without actually facing the difficulties of old age
- **Malignant Tendency: Disdain –** contempt of life, one's own or anyone's

Frail Elderly – older adults who cannot care for themselves

- Most common chronic health conditions: hypertension, arthritis

Ageism – prejudice or discrimination against a person (most commonly an older person) based on age

- Older people are generally seen as warm and loving, they are incompetent and of low status
- People over 80 are the fastest-growing age group

Why Do People Age?

- **Senescence –** period of the life span marked by

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declines in physical functioning usually associated with aging which begins at different ages for different people

- **Epigenesis –** involves genes being turned on and off by molecular "tags," or instructions
- **Hayflick Limit –** human cells will divide in the laboratory no more than 50 times which cells can divide only a fixed number of times, eventually, they run out of telomeres
- **Telomeres –** the repetitive fragments of DNA on the tips of chromosomes in which every time a cell divides, replicating its genetic code, the telomeres become shorter
    - Telomeres shorten with age and that the rate of telomere shortening is related to the rate of aging

Genetic Programming Theories – explains biological aging as resulting from a genetically determined developmental timetable

- **Endocrine Theory –** the biological clock acts through genes that control hormonal changes
- **Immunological Theory –** certain genes may cause problems in the immune system which may lead to an increased susceptibility to disease, infections, and cancer
- **Evolutionary Theory of Aging –** reproductive fitness is the primary aim of natural selection
    - Natural selection acts most strongly on the young, who have many years of potential reproduction ahead of them, and results in energy resources being allocated to protect and maintain the body until reproduction but not necessarily after

Variable-Rate Theories (Error Theories) – biological aging as a result of processes that involve damage to biological systems and that vary from person to person

- **Wear-and-Tear Theory –** body ages as a result of accumulated damage to the system at the molecular level
- **Free-Radical Theory –** accumulated damage from oxygen radicals causes cells and eventually organs to stop functioning
- **Mitochondrial Theory of Aging –** aging is largely driven by the accumulation of damage to mitochondria, specifically their DNA (mtDNA), due to the continuous production of reactive oxygen species (ROS)
- **Rate of Living Theory –** a balance between metabolism, or energy use, and lifespan
- **Autoimmune Theory –** immune system becomes confused and attacks its own body
- **Cross-Linking Theory –** aging is caused by the accumulation of cross-linked proteins, particularly those that have undergone glycosylation (binding with sugars), which can impair their function and lead to tissue damage and reduced elasticity

Life Review – evaluative process in which elders make judgments about their part behaviors

- **Reminiscence –** thinking about the past

3 Main Components of Successful Aging

- ➔ Avoidance of disease or disease-related disability
- ➔ Maintenance of high physical and cognitive functioning
- ➔ Sustained, active engagement in social and productive activities

Models of 'Successful' or 'Optimal' Aging

- **Disengagement Theory –** characterized by mutual withdrawal of the older person and society and a gradual reduction in social involvement and greater preoccupation with the self
- **Activity Theory –** the more active people remain, the better they age
    - Tend to remain engaged with social roles and connections
    - People who remain active are more likely to maintain high-quality social relationships, and the presence of these relationships is likely to positively affect life satisfaction
- **Continuity Theory –** people must maintain a balance of continuity and change in both the internal and external structures of their lives
    - People's need to maintain a connection between past and present is emphasized, and activity is viewed as important, not for its own sake but because it represents continuation of a previous lifestyle
    - *If you are happy being active now, you are likely to be happy being active later; if you are happy being less active now, you may prefer a quieter lifestyle later in life too*
- **Selective Optimization with Compensation –** enhancing overall cognitive functioning by using stronger abilities to compensate for those that have weakened
    - *Selecting* fewer and more meaningful activities or goals
    - *Optimizing*, or making the most of, the resources they have to achieve their goals

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- *Compensating* for losses by using resources in alternative ways to achieve their goals

Social Convoy Theory – aging adults maintain their level of social support by identifying members of their social network who can help them and avoiding those who are not supportive

Socioemotional Selectivity Theory – as remaining time becomes short, older adults choose to spend time with people and in activities that meet immediate emotional needs

Memory and Aging

- **Sensory Memory –** initial, brief, temporary storage of sensory information, and forward repetition requires only sensory memory
- **Working Memory –** short-term storage of information being actively processed, and backward repetition requires the manipulation of information in working memory
- **Episodic Memory –** long-term memory of specific experiences or events, linked to time and place (the LTM system most likely to deteriorate with age)
- **Semantic Memory –** long-term memory of general factual knowledge, social customs, and language (shows little decline with age)
- **Procedural Memory (Implicit Memory) –** long-term memory of motor skills, habits, and ways of doing things, which can be recalled without conscious effort (relatively unaffected by age)

Aging in Place – staying in their own home

- **Technological Aids –** activity monitoring wandering detection, and e-health applications
- Used to help keep older adults physically safe and connected to others
- **Assisted Living –** enable tenant to live their own homelike space while giving them easy 24-hour access to needed personal and health care services

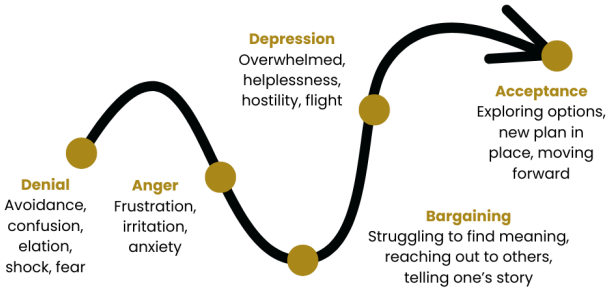
Group Living Arrangements for Older Adults

- Retirement Hotel
- Retirement Community
- Shared Housing
- ECHO (Elder Cottage Housing Opportunity) Housing
- Congregate Housing
- Assisted-Living Facility
- Foster-Care Home
- Continuing Care Retirement Community

D | Critical Issues Concerning Death and Bereavement (2)

Kübler-Ross' Five Stages of Grief

- Denial
- Anger
- Bargaining
- Depression
- Acceptance



Care of Dying

- **Hospital Care –** personal, patient- and family-centered, compassionate care for the terminally ill, which offer a specialized type of palliative care for people whose life expectancy is 6 months or less
- **Palliative Care –** aimed at relieving pain and suffering and allowing the terminally ill to die in peace, comfort, and dignity

Terminal Drop/Decline – a frequently observed decline in cognitive abilities near the end of life

- **Clinical Death –** few minutes after the heart stopped pumping
- **Brain Death –** a person no longer has reflexes or any response to vigorous external stimuli and no electrical activity in the brain
- **Social Death –** when other people treat a deceased person like a corpse
- **Near-Death Experience –** often involving a sense of being out of the body or sucked into a tunnel and vision of bright lights or mystical encounters

Grief – emotional response experienced in the early phases of bereavement

- **Bereavement –** loss, due to death, of someone to whom one feels close and the process of adjustment to the loss
- **Mourning –** represents the outward, often culturally and religiously influenced, expression of loss

Types of Grief

➔ **Normal or Common Grief –** most typical

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response to loss, characterized by a range of emotional, physical, cognitive, and behavioral reactions that gradually lessen in intensity over time

- ➔ **Anticipatory Grief –** occurs before the actual death, often when a loved one has a terminal illness or is expected to die
- ➔ **Complicated Grief –** a severe and persistent form of grief where the intense emotional pain and impairment do not diminish over time, significantly exceeding expected social, cultural, or religious norms
- ➔ **Disenfranchised Grief –** a person's grief is not openly acknowledged, socially supported, or publicly mourned
- ➔ **Ambiguous Loss –** refers to a loss that lacks clarity, closure, or a definitive end
  - ◆ **Type 1: Physical Absence with Psychological Presence –** a loved one physically gone but psychologically present (ex. a missing person, kidnapping, divorce where contact is maintained)
  - ◆ **Type 2: Physical Presence with Psychological Absence –** a loved one is physically present but psychologically absent (ex. dementia, severe mental illness, addiction, chronic vegetative state)
- ➔ **Traumatic Grief –** occurs when hen a death happens under horrific, sudden, or violent circumstances (e.g., accidents, natural disasters, murder, suicide)
- ➔ **Collective Grief –** experienced by a community, nation, or even the world in response to a public tragedy or large-scale loss
- ➔ **Cumulative Grief (or Bereavement Overload) –** occurs when an individual experiences multiple losses in a relatively short period, without adequate time to process each one before the next occurs

Classic Grief Work Model – working out of psychological issues connected with grief

Three Stages of Grief

- ➔ **Shock and Disbelief**
  - ◆ Last several weeks, especially after a sudden or unexpected death
  - ◆ Immediately following a death, survivors often feel lost and confused
  - ◆ As awareness of the loss sinks in, the initial numbness gives way to overwhelming feelings of sadness and frequent crying
- ➔ **Preoccupation with Memory of the Dead Person**
  - ◆ Last 6 months to 2 years or so
  - ◆ The survivor tries to come to terms with the death but cannot yet accept it
  - ◆ These experiences diminish with time, the gaps for years
- ➔ **Resolution**
  - ◆ The bereaved person renews interest in everyday activities
  - ◆ Memories of the dead person bring fond feelings mingled with sadness rather than sharp pain and longing

Multiple Variations of Grief (Bonano et al., 2011)

- **Resilience –** where individuals maintain relatively stable physical and psychological health, demonstrating the ability to adapt to the loss without experiencing prolonged periods of significant distress or dysfunction
- **Recovery –** experience an initial period of significant distress and impairment following the loss, but gradually return to their pre-loss levels of functioning within a reasonable timeframe
- **Chronic Grief –** characterized by prolonged and severe grief symptoms that persist for an extended period (often years) without significant improvement, leading to long-term functional impairment
- **Chronic Depression –** individuals experience persistent major depressive symptoms that predate the loss or emerge shortly after and remain chronic, often distinct from the acute pain of grief itself
- **Delayed Grief –** a less common pattern where the initial reaction to the loss is minimal or absent, but significant grief symptoms emerge much later, sometimes months or even years after the bereavement

Terror Management Theory – human's unique understanding of death, in concert with self-preservation needs and capacity for fear, results in common emotional and psychological responses when mortality, or thoughts of death, are made salient

- More committed to a cultural worldview: endorse their religious beliefs, and they believe more strongly in the afterlife
- High self-esteem should buffer people against

anxiety and fear over death: feeling significant and valuable to others can help people believe they are more than their physical body
- Associated with attachment processes: when death is made salient, those people who are willing and able to would be predicted to engage in behaviors to increase attachment

Dual-Process Model of Grieving (Stroebe & Schut, 1999)
- **Loss-Orientation –** activities directly related to the loss, such as expressing feelings of yearning for the deceased, crying, or talking about them
- **Restoration-Orientation –** activities focused on reestablishing roles, engaging in new activities, and preparing for life without the loved one, such as attending to life changes or developing new routines

Unique Invulnerability – belief that bad things happen to others but not to themselves

Suicide – deliberate choice of a time to end his/her life a rational decision and a right to be defended
- Rates are highest in the elderly in almost all areas of the world
- Men also commit suicide at higher rates than do women
- Young, unmarried women with little education and those who are unusually impulsive, anxious, or depressed are most at risk for suicidal thoughts and behavior
- Males were far more likely to succeed in taking their own life
    - Use reliable methods (firearms)
    - Women are more likely to choose other means (poisoning or hanging)

Euthanasia – *"good death"*, intended to end suffering or to allow a terminally ill person to die with dignity
- **Passive Euthanasia –** withholding or discontinuing treatment that might extend the life of a terminally ill patient; generally legal
- **Active Euthanasia –** deliberate action taken to shorten the life of a terminally ill person; mercy killing; generally illegal

Advance Directives – document specifying the type of care wanted by the maker in the event of an incapacitating or terminal illness, contains instructions for when and how to discontinue futile medical care
- **Living Will –** contain specific provisions with regard to circumstances in which treatment should be discontinued
- **Durable Power of Attorney –** legal instrument that appoints an individual to make decisions in the event of another person's incapacitation

Assisted Suicide – suicide in which a physician or someone else helps a person take his or her own life (person who want to die performs the actual deed)
- Ethical arguments for assisted suicide: principles of autonomy and self-determination, mentally competent persons should have the right to control the quality of their own lives and the timing and nature of their death
- Medical arguments for assisted suicide: a doctor is obligated to take all measures necessary to relieve suffering
- Legal argument for assisted suicide: legalizing assisted suicide would permit the regulation of practices that now occur anyway of compassion for suffering patients
- Ethical arguments against assisted suicide: the belief that taking a life, even with consent, is wrong, and concern for protection of the disadvantaged
- Medical arguments against assisted suidice:
    - The possibility of misdiagnosis
    - The potential future availability of new treatments
    - The likelihood of incorrect prognosis
    - The belief that helping someone die is incompatible with a physician's role as healer and that adequate safeguards are not possible
- Legal arguments against assisted suicide: enforceability of safeguards and about lawsuits when family members disagree about the propriety of terminating a life

Bowlby's Stages of Grrief
- **Phase of Numbness (Shock and Numbness) –** disbelief, emotional detachment, difficulty concentrating, a sense of unreality
- **Phase of Yearning and Searching –** intense emotional pain, pining, crying, restlessness, anxiety, anger, guilt, preoccupation with the deceased, dreams or illusions of the deceased
- **Phase of Disorganization and Despair –** apathy, withdrawal from social activities, increased fatigue, sleep disturbances, loss of interest in previously enjoyed activities, questioning the meaning of life, depression
- **Phase of Reorganization and Recovery –** renewed energy, establishment of new routines, finding meaning, increased interest in life, ability to look to the future, a sense of hope and trust restored

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Sanders' Phases of Bereavement (Integrative Theory of Bereavement)

- **Shock –** immediate impact phase, characterized by confusion, disbelief, and an intense state of alarm
- **Awareness of Loss –** the full reality of the loss becomes apparent, leading to intense emotional and physical reactions
- **Conservation/Withdrawal –** the bereaved feels a profound need to withdraw from external demands and conserve energy
- **Healing: The Turning Point –** signifies a shift from intense distress to a gradual restoration of energy and a renewed capacity to engage with life
- **Renewal –** involves a new sense of self-awareness and the ability to live effectively without the physical presence of the loved one

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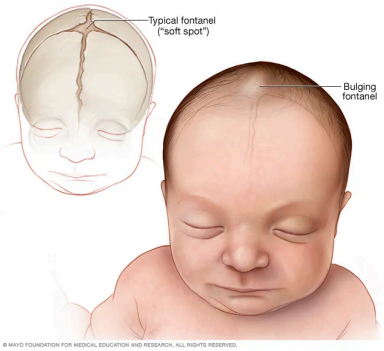
DEVELOPMENTAL TASKS ACROSS LIFESPAN (15) – are achievements or skills that an individual is expected to master during a particular period of life, based on biological maturation, societal expectations, and personal values

- Proposed by Robert Havighurst
- Successfully accomplishing these tasks leads to happiness and success with later tasks, while failure can lead to unhappiness and difficulty with future development
- Often seen as goals that individuals strive to achieve

DEVELOPMENTAL TASKS IN INFANCY & TODDLERHOOD

The Newborn Baby (Neonatal Period) – first 4 weeks of life, a time of transition from from intrauterine dependency to independent existence

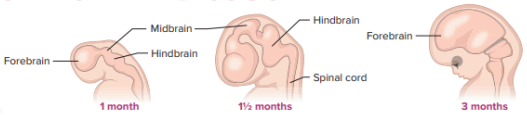
- **Neonate –** newborn baby, up to 4 weeks old with about 20 inches long and weighs about 7½ pounds
- **Fontanels –** areas on their heads where the bones of the skull do not meet, and covered by a tough membrane that allows for flexibility in shape, which eases the passage of the neonate through the vaginal canal

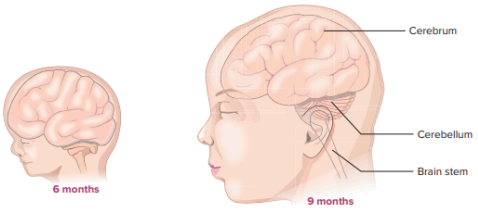


- **Lanugo –** a fuzzy prenatal hair
- **Vernix Caseosa –** "cheesy varnish", an oily protection against infection that dries within the first few days
- **Witch's Milk –** a secretion that sometimes leaks from the swollen breasts of newborn boys and girls around the 3rd day of life

The Brain and the Reflex Behavior

- **Central Nervous System –** the brain and spinal cord
- The growth of the brain is a lifelong process fundamental to physical, cognitive, and emotions development
- The brain at birth is only about one-fourth to one-third of its eventual adult volume
- By the age 6, it is almost adult size, but specific parts of the brain continue to grow and develop functionally into adulthood
- The brain's growth occurs and fits and starts called **brain growth spurts**
- Beginning about 3 weeks after conception, the brain gradually develops
- By birth, the growth spurt of the spinal cord and brain stem begin





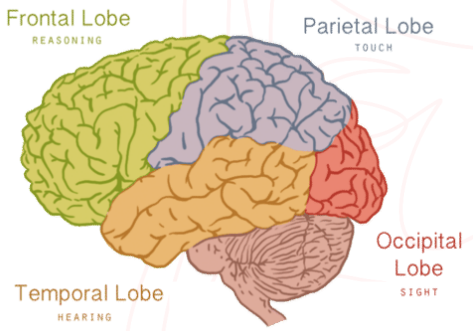
Major Parts of the Brain

- **Brain Stem –** responsible for such basic functions as breathing, heart rate, body temperature, and the sleep-wake cycle
- **Cerebellum –** maintains balance and motor coordination which grows fastest during the 1st year of life
- **Cerebrum –** the largest part of the brain, divided into right and left halves or hemispheres
  - **Lateralization –** tendency of each of the brain's hemispheres to have specialized functions
  - **Left Hemisphere –** concerned with language and logical thinking
  - **Right Hemisphere –** visual and spatial functions (map reading and drawing)
  - **Corpus Callosum –** joining the two hemispheres is a tough band of tissue that

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shares information and coordinate commands

- **Four Lobes**
  - **Occipital Lobe –** primarily concerned with visual processing and the smallest of the four lobes
  - **Parietal Lobe –** involved with integrating sensory information from the body
  - **Temporal Lobe –** helps us interpret smells and sounds and is involved in memory
  - **Frontal Lobe –** involved with a variety of higher-order processes



- **Cerebral Cortex –** the outer of the cerebrum the govern vision, hearing, and other sensory information grow rapidly in the first few months after birth

Reflex Behavior – automatic, involuntary, innate responses to stimulation

- **Primitive Reflexes –** related to survival and protection such as, sucking, rooting for the nipple, and the moro reflex
- **Postural Reflexes –** reactions to changes in position or balance
- **Locomotor Reflexes –** walking and swimming reflexes

Early Human Reflexes	
Moro Reflex (Startle)	Is an involuntary protective motor response triggered by an abrupt disruption of body balance or sudden stimulation
Darwinian Reflex (Grasping)	When an object is placed in an infant's palm, they will instinctively grasp it tightly • Pincer • Palmar
Tonic Neck Reflex (Fencing)	When an infant's head is turned to one side, the arm and leg on that side extend, while the arm and leg on the opposite side flex
Babkin Reflex	When pressure is applied to the infant's palms (e.g., by squeezing them), the infant may open their mouth, flex their head, or turn their head
Babinski Reflex	When the sole of the foot is firmly stroked from the heel to the toes, the big toe extends upward, and the other toes fan out
Rooting Reflex	When an infant's cheek or the corner of their mouth is stroked, they will turn their head towards the stimulus and open their mouth, "rooting" for a nipple
Walking Reflex	If an infant is held upright with their feet touching a solid surface, they will appear to take "steps" or make walking movements
Swimming Reflex	When placed face down in water, an infant will naturally hold their breath and make swimming motions with their arms and legs

Early Sensory Capacities

- Touch and Pain
  - Touch is the first sense to develop
  - For the first several months, it is the most mature sensory system
  - By 32 weeks of gestation, all body parts are sensitive to touch, and this sensitivity increases during the first 5 days of life
- Smell and Taste
  - The senses of smell and taste begin to develop in the womb
  - Flavors from food the mother has consumed are found in amniotic fluid
  - A preference for certain tastes and smells can be developed in utero
  - Flavors from the foods that the mother eats are also transmitted via breast milk
  - May improve acceptance of healthy foods after weaning and later in life
- Hearing

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- Auditory discrimination develops rapidly after birth
- Infants as young as 2 days old are able to recognize a word they heard up to a day earlier
- At 1 month, babies can distinguish sounds as close as ba and pa
- By 11 to 17 weeks, infants are able to both recognize and remember entire sentences after a brief delay

- Sight
  - The least developed sense at birth
  - The ability to follow a moving target develops rapidly in the first months, as does color perception
  - 20/20 level by about 8 months
  - Binocular Vision: The use of both eyes to focus, enabling perception of depth and distance and usually does not develop until 4 or 5 months

Motor Development and Perception

- **Systems of Action –** increasingly complex combinations of motor skills, which permit a wider or more precise range of movement and more control of the environment
- **Pincer Grasp –** the thumb and index finger meet at the tips to form a circle, making it possible to pick up tiny object
- **Gross Motor Skills –** physical skills that involves the large muscles
- **Fine Motor Skills –** physical skills that involve the small muscles and eye-hand coordination
- **Perceptual Constancy –** sensory stimulation in changing but perception of the physical world remains constant
  - **Size Constancy –** ability to perceive an object as having a constant size, even when the size of its retinal image (the image on the back of your eye) changes due to distance
    - Example: A building appears smaller from a distance, but our brain still perceives it as having its normal size
  - **Shape Constancy –** ability to perceive an object as having a constant shape, even when the object's orientation or the angle from which it is viewed changes, causing its retinal image to appear different
    - Example: A door is still perceived as rectangular, even when it's open and the retinal image appears as an oblong shape
- **Visual Guidance –** the use of the eyes to guide the movement of the hands (or other parts of the body
- **Depth Perception –** the ability to perceive objects and surfaces in three dimensions depends on the several kinds of cues that affect the image of an object on the retina of the eye
- **Haptic Perception –** able to recognize and remember features of objects that were placed in their hands (28 weeks of gestation)

Medical and Behavioral Assessment

- **APGAR Scale** (Dr. Virginia Apgar) – a standard measurement of a newborn's condition which assesses one minute after delivery, and then again 5 minutes after birth
  - Five Subtests: *Appearance* (color), *Pulse* (heart rate), *Grimace* (reflex irritability), *Activity* (muscle tone), and *Respiration* (breathing) - rated 0, 1, or 2 on each measure

APGAR Scoring

- ➔ 7 to 10: good to excellent condition
- ➔ Below 5–7: baby needs help to establish breathing
- ➔ Below 4: baby needs immediate lifesaving treatment
- ➔ 0 to 3 at 10, 15, and 20 minutes after birth: increasingly associated with cerebral palsy or other neurological problems

Sign	Score		
	0	1	2
Heart rate	Absent	< 100	> 100
Respiratory effort	Absent	Irregular or gasping	Good crying
Muscle tone	Flaccid	Partial flexion of extremities	Complete flexion or Active movements
Reflex response	No response	Grimace	Cry
Color	Blue (central cyanosis) or Pale	Body pink but extremities blue (peripheral cyanosis)	Completely pink

- **Brazelton Neonatal Behavioral Assessment Scale (NBAS)** (Dr. T. Berry Brazelton) – neurological and behavioral test to measure neonate's responses to the environment of infants up to 2 months old
  - **Motor Organization –** behaviors as activity level and the ability to bring a hand to the mouth
  - **Reflexes**
  - **State Changes –** irritability, excitability, and ability to quiet down after being upset
  - **Attention and Interactive Capacities –**

general alertness and response to visual and auditory stimuli
    - **Central Nervous System Instability –** tremors and changes in skin color
- **Home Observation for Measurement of the Environment (HOME)** – trained observers interview the primary caregiver and rate on a yes-or-no checklist the intellectual stimulation and support observed in a child's home
- **Early Intervention –** systematic process of planning and providing therapeutic and educational services for families that need help in meeting infants', toddlers', and pre-school children's developmental needs

Sensorimotor Stage (birth to 2 years old) – infants learn about themselves and their world through their developing sensory and motor activity

- **Schemes –** organized patterns of thought and behavior in particular situations
- **Circular Reactions –** an infant learns to reproduce events originally discovered by chance
- **Representational Ability –** the ability to mentally represent objects and actions in memory, largely through symbols such as words, numbers, and mental picture

Substages of Sensorimotor Stage	
Uses of Reflexes (birth to 1 month)	Infants exercise their informed reflexes and gain some control over them. They do not coordinate information from their senses
Primary Circular Reactions (1 to 4 months)	Infants repeat pleasurable behaviors that first occur by chance (such as thumbsucking) Activities focus of the infant's body rather than the effects of the behavior on the environment Begin to coordinate sensory information and grasp objects
Secondary Circular Reactions (4 to 8 months)	Infants become more interested in the environment; they repeat actions that bring interesting results and prolong interesting experiences Actions are intentional but not initially goal directed
Coordination of Secondary Schemes (8 to 12 months)	Behavior is more deliberate and purposeful as infants coordinate previously learned schemes and use previously learned behaviors to attain their goals They can anticipate events
Tertiary Circular Reactions (12 to 18 months)	Toddlers show curiosity and experimentation; they purposely vary their actions to see results They try new activities and use trial and error in solving problems
Mental Combination (18 o 24 months)	Because toddlers can mentally represent events, they can think about events and anticipate their consequences without always resorting to action They can use symbols, such as gestures and words, and can pretend

Imitation

- **Visible imitation –** imitation that uses body parts such as hands or feet that babies can see
- **Invisible Imitation –** imitation that involves parts of the body that babies cannot see
- **Deferred Imitation –** the reproduction of an observed behavior after passage of time

Object Permanence – the realization that something continues to exist when out of sight

- **A-not-B Error –** infants will continue to look for an object in the place where they first found it after seeing it hidden, even if they were later shown the object being moved to a new location

Pictorial Competence – the ability to understand the nature of pictures yellow circles with radiating spires representing sun

- **Scale Error –** a momentary misinterpretation of the relative sizes of objects
- **Dual Representation –** children under age 3 have difficulty grasping spatial relationships because of the need to keep more than one mental representation in mind at the same time

Habituation – type of learning in which familiarity with a stimulus reduces, slows, or stops a response

- **Familiarity –** repeatedly presenting a stimuli

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breeds loss of interest
- **Dishabituation –** increase in responsiveness after presentation of a new stimulus which the reaction towards a known stimulus is enhanced

Tools of Infant Research
- **Visual Preference –** tendency of infants to spend more time looking at one sight than another
- **Novelty Preference –** infants prefer new sights to familiar ones
- **Visual Recognition Memory –** ability to distinguish a familiar visual stimulus from an unfamiliar one when shown both at the same time

Perceptual Processes
- **Cross-Modal Transfer –** ability to use information gained by one sense to guide another
- **Joint Attention –** a shared attentional focus, typically initiated with eye gaze or pointing which develops between 10 to 12 months

Information Processing as a Predictor of Intelligence
- **Categorization –** ability to organize things into categories
- **Causality –** the principle that one event (squeezing) causes another event (quacking)
- **Violation-of-Expectations –** begins with a familiarization phase in which infants see an event happen normally, after the infant becomes bored and has habituated to this procedure, the event is changed in a way that conflicts with or violates normal expectations

Guided Participation – mutual interaction with adults that help structure children's activities and bridge the gap between a child's understanding and an adult's

Prelinguistic Speech – utterance of sounds that are not words, this includes crying, cooing, babbling, and accidental and deliberate imitation of sounds without understanding the meaning
- Early Vocalization
  - Crying
  - Cooing
  - Babbling (between ages 6 to 10 months): repeating consonant-vowel strings, such as "ma-ma-ma-ma"
  - Imitate (about 9 to 10 months): infants deliberately imitate sounds without understanding them

4 Patterns of Crying Infants
- ➔ **Basic Hunger Cry –** rhythmic pattern that usually consist of cry, followed by a briefer silence
- ➔ **Angry Cry –** more excess air is forced through vocal cords
- ➔ **Pain Cry –** sudden long, initial loud cry followed by breath holding
- ➔ **Frustration Cry –** higher pitch and more monotonic vocalization is associated with autonomic system activity during stressful procedures in infants

- **Phonemes –** the smallest unit of sounds in speech
- Gestures usually appear before children have a vocabulary of 25 words, and they drop out when children learn and can say the word for the idea they were gesturing
- **Holophrase –** single word that conveys a complete thought
- First Sentence (between 18 and 24 months) – a toddler puts two words together to express one ideas
  - **Telegraphic Speech –** early form of sentence use of consisting of only few essential words
  - **Syntax –** rules of forming a sentence in a particular language
- **Underextension –** use words in too narrow of a category *Lisa is underextending the word doggy by restricting it to only her pet*
- **Overextension –** using words that were too broad of a category *gray-haired man on the television screen and shouted, "Gampa!"*

Reflexive Smile – a smile that does not occur in response to external stimuli and appear during the first month after birth
- **Social Smiling –** beginning in 2nd month, newborn infants gaze at their parents and smile them
  - **Clowning –** includes silly, nonverbal behaviors such as odd facial expressions or sounds, actions such as revealing a usually hidden body part and imitating another's odd actions
- **Anticipatory Smiling –** infants smile at an object and then gaze at an adult while continuing to smile

Self-Conscious Emotions – emotions such as embarrassment, empathy, and envy, that depend on self-awareness
- **Self-Awareness –** realization that one's existence and functioning are separate from those of other people and things

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- **Self-Evaluative Emotions –** emotions such as pride, shame, and guilt, that depend on both self-awareness and knowledge of socially accepted standard of behavior

Temperament – characteristic disposition or style of approaching and reacting to situations

- Relatively consistent and enduring
- **Goodness to Fit –** appropriateness of environmental demands and constraints to a child's temperament
- **Behavioral Inhibition –** how boldly or cautiously a child approaches unfamiliar objects and situations

Three Temperamental Patterns

- ➔ **Easy Child –** generally happy temperament, regular biological rhythms, and a readiness to accept new experiences
- ➔ **Difficult Child –** irritable temperament, irregular biological rhythms, and intense emotional responses
- ➔ **Slow-to-Warm-Up Child –** generally mild but who are hesitant about accepting new experiences

DEVELOPMENTAL TASKS IN EARLY CHILDHOOD

3 Years Old

- Children begin to lose their babyish roundness and take on the slender, athletic appearance of childhood
- Cannot turn or stop suddenly or quickly
- Can jump a distance of 15-24 inches
- Can ascend a stairway unaided, alternating feet
- Can hop
- Handedness is evident
- All primary teeth are evident
- Can now pick up tiny objects between their thumb and forefingers (tho still clumsy)
- Know the difference between reality and imagination
- Can use 900 to 1000 words
- Typically begin to use plurals, possessives, and past tense

4 Years Old

- Peak of the density of synapses in the prefrontal cortex
- More effective control of stopping, starting, and turning
- Can jump a distance of 24-33 inches
- Can descend a long stairway alternating feet if supported
- Able to categorize objects to identify similarities and differences
- Can tell the differences in size
- They conversate in sentences and may be declarative, negative, interrogative, or imperative
- Can recognize facial expressions, recognize emotions thru vocal cues and body postures

5 Years Old

- Can start, turn, and stop effectively in games
- Can descend a long stairway, unaided
- Run hard and enjoy races with each other
- Hand, arm, and body move together under better command of the eye
- Can now count to 20 or more and know the relative sizes of the numbers 1 through 10
- Speech is quite adultlike
- Children understand the public aspects of emotions (understand the things that causes others to be sad or happy)

6 Years Old

- Brain is 90% of its peak volume
- Permanent teeth begins to appear
- Has an expressive vocabulary of 2,600 words and understands more than 20,000

7 Years Old

- Children start to understand that mental states can drive emotions

Growth Hormone Deficiency – absence or deficiency of growth hormone produced by pituitary gland to stimulate the body to grow

Preoperational Thought (2 to 7) – an expansion in the use of symbolic thought but cannot yet use logic effectively

Cognitive Advances During Early Childhood

- ➔ **Symbolic Function –** ability to use mental representations (words, numbers, or images) to which a child has attached meaning
  - ◆ **Deferred Imitation –** children imitate an action at some point after having observed it
  - ◆ **Pretend Play –** (fantasy play, dramatic play, or imaginative play) play involving imaginary people and situation
  - ◆ **Language –** a system of symbol
- ➔ **Intuitive Thought –** begin to use primitive

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reasoning and want to know the answers to all sort of questions

- ➔ **Identities –** people and many things are basically the same even if they change in outward form, size, or appearance
- ➔ **Cardinality Principle –** children understand that the number of items in a set is the same regardless of how they are arranged
- ➔ **Empathy –** children become more able to imagine how others might feel
- ➔ **Theory of Mind –** children become more aware of mental activity and the functioning of the mind

Immature Aspects of Preoperational Thought	
Centration	Children focus on one aspect of situation and neglect others
Irreversibility	Children fail to understand that some operations or actions can be reversed, restoring the original situations
Focus on States rather than Transformation (Lack of Conservation)	**Conservation –** two objects that are equal remain so if their appearance is altered, as long as nothing is added or taken away
Transductive Reasoning	Tendency to mentally link particular phenomena, whether or not there is logically a causal relationship
Egocentrism	Children assume everyone else thinks, perceives and feels as they do
Animism	Children attribute life to objects not alive
Magical Thinking	Is a way to explain events that do not seem to have obvious realistic explanation

Theory of Mind – the awareness of the broad range of human mental states—beliefs, intents, desires, dreams, and so forth—and the understanding that others have their own distinctive beliefs, desires, and intentions

- Knowledge about thinking and mental states
- False beliefs and deception
- Distinguishing between appearance and reality
- Distinguishing between fantasy and reality

Basic Processes and Capacities

- **Encoding –** process by which information is prepared for long-term storage and later retrieval and putting information in a folder to be filed in memory
- **Storage –** retention of information in memory for future use
- **Retrieval –** process by which information is accessed or recalled from memory storage

Three Types of Storage

- ➔ **Sensory Memory –** initial, brief, temporary storage of sensory information
- ➔ **Working Memory –** short-term storehouse for information a person is actively working on, trying to understand, remember, or think about
  - ◆ **Executive Function –** conscious control of thoughts, emotions, and actions to accomplish goals or solve problems, emerges around the end of an infant's 1st year and develops in spurts with age
- ➔ **Long-Term Memory –** storehouse of virtually unlimited capacity that holds information for long periods of time
  - ◆ **Central Executive –** element of working memory that controls the processing of information
  - ◆ **Phonological Loop –** aids in the processing of verbal information
  - ◆ **Visuo-Spatial Sketchpad –** maintains and manipulates visual information

Forming and Retaining Childhood Memories

- **Genetic Memory –** memory that produces scripts of familiar routines to guide behavior which begin at about age 2
  - **Script –** general remembered outline of a familiar, repeated event, used to guide behavior
- **Episodic Memory –** long-term memory of specific experiences or events, linked to time and place
  - **Autobiographical Memory –** a type of episodic memory, memories of distinctive experiences that form a person's life history which emerges between ages 3 and 4
- **Social Interaction Model –** a model based on Vygotsky's sociocultural theory, that proposes children construct autobiographical memories through conversation with adults about shared

events

Zone of Proximal Development (ZPD) – the difference between what a child can do alone and what the child can do with help

- **Scaffolding –** temporary support to help a child master a task

Language Development

- **Fast Mapping –** process by which a child absorbs the meaning of a new word after hearing it once or twice in conversation
- **Grammar –** the deep underlying structure of a language that enables us to produce and understand utterance
- **Syntax –** involves the rules for putting together sentences in a particular language
- **Pragmatics –** the practical knowledge of how to use language to communicate, knowing how to ask for things, how to tell a story or joke, how to begin and continue a conversation, and how to adjust comments to the listener's perspective
- **Social Speech –** speech intended to be understood by a listener
- **Private Speech –** talking aloud to self with no intent to communicate with others
- **Oral Language Skills –** vocabulary, syntax, narrative structure, and the understanding that language is used to communicate
- **Specific Phonological Skills –** linking letters with sounds

Emotional Self-Regulation – helps children guide their behavior and adjust their responses to meet societal expectations

- **Social Emotions –** a comparison of one's self or one's actions to social standards and typically develop by the end of the 3rd year after children gain self-awareness and accept the standards of behavior their parents have set

Play – is vitally important to development and has significant current and long-term functions

- **Reticent Play –** a combination of Parten's unoccupied and onlooker categories
- **Gender Segregation –** tendency to select playmates of one's own gender
- **Games –** activities that children engage in or pleasure and that have rules

Cognitive Levels of Play

- → **Functional Play (Locomotor Play) –** begins during infancy and playing involving repetitive large muscular movements
- → **Constructive Play (Object Play) –** play involving use of objects or materials to make something
- → **Dramatic Play (Pretend Play/Fantasy Play/Imaginative Play) –** involves imaginary objects, actions, or roles
- → **Formal Games With Rules –** organized games with known procedures and penalties

Parten's Categories of Social and Nonsocial Play

- → **Unoccupied Behavior –** does not seem to be playing but watches anything of momentary interest
- → **Onlooker Behavior –** spends most of the time watching other children play. The onlooker may talk to them but does not enter into the play
- → **Solitaire Independent Play –** child plays alone
- → **Parallel Play –** plays beside the other children independently
- → **Associative Play –** children talk, borrow, and lend toys, follow each other around and play similarly
- → **Cooperative or Organized Supplementary Play –** child plays in a group organized for some goal



Discipline – methods of modeling character of teaching self-control and acceptable behavior

- **External Reinforcement:** tangible (treats, more playtime) or intangible (a smile, a word of praise, or a special privilege)
- **Internal Reinforcement:** a sense of pleasure or accomplishment
- **Punishment**
  - It should be administered calmly, in private, and aimed at eliciting compliance, not guilt
  - Most effective when accompanied by a short, simple explanation

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  - The desired behaviors should be made clear
  - **Corporal Punishment –** use of physical force with the intention of causing pain but not injury so as to correct or control behavior
- **Inductive Techniques –** designed to encourage desirable behavior or discourage undesirable behavior by setting limits, demonstrating logical consequences of an action, explaining, discussing, negotiating, and getting ideas from the child about what is fair
- **Power Assertion –** disciplinary strategy designed to discourage undesirable behavior through physical or verbal enforcement of parental control, which includes demands, threats, withdrawal of privileges, spanking, and other types of punishment
- **Withdrawal of Love –** disciplinary strategy that involves ignoring, isolating, or showing dislike for a child

Diana Baumrind's Model of Parenting Styles – identified three parenting styles and described typical behavior patterns of children raised according to each

- Eleanor Maccoby and John Martin (1983) added the fourth parenting style

4 Parenting Styles

- ➔ **Authoritative Parenting –** emphasizes a child's individuality but also stresses limits
  - ◆ Tend to be the most self-reliant, self-controlled, self-assertive, exploratory, and content
  - ◆ ↑ Control ↑ Warmth
- ➔ **Authoritarian Parenting –** emphasizes control and unquestioning obedience
  - ◆ Children tend to be more discontented, withdrawn, and distrustful
  - ◆ ↑ Control ↓ Warmth
- ➔ **Permissive Parenting –** emphasizes self-expression and self-regulation
  - ◆ Tend to be immature, the least self-controlled and the least exploratory
  - ◆ ↓ Control ↑ Warmth
- ➔ **Neglectful (Uninvolved) –** parents sometimes focus on their needs rather than on those of the child because of stress or depression
  - ◆ ↓ Control ↓ Warmth



DEVELOPMENTAL TASKS IN MIDDLE & LATE CHILDHOOD

Cognitive Advances – changes in the brain's structure and functioning

- Characterized as resulting in faster, more efficient information processing and an increased ability to ignore distracting information

Recess – the games children play at recess tend to be informal. Most of recess involves socializing with peers

- **Rough-and-Tumble Play –** vigorous play involving wrestling, hitting, and chasing, often accompanied by laughing and screaming
- **Organized Sports –** a slow but steady decline from participating team sports on a regular basis of 6- to 12-year-old children mainly due to household income

Concrete Operational Stage – children develop logical but not abstract thinking, where they can use mental operations to solve concrete problem

- They can think logically because they can take multiple aspects of a situation into account
- However, their thinking is still limited to real situations in the here and now

Cognitive Advances in Concrete Operation

- ➔ **Spatial Thinking –** children are more easily able to navigate a physical environment with which they have experience, and training can help improve spatial skills as well
- ➔ **Causality –** ability to make judgements about cause and effect, as children learn more about the world, their growing knowledge informs the quality of their reasoning
- ➔ **Transitive Inferences –** understanding the relationship between two objects by knowing the

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relationship of each to a third object
    - If a<b and b<c, then a<c
- ➔ **Class Inclusion** – the ability to see the relationship between a whole and its parts, and to understand the categories within a whole
- ➔ **Seriation** – arranging objects in a series according to one or more dimensions
- ➔ **Inductive Reasoning** – moves from particular observation about members of a class to general conclusion about that class
- ➔ **Conservation** – understand the principles of identity, reversibility, and can now decenter
- ➔ **Number and Mathematics** – advantage in their number-line estimation, computational estimation, numerosity estimation, and measurement estimation

DEVELOPMENTAL TASKS IN ADOLESCENCE

Adolescence – a developmental transition that involves physical, cognitive, emotional, and social changes

- Ages between 11 and 19 or 20
- Adolescence is not clearly defined physical or biological category—it is a social construction

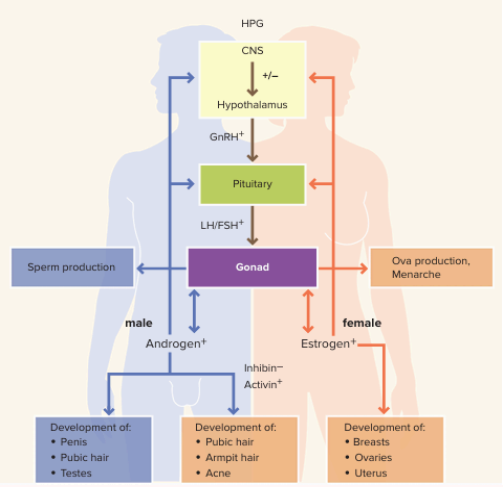
Secular Trend – characterized by a long-term shift towards earlier onset of puberty, the development of secondary sexual characteristics like breast development, pubic hair, and menstruation in girls, and growth of testes and penis, and facial hair in boys

Puberty – process that leads to sexual maturity, or fertility—the ability to reproduce

- The hypothalamus releases elevated levels of gonadotropin releasing hormone (GnRH)
- Increased GnRH then triggers a rise in luteinizing hormone (LH) and follicle-stimulating hormone (FSH)
    - Boys: LH initiates the release of two additional hormones: testosterone and androstenedione
    - Girls: increased levels of FSH lead to the onset of menstruation

Two Basic Stages of Puberty

- ➔ **Adrenarche** – occurs between ages 6 and 8 where the adrenal glands secrete increasing levels of androgens, mostly dehydroepiandrosterone (DHEA)
    - **DHEA** – influences the growth of pubic, axillary (underarm), and facial hair, faster body growth, oilier skin, and the development of body odor
- ➔ **Gonadarche** – marked by the maturing of the sex organs which triggers a second burst of DHEA production
    - Girls: ovaries increase input of estrogen and stimulates the growth of female genitals, breasts, and the development of pubic and underarm hair
    - Boys: the testes increase the production of androgens, especially testosterone and the growth of male genitals, muscle mass, and body hair



Sex Characteristics

- **Primary Sex Characteristics** – are the organs necessary for reproduction
- **Secondary Sex Characteristics** – physiological signs of sexual maturation that do not directly involve the sex organs

Adolescent Growth Spurt – a rapid increase in height, weight, muscle and bone growth that occurs during puberty

- Girls: between ages 9 ½ and 14 ½
- Boys: between 10 ½ and 16
- Typically lasts about 2 years

Signs of Sexual Maturity: Sperm Reproduction and Menstruation

- **Spermarche** – boy's first ejaculation which occurs at an average age of 13
    - **Nocturnal Emission** – an involuntary ejaculation of semen (a.k.a wet dream)
- **Menarche** – girl's first menstruation which vary from the age 10 to 16 ½

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- **Menstruation –** a monthly shedding of tissue from the lining of the womb

Formal Operational Stage – highest level of cognitive development and characterized by the ability to think abstractly

- **Hypothetical-Deductive Reasoning –** a methodical, scientific approach to problem solving, and it characterizes formal operational thinking which involves the ability to develop, consider, and test hypotheses
- **Deductive Reasoning –** moves from a general premise about a class to a conclusion about a particular member or member of the class

Immature Aspects of Adolescent Thought (David Elkind)	
Imaginary Audience	Assume everyone else is thinking about the same thing they are thinking about themselves
Personal Fable	A belief by adolescents that they are special, their experience is unique, and they are not subject to the rules that govern the rest of the world
Self-Consciousness	Adolescents can think about thinking—their own and other people's

Fuzzy-Trace Theory Dual-Process Model – individuals encode experiences into two types of memory traces: verbatim and gist

- **Verbatim Analytical –** represent the details of an event
- **Gist-Situational –** represent the general meaning or theme

School – offers opportunities to learn information, master new skills, and sharpen old skills

- **Intrinsic Motivation –** the student's desire to learn for the sake of learning
- Students high in academic self-efficacy are likely to do well in school: they believe that they can successfully achieve academic goals
- **Future-Oriented Cognitions –** hopes and dreams about future job which related to greater achievement as well as participation in extracurricular activities
- **Service Learning –** form of education that promotes social responsibility and service to community

Spillover – experiences in different context influence each other

DEVELOPMENTAL TASKS IN YOUNG ADULTHOOD

Emerging Adulthood – transitional period between adolescent and adulthood commonly found in industrial countries where time during which young people are no longer adolescents but have not yet settled into adult roles

- **Emotion-Focused Coping –** consists of attempts to manage the emotions associated with experiencing a particular event by such tactics as refusing to think about an issue or reframing the event in a positive light
- **Problem-Focused Coping –** involves addressing an issue head-on and developing action-oriented ways of managing and changing a bad situation

Premenstrual Syndrome (PMS) – disorder producing symptoms of physical discomfort and emotional tension for up to 2 weeks before the menstrual period

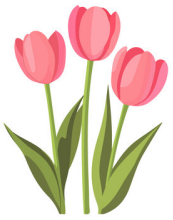
- Symptoms: fatigue, headaches, swelling and tenderness of the breasts, swollen hands or feet, abdominal bloating, nausea, cramps, constipation, food cravings, weight gain, anxiety, depression, irritability, mood swings, tearfulness, and difficulty concentrating or remembering
- Treatment: aerobic exercise, eating frequent small meals, a diet high in complex carbohydrates and low in salt, and regular sleep routines, calcium, magnesium, and vitamin E supplements
- **Dysmenorrhea –** painful menstruation or cramps caused by contractions of the uterus, which are set motion by prostaglandin, a hormonelike substance

Reflective Thinking – first defined by the American philosopher and educator John Dewey as "active, persistent, and careful consideration" of information or beliefs which is a type of logical thinking that becomes more prominent in adulthood, involving continuous, active evaluation of information and beliefs in the light of evidence and implications

Postformal Thought – tends of emerge in early adulthood and is a mature type of thinking that relies on subjective experience and intuition as well as logic and allows room for ambiguity, uncertainty, inconsistency, contradiction, imperfection, and compromise

- **Relativistic –** acknowledges that there may be more than one valid way of viewing an issue and that the world is made up of shades of gray

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Schaie: A Lifespan Model of Cognitive Development

- **K. warner Schaie –** looks at the developing uses of cognition within a social context
- Acquisition of information and skills *(what I need to know?)*
- Practical integration of knowledge and skills *(how to use what I know?)*
- Search for meaning and purpose *(why should I know?)*

Lifespan Model of Cognitive Development	
Acquisitive Stage (Childhood and Adolescence)	Children and adolescents acquire information and skills mainly for their own sake or as preparation for participation in society
Achieving Stage (Late Teens or Early Twenties to Early Thirties)	Young adults no longer acquire knowledge merely for its own sake; they use what they know to pursue goals, such as career and family
Responsible Stage (Late Thirties to Early Sixties)	Middle-aged people use their minds to solve practical problems associated with responsibilities to others, such as family members or employees
Executive Stage (Thirties or Forties Through Middle Age)	People in the executive stage are responsible for societal systems (governmental or business organizations) or social movements
Reorganizational Stage (End of Middle Age, Beginning of Late Adulthood	People who enter retirement reorganize their lives and intellectual energies around meaningful pursuits that take the place of paid work
Reintegrative Stage (Late Adulthood)	Older adults may be experiencing biological and cognitive changes and tend to be more selective about what tasks they expend effort on where they focus on the purpose of what they do and concentrate on tasks that have the most meaning for them
Legacy-Creating Stage (Advanced Old Age)	People may create instructions for the disposition of prized possessions, make funeral arrangements, provide oral histories, or write their life stories as a legacy for their loved ones

Triarchic Theory of Intelligence

- **Analytic/Componential Knowledge –** analytical abilities
- **Creative/Experiential Elements –** how insightful or creative a person is
- **Practical/Contextual Knowledge –** the practical aspect of intelligence

Tacit Knowledge

- ➔ Information that is not formally taught but is necessary to get ahead
- ➔ **Self-Management –** knowing how to motivate oneself and organize time and energy
- ➔ **Management of Tasks –** knowing how to write a term paper or grant proposal
- ➔ **Management of Others –** knowing when and how to reward or criticize subordinates

Emotional Intelligence – coined by Peter Salovey and John Mayer in which the abilities to perceive, use, understand, and manage, or regulate emotions, our own and those of others and so as to achieve goals

Postconventional Morality – Kohlberg believed that people became capable of fully principled moral reasoning, and that they made moral decisions on the basis of universal principles of justice in which the acquisition of this style of thinking was primarily a function of experience

Commitment with Relativism – students decide for themselves , ideally, what they want to believe

Substantive Complexity – the degree of thought and independent judgment it requires and a person's flexibility in coping with cognitive demands

Spillover Hypothesis – cognitive gains from work carry over to nonworking hours

Fictive Kin – friends who are considered and behave like family members

Triangular Theory of Love

- Patterns of love hinge on the balance among three elements
- Proposed by Robert J. Sternberg

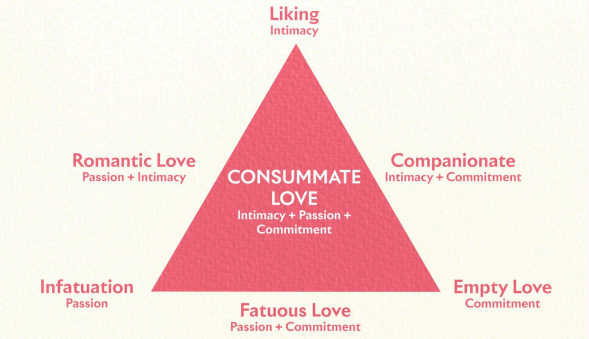
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Three Elements of Love

- ➔ **Intimacy (Emotional) –** involves self-disclosure, which leads to connection, warmth, and trust
- ➔ **Passion (Physical/Motivational) –** based on inner drives that translate physiological arousal into sexual desire
- ➔ **Commitment (Cognitive) –** the decision to love and to stay with the beloved



Patterns of Love	
Nonlove	No intimacy, passion, commitment; casual interactions
Liking [Intimacy]	Closeness, understanding, emotional support, affection, boundedness, and warmth
Infatuation [Passion]	*"Love at first sight"*, a strong physical attraction and sexual arousal
Empty Love [Commitment]	Commitment only; found in long-term relationships, or arranged marriage
Companionate Love [Intimacy + Commitment]	Long-term, committed friendship, often occurring in marriages in which physical attraction has died down but in which the patterns feel close to each other and have made the decision to stay together
Fatuous Love [Passion + Commitment]	Whirlwind courtship in which a couple make a commitment without allowing themselves the time to develop intimacy, and this kind of love usually does not last
Romantic Love [Passion + Intimacy]	Drawn to each other physically and bonded, and they are not, however, committed to each other
Consummate Love	Passion + Commitment + Intimacy

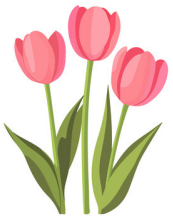
Friends with Benefits – relationships or friendships blended with physical intimacy, but little commitment

Marital and Nonmarital Lifestyle

- The proportion of young adults ages 18 to 34 who have not yet married sharply increased
- Gay and lesbian couples are more likely than heterosexual couples to negotiate household chores on a more egalitarian basis
- Tend to resolve conflicts in a more positive atmosphere than heterosexual couples do
- Gay and lesbian relationships tend to be less stable than heterosexual relationships, perhaps due to the lack of institutional supports
- Lesbian couples are more likely to divorce than gay couples
- **Cohabitation –** an unmarried couple involved in a sexual relationship live together
- The prevalence of cohabitation varies widely across countries
- Younger adults across a variety of countries showing greater acceptance for cohabitation and other marital alternatives
- Marrying age has risen in industrialized countries
- Extramarital activity is more prevalent among younger adults and husbands than among wives
- Individuals high in neuroticism and low in agreeableness and conscientiousness are more likely to engage in infidelity
- Technology has led to increased use of the internet as a means by which to initiate an extramarital affair
- Married people tend to be happier than unmarried people
- For most couples, sex impacts relationship quality
- Women then to place more importance on emotional expressiveness than men do
- People who marry and stay married, especially women tend to become better off financially than those who do not marry or who divorce

Parental Investment Theory – sex differences in mate preferences and mating behavior are based on the different amounts of time and effort men and women must invest in child rearing

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Social Role Theory – sex differences in mate preferences and mating behavior are adaptation to gender roles

Assortative Mating (Homogamy) – tendency to mate with someone who has traits similar to one's own

Donald Super's Developmental Self-Concept Theory

- ➔ **Crystallization –** begin exploring their interests, aptitudes, and values, and start to develop a sense of what they might want to do in the future
- ➔ **Specialization –** narrowing down their options, gaining more information about different career paths, and refining their career aspirations
- ➔ **Implementation –** involves putting their chosen career path into action and beginning their professional journey

DEVELOPMENTAL TASKS IN MIDDLE ADULTHOOD

Midlife – first come into the dictionary in 1895

Middle Adulthood – the years between 40 and 65, but this definition is arbitrary

Horn and Cattell: Fluid and Crystallized Intelligence

- **Fluid Intelligence –** the ability to solve novel problems and require little or no previous knowledge
  - Found to peak in young adulthood
  - From the age of 20 to 60 years, the average person will have lost more than one standard deviation in fluid intelligence
- **Crystallized Intelligence –** the ability to remember and use information acquired over a lifetime which depend largely on education and cultural experience
  - Measured by tests of vocabulary, general information, and responses to social situations and dilemmas

Specialized Knowledge or Expertise

- ➔ Form of crystallized intelligence that is related to the process of encapsulation

Retirement

- **Phased Retirement –** before bringing their working lives to a complete stop, people may reduce work hours or days, gradually moving into retirement over a number of years
- **Bridge Employment –** switch to another company or a new line of work

Literacy – ability to use printed and written information to function in society, achieve goals, and develop knowledge and potential

5 Emotional Stages of Retirement

1. **Pre-Retirement –** planning the retirement
2. **Honeymoon Phase –** freedom
3. **Disenchantment Phase –** what to do next?
4. **Reorientation –** the new you
5. **Stability Phase –** retirement routine

Religion – organized set of beliefs, practices, rituals, and symbols that increases an individual's connection to a sacred or transcendent other

- **Religiousness –** degree of affiliation with an organized religion, participation in its rituals and practices
- **Spirituality –** involves experiencing something beyond oneself in transcendent manner

4 Main Needs for Making Sense in Life

1. Need for Purpose
2. Need for Values
3. Need for a Sense of Efficacy
4. Need for Self-Worth

Selective Optimization with Compensation – enhancing overall cognitive functioning by using stronger abilities to compensate for those that have weakened

- **Selecting –** fewer and more meaningful activities or goals
- **Optimizing –** the resources they have to achieve their goals
- **Compensating –** using resources in alternative ways to achieve their goals

DEVELOPMENTAL TASKS IN LATE ADULTHOOD

Successful Aging – good physical health, retention of cognitive abilities, and continuing engagement in social and productive activities

- **Primary Aging –** gradual, inevitable process of bodily deterioration throughout the life span, a nature process governed by biology
- **Secondary Aging –** aging processes that result from disease and bodily abuse and disuse and often preventable, the result of nurture, the environmental insults that accrue over the course of a lifetime

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- **Functional Age –** measure of a person's ability to function effectively in his or her physical and social environment in comparison with others of the same chronological age
- **Gerontology –** study of the aged and the process of aging
- **Geriatrics –** branch of medicine concerned with processes of aging and medical conditions associated with old age

Coping – adaptive thinking or behavior at reducing or relieving stress that arises from harmful, threatening, or challenging conditions

- **Cognitive-Appraisal Model –** in which people choose appropriate coping strategies to deal with situations that tax their normal resources

Two Types of Cognitive-Appraisal

➔ **Primary Appraisal –** analyze a situation and decide, at some level, whether or not the situation is a threat to their wellbeing

➔ **Secondary Appraisal –** evaluate what can be done to prevent harm and choose a coping strategy to handle the situation

Activities in Life – include bathing, dressing, and using toilet

- **Instrumental Activities of Daily Living –** include activities that are more intellectually demanding such as financial management
- **Volunteerism –** performing unpaid work for altruistic reasons
- **Religious Coping –** the tendency to turn to religious beliefs and institutions in times of stress and troubles

Marital Relationship

- A higher proportion of men than women throughout the world are married in late life
- Women usually marry older men and outlive them
- Men are more likely to remarry after divorce or widowhood
- Married couples who are still together in late adulthood are more likely than middle-aged couples to report higher satisfaction and fewer adjustment problems in their marriages
- Married people with more discord in their marriages tend to be anxious and depressed
- Less discordant marriages tend to have higher self-esteem and report higher levels of marital satisfaction
- Couples who believe strongly in marriage, share responsibility for decision making, and share household chores are more likely to report low levels of conflict and high levels of happiness in their marriage
- Marriage partners, especially wives, who are able to successfully regulate negative emotions and communicate effectively are more likely to report high marriage satisfaction
- Women tend to outlive their husbands and are less likely than men to marry again
- Widowhood has been repeatedly associated with increased mortality, with the sharpest declines seen in the first 6 months following the death of a spouse and in rural rather than urban areas
- Men appear to be affected more strongly by the loss of a spouse

Widowhood (Mortality) Effect – refers to the increased risk of death for a surviving spouse in the months following the death of their partner

Wisdom – exceptional breadth and depth of knowledge about the conditions of life and human affects and reflective judgment about the application of knowledge

DEVELOPMENTAL CHALLENGES AND MILESTONES ACROSS DEVELOPMENTAL STAGES (30)

DEVELOPMENTAL CHALLENGES (15) – are the difficulties, obstacles, or struggles that individuals typically encounter as they navigate the developmental tasks and stages of life

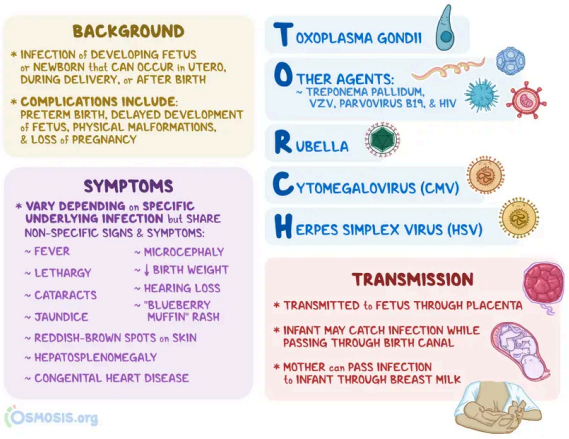
A | Challenges During Prenatal and Childhood

DEVELOPMENTAL CHALLENGES IN PRENATAL DEVELOPMENT

Genetic and Chromosomal Abnormalities

- **Chromosomal Abnormalities –** these involve an incorrect number or structure of chromosomes. Examples are the following:
  - **Down Syndrome (Trisomy 21)** – caused by an extra copy of chromosome 21, leading to flattened facial features, heart defects, and intellectual impairment
  - **Turner Syndrome –** occurs when a female is born with a missing or partially missing X chromosome
  - **Klinefelter Syndrome –** occurs in males with an extra X chromosome
- **Single Gene Disorders –** inherited illnesses where

one or both parents carry a gene for a specific disease. Examples include:
    - Sickle Cell Anemia
    - Cystic Fibrosis
    - Tay-Sachs Disease
- **Central Nervous System Malformations –** issues with the development of the brain and spinal cord



Environmental Factors (Teratogens)

- **Alcohol –** can lead to Fetal Alcohol Spectrum Disorders (FASD), characterized by small head size, abnormal facial features, heart defects, and intellectual disability
- **Smoking –** linked to low birth weight, weakened immune system, poor respiration, and neurological impairment, premature birth, and stillbirth
- **Psychoactive Drugs –** associated with low birth weight and neurological impairment. Babies born with heroin addiction may experience withdrawal (cocaine, methamphetamine, heroin)
- **Rubella (German Measles) –** can cause birth defects; deafness
- **Cytomegalovirus (CMV) –** can lead to neurological problems, hearing loss, and intellectual delay
- **Toxoplasmosis –** an infection that can affect the developing fetus
- **Herpes Viruses –** congenital transmission can lead to long-term neurological problems
- **Sexually Transmitted Infections (STIs)** like Gonorrhea and Chlamydia – can cause ophthalmia neonatorum (leading to blindness if untreated)
- **Zika Virus –** can cause microcephaly and other severe brain defects
- **Diabetes (uncontrolled) –** increases the risk of congenital anomalies, stillbirth, and macrosomia (large baby)
- **Exposure to Toxins and Chemicals:**
    - Pesticides, herbicides, pollution
    - Some prescription and over-the-counter drugs can be teratogenic
    - Radiation
- **Maternal Nutritional Deficiencies:**
    - **Folic Acid Deficiency –** a key factor in causing neural tube defects (spina bifida)
    - **Iron Deficiency (Anemia) –** can lead to tiredness, weakness, and other symptoms in the mother

Pregnancy-Related Complications

- **Placental Problems**
    - **Placental Abruption –** the placenta separates from the uterus prematurely
    - **Placenta Previa –** the placenta partially or completely covers the cervix
    - **Placenta Accreta –** the placenta attaches too deeply into the uterine wall
    - **Placental Insufficiency –** the placenta is damaged or improperly formed, leading to inadequate nutrient and oxygen delivery
- **Amniotic Fluid Complications**
    - **Polyhydramnios** (too much amniotic fluid) – can lead to premature membrane rupture and preterm labor
    - **Oligohydramnios** (too little amniotic fluid) – can cause pressure on the fetus and damage to lungs
- **Intrauterine Growth Restriction (IUGR) –** the fetus grows too slowly, often due to issues with the placenta or maternal health
- **Prematurity and Low Birth Weight –** babies born before 37 weeks are at higher risk for various health problems due to underdeveloped organs
- **Rh Factor Incompatibility –** an immune reaction from the mother's body against the baby's blood type
- **Gestational Diabetes –** high blood sugar levels in the mother during pregnancy, which can lead to a large baby and complications during delivery
- **Preeclampsia –** high blood pressure in the mother during pregnancy, potentially impacting blood flow to the placenta and fetal growth
- **Umbilical Cord Abnormalities –** issues with the umbilical cord's attachment or position (umbilical cord prolapse)
- **Miscarriage and Stillbirth –** loss of pregnancy before (miscarriage) or after (stillbirth) 20 weeks gestation, often due to genetic abnormalities, placental problems, or infections

Maternal Health and Lifestyle

- **Chronic Maternal Illnesses –** conditions like obesity, high blood pressure, and certain

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autoimmune diseases can impact pregnancy outcomes
- **Maternal Age –** pregnancies in very young or older mothers (over 35) tend to have higher risks
- **Lack of Access to Quality Prenatal Care –** early and consistent prenatal care is crucial for identifying and managing potential challenges

DEVELOPMENTAL CHALLENGES IN INFANCY & TODDLERHOOD

Physical/Motor Delays
- Gross Motor Skills
  - Not lifting head by 2-3 months
  - Not rolling over by 6 months
  - Not sitting independently by 9 months
  - Not crawling by 12 months
  - Not walking independently by 18 months
  - Dragging one side of the body while crawling or walking
  - Stiff or floppy limbs, or unusual muscle tone
- Fine Motor Skills
  - Not grasping objects by 4 months
  - Not transferring objects between hands by 7 months
  - Not developing a pincer grasp (using thumb and forefinger) by 9-12 months
  - Difficulty with self-feeding, holding crayons, or stacking blocks by 18-24 months

Speech and Language Delays
- Receptive Language (Understanding)
  - Not responding to loud noises by 2 months
  - Not turning to sounds or voices by 6-9 months
  - Not understanding simple commands ("no," "come here") by 12-18 months
  - Difficulty pointing to body parts or familiar objects when asked
- Expressive Language (Speaking)
  - Not cooing or babbling by 4-6 months
  - Not using gestures like waving or pointing by 12 months
  - Not saying single words (e.g., "mama" "dada") by 12-15 months
  - Not using two-word phrases by 24 months
  - Only imitating speech rather than using it spontaneously

Early Indicators of Cognitive Delays
- Lack of attention to faces or surroundings
- Not seeking out hidden objects (object permanence) by 8-12 months
- Not engaging in simple pretend play by 18-24 months
- Difficulty following simple instructions
- Not exploring objects in their environment

Early Indicators of Social and Emotional Delays
- Not smiling at people by 3 months
- Not making eye contact
- Showing no affection for caregivers
- Not responding to their name by 9 months
- No back-and-forth sharing of sounds, smiles, or facial expressions
- Lack of interest in interactive games like peek-a-boo or patty-cake
- Extreme fuzziness or inconsolable crying
- Absence of separation anxiety (after 6 months) or extreme, prolonged separation anxiety
- Difficulty with self-soothing
- By toddlerhood, not showing interest in other children or engaging in parallel play

Sensory Processing Challenges
- Over- or under-reactivity to sensory input (extreme sensitivity to certain textures, sounds, or lights; or seeming unresponsive to pain or loud noises)
- Difficulty with transitions
- Constant need for movement or avoidance of movement
- Picky eating-related to textures or smells

Feeding and Sleeping Challenges
- Persistent difficulty sucking or swallowing
- Extreme pickiness or refusal of age-appropriate foods
- Poor weight gain (failure to thrive)
- Significant difficulty falling or staying asleep, unrelated to typical sleep regressions
- Extreme resistance to napping or bedtime

General Signs
- ➔ Loss of previously acquired skills
- ➔ Lack of response to stimuli
- ➔ Repetitive behaviors
- ➔ Extreme inflexibility or difficulty with change

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DEVELOPMENTAL PSYCHOLOGY

PmLE | Main reference: Papalia and Newman & Newman

DEVELOPMENTAL CHALLENGES IN EARLY CHILDHOOD

Speech and Language Delays/Disorders

- **Receptive Language –** difficulty understanding spoken language, following instructions, or comprehending stories. They might appear to not hear or understand what's being said
- **Expressive Language –** limited vocabulary for their age, difficulty forming sentences, struggling to articulate thoughts, using immature grammar, or having trouble telling a coherent story
- **Articulation/Phonological Disorders –** difficulty producing certain sounds correctly ("w" for "r," "th" for "s"), making their speech hard to understand
- **Fluency Disorders (Stuttering) –** repetition of sounds, syllables, or words; prolongations of sounds; or blocks in speech

Social-Emotional Challenges

- Difficult with Social Interaction
  - Struggling to make friends or interact with peers
  - Limited eye contact or responsiveness to others
  - Difficulty sharing, taking turns, or understanding social cues
- Emotional Regulation Issues
  - Frequent and intense temper tantrums that are disproportionate to the situation
  - Difficulty managing frustration, anger, and sadness
  - Excessive shyness, withdrawal, or anxiety in social situations
  - Lack of empathy or understanding of others' feelings

Cognitive and Learning Challenges

- Pre-Academic Skills
  - Difficulty reorganizing letters, numbers, shapes, or colors
  - Struggling with early counting or one-to-one correspondence
  - Challenges with sorting sequence, or pattering
- Attention and Memory
  - Short attention span, easily distracted, or difficulty focusing on tasks
  - Trouble remembering routines, instructions, or recently learned information

Problem-Solving

- Struggling to figure out how to do simple tasks or puzzles
- Difficulty adapting to new situations

Motor Skills Challenges

- Gross Motor Skills: clumsiness, poor balance, difficulty with activities like running, jumping, hopping, or throwing/catching
- Fine Motor Skills
  - Poor hand-eye coordination
  - Difficulty with pre-writing skills (holding a crayon/pencil correctly, drawing basic shapes)
  - Struggling with cutting with scissors, zipping zippers, buttoning clothes, or manipulating small objects

Behavioral Challenges

- **Aggression –** frequent hitting, biting, kicking, or destructive behavior
- **Defiance and Non-Compliance –** consistently refusing to follow rules or instructions, frequent power struggles
- **Impulsivity –** acting without thinking, difficulty waiting their turn, interrupting others constantly
- **Hyperactivity –** excessive restlessness, difficulty sitting still, constantly "on the go"

Sensory Processing Differences

- **Hypersensitivity –** over-reacting to sounds, textures (e.g., certain clothes or foods), lights, or smells
- **Hyposensitivity –** under-reacting to pain, seeking intense sensory input (e.g., crashing into things, constant spinning)
- **Difficulty with Regulation –** becoming overwhelmed or shutting down in sensory-rich environments

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DEVELOPMENTAL CHALLENGES IN MIDDLE AND LATE CHILDHOOD

Academic and Learning Challenges

- **Specific Learning Disorder (SLD)**
  - **Dyslexia –** difficulty with reading, including decoding words, reading fluency, and comprehension
  - **Dysgraphia –** difficulty with writing, including handwriting, spelling, and organizing written thoughts
  - **Dyscalculia –** difficulty with math

concepts, calculations, and problem-solving

- **Attention-Deficit/Hyperactivity Disorder (ADHD) –** challenges with sustained attention, impulsivity, and hyperactivity, which can significantly impact classroom learning and task completion
- **Executive Functioning Difficulties –** problems with planning, organizing, task initiation, working memory, and self-regulation. These skills are crucial for academic success and independent functioning
- **Motivation and Engagement Issues –** children may struggle with a lack of interest in school, fear of failure, or a perceived inability to keep up with peers, leading to avoidance or disengagement

Social-Emotional Challenges

- **Peer Pressure and Conformity –** children may struggle with the desire to fit in, leading to difficulties resisting negative peer influences or making choices that go against their values
- **Bullying –** both being a victim of bullying and engaging in bullying behavior can have profound and lasting negative impacts on a child's emotional well-being, self-esteem, and social development. This can be physical, verbal, relational, or cyberbullying
- **Social Skill Deficits –** some children may struggle to read social cues, initiate conversations, resolve conflicts, or understand the nuances of friendship, leading to social isolation or difficulties maintaining relationships
- **Anxiety Disorders –** as children become more aware of the world around them, they may develop specific anxieties (separation anxiety, social anxiety, generalized anxiety, test anxiety) that interfere with daily life and school attendance
- **Depression –** while less common than in adolescence, signs of depression can emerge, including persistent sadness, loss of interest in activities, changes in sleep or appetite, irritability, and feelings of worthlessness
- **Low Self-Esteem –** comparisons with peers, academic struggles, or social difficulties can contribute to a negative self-image and a sense of inferiority (Erikson's "Industry vs. Inferiority" stage)
- **Emotional Regulation –** while improving, some children may still struggle with managing strong emotions, leading to frequent outbursts, irritability, or withdrawal

Behavioral Challenges

- **Oppositional Defiant Disorder (ODD) –** persistent patterns of uncooperative, defiant, and hostile behavior toward authority figures
- **Conduct Disorder –** more severe patterns of aggressive, destructive, deceitful, or rule-violating behaviors that disregard the rights of others (often diagnosed in adolescence, but early signs can appear)
- **Risk-Taking Behaviors –** as independence grows, some children may engage in more risky behaviors, sometimes due to peer influence or a desire for novelty

Physical and Health Challenges

- **Obesity –** childhood obesity can lead to physical health problems (diabetes, cardiovascular issues) and psychological distress (low self-esteem, bullying)
- **Body Image Concerns** (especially in late childhood/pre-adolescence) – as puberty approaches, children become more aware of their changing bodies and may develop insecurities or disordered eating patterns
- **Chronic Health Conditions –** managing conditions like asthma, allergies, diabetes, or other chronic illnesses can impact school attendance, participation in activities, and social integration
- **Motor Skill Difficulties** (less common than in early childhood) – while most gross and fine motor skills are well-developed, some children may still struggle with coordination (e.g., Developmental Coordination Disorder) or fine motor tasks required for writing and crafts

Family and Environmental Stressors

- **Family Conflict/Divorce –** parental separation, ongoing conflict, or unstable home environments can lead to emotional distress, behavioral problems, and academic difficulties
- **Poverty and Socioeconomic Disadvantage –** lack of resources, stress within the family, and limited access to enriching experiences can negatively affect development
- **Trauma and Adverse Childhood Experiences (ACEs) –** experiences like abuse, neglect, or exposure to violence can have profound and lasting impacts on a child's mental health, behavior, and ability to learn
- **Excessive Screen Time/Technology Use –** can contribute to issues with attention, sleep, social skills, and physical activity if not managed appropriately

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B | Challenges during Adolescence and Adulthood (5)

DEVELOPMENTAL CHALLENGES IN ADOLESCENCE

Identity Formation (Erikson's Identity vs. Role Confusion)

- Adolescents intensely explore their personal identity, including values, beliefs, sexual identity, career aspirations, and social roles
- This can lead to confusion, experimentation, and a sense of not quite knowing where they fit in
- **Independence vs. Connection –** a central struggle is balancing the growing desire for independence from parents with the continued need for support and connection
- **Peer Influence –** peers become incredibly important for identity development, but peer pressure can also lead to conforming to unhealthy norms or engaging in risky behaviors

Physical Changes and Body Image

- **Puberty –** rapid and often asynchronous physical changes (growth spurts, development of secondary sexual characteristics) can lead to self-consciousness, awkwardness, and concerns about "*normalcy*"
- **Body Image Issues –** adolescents are highly susceptible to societal beauty standards, often fueled by social media, leading to negative body image, low self-esteem, and in some cases, the development of eating disorders (anorexia nervosa, bulimia nervosa)
- **Early vs. Late Maturation –** developing significantly earlier or later than peers can also be a source of distress, affecting social acceptance and self-perception

Cognitive Changes and Executive Functioning

- **Abstract Thinking –** adolescents gain the ability to think abstractly, critically, and hypothetically, this can also lead to overthinking, idealism, and a tendency to challenge authority
- **Egocentrism –** while diminishing, some adolescent egocentrism persists, manifesting as the "imaginary audience" (feeling constantly scrutinized by others) and the "personal fable" (believing they are unique and invincible, leading to risk-taking)
- **Developing Prefrontal Cortex –** the prefrontal cortex, responsible for executive functions like planning, impulse control, and decision-making, is still maturing, can also contribute to impulsivity, poor judgment, and a higher propensity for risky behaviors
- **Academic Pressure –** increased academic demands, standardized testing, and pressure to succeed in high school and prepare for college or careers can lead to significant stress, anxiety, and burnout

Social and Relational Challenges

- **Peer Relationships –** challenges include navigating peer groups, managing conflicts, dealing with betrayal, and experiencing social exclusion or "cliques"
- **Dating and Romantic Relationships –** the emergence of romantic interests brings new social dynamics, emotional intensity, and potential for heartbreak, jealousy, or exploitation
- **Family Conflicts –** the pursuit of independence often leads to increased arguments or strained relationships with parents as adolescents test boundaries and assert their autonomy
- **Bullying and Cyberbullying –** bullying, both in person and online, can have devastating effects on self-esteem, mental health, and academic performance, especially given the pervasive nature of social media
- **Social Media Pressures –** the constant exposure to curated "perfect" lives, the pressure to gain likes/followers, cyberbullying, and fear of missing out (FOMO) can significantly impact mental health, self-esteem, and sleep patterns

Mental Health Challenges

- **Depression –** characterized by persistent sadness, loss of interest, irritability, changes in sleep/appetite, feelings of worthlessness, and suicidal thoughts
- **Anxiety Disorders –** including generalized anxiety, social anxiety, panic disorder, and specific phobias, which can severely impact daily functioning
- **Eating Disorders –** anorexia nervosa, bulimia nervosa, and binge eating disorder often emerge during adolescence, driven by body image concerns and control issues
- **Self-Harm –** engaging in self-injurious behaviors (e.g., cutting, burning) as a coping mechanism for intense emotional pain
- **Substance Abuse –** experimentation with alcohol, nicotine, marijuana, and other drugs is common, driven by peer pressure, curiosity, self-medication for mental health issues, or a desire for sensation-seeking

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- **Suicidal Ideation and Attempts –** tragically, suicide rates are a significant concern in adolescence, often linked to untreated mental health conditions, bullying, trauma, and feelings of hopelessness

Risky Behavior

- **Unsafe Sexual Practices –** leading to sexually transmitted infections (STIs) and unintended pregnancies
- **Reckless Driving –** due to inexperience, impulsivity, and peer distractions
- **Delinquency and Law Breaking –** some adolescents may engage in petty crime, vandalism, or other rule-breaking behaviors

External Stressors

- **Academic and Future Pressure –** the stress of college applications, career choices, and the pressure to succeed can be immense
- **Family Stressors –** parental conflict, divorce, economic hardship, or neglect can exacerbate other challenges
- **Trauma –** experiencing or witnessing traumatic events (abuse, accidents, violence) can have profound and lasting impacts on an adolescent's development and mental health.
- **Societal Issues –** broader issues like climate change anxiety, political polarization, and global crises can also weigh heavily on adolescents

DEVELOPMENTAL CHALLENGES IN YOUNG ADULTHOOD

Identity Refinement and Establishment

- **Solidifying Identity –** while identity formation begins in adolescence, young adulthood involves solidifying one's sense of self, values, beliefs, and life direction in the context of real-world choices, can be an ongoing process, leading to periods of uncertainty or existential questioning
- **Career Identity –** choosing a career path, navigating the job market, and establishing oneself professionally can be a major source of stress, especially with economic uncertainties and evolving industries; includes finding work that is both personally fulfilling and financially stable
- **Relationship Identity –** defining one's identity within intimate relationships, moving from casual dating to more serious commitments, marriage, and potentially parenthood

Financial Independence and Management

- **Debt Management –** many young adults face loan debt, credit loan debt, and the challenges of managing these obligations while trying to save for the future
- **Budgeting and Saving –** learning to budget, pay bills, manage expenses, and save for significant life goals (e.g., down payment on a house, retirement) can be difficult without prior experience or guidance
- **Unemployment or Underemployment –** securing stable, well-paying employment can be challenging, leading to financial strain, stress, and a feeling of stagnation
- **Cost of Living –** high housing costs and general cost of living can make it difficult to achieve financial independence or move out of the parental home

Navigating Intimate Relationships and Partnerships

- **Forming Lasting Bonds –** moving beyond casual relationships to form deep, committed, and often long-term partnerships (marriage, cohabitation), which requires significant emotional maturity, communication skills, and compromise
- **Relationship Challenges –** dealing with conflict resolution, maintaining individuality within a relationship, jealousy, trust issues, and the complexities of blending lives
- **Parenthood –** for those who choose it, becoming a parent introduces immense responsibility, financial strain, sleep deprivation, and a complete reordering of priorities and lifestyle, often leading to identity shifts
- **Singlehood/Loneliness –** for those not in long-term relationships, navigating societal expectations, potential feelings of loneliness, or pressure to couple up can be challenging

Career Development and Work-Life Balance

- **Entry-Level Struggles –** starting at the bottom of a career ladder, dealing with lower pay, long hours, and the struggle to gain experience and prove oneself
- **Career Exploration and Changes –** it's common for young adults to change careers or jobs multiple times as they explore what truly fits their interests and skills, which can be unsettling
- **Work-Life Balance –** juggling demanding careers with personal life, relationships, and self-care can be a constant struggle, leading to burnout
- **Job Security and Economic Volatility –** facing economic downturns, automation, and a less stable job market than previous generations

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Mental Health Challenges

- **Anxiety Disorders –** generalized anxiety, social anxiety, and panic disorders are common, often exacerbated by career pressure, financial stress, and relationship anxieties
- **Depression –** the weight of new responsibilities, loneliness, financial struggles, or career setbacks can contribute to depression
- **Substance Abuse –** continuation or escalation of substance use as a coping mechanism for stress, social pressure, or undiagnosed mental health conditions
- **Stress Management –** learning effective coping mechanisms for the increased stress of independent adult life
- **"Quarter-Life Crisis" –** a period of intense self-doubt and re-evaluation, often experienced in the mid-20s to early 30s, involving feelings of being lost, trapped, or behind schedule compared to peers

Establishing Independence from Family of Origin

- **Leaving Home –** the emotional and practical challenges of moving out of the parental home, sometimes for the first time
- **Redefining Relationships –** shifting from a parent-child dynamic to a more adult-to-adult relationship with parents and other family members
- **Returning Home/Boomerang Kids –** young adults return to live with parents due to financial or other challenges, which can be challenging for both parties

Building Social Networks and Community

- **Maintaining Friendships –** as people move for college or jobs, maintaining established friendships can be difficult
- **Forming New Connections –** building new social networks outside of the structured academic environments, often new cities or workplace, requires effort
- **Loneliness and Isolation –** despite being highly connected through technology, many young adults report feeling isolated or experiencing lack of deep, meaningful connections

Developing Life Skills

- **Practical Skills –** mastering practical skills like cooking, cleaning, home maintenance, car repair, and managing appointments
- **Emotional Maturity –** developing greater emotional intelligence, self-regulation, resilience, and problem-solving skills
- **Civic Engagement –** understanding and participating in civic responsibilities, such as voting and community involvement

DEVELOPMENTAL CHALLENGES IN MIDDLE ADULTHOOD

Career and Work-Related Challenges

- **Career Plateauing or Stagnation –** feeling stuck in a job or career path, a lack of opportunities for advancement, or a sense that one has reached their peak, which can lead to dissatisfaction and a search for new meaning in work
- **Job Loss or Redundancy –** facing unexpected unemployment due to economic downturns, technological changes, or company restructuring, which can be particularly devastating given established financial commitments
- **Mid-Career Transition –** many individuals consider or undertake significant career changes, seeking more fulfilling work, better work-life balance, or a complete shift in industry
- **Burnout –** prolonged stress from demanding jobs, especially in high-pressure fields, can lead to emotional, physical, and mental exhaustion
- **Adapting to Technological Changes –** keeping up with new technologies and skills can be a challenge, especially if one has been in the same field for a long time

Family and Relationship Challenges

- **"Sandwich Generation" Pressure –** middle adults find themselves simultaneously caring for their aging parents and supporting their adolescent or young adult children, the dual caregiving role can lead to significant stress, financial strain, and time constraints
- **Empty Nest Syndrome –** for parents, children leaving home for college or independent living can lead to feelings of sadness, loneliness, or a loss of purpose, while some embrace new freedoms, others struggle with the transition
- **Marital/Partner Relationship Re-evaluation –** with children grown or less dependent, couples may re-evaluate their relationship, leading to renewed intimacy or, conversely, growing apart and potentially divorce
    - **"Gray Divorce" –** divorce happened during middle adulthood
- **Caregiving for Aging Parents –** taking on on increasing responsibilities for elderly parents, including managing their health, finances, and

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living arrangements, can be emotionally and physically taxing
- **Changes in Friendships –** may shift as priorities change, some friends move away, or new interests emerge

Physical and Health Changes

- **Visible Signs of Aging –** noticing more wrinkles, gray hair, weight gain, and changes in metabolism, this can lead to body image concerns and a sense of declining youthfulness
- **Health Concerns –** increased likelihood of developing chronic health conditions such as high blood pressure, diabetes, heart disease, arthritis, or cancer; regular health screenings and managing existing conditions become more critical
- **Climacteric –** a broader term encompassing the entire period of hormonal and biological changes that occur as a woman's reproductive system ages and eventually ceases to function

Menopausal Transition – menopause is not a single event; it is a process
- → **Perimenopause –** time before menopause when ovarian function begins to decline, leading to irregular periods and other symptoms
- → **Menopause –** final menstrual period, marking the end of a woman's reproductive years which also includes hormonal changes can lead to hot flashes, sleep disturbances, mood swings, and other symptoms
- → **Postmenopause –** years following menopause

- **Andropause –** while less dramatic than menopause, men may experience a decline in testosterone levels, leading to changes in energy, mood, and sexual function
- **Declining Physical Stamina –** noticeable decreases in energy levels, strength, and endurance, which can impact participation in physical activities

Psychological and Emotional Challenges

- **Midlife Crisis (or Midlife Transition) –** while the dramatic "crisis" is often overplayed, many individuals undergo a significant period of self-reflection and re-evaluation of their lives, goals, and accomplishments, involve questioning past choices and contemplating future directions
- **Sense of Time Urgency –** an increased awareness of finite time, prompting a desire to achieve remaining goals or pursue neglected passions
- **Dealing with Loss and Grief –** experiencing the death of parents, older relatives, or friends can be a profound challenge, bringing an increased awareness of one's own mortality
- **Stress and Burnout –** juggling multiple roles (parent, spouse, employee, caregiver) can lead to chronic stress, anxiety, and depression
- **Generativity –** a strong desire to contribute to the next generation, mentor others, or engage in community service; lack of such engagement can lead to feelings of stagnation or unfulfillment
- **Coping with Life's Unfulfilled Dreams –** coming to terms with dreams that may not have materialized and finding satisfaction in current realities

Cognitive Changes

- **Fluid vs. Crystallized Intelligence –** while fluid intelligence (problem-solving, processing speed) may show a slight decline, crystallized intelligence (accumulated knowledge, vocabulary, experience) often continues to grow or remain stable
- **Memory Concerns –** some individuals may notice minor changes in short-term memory or recall, which can be a source of worry, though typically not indicative of serious cognitive decline

DEVELOPMENTAL CHALLENGES IN Llate ADULTHOOD

Physical and Health Decline

- **Chronic Health Conditions –** increased prevalence of chronic diseases such as heart disease, diabetes, arthritis, osteoporosis, cancer, and hypertension; managing multiple conditions and medications becomes a significant part of daily life
- **Sensory Impairments –** decline in vision (*presbyopia* – difficulty focusing on near objects) and hearing (*presbycusis* – gradual hearing loss) can impact communication, mobility, and social engagement
- **Mobility Issues –** decreased muscle strength, balance problems, and joint pain can lead to reduced mobility, increased risk of falls, and difficulty performing daily activities
- **Cognitive Decline –** while not all older adults experience significant cognitive decline, some may face challenges with memory, processing speed, attention, and executive functions
- **Frailty –** a state of increased vulnerability to stressors, characterized by unintentional weight loss, weakness, slow walking speed, and low physical activity
- **Sleep Disturbances –** changes in sleep patterns,

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difficulty falling or staying asleep, and less restorative sleep are common

Psychological and Emotional Challenges

- **Grief and Loss –** this is a period of frequent and significant losses, including spouses, siblings, friends, and pets; coping with repeated bereavement can lead to prolonged grief, loneliness, and depression
- **Depression and Anxiety –** the cumulative effect of physical decline, loss, social isolation, and role changes can contribute to higher rates of depression and anxiety in some older adults
- **Loneliness and Social Isolation –** retirement, loss of loved ones, and reduced mobility can lead to a shrinking social circle and feelings of loneliness, which have serious health implications
- **Loss of Purpose/Role Identity –** retirement can lead to a loss of professional identity and daily structure. Finding new roles, hobbies, and ways to contribute is crucial for maintaining a sense of purpose
- **Fear of Dependence and Loss of Autonomy –** the prospect of losing independence, needing assistance with daily tasks, or moving into assisted living can be a major source of anxiety and fear
- **Coming to Terms with Mortality –** an increased awareness of one's own mortality, which can prompt reflection on life's meaning, but also anxiety about death and dying
- **Ageism –** experiencing discrimination or negative stereotypes based on age, which can impact self-esteem, job opportunities, and access to resources

Social and Relational Challenges

- **Changes in Family Dynamics –** adult children may take on caregiving roles, and relationships with grandchildren become more prominent
- **Caregiver Strain –** for those caring for a spouse or other loved one with declining health, the emotional, physical, and financial strain can be immense
- **Maintaining Social Connections –** actively working to maintain existing friendships and build new ones as social circles naturally shrink
- **Intergenerational Gaps –** challenges in understanding and connecting with younger generations due to differences in values, technology, and life experiences

Financial and Economic Challenges

- **Fixed Income –** living on a fixed income (pensions, social security) can be challenging, especially with rising costs of living, healthcare expenses, and inflation
- **Healthcare Costs –** the escalating costs of medical care, prescription drugs, and long-term care can deplete savings and create significant financial stress
- **Scams and Financial Exploitation –** older adults are often targets for various scams and financial exploitation, which can lead to significant financial loss and emotional distress
- **Retirement Planning –** while many have planned, unexpected health issues or market downturns can disrupt financial security

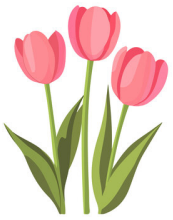
Environmental and Living Arrangement Challenges

- **Maintaining Home Safety –** adapting the home environment to account for declining physical abilities or deciding whether to "age in place"
- **Transportation –** loss of ability to drive due to vision, cognitive, or physical impairments can lead to isolation and dependence on others
- **Decisions About Living Arrangements –** the difficult decision of whether to stay in one's home, move to a smaller residence, or transition to assisted living or a nursing home
- **Navigating Healthcare Systems –** the complexity of healthcare systems, insurance, and medical appointments can be overwhelming

Legacy and Meaning-Making

- **Life Review –** engaging in a process of reviewing one's life, reflecting on accomplishments, failures, and relationships. Achieving a sense of integrity and acceptance is the goal
- **Leaving a Legacy –** a desire to leave something behind—whether through family, community involvement, wisdom shared, or material contributions
- **Finding New Purpose –** identifying new activities, volunteering opportunities, or hobbies that provide meaning and engagement after retirement or major life changes

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DEVELOPMENTAL PSYCHOLOGY

PmLE | Main reference: Papalia and Newman & Newman

DEVELOPMENTAL MILESTONES (15) – specific, observable behaviors or physical skills that most children can do by a certain age, serve as benchmarks for typical development and are usually categorized into domains like motor skills, language, cognitive abilities, and social-emotional development

A | Expected Developmental Milestones during Childhood, Adolescence, and Adulthood (12)

DEVELOPMENTAL MILESTONES IN INFANCY

0-3 months

- Lifts head, turns head to side, brings hands to mouth, grasps reflexively, kicks legs and moves arms
- Stares at hands and fingers, tracks movement with eyes, recognizes familiar faces
- Cries to communicate needs, becomes calm when spoken to, makes cooing sounds
- miles responsively, briefly calms self, looks at faces, enjoys looking at human faces

4-6 months

- Holds head steady, rolls from tummy to back (and eventually back to tummy), pushes up on forearms/hands, reaches for objects
- Recognizes familiar faces and sounds, brings objects to mouth for exploration, notices music
- Babbles, laughs, responds to sounds by making sounds, imitates some facial expressions
- Smiles on their own to get attention, likes to play with people, responds to other people's emotions, becomes more expressive

7-9 months

- Sits without support, crawls (or scoots/army crawls), uses pincer grasp (thumb and forefinger), transfers objects between hands
- Develops object permanence, responds to own name, enjoys interactive games like peek-a-boo
- Understands "no," babbles in more complex ways, responds to other people's emotions
- May be shy or clingy with strangers, shows several facial expressions, reacts when caregivers leave

10-12 months

- Pulls to stand, cruises along furniture, may take first independent steps, drinks from a cup (with help), waves bye-bye
- Explores objects, understands simple instructions, shows interest in picture books, imitates actions
- Says "mama" and "dada" (specifically for parents), uses gestures, may say 1-2 other words
- Shows fear in some situations, repeats sounds/actions for attention, feeds self with hands, plays interactive games

DEVELOPMENTAL MILESTONES IN TODDLERHOOD

1-2 years

- Walks independently, runs, jumps in place, kicks a ball, walks up/down stairs with assistance, scribbles with crayons, stacks a few blocks
- Understands and responds to words, identifies similar/different objects, imitates adult actions, can point out familiar objects in books
- Knows about 10-50 words, uses two-word phrases, points to objects when named, begins to ask simple questions
- Shows increasing independence, may have temper tantrums, shows affection, copies other children, explores independently but with parents nearby

2-3 years

- Runs forward, jumps with both feet, kicks a ball forward, climbs on and off furniture, uses hands to twist/unscrew objects, takes off loose clothing
- Follows two-step instructions, sorts by shape and color, plays make-believe, begins to understand concepts like "mine" and "yours"
- Uses 3-5 word sentences, understands most of what is said, asks "what," "where," and "who" questions, enjoys listening to stories
- Engages in parallel play, shows empathy, expresses emotions more clearly, shows increasing frustration tolerance

DEVELOPMENTAL MILESTONES IN EARLY CHILDHOOD

3-4 years

- Rides a tricycle/scooter, goes down a slide unassisted, balances on one foot for a few seconds, draws a circle, holds a crayon with thumb and fingers
- Understands "same" and "different," knows some colors and numbers, remembers parts of stories, uses imagination in play
- Speaks in full sentences, asks many "why" questions, can tell you their name and age, uses plurals and past tense
- Initiates play with others, shares toys (with

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prompting), understands basic rules, shows a wider range of emotions

4-5 years

- Hops on one foot, throws and catches a ball, skips, climbs well, can dress and undress themselves, uses scissors
- Counts to 10 or more, knows basic shapes, understands time concepts, can tell a simple story with a beginning, middle, and end
- Can express ideas clearly, uses future tense, tells more detailed stories, understands and follows multi-step directions
- Engages in cooperative play, negotiates and problem-solves with peers, shows more independence, expresses feelings in words, begins to understand right and wrong

DEVELOPMENTAL MILESTONES IN MIDDLE & LATE CHILDHOOD

6-8 years

- Refines gross motor skills, develops better coordination for sports, improves fine motor skills for writing and drawing
- Develops concrete operational thinking, understands conservation, improves memory and attention span
- Uses more complex sentences, tells jokes and riddles, reads and writes independently, understands figurative language
- Forms stable friendships, understands others' perspectives, develops a sense of fairness, may show increased self-criticism

9-12 years

- Continues to refine motor skills, may show increased strength and endurance, engages in more complex physical activities and sports
- Develops more advanced problem-solving skills, understands cause and effect, can think about multiple aspects of a situation, and begins to think more abstractly
- Uses language for complex communication, participates in discussions, writes longer and more detailed stories, understands nuances in language
- Influenced by peer pressure, seeks praise, develops a stronger sense of self-identity, shows increased independence from parents, understands how behavior affects others

DEVELOPMENTAL MILESTONES IN ADOLESCENCE

- Puberty brings rapid physical changes, including growth spurts, development of secondary sexual characteristics, and continued refinement of motor skills
- Develops formal operational thinking (ability to think abstractly, hypothesize, and reason deductively), engages in complex problem-solving, considers multiple points of view, develops a sense of personal identity and future goals
- Uses more sophisticated vocabulary and complex sentence structures, engages in debates, develops their own views on various topics
- Seeks independence and autonomy, develops deeper capacity for caring and sharing, forms more intimate relationships, less conflict with parents (typically later in adolescence), influenced by peer groups, explores identity

DEVELOPMENTAL MILESTONES IN YOUNG ADULTHOOD

- Peak physical strength and health, although some decline may begin in the late 20s/early 30s
- Cognitive abilities generally remain stable or improve through early adulthood, with continued development in practical problem-solving and expertise in specific domains
- Forming a life structure (career, relationships), establishing intimacy, making commitments (marriage, parenthood), exploring different life paths

DEVELOPMENTAL MILESTONES IN MIDDLE ADULTHOOD

- Gradual physical declines (e.g., vision, hearing, muscle mass), increased risk of chronic health conditions
- Maintained or improved cognitive abilities, often with increased wisdom and expertise, but some decline in processing speed may occur
- Balancing multiple roles (work, family, community), generativity (contributing to the next generation), re-evaluating life goals, caring for aging parents

DEVELOPMENTAL MILESTONES IN LATE ADULTHOOD

- Continued physical decline, increased prevalence of chronic diseases, potential for significant sensory

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and mobility challenges
- Some decline in fluid intelligence (e.g., processing speed, memory recall), but crystallized intelligence (accumulated knowledge and experience) remains stable or improves
- Focus on personal goals, leisure, and social relationships, adapting to retirement, coping with loss, reflecting on life, maintaining a sense of integrity

B Issues Involved in Decision About Death (3)

Brain Death – neurological condition which states the person is brain dead when all electrical activity of the brain has ceased for a specific period of time

Euthanasia – "*good death*", intended to end suffering or to allow a terminally ill person to die with dignity
- **Passive Euthanasia** – withholding or discontinuing treatment that might extend the life of a terminally ill patient; generally legal
- **Active Euthanasia** – deliberate action taken to shorten the life of a terminally ill person; mercy killing; generally illegal

Advance Directives – document specifying the type of care wanted by the maker in the event of an incapacitating or terminal illness, contains instructions for when and how to discontinue futile medical care
- **Living Will** – contain specific provisions with regard to circumstances in which treatment should be discontinued
- **Durable Power of Attorney** – legal instrument that appoints an individual to make decisions in the event of another person's incapacitation

Assisted Suicide – suicide in which a physician or someone else helps a person take his or her own life (person who want to die performs the actual deed)
- Ethical arguments for assisted suicide: principles of autonomy and self-determination, mentally competent persons should have the right to control the quality of their own lives and the timing and nature of their death
- Medical arguments for assisted suicide: a doctor is obligated to take all measures necessary to relieve suffering
- Legal argument for assisted suicide: legalizing assisted suicide would permit the regulation of practices that now occur anyway of compassion for suffering patients
- Ethical arguments against assisted suicide: the belief that taking a life, even with consent, is wrong, and concern for protection of the disadvantaged
- Medical arguments against assisted suidice:
  - The possibility of misdiagnosis
  - The potential future availability of new treatments
  - The likelihood of incorrect prognosis
  - The belief that helping someone die is incompatible with a physician's role as healer and that adequate safeguards are not possible
- Legal arguments against assisted suicide: enforceability of safeguards and about lawsuits when family members disagree about the propriety of terminating a life

Suicide – self-inflicted death in which the person acts intentionally, directly, and consciously
- **Death Seekers** – clearly intend to end their lives at the time they attempt suicide
- **Death Initiators** – clearly intent to end their lives, but they act out of a believe that the process is already under the way and that they are simply hastening the process
- **Death Ignorers** – do not believe that their self-inflicted death will mean the end of their existence
- **Death Darers** – experience mixed feelings, or ambivalence about their intent to die, even at the moment of their attempt, and they show this ambivalence in the act itself
- **Subintentional Death** – a death in which the victim plays an indirect, hidden, partial, or unconscious role
- **Suicidal Ideation** – thinking seriously about suicide
- **Suicidal Plans** – formulation of a specific method for killing oneself
- **Suicidal Attempts** – the person survives from attempts

Emile Durkheim's Suicide Types

1. **Egoistic Suicide–** happens when a person feels extremely isolated and detached from their community, family, or social groups
2. **Altruistic Suicide** – occurs when a person is too integrated into a group, and their individual life is seen as less important than the group's goals or honor
3. **Anomic Suicide** – happens when society's rules, norms, or expectations suddenly break down or become unclear
4. **Fatalistic Suicide** – a person's life is excessively

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controlled, oppressive, and without any hope or freedom

Attitudes About Death and Dying Across the Life Span

- Infancy
  - Infants have no cognitive understanding of death itself. They cannot grasp its permanence or meaning
  - They primarily react to separation and loss
  - Changes in routine, absence of caregivers, and emotional distress in adults around them can lead to behavioral changes like increased crying, sleep disturbances, changes in eating habits, and withdrawal
  - They may develop a "mental image" of the person who has died and sense their absence
- Childhood and Adolescence
  - Learning about death: irreversible, universal (happens to everyone), nonfunctional (involves the cessation of all life function), and inevitable
  - Age 4: children build a partial understanding of the biological nature of death
  - 10 years of age: children have mastered the biological nature of death
  - Children express grief through anger, acting out, or refusal to acknowledge a death, as if the pretense that a person is still alive will make it so
- Adulthood
  - Young Adults: generally eager to live the lives they have been preparing for and potentially fatal illness or injury, they are likely to be frustrated and angry
  - Middle Age: think about how many years they may have left and how to make the most of those years to prepare for death emotionally as well as in practical ways; making a will, planning their funerals, and discussing their wishes with family and friends
  - Older Adults: give up on achieving unfulfilled goals, express fear or anxiety and worry about the effect their death will have on their loved ones

END

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