



HUMAN PSYCHOLOGY

HUMAN GROWTH AND DEVELOPMENT

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- Factors influencing Human Development
 - Stages of Human Development.

GROWTH AND DEVELOPMENT

- Growth – the measurable physical changes that occur throughout a person's life.
examples: height, weight, body shape, dental structure (teeth)
- Development – Refers to the changes in intellectual, mental and emotional skills that occur over time. Think, maturation.

A health care worker must be aware of the various life stages and of individual needs to provide quality health care.


- Growth is an increase in size of a living being or any of its parts occurring in process of development
- Human development is a lifelong process of physical, behavioral, cognitive, and emotional growth and change.
- **Development is described in three domains**
- **Physical Domain:**
- body size, body proportions, appearance, brain development, motor development, perception capacities, physical health.
- **Cognitive Domain:**
 - Thought processes and intellectual abilities including attention, memory, problem solving, imagination, creativity, academic and everyday knowledge, metacognition, and language.
- **Emotional/Affective** – refers to feelings and includes dealing with love, hate, joy, fear, excitement, and other similar feelings.

7 LIFE STAGES

- Infancy: BIRTH TO ONE (1) Year
- Early Childhood: 1-6 years
- Late childhood: 6-12 years
- Adolescence: 12-18 years
- Early Adulthood: 19-40 Years
- Middle Adulthood: 40-65 Years
- Late Adulthood: 65 Years and Older

INFANCY – BIRTH TO 1 YEAR



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- **Physical development:** The most dramatic and rapid changes in growth and development happen during the first year of life.
 - **Mental development:** infants make their needs known by crying. They cannot speak yet, but are able to understand some words by six months old. By one year, they understand many words and use single words in their vocabulary.
 - **needs:** infants are dependent on others for all their needs. Love and security are essential for emotional and social growth. Stimulation is essential for mental growth.


EARLY CHILDHOOD 1-6 YEARS



- **Physical:** By age 6, the average weight is 45lbs and the average height is 46 inches. Muscle coordination allows the child to run, climb, and move freely. Children learn how to write, draw and use a fork and knife. By 2-4 years, most children learn bowel and bladder control.
- **Mental:** Develops rapidly. Vocabulary grows from using several words at age one to 1,500-2,500 words by age 6. By age 6 most children want to learn how to read and write.
- **Emotional:** “terrible twos”-children become frustrated when they cannot perform as desired. They can become stubborn.
- **Needs:** still include food, rest, shelter, love, and security. They must learn to be responsible and to follow rules. This is accomplished by making reasonable demands based on the child’s ability.


LATE CHILDHOOD 6-12 YEARS




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- **Physical:** Also known as preadolescence. Most of the baby teeth are lost and permanent teeth erupt. During ages 10-12, secondary sexual characteristics may begin to develop in some children.
 - **Mental:** Rapid because child is in school.
 - **Emotional:** Fears surrounding starting school are brought under control. By ages 10-12, sexual maturation and body changes can lead to periods of depression followed by periods of joy.
 - **Needs:** The same as infancy and early childhood but now peer acceptance is added.

ADOLESCENCE 12-18 YEARS




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- **Physical:** physical changes are most dramatic in the early period. Growth spurts occur that can affect coordination. **Puberty** occurs where secondary sexual characteristics and sexual organs mature. Sexual characteristics include development of pubic hair, facial hair for males, and breasts for females.
 - **Mental:** growth primarily involves increase in knowledge and sharpening of skills. Conflict occurs when adolescents are treated both as children and adults, or told to 'grow up' while being reminded that they are 'still children'.
 - **Emotional:** often stormy and in conflict. Trying to establish independence and identities.

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- **Social:** spending more time with friends than family. Seek security in groups of people their own age.
 - **Needs:** In addition to basic needs, adolescents need reassurance, support and understanding. Eating disorders and chemical abuse may occur if adolescents experience feelings of inadequacy or insecurity.


EARLY ADULTHOOD 19-40 YEARS



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- **Physical:** Usually the most productive life stage. Physical development is basically complete. This is the prime time for childbearing.
 - **Mental:** formal education continues, young adults may choose to marry and start families.
 - **Emotional:** may experience stress related to careers, marriage, family.
 - **Social:** development frequently involves moving away from peers to association with coworkers and mates. Young adults do not necessarily accept traditional sex roles and adopt nontraditional roles. For example, males may become nurses or secretaries, females may take administrative or construction positions.


MIDDLE ADULTHOOD 40-65



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- **Physical:** changes begin to occur. Hair begins to gray and thin, skin begins to wrinkle, hearing loss starts, vision declines, and weight gain occurs.
 - **Mental:** mental ability can continue to increase. This is a period when individuals understand life and have learned to cope with many of its stresses.
 - **Emotional:** can be a period of contentment or crisis. Emotional status varies depending on life changes revolving around children growing up and leaving home, job satisfaction, financial success, good health.


LATE ADULTHOOD 65 YEARS AND OLDER





Physical: physical development are on the decline. All body systems are affected. Skin becomes dry, wrinkled, and thinner. Hair becomes thin and bones become brittle and more likely to break. Muscle loses tone, nervous system can cause intolerance to temperature changes.

Mental: mental abilities vary among individuals. While some elderly people continue to learn, others have mental declines that can affect short-term memory. many individuals can clearly remember events that occurred 20 years ago, but don't remember yesterday's events. diseases such as alzheimer's disease can lead to irreversible loss of memory, intellectual function, speech, and disorientation.



emotional: varies depending on individual's ability to cope. some remain happy and enjoy life, while others may become lonely, frustrated, depressed and withdrawn.

needs: in addition to those of all other life stages, the elderly need a sense of belonging, self-esteem, financial security, social acceptance, and love.

THEORIES OF DEVELOPMENT

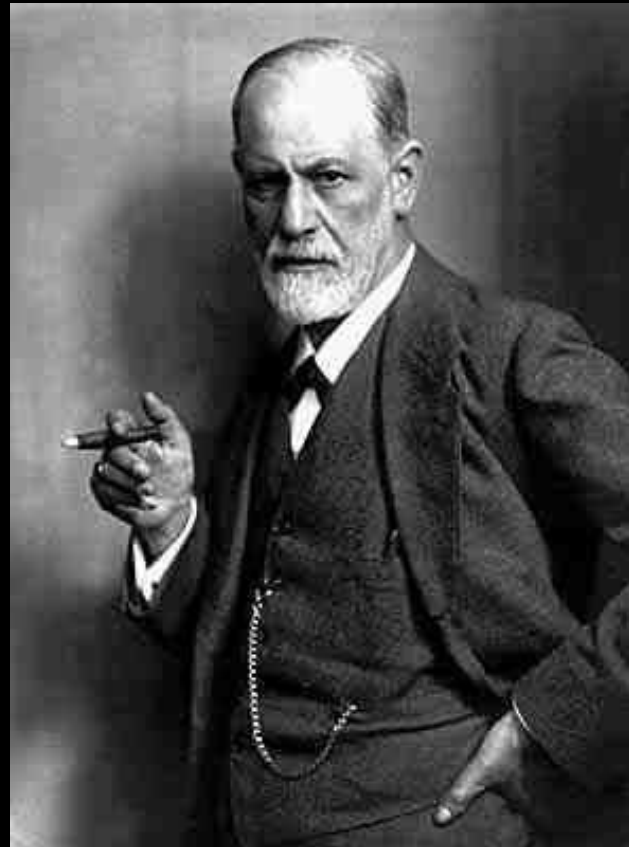
Psychoanalytical Theories


- Are those influenced by the work of Sigmund Freud's, who believed in the importance of unconscious mind and childhood experiences.
- Freud's contribution to developmental theory was his proposal that development occurs through a series of psychosexual stages.
- Erik Erikson expanded upon Freud's ideas by proposing an 8 stages theory of psychosocial development.
- His theory focused on conflicts that arise at different stages of development and, unlike Freud's theory, Erikson described development throughout the life span.

PSYCHOSEXUAL THEORY BY SIGMUND FREUD

5 Stages of Development

- Freud argued that human beings develop through series of **five psychosexual stages**.
- These stages try to express the sexual energy (libido) and aggressiveness in various forms in each stage. Each stage of development is marked by conflicts that can help build growth or stifle development, depending upon how they are resolved. If these psychosexual stages are completed successfully, a healthy personality is the result.
- If certain issues are not resolved at the appropriate stage, fixations can occur. A fixation is a persistent focus on an earlier psychosexual stage. Until this conflict is resolved, the individual will remain "stuck" in this stage. A person who is fixated at the oral stage, for example, may be over-dependent on others and may seek oral stimulation through smoking, drinking, or eating.



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- In this stage, pleasure is achieved through stimulation of the mouth e.g. thumb sucking, suckling etc.
 - Primary conflict: weaning. If fixation occurs, the individual would have dependency or aggression. Oral fixation can result in problems in eating, drinking, smoking , pen/nail biting, gum chewing, abusive.

2. ANAL STAGE(1½-3 YRS)

- Pleasure is achieved from holding and expelling faeces i.e. bladder and bowel movements. Conflict occurs regarding toilet training.
- Praise and reward for using the toilet at the appropriate time encourage positive outcomes and help children feel capable and productive.
- If punishment, ridicule or shame for accidents is used then it can result in the anal expulsive personality (lack of self control, generally messy, stubborn, wasteful or destructive)
- If parents are too strict or begin toilet training too early, anal-retentive personality develops in which individual is stringent, orderly, rigid, obsessive and perfectionist.

3. PHALLIC STAGE (3 – 6YRS)


- Freud suggested that during the phallic stage, the primary focus of the libido is on the genitals. At this age, children also begin to discover the differences between males and females.
- Freud also believed that boys begin to view their fathers as a rival for the mother's affections. The Oedipus complex describes these feelings of wanting to possess the mother and the desire to replace the father. However, the child also fears that he will be punished by the father for these feelings, a fear Freud termed *castration anxiety*.
- The term Electra complex has been used to describe a similar set of feelings experienced by young girls. Freud, however, believed that girls instead experience *penis envy*.

Fixation: sexual deviances (overindulging or avoidance, weak or confused sexual identity).

- Eventually, the child begins to identify with the same-sex parent as a means of vicariously possessing the other parent. For girls, however, Freud believed that penis envy was never fully resolved and that all women remain somewhat fixated on this stage.
- Psychologists such as Karen Horney disputed this theory, calling it both inaccurate and demeaning to women. Instead, Horney proposed that men experience feelings of inferiority because they cannot give birth to children, a concept she referred to as *womb envy*.

4. LATENT STAGE (6 – 12YRS)

- In this stage, sexual impulses are repressed.
- Individuals in this stage develop social friendship and socialism characterized by group formation and fierce group loyalties.
- Boys cling together and shun girls and girls despise boys. The child identify peers, and is occupied by school work and play.

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- The child becomes creative and industrious and will explore his talents and be ready to tackle his problems for solutions.
 - If unsuccessful, because the parents were not supportive and challenging, the child becomes scared and timid and will hate competition, he will not try anything because he knows he is a failure.

5. GENITAL STAGE(12-18YRS)

- This is the adolescent stage. Gratification is obtained from actual genital stimulation hence there is development of intimate /romantic friendship with the opposite gender.
- Identifies with an adult they want to emulate from the previous stages and start behaving like those adults.
- They tend to resent commands, disagree with parents, want independence and behave like mature adults.
- Lack of support and understanding leads to rebellion, run away (truancy) from the family, join gangs where they start abusing drugs, present antisocial behavior and will never be what or who they are expected to be i.e. role diffusion.

Age	Stage	Major Developmental Tasks
Birth–18 months	Oral	Relief from anxiety through oral gratification of needs
18 months–3 years	Anal	Learning independence and control, with focus on the excretory function
3–6 years	Phallic	Identification with parent of same gender; development of sexual identity; focus on genital organs
6–12 years	Latency	Sexuality repressed; focus on relationships with same-gender peers
13–20 years	Genital	Libido reawakened as genital organs mature; focus on relationships with members of the opposite gender

Freud's Psychosexual Stages

Oral Stage: Birth to 1 Year
Erogenous Zone: Mouth



Anal Stage: 1 to 3 Year
Erogenous Zone:
Bowel and
Bladder Control



Genital Stage: Puberty to Death
Maturing Sexual Interests



Phallic Stage: 3 to 6 Year
Erogenous Zone: Genitals



Latent Stage: 6 to Puberty
Libido Inactive





PSYCHOSOCIAL THEORY BY ERICK ERICKSON

- According to Erickson, identity is very personal and develops from our heritage and history.
- Course of development is determined by the interaction of the body, mind and cultural influences.
- The world gets bigger as we go along and failure is cumulative.



8 STAGES OF DEVELOPMENT

- 1.Trust versus mistrust
- 2.Autonomy versus shame/doubt
- 3.Initiative versus guilt
- 4.Industry versus inferiority
- 5.Identity versus role confusion
- 6.Intimacy versus isolation
- 7.Generativity versus stagnation
- 8.Ego integrity versus despair

BASIC TRUST VERSUS MISTRUST

- Occurs in infancy (birth-18 months).
- Babies must learn to trust their parents care and affection.
- If not done the babies could develop a distrust and view the world as inconsistent and unpredictable.
- The favourable outcomes are hope, trust and optimism.

AUTONOMY VERSUS SHAME/DOUBT

- In early childhood (18 months-3 yrs).
- Child learns to feed themselves and do things on their own.
- Or they could start feeling ashamed and doubt their abilities.
- Important Event: Toilet Training
- The child learns to perform physical skills, and develops self-control & courage.

INITIATIVE VERSUS GUILT

- 3 to 5 years (late childhood)
- Child becomes assertive and takes initiative
- Being too forceful may lead to guilt
- The child is testing the ability to compete in the outside world. They desire to copy the adults around them and take initiative in creating play situations
- The desirable outcome is sense of *purpose and initiative*

INDUSTRY VERSUS INFERIORITY

- 5 to 12 years (School age)
- Learn to follow the rules imposed by schools or home or the child can start believing they are inferior to others.
- Desired outcome: *competence*, development of *intellectual, social and physical skills*.
- The child must learn new skills or risk inferiority, failure, and incompetence.

IDENTITY VERSUS ROLE CONFUSION

- Adolescence (13-18 years of age).
- Acquire a sense of identity or can become confused about ones role in life.
- Questions who you are and if your happy.
- Source of interaction: Peer and groups
- Desirable outcome: identity in occupation, gender roles, politics and religion.

INTIMACY VERSUS ISOLATION

- Young adulthood (18-40 years of age).
- Develop a relationship and joint identity with a partner or can become isolated and stay away from meaningful relationships.
- Questions if the person is ready for new relationships, or if there is a fear of rejection.
- Desired outcome includes: forming close relationship and career development

GENERATIVITY VS. STAGNATION

- Adulthood (40-65 years of age).
- Making use of time and having a concern with helping others and guiding the next generation or can become self-centered, and stagnant.
- Questions what the person will do with their extra time.
- Desired outcome :care and concern for family and society.

INTEGRITY VS. DESPAIR

- Late adulthood/old age (60 and above).
- Understand and accept the meaning of the life spent or complains about regrets, not having enough time, and not finding a meaning throughout life.
- Questions ones overview of their entire life.
- Source of interaction: mankind
- Expected outcome is satisfaction with life spent.

Learning Theories

- Focuses on how the environment impacts behavior. Important learning processes include, classical conditioning, operant conditioning and social learning.
- In each, behavior is shaped by the interaction between the individual and the environment

Cognitive theories

- Focuses on the development of mental process, skills and abilities.
- Jean Piaget created one of the most famous theories of cognitive development suggesting that children are not passive recipients of information.
- His theory counts for the step and sequence of children's intellectual development.

FACTORS INFLUENCING GROWTH AND DEVELOPMENT

There are several factors which directly or indirectly influence the growth and development of an organism.

1) **Heredity**

- Heredity is a biological process through which the transmission of physical and social characteristics takes place from parents to off-springs.
- It greatly influences height, weight and structure of the body, color of hair and eyes, intelligence, aptitudes and instincts.

a) Before birth (prenatal)

- Nutritional state of the mother
- Infections affecting the mother like syphilis, German measles
- Irradiations-exposure of mother to strong x-rays during early months of pregnancy
- Mechanical injury to the fetus e.g falling a fall by the mother.
- Mental health-emotional state of the mother
- Alcohol use-Heavy drinking by pregnant women results in fetal alcohol syndrome (FAS) (cluster of abnormalities) in children of mothers who drink alcohol heavily during pregnancy.
- Smoking

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2) During Labour and delivery

- Complicated labour leading to fetal distress (brain damage)
 - Delivery by unskilled service providers (brain damage)
 - Infections during labour & delivery

3) Following delivery

- Nutritional status of the child
- Infections
- Customs and taboos prohibiting children from eating certain nutritious foods
- Length of breast feeding
- Emotional support (love, acceptance) lives.

d) **Hormonal**

- Male hormones controls development in the direction of masculinity and female hormones toward feminist.
- At puberty, these sex hormones promote the development of genital organs.
- Lacking the gonads, individuals of either sex develop without strong sex characteristics.
- Pituitary ("master gland") stimulates other glands like adrenal and gonads. If this gland is over-active in childhood, the muscles and bones grow very rapidly and the individual may become a giant

2) Sex

- Sex acts as an important factor of growth and development.
- There is difference in growth and development of boys and girls.
- The boys are generally taller and courageous than the girls
- The functions of boys and girls are also different in nature.

• 3) Nutrition

- The human body requires an adequate supply of calories for its normal growth at different phases of development.
- Malnutrition has adverse effect like underweight, stunted growth etc

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3) Race

- The racial factor has a great influence on height, weight, color, features and body constitution.
- A child of white race will be white & tall

4) Emotions

- Relationships with significant other persons, mother, father, sibling, peers & teacher play a vital role in the emotional, social, & intellectual development of the child.
- If emotional deprivation continues over a period of time, the children may have repeated illness, become emotionally ill, or die at an early age.

5) Exercise

- Exercises build the strength of the muscle due to better circulation and oxygen supply.

6) Social economic

- Children from different socioeconomic levels vary in average body size at all ages.
- The upper level families being always more advanced.



- **7) Family size**

- The reasons behind this are better nutrition, better facilities, regular meals, sleep, and exercise
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- **10) Drugs**

- Alcohol
- Tobacco

- **11) Chronic illness**

- Chronic illnesses and congenital diseases of any type may have effects on growth & development e.g growth retardation.

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- **12) age**

- Elderly mothers
- Young mothers