
UNIT 1 INTRODUCTION TO LIFE SPAN DEVELOPMENT, DEFINITION, CONCEPT AND CHARACTERISTIC FEATURES

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1.0 INTRODUCTION

From the moment the human child is first conceived, to the day the individual dies, they keep changing constantly and developing. While some of the changes humans undergo are as a result of chance incidents and personal choices, the vast majority of life changes and stages the human passes through are due to certain common biological and psychological factors partly inherited and partly environmental and are shared by all people.

Life span development deals with important common developmental stages that human beings pass through: birth, infancy, adolescence, adulthood, old age and finally death. As the humans grow up from stage to stage they learn to make use of their body parts, learn how to express themselves and communicate with others, how to form relationship with others, how to care for others, how to love and how to work. In this unit we will be presenting Meaning of Development, issues and stages in development of humans, and then put forward the concept of life span development, and its characteristics and theories of child development.

1.1 OBJECTIVES

After reading this unit, you will be able to:

- define and describe human development;
- define life span development;

- identify the human developmental periods;
- describe the processes involved in development;
- explain the key issues involved in human development; and
- analyse the characteristic features of life span development.

1.2 LIFE SPAN DEVELOPMENT

Development describes the growth of humans throughout the lifespan, from conception to death. It refers to development as patterns of change over time. It does not just involve the biological and physical aspects of growth, but also the cognitive and social aspects associated with development. The scientific study of human development seeks to understand and explain how and why people change throughout life. This field examines change across a broad range of topics including motor skills and other psycho physiological processes. Cognitive development involves areas such as problem solving, moral understanding, and conceptual understanding; language acquisition; social, personality, and emotional development; and self-concept and identity formation. Growth is defined as an increase in size; *development* is defined as a progression toward maturity.

Life span development includes issues such as the extent to which development occurs through the gradual accumulation of knowledge versus stage like development, or the extent to which children are born with innate mental structures versus learning through experience. Many researchers are interested in the interaction between personal characteristics, the individual's behaviour, and environmental factors including social context, and their impact on development.

The scientific study of development is important not only to psychology, but also to sociology, education, and health care. By better understanding how and why people change and grow, one can then apply this knowledge to helping people live up to their full potential.

1.2.1 Issues in Life Span Development

A number of major issues have emerged in the study of human development. These issues include the following: Is development due more to genetics or environment? Does development occur slowly and smoothly, or do changes happen in stages? Do early childhood experiences have the greatest impact on development, or are later events equally important?

Continuity and Discontinuity: The question of whether development is solely and evenly continuous, or whether it is marked by age-specific periods. Developmental Psychologists who advocate the continuous model describe development as a relatively smooth process, without sharp or distinct stages, through which an individual must pass.

That is, development is conceived of as a process of the gradual accumulation of a behaviour, skill, or knowledge. In contrast, those who hold to the second view would suggest that developmental change is best characterised as discontinuous in nature.

They describe development as a series of discrete stages, each of which is characterised by what had gone on in the past and how well the child was able to master the developmental tasks of that period etc. These theorists suggest that behaviours or skills often change qualitatively across time, and that new organisations of behaviours, skills, or knowledge emerge in a rather abrupt or discrete fashion.

Stability and Change: Another issue which is of importance to developmental psychologists is the issue of stability versus change. Whether development is best characterised by stability, for example, does a behaviour or trait such as shyness stay stable in its expression over time or change example: Could a person's degree of shyness fluctuate across the life span?

Nature vs. Nurture: Whether the behaviour ultimately developed by the child is due to hereditary factors or environmental factors. This issue of great to psychologists. The debate over the relative contributions of inheritance and the environment is one of the oldest issues in both philosophy and psychology. This debate concerns the relative degree to which heredity and learning affect the behaviour of the individual. Both genetic traits and environmental circumstances are involved in an individual's development, although the amount of influence the two has is not clearly evident. In fact it may be stated that the individual and his or her circumstances decide how much of the behaviour is influenced by heredity factors and how much by environmental factors. Today, most psychologists believe that it is an interaction between these two forces that causes development. Some aspects of development are distinctly biological, such as puberty. However, the onset of puberty can be affected by environmental factors such as diet and nutrition.

1.2.2 Stages of Development

Often, developmental stages are defined by milestones. The term milestone refers to the development that has to take place according to the age of the child. For instance, almost all children start standing and walking at the age of 1 year and more, start saying a few words by the time they are one and half to two years etc. That a developmental stage has been successfully passed is indicated by the child mastering the developmental tasks of the particular period of development. Often, special milestones mark children's accomplishments, such as walking in infancy and entering school in early childhood, and these milestones can help mark children's movement inside and between developmental stages.

Children build new skills and develop new skills on top of old skills and develop progressively from stage to stage; each stage is cumulative. Each stage of development depends on the mastery that had taken place in the previous stage of development and the present stage of development paves the way for mastering tasks in the next stage of development. Thus each stage depends on one another for progress in development. It is the tasks and skills children master that truly identify what stage they are in. Because of this, different children of the same age can be expected to be at different developmental stages.

Children's development progresses at its own rate. Also, children can develop different channels at different rates. For example, a twelve-year-old's body may have already gone through puberty and may look like adolescence's body, but that child may not have the cognitive and social abilities of an adolescent quite yet. It will take a little longer for their mind to catch up with the developments in the body.

Children reach milestones across a wide range of ages. Sometimes children will appear to even skip an entire developmental stage in some channels as they advance quickly in a short amount of time.

Developmental delays can be caused by disease, injury, mental disability, problems developing in the womb, environmental reasons, trauma or unknown factors.

It is generally agreed that there are periods in children's lives in which they become biologically mature enough to gain certain skills that they could not have easily picked up prior to that maturation. For example, only at the age of 3 years the child may be able to have such muscular coordination that he can learn to write very few alphabets when taught so. In other words there is a certain readiness needed to learn a skill and children develop that readiness only at a particular age. For instance you cannot expect a 3 months old baby to stand on his two legs as it is impossible due to the immaturity of the organs that are needed for standing.

Children are ready and open to develop certain things during specific stages but they need proper stimulating environment to develop the concerned abilities. Infants can grow in length and weight if proper and adequate nutrition is made available to them. If however there is a lack of nutrition the child will not grow as expected. This is why it is important for parents to understand how their children are growing and what nutrition to be given at what time etc.

There are children who do not develop as expected, and this could be due to not only physical illnesses but also in certain cases due to sheer neglect by the parent and blatant abuse of the child by the parent .

Self Assessment Questions

1) Define development.

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2) What are the issues of developmental psychology?

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3) What are the stages of development?

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4) Discuss the nature versus nurture controversy.

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1.3 CONCEPT OF LIFE SPAN DEVELOPMENT

1.3.1 Definition of Life Span Development

We can define life span development as given below:

“The pattern of change that begins at conception and continues through the life cycle.”

Lifespan development can also be defined as a methodical, intra-individual change associated with progressions corresponding to age. The development progresses in a manner implicating the level of functioning.

Life-span developmental psychology is the field of psychology which involves the examination of both constancy and change in human behaviour across the entire life span, that is, from conception to death (Baltes, 1987). Development occurs in different domains, such as the biological (changes in our physical being), social (changes in our social relationships), emotional (changes in our emotional understanding and experiences), and cognitive (changes in our thought processes). Some developmental psychologists prefer to restrict the notion of development only to changes which lead to qualitative reorganisation in the structure of a behaviour, skill or ability (Crain, 2000).

According to one other view (Educational Foundation, 2001) life span development is a process beginning at conception that continues until death. The progression initiates with the emergence of a fetus from a one celled organism. As the unborn child enters the world, the environment in which the child exists begins to influence the child's development.

According to Levinson, the life cycle consists of four 25 year eras. The main developmental periods are child and adolescence, early adulthood, middle adulthood and late adulthood. Each era's transition involves a necessary change in the character of the individual's life and sometimes takes up to six years to complete the change (Smith, 2009).

The study of human development began with Darwin and other evolutionists. Darwin thought if he studied human development he could further prove his theory of evolution (Boyd & Bee, 2006). Rutter and Rutter (1992) used the following as a working definition of development in relation to humans. They stated that life span development is a systematic, organised, intra-individual change that is clearly associated with generally expected age related progressions and which is carried forward in some way that has implications for a person's pattern or level of functioning at some later time.

1.3.2 Periods of Development

Human development periods span the lifetime from conception to the end of life. These periods are as follows, prenatal, early, middle and late childhood, puberty, adolescence, hyhounq adulthood, early, middle and later adulthood old age. As the child grows and approaches adulthood the periods are adolescence, early, middle and late adulthood. Numerous theories have been put forward about the periods of development and the movement from one period to the next stage of development. Various theories attempt to define how movement from one level to the next level of development occurs (Boyd & Bee, 2006). The periods of development are given below. Each period has certain important tasks to accomplish by the individual and depending on the success or completion of the tasks, the

movement to the next stage of development take place. These periods are given below:

- Prenatal
- Infancy
- Early childhood
- Middle and late childhood
- Adolescence
- Early adulthood
- Middle adulthood
- Late adulthood

The process of development involves interaction of biological, cognitive and social-emotional processes.

1.3.3 Human Development Domains

The domains of development are categories used by scientists. The categories include physical, cognitive and social domains which all characterise human development. The physical domain is characterised by how humans grow and change physically, at all stage of development especially during childhood and adolescence. When the physical changes are maximum, this domain includes how humans view the world as development progresses as a result of physical development and interactions.

Psychological domain focuses on adjustment of the individual to the environment. Adjustment is the process which is essential for survival of the organism. The child has to learn to suck, ingest food, eliminate, breath on own, eliminate on own etc, which activities were taken care of when the child was still within the mother's womb.

Adjustment also is required as the child grows up to learn to eat on own, eliminate as is required and not as the child wishes. The child has to learn to talk, walk, express, communicate and so on. All these adjustments are again necessary if the child has to survive.

Adjustment to self, others and environment are important tasks which become increasingly complex as the child grows ups, and which the child has to accomplish. Success leads to healthy adjustment which failure leads to maladjustment. Adjustments in the way the world is viewed as the body develops are also included in this domain. Cognitive domain focuses on learning, attention, perception and many etc. The manner in which learning takes place and how the child makes progress in school and home are of great importance in the child's growth and development. How these components of cognitive domain functions and improve indicate the progress the child makes. The social domain deals with the adjustment to people that is with others and learn the right ways of interactions. The cognitive domain is concerned with how learning occurs and why memory deteriorates during old age. The social domain contains adjustment in variables within social situations such as personality research, social skills and developing relationships. All the domains operate together and are affected by each other (Boyd & Bee, 2006).

1.4 CHARACTERISTICS OF LIFE SPAN DEVELOPMENT

The life span perspective argues that significant modifications take place throughout development. It consists of development of humans in multidimensional, multidirectional, plastic, multidisciplinary, and contextual factors. The development involves growth, maintenance and regulation.

Changes that occur are interpreted in terms of the requirements of the culture and context of the occurrences. According to Paul Baltes, humans have the capacity, plasticity and the ability for positive change to the environmental demands that are being made on the individual constantly. Throughout life the individual learns ways and means to compensate and overcome difficulties. According to Baltes positive characteristics of growing old such as learning ways to compensate and overcome (Boyd and Bee, 2006) as an important characteristics of old age. These characteristics form a family of beliefs which specify a coherent view of the nature of development. It is the application of these beliefs as a coordinated whole which characterises the life-span approach. The important characteristics beliefs of the life span approach are given below:

- 1) *Development is Lifelong*: This belief has two separate aspects. First, the potential for development extends across the entire life span: there is no assumption that the life course must reach a plateau or decline during adulthood and old age. Second, development may involve processes which are not present at birth but emerge throughout the life span. No age period dominates during development. Researchers increasingly study the experiences and psychological orientations of adults at different points in their development. Gains and losses in development occur throughout the life cycle.
- 2) *Development is Multidimensional*: Multidimensionality refers to the fact that development cannot be described by a single criterion such as increases or decreases in a behaviour. It occurs in the biological, cognitive and social emotional domains.
- 3) *Development is Multidirectional*: The principle of multidirectional maintains that there is no single, normal path that development must or should take. In other words, healthy developmental outcomes are achieved in a wide variety of ways. Development is often comprised of multiple abilities which take different directions, showing different types of change or constancy. Some dimensions or aspects of development may be increasing while others are declining or not changing.
- 4) *Development is Plastic*: Plasticity refers to the within-person variability which is possible for a particular behaviour or development. For example, infants who have a hemisphere of the brain removed shortly after birth (as a treatment for epilepsy) can recover the functions associated with that hemisphere as the brain reorganises itself and the remaining hemisphere takes over those functions. A key part of the research agendas in developmental psychology is to understand the nature and the limits of plasticity in various domains of functioning. Development can be modified by life circumstances to some extent. Plasticity involves the degree to which characteristics change or remain stable.
- 5) *Development is Contextual*: Development varies across the different contexts in which we live our lives. For example, social and rural environments are associated with different sets of factors which have the potential to impact

on development; understanding how development differs for individuals within these two settings requires an understanding of the differing contexts. It occurs in the context of a person's biological make-up, physical environment and social, historical and cultural contexts.

- 6) *Development is Multidisciplinary:* The study of developmental psychology is multidisciplinary. That is, the sources of age-related changes do not lie within the province of any one discipline. For example, psychological methodologies may not be appropriate for understanding factors that are sociological in nature. Rather, an understanding of human development will be achieved only by research conducted from the perspective of disciplines such as sociology, linguistics, anthropology, computer science, neuroscience and medicine.
- 7) *Development involves Growth, Maintenance, and Regulation:* The mastery of life involves conflict and competition among three goals of human development: growth, maintenance and regulation
- 8) *Development is Embedded in History:* Development is also historically situated and is always influenced by historical conditions. The historical time period in which we grow up affects our development.
- 9) *Normative Age Graded Influences:* Biological and environmental influences that are similar for individuals in a particular age group (example: Childhood, Puberty) also influences development.
- 10) *Normative History Graded Influences:* Biological and environmental influences that are associated with history that are common to people of a particular generation (example: Depression, The AIDS epidemic) also influences.
- 11) *Non-normative Events:* Unusual occurrences that have a major impact on an individual's life; the occurrence, the pattern, and sequence of these events are not applicable to most individuals (e.g. Death of a parent at young age, getting a serious illness, winning a lottery).

Self Assessment Questions

1) Define life span development.

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2) What are the different periods of development?

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3) What are the various domains of human development?

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4) List out the characteristics of life span development.

1.5 SIGNIFICANT FACTS ABOUT DEVELOPMENT

To understand the pattern of development, certain fundamental facts must be taken into consideration. Each of these has important implications and is explained as follows:

Early foundations are critical: Early foundations are critical because attitudes, habits and pattern of behaviour established during early years determine to a large extent how successfully individuals will adjust in their later life.

Role of maturation and learning in development: Maturation and learning play a significant role in the development. Maturation is unfolding individual's inherent traits. Learning is development that occurs from experience and efforts on the individual's part. Maturation provides the raw material for learning. Generally development is influenced by the interaction of both.

Development follows a definite and predictable pattern: It follows a definite and predictable pattern. There are orderly patterns of physical, motor, intellectual and speech development. Development is governed by certain laws: (i) Cephalocaudal Law- It means that development spreads over the body from head to foot and (ii) Proximodistal Law- It means that development spreads outward from the central axis of the body to extremities.

All individuals are different: No two people react in the same way to the same environmental stimuli and, one can never predict with accuracy how people will react to a situation. These individual differences are significant because they are responsible for individuality in personality make up.

Each phase of development has characteristic behaviour: Each Phase has certain characteristic behaviours. The patterns are marked by periods of equilibrium, when individuals adapt easily to environmental demands and as a result make good personal and social adjustment and by periods of disequilibrium, when they experience difficulty in adaptation, make poor personal and social adjustment.

Each phase has hazards: Each period is associated with certain developmental such as physical, psychological and environment. These hazards inevitably involve adjustment problems. We should be aware of these hazards because awareness of these makes it possible to prevent or to at least alleviate these.

Development is aided by stimulation: While most development occurs as a result of maturation and environmental experiences, much can be done to aid development so that it will reach its full potential. Stimulation is especially effective at the time when ability is normally developing, though it is important at all times.

Development is affected by cultural changes: An individual's development is moulded to conform to cultural standards and norms, while changes in these standards affect the developmental pattern.

Social expectation with every stage of development: Every stage has certain societal expectation. The individual will be successful in fulfilling those expectations only if s/he is adhering to the rules and regulations of the family and society.

Traditional beliefs about people of all ages: Traditional beliefs about physical and psychological characteristics affect the judgments of others as well as their self evaluation. So long as these beliefs persist, they have a profound influence on the development pattern.

1.6 THEORIES OF CHILD DEVELOPMENT

Though many scientists and researchers have approached the study of child development over the last hundred or so years, only a few of the theories have been influential and these are:

- Freud's psychosexual stage theory
- Erikson's psychosocial stage theory
- Kohlberg's moral understanding stage theory
- Piaget's cognitive development stage theory
- Bronfenbrenner's ecological system theory

In Freud's view, each stage focuses on sexual activity of a particular organ of the body and the pleasure received from the same makes the child indulge in the same again and again. For instance, in the oral phase, children are focused on the pleasures that they receive from sucking and biting with their mouth. In the Anal phase, this focus shifts to the anus as they begin toilet training and attempt to control their bowels. In the Phallic stage, the focus moves to genital stimulation and the sexual identification that comes with having or not having a penis.

During this phase, Freud thought that children turn their interest and love toward their parent of the opposite sex and begin to strongly resent the parent of the same sex. He called this phenomenon as the Oedipus Complex as it closely mirrored the events of an ancient Greek tragic play in which a king named Oedipus manages to marry his mother and kill his father, as he considered the father as rival to his mother's love and affection.

The Phallic/Oedipus stage was thought to be followed by a period of Latency during which sexual urges and interest were temporarily lessened while children develop in all other areas. This is followed by adolescent stage when sexual urges and interest are at their peak. Finally, children were thought to enter and remain in a final Genital stage in which adult sexual interests and activities come to dominate.

Another part of Freud's theory focused on identifying the parts of consciousness. Freud thought that all babies are initially dominated by unconscious, instinctual and selfish urges for immediate gratification which he labeled the Id. As babies attempt and fail to get all their needs and desires met, they develop a more realistic appreciation of what is realistic and possible, which Freud called the "Ego". Over time, babies also learn about and come to internalise and represent their parents' values and rules. These internalised rules, which he called the "Super-

Ego”, are the basis for the developing of the child’s conscience that deals with the concepts of right and wrong and works with the Ego to control the immediate gratification and urges of the Id.

By today’s rigorous scientific standards, though Freud’s psychosexual theory is not considered to be very scientific, it is still important and influential today because it was the first developmental theory which considered development of individuals through stages. This gained real attention, and many other theorists used it as a starting point.

Erik Erikson (1902-1994) used Freud’s work as a starting point to develop a theory about human development through stages from birth to death. In contrast to Freud’s focus on sexuality, Erikson focused on how peoples’ sense of identity develops. He looked into the facts as to how people develop or fail to develop abilities and beliefs about themselves which allow them to become productive, satisfied members of society. Because Erikson’s theory combines how people develop beliefs psychologically and mentally with how they learn to exist within a larger community of people, it’s called a ‘psychosocial’ theory.

Erikson’s stages are eight in number and they are stated in chronological order as they unfold: trust versus mistrust; autonomy versus shame and doubt; initiative versus guilt; industry versus inferiority; identity versus role confusion; intimacy versus isolation; generativity versus stagnation; and integrity versus despair. Each stage is associated with a time of life and a general age span. For each stage, Erikson’s theory explains what types of stimulation children need to master that stage and become productive and well-adjusted members of society. It explain the types of problems and developmental delays that can result when this stimulation does not occur.

Stage 1 (from birth to 18 months) Stage 2 (18 months to 3 years) Stage 3 (3-6 years) Stage 4 (6-13 years) Stage 5 (13-20 years) Stage 6 (21-40 years) Stage 7 (41-60 years) and Stage 8 (60 and above)

Lawrence Kohlberg (1927-1987) described three stages of moral development pre conventional, conventional and post conventional. It refers to reasons not to achieve or to people which described the process through which people learn to discriminate right from wrong and to develop increasingly sophisticated appreciations of morality. He believed that his stages were cumulative; each built off understanding and abilities gained in prior stages. According to Kohlberg, moral development is a lifelong task, and many people fail to develop the more advanced stages of moral understanding.

Swiss psychologist Jean Piaget (1896-1990), created a cognitive-developmental stage theory that described how children’s ways of thinking developed as they interacted with the world around them. Infants and young children understand the world much differently than adults do, and as they play and explore, their mind learns how to think in ways that better fit with reality.

Piaget’s theory has four stages: sensorimotor, preoperational, concrete operational and formal operational. During the sensorimotor stage, which often lasts from birth to age two, children are just beginning to learn how to learn. Though language development, and thus thought, does begin during this time, the more major tasks occurring during this period involve children figuring out how to make use of their bodies. They do this by experiencing everything with their five senses.

The developmental theory of Urie Bronfenbrenner (1917-2005) is not a stage theory. He developed the ecological systems theory to explain how everything

in a child and the child's environment affects the growth and development of the individual. All aspects of environment including the microsystem, the mesosystem, the exosystem, and the macrosystem affect the child's growth and development. For instances, the environment, that is the family or caregivers and their school or daycare. How these interact with the child has effect on how the child develops and grows. The more healthy and nurturing these relationships, the better the child will be able to grow. Also, how a child acts or reacts to his family members will affect how the latter treat the child. Each child's biological requirement and personality traits influence how others treat the child.

When babies are in infancy, they are changing from being totally dependent on caregivers to learning to walk, to talk, to play alongside others, and are realising they are their individual selves. When children enter early childhood, they continue to improve their large and small motor skills as they run and move more smoothly.

They also grow mentally and socially as they enter school and other places where they interact with children. During middle childhood, children continue to grow and improve physically, while also growing mentally as they attend school. They maintain friendships in large same-sex groups and begin forming ideas about gender roles and jobs.

During adolescence, children find themselves growing up and their bodies and physique maturing they become capable reproduction. Teens attempt to assert their individual identity while still needing rules and limits to continue to help them make good life decisions. During later adolescence, young adults begin the tasks of finding a life calling or job and of finding or creating their own next-generation family. Thus there are many theories that explain child development.

Socio Cultural Theory: This theory is proposed by Lev Vygotsky is an emergent theory of development social interaction is given the highest importance. The more knowledgeable other (MKO) and the zone of proximal development (ZPD) were the features of this theory.

Behavioural Child Development Theory: These focus on how interaction with the environment brings about a change in the behaviour of the child. Development of the child is concentrate to be the products of interactions with environment stimulus. The main theory under this category include Ivan Pavlov, B.F Skinner and John Watson.

Social Child Development Theory: According to these theories early relationship with care givers plays a major role in child development. Attachment with the mother or caregiver involves an exchange of comfort, care and pleasure.

1.7 LET US SUM UP

Development describes the growth of humans throughout the lifespan, from conception to death. It refers to development as patterns of change over time. It does not just involve the biological and physical aspects of growth, but also the cognitive and social aspects associated with development.

Life span development includes issues such as the extent to which development occurs through the gradual accumulation of knowledge versus stage like development, or the extent to which children are born with innate mental structures versus learning through experience. As for issues in development, a number of major issues have emerged in the study of human development. These issues include whether development is influenced more by nature or nurture, whether

development occur slowly and smoothly, and whether changes happen in stages. Then we discussed about continuity and discontinuity *in development*. This was followed by discussion on stability versus change in development.

Then we discussed about the stages of development and what is meant by milestones in development. Life span development was then defined and the periods of development were identified as prenatal, infancy, early childhood, middle and late childhood, adolescence, early adulthood, middle adulthood and old age.

Then we took up the domains of development and identified three domains, viz. physical, psychological and social domains. This was followed by listing out the characteristics of life span development which included amongst many development in lifelong, it follows a predictable pattern etc. To understand the pattern of development, certain fundamental facts must be taken into consideration. Each of these has important implications. Following this we discussed theories of development and put forward the major theories.

Development of the lifespan began with Darwin and continues to intrigue psychologists and scientists today. An understanding of how humans develop consists of the domains of physical, cognitive and social domain. The domains occur throughout prenatal, childhood and adult development. As the field expands the controversy of nature versus nurture and continuity and discontinuity continue to perplex those within the field.

1.8 UNIT END QUESTIONS

- 1) What is life span development?
- 2) Discuss laws of development.
- 3) Explain main characteristics of development
- 4) What are major issues involved in the process of development?
- 5) Describe significant facts about development.
- 6) What are the major theories of development?
- 7) Elucidate the theories of social culture.
- 8) Explain social learning theory.

1.9 SUGGESTED READINGS

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UNIT 2 THEORIES OF HUMAN DEVELOPMENT

Structure

2.0 Introduction

2.1 Objectives

2.2 Psychodynamic Theories

2.2.1 Sigmund Freud's Theory

2.2.2 Erik Erikson's Psychosocial Theory

2.3 Humanistic Theories

2.3.1 Abraham Maslow's Theory

2.3.2 Carl Roger's Theory

2.4 Behaviouristic Theories

2.4.1 Ivan Pavlov's Classical Conditioning Theory

2.4.2 B. Frederick Skinner's Operant Conditioning Theory

2.4.3 Difference between Classical and Operant Conditioning

2.5 Cognitive Theory

2.5.1 Jean Piaget's Theory

2.6 Let Us Sum Up

2.7 Unit End Questions

2.8 Suggested Readings

2.0 INTRODUCTION

Have you ever wondered why children are different from adults, and require special care? Have you ever thought of the differences in behaviour of different individuals? These are just a few of the fascinating aspects of the field of "human development". This unit of Theories of Human Development introduces you to different theories which will unfold all of the fascinating aspects of life. Theories are like fantasies which take you into a world of ideas and suggest methods for exploring human behaviour.

2.1 OBJECTIVES

After studying this unit, you should be able to:

- discuss the psychodynamic perspective of development;
- enumerate the use of defense mechanisms;
- list the differences between Id, Ego and Super-Ego;
- explain humanistic viewpoint;
- explain cognitive theory of development;
- differentiate classical conditioning and operant conditioning; and
- evaluate strengths and weaknesses of each theory.

Psychodynamics, also known as dynamic psychology, is the study of the interrelationship of various parts of the mind, personality, or psyche as they relate to mental, emotional, or motivational forces especially at the unconscious level. (Hall, Calvin, S.1954).

2.2.1 Sigmund Freud's Theory

The proponent of this theory is Sigmund Freud, who believed that human behaviour is brought about by inner forces over which the individual has little control. He was of the view that both conscious and unconscious forces influence the personality of an individual.

The Structure of Personality: Freud likens that the human mind to an iceberg. In terms of the thoughts and impulses in our minds, we are only aware of the “tip of the iceberg.” He put forward three constituents of personality the id, the ego and the superego.

The Id: Id refers to the raw, unorganised, inherited part whose main goal is to reduce tension created by our primitive needs drives such as hunger, thirst, sex, aggression etc. Id operates on pleasure principle, in which its goal is immediate gratification of the needs and reduction of tension caused by the emergence of needs.

The Ego: This is the “I” of the Personality. An executives, which develops as the child interacts more and more with the world. It acts as a the buffer between the id and the world's realities. Ego's job is to meet the needs of the id, while taking into consideration the reality of the situation. The ego is responsible for higher cognitive functions such as intelligence, thoughtfulness and learning.

The Superego: This is the moral arm of the personality. According to Freud, as child learn to obey parents and caregiver by controlling the many Id unpulses, learn to let training, does things as requires by parents, the child also in corporate. The super ego represents the rights and wrongs of the society. It has two subparts: the conscience and the ego-ideal. The conscience prevents the child from doing morally bad things. The ego-ideal motivates the child to do what is ideal. The superego helps to control the id's impulses, making them less selfish and more morally correct.

Topographical Model: Freud believed that the majority of what we experience in our lives, the underlying emotions, beliefs, feelings, and impulses are not available to us at a conscious level. He put forward and the concept of conscious, preconscious and unconscious. There are explained below:

Conscious: The conscious mind includes everything that is in our awareness. This is that aspect of our mental processing which we can think and talk about in a rational way. Example: consciously we know we have to go for a painful test. But we forget the appointment on that day when we have to go for test. The former is conscious the latter is unconscious.

Unconscious: A reservoir of unacceptable or unpleasant feelings, thoughts, urges, and memories that lie outside of our conscious awareness.

Pre conscious: This is not in our active conscious but can be accessed, if prompted example: our old telephone number, some childhood memories etc. which are stored in the preconscious.

Defense Mechanisms: When the ego is threatened by unconscious impulses, it employs defense mechanisms to protect the conscious self. These are called Ego Defense Mechanisms or Defenses. When the ego has a difficult time making both the id and the superego happy, it will employ one or more of the following defenses.

DEFENSE	DESCRIPTION	EXAMPLE
1. Denial	Arguing against an anxiety provoking stimuli by stating that it doesn't exist	Denying that your physician's diagnosis of cancer is incorrect and seeking a second opinion
2. Displacement	Passing on the impulses on a less threatening target	Slamming a door instead of hitting a person. Yelling at spouse after an argument with the boss
3. Intellectualisation	Avoiding unacceptable emotions by focusing on the intellectual aspects	Focusing on the details of the funeral arrangements as opposed to the sadness and grief
4. Projection	Passing off the unacceptable impulses in withinself onto someone else	When a person indulges in promiscuous relationship and feels guilty, states that the other person is preconscious.
5. Rationalisation	Supplying a logical or rational reason as opposed to the real reason	Stating that you were fired because you didn't kiss the boss, when the real reason was your poor performance
6. Reaction formation	Taking the opposite belief because the true belief causes anxiety	Having a bias against a particular race or culture and then embracing that race or culture to the extreme
7. Regression	Returning to a previous stage of development	A child who is toilet trained starts wetting the bed after new sibling arrival.
8. Repression	Pushing things into the conscious.	Forgetting sexual abuse from ends childhood due to the trauma and anxiety, cured.
9. Sublimation	Acting out unacceptable impulses in a socially acceptable way	Sublimating one's your aggressive impulses toward a career as a boxer. Becoming a surgeon because of one's desire to cut. Lifting weights to release 'pent up' energy

Apart from the defense mechanisms, another important as part of personality development is the manner in which it unfolds.

Psychosexual Stages of Development: There are in all five stages of development.

- 1) Oral Stage (Birth-18 Months): Sexual gratification is obtained through oral activities. If a child is not sufficiently nourished, he or she tends fixate their pleasure seeking energies on particular stage. Fixation may lead to gullibility, smoking, alcohol abuse, nail biting and/or excessive optimism/pessimism.
- 2) Anal Stage (18 -36 Months): Sexual gratification is obtained through contraction and relaxation of the muscles that control elimination (Fixation may lead to anal-retentive or anal-expulsive traits). The child either becomes anal expulsive - disorganised and often late for to appointments, etc. or anal retentive - highly controlled, rigid, and compulsively neat.
- 3) Phallic Stage (3 - 6 Years): Libidinal energy is shifted to the phallic regions (penis for boys and clitoris for girls).
 - Oedipus complex: A conflict of the phallic stage in which the boy wishes to possess his mother sexually and perceives his father as a rival.
 - Electra complex: Similar to the Oedipus complex in that a young girl longs for her father and resents her mother.
- 4) Latency Stage (6 years to Puberty): The pressures of the Oedipus and Electra complexes cause children to repress their sexual urges and enter a period of latency where their urges remain unconscious.
- 5) Genital Stage (Puberty- Adulthood): The mature stage of psychosexual development, characterised by the preferred expression of libido via intercourse with an adult of the opposite gender.
 - Libido: According to Freud, the energy generated by sexual instinct.
 - Fixation: According to Freud, a partial or complete halt at some point in the individual's psychosexual development.
 - Reaction Formation may occur, which would be taking the lingering desire for pleasure from some source and acting in the opposite way.

Evaluation of Freud's psychosexual theory of personality

- Difficult to test, but the evidence that has been gathered is not favorable.
- The crucial events (example, how the libido is used) are unobservable, and there are no good means to measure them.
- There is an awfully long time between the occurrence of the causal stimulus and its presumed effect. Relationships between early events and later traits tend to be weak and inconsistent.
- This theory of development was conceived without studying children; rather, it was developed from patients' recollections, dreams and free associations.

According to Freud, personality development gets completed by the time the child is 5 years of age, after which not much changes of personality can be explain. Then the child even at 2 years will have that personality he had when he was 5 years of age.

2.2.2 Erik Erikson's Psychosocial Theory (1902-1994)

Erikson was a psychoanalytic like Freud, but differ from Freud in regard to psycho sexual development. This means that he accepts Freud's ideas as basically correct. Erikson is much more culture-oriented than Freud and his theory is labeled Psychosocial instead of Psychosexual.

The epigenetic principle

Development functions by the **epigenetic principle** which means that we develop

through a predetermined unfolding of our personalities in eight stages. Our progress through each stage is in part determined by our success, or lack of success, in all the previous stages.

Psychosocial virtues or strengths (positive outcomes)

Each stage involves certain developmental tasks that are psychosocial in nature and has a certain optimal time as well. If a stage is managed well, we carry with us certain virtue or psychosocial strength that will help us through the rest of the stages of our lives.

Psychosocial maladaptations and malignancies (negative outcomes)

If a child is able to pass through successfully through the different stages and development, one can expect a positive healthy person. However if the person faces more failure than success, his personality will be unhealthy. Maladaptations' and 'Malignancies' represent the negative outcomes arising from an unhelpful experience through each of the crisis stages. If we do not manage the task well, we may develop **maladaptations and malignancies**, which will endanger all our future development. A **malignancy** involves too little of the positive and too much of the negative aspect such as a person who does not trust at all whereas **maladaptation** involves too much of the positive and too little of the negative, such as a person who trusts too much.

The Eight stages of development

Erik Erikson explained eight stages of development through which a healthy developing person would pass. These are:

1) **Trust vs. Mistrust (Infants, 0 to 1 year)**

The task of the first stage, infancy or the **oral-sensory stage** is to develop **trust** without completely eliminating the capacity for **mistrust**. This stage focuses on the infant's basic needs, being met by the parents. If the parents expose the child to warmth, regularity, and dependable affection, the infant's view of the world will be one of trust. If the parents fail to provide a secure environment and fail to meet the child's basic need, a sense of mistrust will result. If proper balance is achieved, the child will develop the virtue of hope, the strong belief that, even when things are not going well, they will work out well in the end. Failing this, maladaptive tendency or sensory distortion may develop and the malignant tendency of withdrawal will develop.

2) **Autonomy vs. Shame & Doubt (Toddlers, 2 to 3 years)**

The second stage is the anal-muscular stage of early childhood. This is an important period of "hold" and "let go". As children gain control over eliminative functions and motor abilities, they begin to explore their surroundings. If parents and caregivers encourage self-sufficient behaviour, toddlers develop a sense of autonomy that is a sense of being able to handle many problems on their own. But if caregivers demand too much too soon, refuse to let children perform tasks of which they are capable, children may instead develop shame and doubt about their ability to handle problems. If a child gets proper, positive balance of autonomy the person will develop the virtue of willpower, or else, the maladaptive tendency of impulsivity and the malignant tendency of compulsion will develop.

3) **Initiative vs. Guilt (Preschool, 4 to 6 years)**

This is the play age and school going age. The child has to learn to take initiative without too much guilt. Initiative means a positive response to the world's challenges, taking on responsibilities, learning new skills, feeling purposeful etc. Parents must encourage initiative in children and help them to try out their ideas.

The child is now capable, as never before, of imagining a future situation, one that is not a reality right now. Initiative is the attempt to make that non reality a reality. A good balance leads to psychosocial strength in children or else the child may develop maladaptive tendency of ruthlessness and the malignant tendency of inhibition.

4) **Industry vs. Inferiority (Childhood, 7 to 12 years)**

This is called the Latency stage, and the child has to develop a capacity for industry while avoiding an excessive sense of inferiority. Industry here refers to purposeful or meaningful activity. It's the development of competence and skills, and is a crucial aspect of school years experience. Erikson described it as a sort of 'entrance to life'. A child who experiences the satisfaction of achievement will move towards successful negotiation of this crisis stage, whereas experience of failure may lead to feelings of inferiority and uselessness. The right balance of industry and inferiority will develop if the child experiences positive achievements and the child develops the virtue called competency. If the child experiences failure then he may develop maladaptive tendency of narrow virtuosity and the malignant tendency of inertia.

5) **Identity vs. Role Confusion (Adolescents, 13 to 19 years)**

The task during adolescence is to achieve ego identity and avoid role confusion. Identity means essentially how the persons see themselves in relation to their world. Role Confusion is the negative perspective that is the person cannot see clearly or identify who they are and how they can relate positively with their environment. If the person successfully negotiates this stage the individual will develop the virtue called fidelity. If failed to negotiate this stage, the individual may develop maladaptive tendency of fanaticism and the malignant tendency of repudiation.

6) **Intimacy vs. Isolation (Young Adults, 20 to 34 years)**

The task is to achieve some degree of intimacy, as opposed to remaining in isolation. Intimacy means the process of giving and receiving physical and emotional connection, support, love, comfort, trust, and all the other elements that we would typically associate with healthy adult relationships. Isolation conversely means being and feeling excluded from the usual life experiences of mutually loving relationships and is characterised by feelings of loneliness, alienation, and social withdrawal. If the person successfully negotiates this stage, he/she you will carry the virtue of love. If fails to negotiate successfully may develop maladaptive tendency of promiscuity, and the malignant tendency of exclusion.

7) **Generativity vs. Stagnation (Middle Adulthood, 35 to 65 years)**

The task here is to cultivate the proper balance of generativity and stagnation. Generativity is an extension of love into the future. It is a concern for the next generation and all future generations. Stagnation, on the other hand, is self-absorption, self-interest and caring for no one. It is the disposition that represents feelings of selfishness, self-indulgence, greed, etc. They show lack of interest in young people and future generations, and the wider world. If the person is are successful at this stage, the individual will have the capacity for caring that will serve the person through the rest of life. Failure in this regards may lead to development of maladaptive tendency of overextension and the malignant tendency of rejection.

8) **Ego Integrity vs. Despair (Seniors, 65 years onwards)**

This is a review and closing stage. The task is to develop ego integrity with a

minimal amount of despair. Integrity means feeling at peace with oneself and the world. Such person are more likely to look back on their lives positively. If the person is nor at at peace with self the person would develop despair and/or 'disgust' (that is rejection, denial, or 'sour grapes' feeling towards what life might have been) etc. They represent the opposite disposition: feelings of wasted opportunities, regrets. The maladaptive tendency is called presumption and the malignant tendency is called disdain. Someone who approaches death without fear has the strength Erikson calls the wisdom.

Table 1: Stage wise summary of Erikson's psychosocial theory

Stage (age)	Psychosocial crisis	Significant relations	Psychosocial modalities	Psychosocial virtues	Maladaptations & malignancies
I (0-1) – infant	trust vs mistrust	Mother	to get, to give in return	hope, faith	Sensory distortion – withdrawal
II (2-3) – toddler	autonomy vs shame and doubt	Parents	to hold on, to let go	will, determination	Impulsivity -- compulsion
III (3-6) – preschooler	initiative vs guilt	Family	to go after, to play	purpose, courage	ruthlessness – inhibition
IV (7-12 or so) – school-age child	industry vs inferiority	neighborhood and school	to complete, to make things together	competence	Narrow virtuosity – inertia
V (12-18 or so) – adolescence	ego-identity vs role-confusion	peer groups, role models	to be oneself, to share oneself	fidelity, loyalty	fanaticism -- repudiation
VI (the 20's) – young adult	intimacy vs isolation	partners, friends	to lose and find oneself in a another	love	promiscuity – exclusivity
VII (late 20's to 50's) – middle adult	generativity vs self-absorption	household, workmates	care	to make be, to take care of	overextension – rejectivity
VIII (50's and beyond) – old adult	integrity vs despair	mankind or "my kind"	to be, through having been, to face not being	wisdom	presumption – despair

(Source: Chart adapted from Erikson's 1959 *Identity and the Life Cycle: Psychological Issues* vol.1, #1)

Summary of Psychosocial Theory

Erikson's psychosocial theory is very powerful for self-awareness and improvement, and for teaching and helping others. It should be taught to everyone especially to school children, teachers and parents. It is certainly accessible enough, and would greatly assist all people of all ages to understand the connections

between life experiences and human behaviour. Further more it provides clues as to what the grown ups can do and help rather than hinder children's development.

Self Assessment Questions

1) What is the concept of psychodynamic theory?

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2) Explain the following terms: Id, Ego, Super ego, Conscious, Unconscious and Subconscious.

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3) Explain positive and negative aspect of psychosocial strengths.

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4) Describe Erikson's theory of psychosocial development.

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2.3 HUMANISTIC THEORIES

Humanistic theories of personality gained prominence in the early 1960s, when Carl Rogers (1902-1987) and Abraham Maslow (1908-1970) published their first books outlining important humanistic ideas (Matlin 1999) and paved the way for this new approach to understand personality and improve the overall satisfaction of individuals. These theories includes mainly Abraham Maslow's theory and Carl Rogers theory.

2.3.1 Abraham Maslow's Theory

Abraham Maslow developed the Hierarchy of Needs model the basis of which is that human beings are motivated by unsatisfied needs, and that certain lower needs are to be satisfied before higher needs can be first satisfied.

i) *Representations:* Maslow's hierarchy of needs is most often displayed as a pyramid. The lowest levels of the pyramid are made up of the most basic

needs including the need for food, water, sleep and warmth, while the more complex needs are located at the top of the pyramid. Once these lower-level needs have been met, people can move on to the next level of needs, which are for safety and security. As people progress up the pyramid, needs become increasingly psychological and social. Soon, the need for love, friendship and intimacy become important. As one ascends the pyramid, the need for personal esteem and feelings of accomplishment take priority.

- ii) *Deficiency needs:* The lower four layers of the pyramid contain what Maslow called “deficiency needs” or “d-needs” which include physiological (including sexuality), security of position, friendship and love, and esteem. With the exception of the lowest (physiological) needs, if these “deficiency needs” are not met, the body gives no physical indication but the individual feels anxious and tense.
- iii) *Growth Need:* Maslow termed the highest-level of the pyramid as **growth need** (also known as being needs or B-needs). Growth needs do not stem from a lack of something, but rather from a desire to grow as a person.

Maslow’s Hierarchy of Needs

He laid out five broad layers viz; (1) physiological needs, (2) needs for safety and security, (3) need for love and belonging, (4) needs for esteem, and (5) need to actualise the self, in that order.

- 1) *Physiological Needs:* These include the most basic and instinctive needs that are vital to survival, such as the need for water, air, food and sleep. All other needs become secondary until these physiological needs are met.
- 2) *Security Needs:* When the physiological needs are largely taken care of, this second layer of needs comes into play. These include needs for safety and security. Security needs are for example: employment, health insurance, etc. which are important for survival, but they are not as demanding as the physiological needs.
- 3) *The Love and Belongingness Needs:* When physiological needs and safety needs are, by and large, taken care of, a third layer starts to show up. These include needs for belongingness, love and affection. Maslow considered these needs to be less basic than physiological and security needs.
- 4) *Esteem Needs:* After the first three needs have been satisfied, esteem needs becomes increasingly important. Maslow noted two versions of esteem needs, a lower one and a higher one. The lower one is the need for respect of others, the need for status, fame, glory, recognition, attention, reputation, appreciation, dignity, even dominance. The higher form involves the need for self-respect, including such feelings as confidence, competence, achievement, mastery, independence, and freedom. The negative version of these needs is low self-esteem and inferiority complexes.

Homeostasis

He also talks about these levels in terms of *homeostasis*. Homeostasis is the principle by which the persons thermostat operates. Maslow simply extends the homeostatic principle to needs, such as safety, belongingness, and esteem that we do not ordinarily think of in these terms.

- 5) *Self-actualising Needs:* The last level is a bit different. Maslow has called it **growth motivation** (in contrast to deficit motivation). These are

called **being needs** (or **B-needs**, in contrast to D-needs), and **self-actualisation**. Maslow defines self actualisation as an intrinsic growth of what is already in the organism, or more accurately of what is in the organism itself. Self-actualisation is growth-motivated rather than deficiency-motivated". This is the highest level of Maslow's hierarchy of needs. These are needs that do not involve balance or homeostasis. Once engaged, they continue to be felt and experienced.

Criticisms of Maslow theory

In their extensive review of research based on Maslow's theory, Wahba and Bridgwell found little evidence for the ranking of needs Maslow described or even for the existence of a definite hierarchy at all. Some psychologists have also argued that fundamental human needs are non-hierarchical, and are ontologically universal and invariant in nature. He was also heavily criticised for his limited testing of only 100 students.

2.3.2 Carl Roger's Theory

Carl Rogers was one of the founders of the Humanistic Approach and also the most influential therapist in the 20th century. His theory is based directly on the "phenomenal field" personality theory of Combs and Snygg (1949). Rogers believed that all people have a tendency toward growth means 'Actualisation' to maintain and enhance life. The goal of existence is to satisfy this need on any one of these levels: 1) **Physical** – staying alive by eating, keeping warm, avoiding physical danger etc. 2) **Psychological** – self-actualisation is about testing and fulfilling our capabilities. We seek out new experiences, master new skills, quit boring jobs and find more exciting ones etc.

Fundamental ideas

Rogers has given two fundamental ideas. (1) He talked about healthy development in terms of how the individual perceives their own being. According to him a healthy individual will tend to see **congruence** between their sense of who they are (**self**) and who they feel they should be (**ideal self**).

While no one tends to experience perfect congruence at all times, the relative degree of congruence is an indicator of health.

2) The second fundamental idea is Rogers's concept of the **conditions for healthy growth**, and the role of a therapist in fostering healthy growth. Through a process Rogers called **person-centered therapy**; the therapist seeks to provide empathy, openness, and unconditional positive regard.

Nineteen Propositions

His theory was based on nineteen propositions (Rogers, C. 1951)

- 1) All individuals (organisms) exist in a continually changing world of experience (phenomenal field) of which they are the centre.
- 2) The organism reacts to the field as it is experienced and perceived. This perceptual field is "reality" for the individual.
- 3) The organism reacts as an organised whole to this phenomenal field.
- 4) A portion of the total perceptual field gradually becomes differentiated as the self.

- 5) The structure of the self— an organised, fluid but consistent conceptual pattern of perceptions is formed as a result of interaction with others.
- 6) The organism has one basic tendency and striving that is, to actualise, maintain and enhance the experiencing organism.
- 7) The best vantage point for understanding behaviour is from the internal frame of reference of the individual.
- 8) Behaviour is basically the goal directed attempt of the organism to satisfy its needs as experienced, in the field as perceived.
- 9) Emotion accompanies, and in general facilitates, such goal directed behaviour, that the kind of emotion being related to the perceived significance of the behaviour for the maintenance and enhancement of the organism.
- 10) Values experienced directly by the organism, and in some instances the values taken over from others, but perceived in distorted fashion, as if they had been experienced directly.
- 11) As experiences occur in the life of the individual, they are either, a) symbolised, perceived and organised into some relation to the self, b) ignored because there is no perceived relationship to the self structure, c) denied symbolisation or given distorted symbolisation because the experience is inconsistent with the structure of the self.
- 12) Most of the ways of behaving that are adopted by the organism are those that are consistent with the concept of self.
- 13) In some instances, behaviour may be brought about by organic experiences and needs which have not been symbolised. Such behaviour may be inconsistent with the structure of the self but in such instances the behaviour is not “owned” by the individual.
- 14) Psychological adjustment exists when the concept of the self is assimilated on a symbolic level into a consistent relationship with the concept of self.
- 15) Psychological maladjustment exists when the organism denies awareness of significant sensory and visceral experiences. When this situation exists, there is a basic or potential psychological tension.
- 16) Any experience which is inconsistent with the organisation of the structure of the self may be perceived as a threat, and the more of these perceptions there are, the more rigidly the self structure is organised to maintain itself.
- 17) Under certain conditions, involving primarily complete absence of threat to the self structure, experiences which are inconsistent with it may be perceived and examined, and the structure of self revised to assimilate and include such experiences.
- 18) When the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences, then he is necessarily more understanding of others and is more accepting of others as separate individuals.
- 19) As the individual perceives and accepts into his self structure more of his organic experiences, he finds that he is replacing his present value system - based extensively on introjections which have been distortedly symbolised - with a continuing organism valuing process.

Rogers talked about fully functioning person.

- 1) Fully functioning person: Rogers used the term fully functioning person for someone who is self-actualising. He listed characteristics of a fully functioning person (Rogers 1961) as given below:
 - **An increasingly existential lifestyle** – living each moment fully – not distorting the moment to fit personality or self concept. This results in excitement, daring, adaptability, tolerance, spontaneity, and a lack of rigidity and suggests a foundation of trust. (Rogers 1961)
 - **Increasing organismic trust** – they trust their own judgment and their ability to choose behaviour that is appropriate for each moment. They do not rely on existing codes and social norms.
 - **Freedom of choice** – not being shackled by the restrictions that influence an incongruent individual, they are able to make a wider range of choices more fluently. They feel responsible for their own behaviour.
 - **Creativity** – it follows that they will feel more free to be creative. They will adapt creatively to their own circumstances without feeling a need to conform.
 - **Reliability and constructiveness** – they can be trusted to act constructively. An individual who is open to all their needs will be able to maintain a balance between them.
 - **A rich full life**– he describes the life of the fully functioning individual as rich, full and exciting who experience joy and pain, love and heartbreak, fear and courage more intensely.

The second aspect about personality was the actualisation tendency which is presented below:

- 2) Actualisation tendency: “There is one central source of energy in the human organism; it is perhaps best conceptualized as a tendency toward fulfillment, toward actualisation, toward the maintenance and enhancement of the organism.” To be self-actualising, one is (1) open to experience, (2) trusting in one’s experience, (3) holds an internal locus of evaluation, and (4) the willingness to be in process.

The third aspect of personality was that all humans are good. This is described below:

- 3) Humans as basically good: Rogers believed that people are trustworthy, resourceful, capable of self-understanding and self-directing, able to make constructive changes and able to live effective and productive lives.

The fourth aspect was the valuing process explained below:

- 4) Organismic Valuing Process: When an individual feels that an activity is valuable worth doing, it is worth doing and my total organismic sensing of a situation is more trustworthy.

The fifth aspect was the phenomenological domains

- 5) Phenomenological Field: In this what one perceives experiences at the moment is important.

This sixth aspects of personality is the unconditional positive regard. That is only when the individual experiences he would develop self-regard which would be unconditional. The needs for positive regard and self-regard would never be at variance with organismic evaluation, and the individual would continue to be psychologically adjusted, and would be fully functioning.

The sixth aspect is self congruence given below:

- 6) Self congruence: The self doesn't exist at birth but that infants gradually differentiate self from non-self. The self is constantly evolving. One way of looking at the self is to look at the ideal self and the actual self. The ideal self is the person you would like to be. The actual self is what you are now or even what you think you are. When you are self-actualised then there is congruence (i.e. harmony or agreement) between the real and the actual selves.

The eight aspect is incongruence. According to this, Rogers assumes two main categories of defenses; these two are given below:

- a) Distortion of Experience: distortion of experience is when you try to change you perception of an event from what you really know it to be.
- b) Preventing threatening experiences from reaching awareness at all, that is using keep off the under thought.

The last aspect of personality is psychotherapy. According to Rogers the individual has within self vast resources self understanding, altering self concept, attitudes, and self directed behaviours. All these resources can be tapped if only a definable climate of facilitative psychological attitudes can be provided. His therapy has been called "client-centered therapy" or person-centered therapy.

Summary of Roger's Theory

According to Rogers, the main determinant, of whether we will become self-actualised or not, starts from childhood experience. He believed that it is crucial for children to receive positive regard, from the important people in their lives, particularly their parents. It is important for persons to receive unconditional positive regard, that is affection and acceptance with no strings attached. Often however, this regard is conditional and thus comes with strings attached. If the conditions are few and reasonable then the child will be fine but if the conditions of worth are severely limiting then self actualisation will be severely impeded.

<p>Self Assessment Questions</p> <p>1) What is the meaning of Hierarchical needs of Maslow theory?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>2) List out the characteristics of fully functioning person.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

3) Put forward Roger's theory of personality development.

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2.4 BEHAVIOURISTIC THEORIES

These theories are based on principle of learning. Every behaviour, according to this theory, is learned and so can be unlearned. Whatever the organisms do acting, thinking and feeling are all part of behaviours. Behaviour acts on the principle of stimulus response relatives. The main respondents of this theory are Pavlov, Thondike, Watson and Skinner. Each of these theories are given below:

2.4.1 Ivan Pavlov's Classical Conditioning Theory

One of the best-known aspects of behavioural learning theory is classical conditioning discovered by Russian physiologist Ivan Pavlov.

Definition of Classical Conditioning: Classical conditioning is a form of associative learning. The original and most famous example of classical conditioning involved the salivary conditioning of Pavlov's dogs. During his research on the physiology of digestion in dogs, Pavlov noticed that, rather than simply salivating in the presence of meat powder (an innate response to food that he called the unconditioned response), the dogs began to salivate in the presence of the lab technician who normally fed them. Pavlov called these psychic secretions. From this observation he predicted that, if a particular stimulus in the dog's surroundings were present when the dog was presented with meat powder, then this stimulus would become associated with food and cause salivation on its own. In his initial experiment, Pavlov used a metronome to call the dogs to their food and, after a few repetitions, the dogs started to salivate in response to the metronome.

Procedure in Classical Conditioning: The typical procedure for inducing classical conditioning involves presentations of a neutral stimulus along with a stimulus of some significance. The neutral stimulus could be any event that does not result in an overt behavioural response from the organism under investigation. Pavlov referred to this as a conditioned stimulus (CS). Conversely, presentation of the significant stimulus necessarily evokes an innate, often reflexive, response. Pavlov called these the unconditioned stimulus (US) and unconditioned response (UR), respectively. If the CS and the US are repeatedly paired, eventually the two stimuli become associated and the organism begins to produce a behavioural response to the CS. Pavlov called this the conditioned response (CR).

Basic Processes: The basic processes of classical conditioning are:

- i) The Unconditioned Stimulus: This is one that unconditionally, naturally, and automatically triggers a response.
- ii) The Unconditioned Response: This is the unlearned response that occurs naturally in response to the unconditioned stimulus.
- iii) The Conditioned Stimulus: Here the previously neutral stimulus, after becoming associated with the unconditioned stimulus, comes to trigger a conditioned response.

- iv) **The Conditioned Response:** This is the learned response to the previously neutral stimulus.

Principles of Classical Conditioning: Behaviourists have described a number of different phenomena associated with classical conditioning. These elements are important in understanding the classical conditioning process.

- 1) **Acquisition:** Acquisition is the initial stage of learning when a response is first established and gradually strengthened. Once the response has been acquired, you can gradually reinforce the response to make sure the behaviour is well learned.
- 2) **Extinction:** Extinction occurs when the occurrences of a conditioned response decrease or disappear. In classical conditioning, this happens when a conditioned stimulus is no longer paired with an unconditioned stimulus.
- 3) **Spontaneous Recovery:** In this theory reappearance of the conditioned response after a rest period or period of lessened response. If the conditioned stimulus and unconditioned stimulus are no longer associated, extinction will occur very rapidly after a spontaneous recovery.
- 4) **Stimulus Generalisation:** This is the tendency for the conditioned stimulus to evoke similar responses after the response has been conditioned. For example, if a rat has been conditioned to fear a stuffed white rabbit, it will exhibit fear of objects similar to the conditioned stimulus.
- 5) **Discrimination:** This is the ability to differentiate between a conditioned stimulus and other stimuli that have not been paired with an unconditioned stimulus. For example, if a bell tone were the conditioned stimulus, discrimination would involve being able to tell the difference between the bell tone and other similar sounds.

Types of Conditioning: There are different types of conditioning which are presented below:

- 1) **Forward conditioning:** During forward conditioning the onset of the CS precedes the onset of the US. Two common forms of forward conditioning are delay and trace conditioning. In delay conditioning the CS is presented and is overlapped by the presentation of the US. During trace conditioning the CS and US do not overlap. Instead, the CS is presented, a period of time is allowed to lapse during which no stimuli are presented, and then the US is presented. The stimulus free period is called the trace interval. It may also be called the “conditioning interval”.
- 2) **Simultaneous conditioning:** During simultaneous conditioning, the CS and US are presented and terminated at the same time.
- 3) **Backward conditioning:** Backward conditioning occurs when a conditioned stimulus immediately follows an unconditioned stimulus.
- 4) **Temporal conditioning:** The US is presented at regularly timed intervals, and the CR acquisition is dependent upon correct timing of the interval between US presentations.
- 5) **Unpaired conditioning:** The CS and US are not presented together. Usually they are presented as independent trials that are separated by a variable, or pseudo-random, interval.

- 6) **CS-alone extinction:** The CS is presented in the absence of the US. This procedure is usually done after the CR has been acquired through forward conditioning training. Eventually, the CR frequency is reduced to pre-training levels.

Summary: Classical conditioning is a reflexive or automatic type of learning in which a stimulus acquires the capacity to evoke a response that was originally evoked by another stimulus.

2.4.2 B. Frederick Skinner's Operant Conditioning Theory

The theory of B.F. Skinner is based upon the idea that learning is a function of change in overt behaviour. Changes in behaviour are the result of an individual's response to stimuli that occur in the environment. A response produces a consequence such as defining a word, hitting a ball, or solving a math problem. When a particular Stimulus-Response (S-R) pattern is reinforced (rewarded), the individual is conditioned to respond. Let us see in detail what is operant conditioning.

Operant conditioning: This is also referred to as *instrumental conditioning*, is a method of learning that occurs through rewards and punishments for behaviour. Through operant conditioning, an association is made between a behaviour and a consequence for that behaviour. It is the use of consequences that occur which are used for modifying a behaviour.

Components of Operant Conditioning: Some key concepts in operant conditioning:

- i) *A reinforcer* is any event that strengthens or increases the behaviour it follows. There are two kinds of reinforcers, viz: positive and negative reinforcers.
- **Positive reinforcers** are favorable events or outcomes that are presented after the behaviour. In situations that reflect positive reinforcement, a response or behaviour is strengthened by the addition of something, such as praise or a direct reward.
 - **Negative reinforcers** involve the removal of an unfavorable event or outcome after the display of a behaviour. In these situations, a response is strengthened by the removal of something considered unpleasant.

In both of these cases of reinforcement, the behaviour increases.

- ii) *Punishment*, on the other hand, is the presentation of an adverse event or outcome that causes a decrease in the behaviour it follows. There are two kinds of punishment, positive and negative.

Positive punishment involves the presentation of an unfavorable event or outcome in order to weaken the response it follows. On the other hand negative punishment by removal, occurs when a favorable event or outcome is removed after a behaviour occurs.

In both of above cases of punishment, the behaviour decreases.

Extinction: Extinction is the lack of any consequence following a behaviour. When a behaviour is inconsequential, producing neither favorable nor unfavorable consequences, it will occur with less frequency.

Schedules of reinforcement: These are important component of the learning process. When and how often we reinforce a behaviour can have a dramatic impact on the strength and rate of the response. There are two types of reinforcement schedules, viz; continuous and partial reinforcement.

In continuous reinforcement, the desired behaviour is reinforced every single time it occurs. Once the response is firmly established, reinforcement is usually switched to a partial reinforcement schedule.

In partial reinforcement, the response is reinforced only part of the time. Learned behaviours are acquired more slowly with partial reinforcement though there are more resistance to extinction. There are four schedules of partial reinforcement:

- **Fixed-ratio schedules** are those where a response is reinforced only after a specified number of responses.
- **Variable-ratio schedules** occur when a response is reinforced after an unpredictable number of responses.
- **Fixed-interval schedules** are those where the response is rewarded only after a specified amount of time has elapsed.
- **Variable-interval schedules** occur when a response is rewarded after an unpredictable amount of time has passed.

2.4.3 Difference between Classical and Operant Conditioning

Classical conditioning is where one thing is “programmed” into the brain, and is associated with another. It just involves the pairing of stimuli and the association that results between the two. A behaviour that would normally be the result of one stimulus becomes the result of the other also due to the association created.

Operant conditioning is where something is learned by the consequences, and if more of a trial-and-error type of learning. It requires the subject to perform some action and that action is either rewarded or punished to either encourage or discourage the behaviour. It’s usually used for behaviour modification.

Self Assessment Questions

1) Explain classical conditioning and its types.

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2) Define reinforcement and punishment.

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3) Elucidate Skinner’s theory of operant conditioning.

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It concerns about cognitive development, focusing on a child's development in terms of information processing, conceptual resources, perceptual skill, language learning etc. The *Theory of Cognitive Development* is a comprehensive theory about the nature and development of human intelligence. Here we will be dealing with Piaget's cognitive theory of development.

2.5.1 Jean Piaget's Theory

Piaget's stage theory describes the cognitive development in children. Cognitive development involves changes in cognitive process and abilities. In Piaget's view, early cognitive development involves processes based upon actions and later progresses into changes in mental operations.

1) Key concepts of Piaget's Theory

Schemas: Schemas are categories of knowledge that help us to interpret and understand the world.

Adaptation: Piaget saw adaptation as a fundamentally biological process. All living things adapt, even without a nervous system or brain. Assimilation and accommodation are the two sides of adaptation process.

Assimilation: The process of taking in new information into our previously existing schemas is known as assimilation.

Accommodation: Accommodation involves altering existing schemas, or ideas, as a result of new information or new experiences. New schemas may also be developed during this process.

Equilibration: Piaget believed that all children try to strike a balance between assimilation and accommodation, which is achieved through a mechanism Piaget called equilibration.

2) Stages of cognitive development

Piaget concerned the cognitive development in terms of stages.

- a) **Sensory motor stage:** The first stage is the sensorimotor stage which lasts from birth to about two years old. The infant uses his or her senses and motor abilities to understand the world, beginning with reflexes and ending with complex combinations of sensorimotor skills. This stage can be divided into six separate sub-stages as given below.
 - i) **Reflexes (0-1 month):** The child understands the environment purely through inborn reflexes such as sucking and looking.
 - ii) **Primary Circular Reactions (1-4 months):** Between one and four months, the child works on an action of his own which serves as a stimulus to which it responds with the same action, and around and around we go.
 - iii) **Secondary Circular Reactions (4-8 months):** The child becomes more focused on the world and begins to intentionally repeat an action in order to trigger a response in the environment.
 - iv) **Coordination of Secondary Reactions (8-12 months):** Develop certain focuses on the demand object. Responses become more coordinate and complex.

- v) **Tertiary Circular Reactions (12-24 months):** Children begin a period of trial-and-error experimentation during this sub-stage.
 - vi) **Early Representational Thought:** Children begin to develop symbols to represent events or objects in the world in the final sensory motor sub-stage.
- b) **Preoperational stage:** The preoperational stage lasts from about two to about seven years old. Now that the child has mental representations and is able to pretend, it is a short step to the use of **symbols**. Language development is one of the hallmarks of this period. Piaget noted that children are unable to take the point of view of other people, which he termed **egocentrism**. Egocentrism is when children experience difficulty in experiencing other person's perspective.
- c) **Concrete operations stage:** The concrete operational stage begins around age seven and continues until approximately age twelve. During this time, children gain a better understanding of mental operations. They begin thinking logically about concrete events, but have difficulty understanding abstract or hypothetical concepts.

Logic

Piaget stated that children in the concrete operational stage were fairly good at the use of inductive logic. Inductive logic involves going from a specific experience to a general principle.

Conservation

It refers to the idea that a quantity remains the same despite changes in appearance. If you show a child four marbles in a row, then spread them out, the preoperational child will focus on the spread, and tend to believe that there are now more marbles than before. The concrete operations child, on the other hand, will know that there are still four marbles.

Reversibility

By seven or eight years of age, children develop conservation of substance: If a ball of clay is taken and roll it into a long thin rod, or even split it into ten little pieces, the child knows that there is still the same amount of clay. And he will know that, if you rolled it all back into a single ball, it would look quite the same as it did - a feature known as *reversibility*.

In addition, a child also learns classification and seriation during this stage.

- d) **Formal operational stage:** The formal operational stage begins at approximately age twelve to and lasts into adulthood. During this time, people develop the ability to think about abstract concepts, deductive reasoning, and systematic planning

Logic

Piaget believed that deductive logic becomes important during the formal operational stage and this requires the ability to use a general principle to determine a specific outcome. This type of thinking involves hypothetical situations and is often required in science and mathematics.

Abstract Thinking

The ability to think about abstract concepts emerges during this stage. Instead of relying solely on previous experiences, children begin to consider possible outcomes and consequences of actions.

Problem Solving Approach: In earlier stages, children used trial-and-error to solve problems. The ability to systematically solve a problem in a logical and methodical way emerges. Children are often able to quickly plan an organised approach to solve a problem.

Piaget's Impact on Education: Piaget's focus on qualitative development has an important impact on education. Many educational programs are built upon the belief that children should be taught at the level for which they are developmentally prepared (Driscoll, 1994). Piaget's however was criticised for his research methods. Most researchers agree that children possess many of the abilities at an earlier age than Piaget thought, and it is said that Piaget's underestimate children's abilities. He was also criticised for his sample. Because of this unrepresentative sample, it is difficult to generalise his findings to a larger population.

2.6 LET US SUM UP

Theories of development provide a framework for thinking about human growth, development, and learning. According to Freud's theory, child development occurs in a series of stages focused on different pleasure areas of the body. While Erikson's theory shared some similarities with Freud's, it is dramatically different in many ways. Erikson believed that social interaction and experience play a decisive role. His eight-stage theory of human development described this process from infancy through death.

Cognitive theory however tried to describe and explain the development of thought processes and mental states. It also looked at how these thought processes influence the way we understand and interact with the world. Ivan Pavlov's discovery and research on reflexes influenced the growing behaviourist movement. His research also demonstrated techniques of studying reactions to the environment in an objective, scientific method. As a behaviourist, Skinner believed that internal thoughts and motivations could not be used to explain behaviour. Instead, he suggested, we should look only at the external, observable causes of human behaviour.

2.7 UNIT END QUESTIONS

- 1) What is Psychodynamic perspective?
- 2) Discuss Freud's structure of personality.
- 3) Explain psychosexual stages of development.
- 4) What are the defense mechanisms?
- 5) What are psychosocial virtues and maladaptations in Erikson theory?
- 6) Distinguish between classical and operant conditioning.
- 7) Explain schedules of reinforcement.
- 8) Discuss Maslow's hierarchy of needs.
- 9) What are the characteristics of a fully functioning person of Roger's theory?
- 10) Discuss key concepts of Piaget's theory.

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UNIT 3 **PRENATAL, PERINATAL, ANTENATAL AND POSTNATAL DEVELOPMENT**

Structure

- 3.0 Introduction
- 3.1 Objectives
- 3.2 Prenatal Development
 - 3.2.1 Definitions of Prenatal Period
- 3.3 Issues in Development
- 3.4 Principles of Development
- 3.5 Prenatal Period
 - 3.5.1 Period of Prenatal Development
 - 3.5.2 Hazards during Prenatal Development
- 3.6 Postnatal Period
 - 3.6.1 Adjustments to Postnatal Period
 - 3.6.2 How Birth Affect Postnatal Development
 - 3.6.3 Stages of Postnatal Development
- 3.7 Let Us Sum Up
- 3.8 Unit End Questions
- 3.9 Suggested Readings

3.0 INTRODUCTION

This unit provides an introduction to prenatal development and how this acts as a foundation on which all subsequent development builds. It examines the physical development of the individual before birth and explores the impact of the environment on development. It discusses the behaviour of the fetus and how this may be important for future development. The processes initiating birth and the reflexes of the newborn infant are discussed.

3.1 OBJECTIVES

After studying this unit, you will be able to:

- describe the important mechanism involved in the formation of a new life;
- show the important characteristics of prenatal period;
- describe the hazards of each prenatal period;
- differentiate prenatal and postnatal period of development; and
- elucidate the stages of postnatal period.

3.2 PRENATAL DEVELOPMENT

Prenatal development is the term given to the process of gestation that an embryo

undergoes, right from the fertilisation stage to childbirth. The prenatal period is one of the most fascinating stages of our development. Its end is marked by a beginning; the birth of a newborn baby. The prenatal period encompasses the most rapid phase of development of our lives, beginning as a single cell and ending as a newborn baby emerging into the world. Development during this time is considered as proceeding largely under genetic control and immune to external influences. However, as technology has advanced and scientists have become more sophisticated in examining the fetus, it has become apparent that development during this time is far from a simple question of genetically determined growth. Environmental agents may adversely affect the development of the fetus, and moreover the environment may determine the functional capacity of the organs of the body. The actions and reactions of the baby will shape its own development.

3.2.1 Definition of Prenatal Period

- i) The Prenatal or Antenatal development is the process in which an embryo or fetus (or foetus) gestates during pregnancy, from fertilisation until birth. Often, the terms fetal development, foetal development, or embryology are used in a similar sense.
- ii) Prenatal (from Greek peri, “about, around” and Latin nasci “to be born”) defines the period occurring “around the time of birth”, specifically from 22 completed weeks (154 days) of gestation (the time when birth weight is normally 500 g) to 7 completed days after birth.
- iii) The antepartum period (from Latin ante “before” and parere “to give birth”) is literally equivalent to prenatal (from Latin pre- “before” and nasci “to be born”). Practically, however, antepartum usually refers to the period between the 24th/26th week of gestational age and birth of a child.
- iv) Postnatal period begins immediately after the birth of a child and then extends for about six weeks. During this period the mother’s body returns to pre-pregnancy conditions as far as uterus size and hormone levels are concerned.

3.3 ISSUES IN DEVELOPMENT

Three key issues to be considered in the prenatal period are:

- 1) *The nature or nurture debate:* How much is development during this period determined by genes and how much by the environment? Traditionally, the prenatal period has been viewed as largely under the control of genes but development during this period is an interaction between genes and environment.
- 2) *Whether development is continuous or discontinuous:* For many years the event of birth was considered a new beginning, ignoring events before as having any meaning for future development. However, this view is now changing. It is logically possible, that at the moment of birth the behavioural, sensory, and learning abilities of the newborn are suddenly switched on, and these abilities have their origins in the prenatal period, implying a continuity of development across the birth period.
- 3) *The function of fetal behaviour:* This question that has been raised as studies have begun to unravel the behavioural abilities of the fetus is: why does the fetus exhibit the behaviour and reactions that it does? Are they a by-product of its maturation, or do they serve a function?

3.4 PRINCIPLES OF DEVELOPMENT

Three major principles seem to guide development:

- 1) *Development proceeds in a cephalocaudal direction (from head to foot):* That is, at any specific time structures nearer the head are more developed than those near the toes.
- 2) *Development proceeds from the basic to the more specialised:* Thus, organs do not initially appear as a miniature version of their final form but first develop their basic characteristics, and detail is added as development proceeds. For example, the heart is initially a two-chambered structure and its final four-chambered form develops later.
- 3) *Development proceeds in order of importance:* Thus, it begins with the 'more important' organs for survival and the less important ones develop later. Thus, the brain and heart are amongst the first organs to develop.

Self Assessment Questions

- 1) Define prenatal development in our own words.

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- 2) What are the three issues in prenatal period?

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- 3) Explain principles of development.

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3.5 PRENATAL PERIOD

A child takes about 9 months or 40 weeks to reach the stage of birth, and in this time period, a lot of changes and processes occur to the child's body and the mother's body as well. The prenatal development stages outline the growth of the child and give a clearer picture of the development of the child in the womb.

3.5.1 The Period of Prenatal Development

The stages can be divided into three parts, and each part carries its own significance and importance in the development of a fetus. These are the period of the Zygote, period of the Embryo and the period of fetus.

- i) Period of the Zygote (fertilisation to end of second week)
 - The size of the zygote-that of a pinhead- remains unchanged because it has no outside source of nourishment and is kept alive by yolk in the ovum.
 - As the zygote passes down the Fallopian tube to the uterus, it divides many times and separates into an outer and an inner layer.
 - The outer layer later develops into the placenta, the umbilical cord, and the amniotic sac, and the inner layer develops into a new human being.
 - About ten days after fertilisation, the zygote becomes implanted in the uterine wall.
- ii) Period of the Embryo (end of the second week to end of the second lunar month)
 - The embryo develops into a miniature human.
 - Major development occurs, in the head region first and in the extremities last.
 - All essential features of the body, both external and internal are established.
 - The embryo begins to turn in the uterus, and there is a spontaneous movement of the limbs.
 - The placenta, the umbilical cord, and the amniotic sac develop and protect and nourish the embryo.
 - At the end of the second prenatal month, the embryo weighs 1.25 ounces and measures 1.5 inches in length.
- iii) Period of the Fetus (end of the second lunar month to birth)
 - Changes occur in the actual size of the parts already formed and in their functioning. No new features appear at this time.
 - By the end of the third lunar month, some internal organs are well developed to function. Fetal heartbeat can be detected by about the fifteenth week.
 - By the end of the fifth lunar month, the different internal organs have assumed positions nearly like the ones they will have in the adult body.
 - Nerve cells, present from the third week, increase rapidly in number during the second, third and fourth lunar months. Whether or not this increase will continue will depend upon conditions within the mother's body such as malnutrition, which adversely affects nerve cell development – especially during the latter months of the prenatal period.
 - Fetal movements first appear between eighteen and twenty two weeks and then increase rapidly up to the end of the ninth lunar month when they slow down because of crowding in the amniotic sac and pressure on the fetal brain as the fetus takes a head down position in the pelvic region in preparation for birth. These fetal movements are of different kinds – rolling and kicking and short or quick

- By the end of the seventh lunar month, the fetus is well enough developed to survive, should it be born properly.
- By the end of the eighth lunar month the fetal body is completely formed, though smaller than that of a normal, full – term infant.

3.5.2 Hazards During Prenatal Development

Most prenatal development occurs normally, following the established patterns with little variation. However, there are a number of things that can go wrong during this time, which are usually caused by genetics or environmental problems.

- i) **Psyc-hological Hazards:** Psychological hazards are serious because their effects tend to be persistent and as a result influence development after birth as well as before birth. These are in the form of three hazards;
- *Traditional beliefs about parental influences:* Traditional beliefs about parental influences are regarded as hazardous not because of their effects on the developing child during prenatal period but because of their effects on attitudes and treatment children receive during the early formative years of their life from significant people who hold these beliefs.
 - *Maternal Stress:* Stress a persistent form of heightened emotionality involving such unpleasant emotions as fear, anger, or grief may come from many causes. It may be the result of not wanting the child-to-be, feeling of inadequacy, or fear of having a defective child. This stress is hazardous as it upsets the normal functioning of maternal endocrine system.
 - *Unfavorable attitude on the part of significant people:* Unfavorable attitude held by relatives, siblings, neighbors and friends but most importantly parental attitude does affect development. These attitudes like wanting the child of a particular sex, negative attitude towards unwed mother or divorced mother affect pre as well as postnatal development.

ii) **Physical Hazards**

Period of the Zygote

- *Starvation:* The zygote will die of starvation if it has too little yolk to keep it alive until it can lodge itself in the uterine wall or if it remains too long in the tube.
- *Lack of Uterine Preparation:* Implantation can not occur if, as a result of glandular imbalance, the uterine walls are not prepared in time to receive the zygote.
- *Implantation in the wrong place:* If the zygote becomes attached to a small fibroid tissue in the uterine wall or to the wall of the Fallopian tube, it can't get nourishment and will die.

iii) **Period of the Embryo**

- *Miscarriages:* Falls, emotional shocks, malnutrition, glandular disturbances, vitamin deficiency, and serious diseases such as pneumonia and diabetes can cause the embryo to become dislodged from its place in the uterine wall, resulting in a miscarriage. Miscarriages that are due to unfavorable conditions

in prenatal environment are likely to occur between the tenth and eleventh weeks after conception.

- *Development Irregularities:* Maternal malnutrition, vitamin and glandular deficiencies, excessive use of drugs, alcohol, tobacco and diseases like diabetes and German measles, interfere with normal development, especially that of the embryonic brain.
- iv) Period of the Fetus
- *Miscarriages:* Miscarriages are always possible up to the fifth month of pregnancy, the most vulnerable time when the woman's menstrual period would normally occur.
 - *Prematurity:* Fetuses who weigh less than 2 pounds 3 ounces have less chances of surviving than heavier fetuses and a greater chance of developing malformations.
 - *Complications of delivery:* Maternal stress affects uterine contractions and is likely to lead to complications during birth.
 - *Developmental Irregularities:* Any of the unfavorable environmental conditions present during the period of the embryo will also affect the development of fetal features and retard the whole pattern of fetal development.
- v) Teratological Hazards
- Teratogen agent that causes birth defect.
 - Maternal Factors emanating from mother are: age, nutrition, emotional state and stress.
 - Toxoplasmosis disease caused from parasite ingested from eating raw meat, or touching cat feces.
 - Ectopic Pregnancy presence of developing embryo or fetus outside normal location in uterus.
 - Fetal Alcohol Syndrome cluster of abnormalities that appears in offspring of mothers who drink alcohol heavily during pregnancy.
 - Paternal Factors emanating from father are: exposure to lead, radiation, pesticides, and petrochemicals.
 - Also, fathers who have a diet low in vitamin C, often produce offspring with higher risks of birth defects and cancer.
- vi) Environmental Hazards
- Pollutants, toxic wastes, chemicals & radiation can cause birth defects or adversely affect developing fetus.
 - Recent research has shown that prolonged exposure by mothers to heat in saunas or hot tubs also endanger fetus.
 - Fetal Surgery and Therapy is a recent practice in which surgical treatment is used to correct possible defects before permanent damage results after birth.

The prenatal period is a crucial period of development of our lives. It is the formative period for all our body organs and plays a role in establishing their

functional capacity. The potential exists for severe disruption to the normal developmental process from environmental agents. However for the vast majority of pregnancies the environment exerts a positive effect, shaping the individual's development. The fetus is an active participant in its own development. Its behaviour is important for progressing normal development within the womb and for its life in the postnatal world. It is the foundation on which all future development after birth is built.

Self Assessment Questions

Fill in the blanks:

- 1) A child takes months to reach the stage of birth.
- 2) Period of zygote is
- 3) Period of embryo is
- 4) Period of fetus is

3.6 POSTNATAL PERIOD

Postnatal (Latin for 'after birth', from *post* meaning "after" and *natalis* meaning "of birth") is the period beginning immediately after the birth of a child and extending for about six weeks. Another term would be postpartum period, as it refers to the mother (whereas postnatal refers to the infant).

Birth is not the beginning of life. Instead, it is merely an interruption in the development pattern that began at the time of conception. It is the time when the individual must make a transition from the internal environment of the mother's uterus to the world outside the mother's body. The time when the transition is being made, the period of Partunate begins. This period covers the first 15 or 30 minutes after birth. With the cutting of umbilical cord, the infant becomes a separate, distinct and independent individual. When adjustments to the postnatal environment are being made, no marked changes in development occur.

3.6.1 Adjustments to Postnatal Period

Because of the vast difference between the internal and external environments, infants must make radical and rapid adjustments. If they don't make them, their lives will be threatened. There are four major adjustments every infant must make:

- 1) *Adjustment to the temperature change:* In the sac in the mother's uterus, the temperature is constantly around 100F. In the postnatal environment, it will be between 68 and 70F and will vary.
- 2) *Adjustment to breathing:* Before birth, oxygen comes from the placenta through the umbilical cord. After birth when this cord is cut, the infant must inhale and exhale air. The birth cry normally comes when breathing begins and serves to inflate the lungs. Initially breathing is irregular and imperfect. The infant yawns, gasps, sneeze and coughs to regulate breathing process.
- 3) *Adjustment to taking nourishment:* Since the reflex activities of sucking and swallowing are imperfectly developed, the infant is frequently unable to get the nourishment and thus loses weight. This is in total contrast to prenatal period where the fetus received constant nourishment through umbilical cord.
- 4) *Adjustment to elimination:* Within a few minutes after birth, the excretory

system begins to function, eliminating waste products from the body which formerly were eliminated through the umbilical cord and the maternal placenta.

3.6.2 How Birth Affects Postnatal Development

Birth will affect the postnatal development of one individual differently than of another individual. The following conditions are responsible for the effect of birth on postnatal development:

- 1) *Type of birth*: Generally there are *five* different types of birth:
 - *Natural or spontaneous birth*: It occurs without any external support and with a minimum of or no medication of the mother. The position of fetus and the size of fetus make it possible for the fetus to emerge head first.
 - *Instrument birth*: If the fetus is too large to emerge from the mother's body spontaneously or its positioning the uterus is such that it makes normal birth impossible, then surgical instruments must be used to aid in delivery.
 - *Breech birth*: The fetus buttocks appear first, followed by legs and arms and finally the head. If the position cannot be changed before the birth begins instruments must be used to aid in delivery.
 - *Transverse-Presentation birth*: The fetus lies crosswise in the uterus. If this position can not be changed instruments must be used to aid in delivery.
 - *Caesarean-Section birth*: When the fetal body becomes too large to pass through the birth canal without a prolonged and a difficult labor, even when instruments are used, the fetus is delivered surgically by making a slit in the maternal abdominal wall.
- 2) *Medication of the mother*: The more the medication before and during childbirth, the longer and more difficult the infant's adjustment to postnatal life. The effects vary according to the type, amount and the timing of the medication. It affects breast feeding and the infants loose more weight.
- 3) *Prenatal environment*: Many childbirth complications have been traced to prenatal environment. The unfavorable prenatal conditions usually persist after birth and manifest in various adjustment difficulties such as feeding problems, gastrointestinal dysfunction, sleep problems, hyperactivity and irritability.
- 4) *Length of gestation period*: The average length of gestation period is 38 weeks or 266 days, very few infants arrive in this period. Those who arrive late are called "Postmatures" and those who arrive early are called "Prematures". Premature infants usually experience difficulty in adjusting to their postnatal life whereas postmature infants adjust more quickly and successfully to the postnatal life, even better than full term infants.
- 5) *Postnatal care*: The type of care received in the early days following birth affects postnatal development. Nutrition, breast feeding, healthy and safe environment, love and affection do affect the infant.
- 6) *Attitude of the parents*: Whether the child is being received positively or negatively, affects postnatal development of infant. If the parents welcome the child unconditionally then the child develops into a physically and psychologically healthy individual.

Some psychologists have considered all stages of life in the postnatal period, though dictionary meaning is restricted to approximately one month after birth. They have termed this one month period as neonatal period.

3.6.3 Stages of Postnatal Development

Neonatal period

- birth to end of 4th week
- newborn begins to carry on respiration, obtain nutrients, digest nutrients, excrete wastes, regulate body temperature, and make cardiovascular adjustments

Infancy

- end of 4th week to one year
- growth rate is high
- teeth begin to erupt
- muscular and nervous systems mature
- communication begins

Childhood

- one year to puberty
- growth rate is high
- permanent teeth appear
- muscular control is achieved
- bladder and bowel controls are established
- intellectual abilities mature

Adolescence

- puberty to adulthood
- person becomes reproductively functional and emotionally more mature
- growth spurts occur
- motor skills continue to develop
- intellectual abilities continue to mature

Adulthood

- adolescence to old age
- person remains relatively unchanged anatomically and physiologically
- degenerative changes begin

Senescence

- old age to death
- degenerative changes continue

- body becomes less able to cope with demands placed on it
- death results from various conditions and diseases.

Self Assessment Questions

1) Define postnatal period.

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.....

2) Explain the factor that affects postnatal development.

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.....

3.7 LET US SUM UP

Human development is a continuous process beginning with fertilisation and continuing throughout pregnancy, birth, childhood, adolescence, adulthood, and into old age. These stages act as a foundation on which all subsequent development builds and examines the physical development of the individual before and after birth and explores the impact of the environment on development. There are certain periods of development known as difficult periods or critical periods. It is said that children who do not get special stimulation during their time of receptivity may get stuck at this period. Type of birth may also affect the personality of human being.

3.8 UNIT END QUESTIONS

- 1) What is prenatal development?
- 2) Discuss the stages of prenatal period of development.
- 3) Explain physical hazards of each stage of development
- 4) Differentiate neonatal and postnatal development.
- 5) Describe key issues involved in the process of development

3.9 SUGGESTED READINGS

Elizabeth B. Hurlock(1980) *Developmental Psychology. A Life-Span Approach*, Prentice Hall, New York.

John W. Santrock : *Life-Span Development*. Holt Rinehart, New York.

UNIT 4 PERCEPTUAL AND LANGUAGE DEVELOPMENT

Structure

4.0 Introduction

4.1 Objectives

4.2 Perceptual Development

4.2.1 Process of Perceptual Development

4.2.2 Milestones in Perceptual Development

4.2.3 Critical Periods

4.2.4 Constructivist and Ecological Views

4.2.5 Perceptual Processing in Infancy

4.2.6 Perceptual Development Beyond Infancy

4.3 Language Development

4.3.1 Stages of Language Development

4.3.2 Theoretical Viewpoints of Language Development

4.3.3 Factors Affecting Language Development

4.4 Let Us Sum Up

4.5 Unit End Questions

4.6 Suggested Readings

4.0 INTRODUCTION

Perceptual and language development play a major role in the socialisation of an individual. Normal developmental progression is possible only if the development in all spheres of life goes according to the standard pattern. This unit covers the development of perceptual abilities by looking at change in each of the five senses from birth to early childhood and sometimes beyond. It also explores how Infants are born with a remarkable ability to make sense of their world which develops extremely rapidly over the first few months of life. Language is a behaviour which children acquire very rapidly. The process of language acquisition begins early in infancy and is well underway before children use their first words.

4.1 OBJECTIVES

After studying this unit, you should be able to:

- define perceptual development and milestones theory of perceptual development;
- explain the processes involved in perceptual development;
- define various stages of language developmental;
- present different theoretical viewpoints of language development; and
- explain the factors affecting language development.

4.2 PERCEPTUAL DEVELOPMENT

Perceptual development provides the foundation for interpreting the events of the world around us. Stimuli from the environment that evoke sensory experiences of

hearing, seeing, and touching promote brain growth and development. Sensory stimuli provide the medium through which babies learn about the world and its operations.

Developmental progression in infants or toddlers is highly dependent on access to sensory information in the environment. Perceptual development occurs as infants explore and identify invariant features in the environment, discovering properties of and relationships between features. It evolves out of these sensory experiences that contribute to cognitive growth and development.

Perceptual development is an aspect of cognitive development which allows a young human being to start interpreting and understanding sensory input. In the first year of life, perceptual development proceeds extremely rapidly. As parents are undoubtedly well aware, development occurs in leaps and bounds for many children at this age as they engage with the world around them and learn more about what they touch, see, smell, hear, and taste. Perceptual development is the reason that psychologists and people who study child development recommend providing children with stimulus-rich environments.

4.2.1 Process of Perceptual Development

The process of perceptual development is very closely linked to motor development. For example, as infants grow, they begin to be able to support their heads on their own, and to turn their heads so that their eyes can scan their environment. Likewise, the ability to crawl and later walk allows opportunities for purposeful engagement with the surrounding world. For example, as an infant develops manual dexterity, she or he can start to manipulate objects such as rattles and balls.

Some aspects of perception are hardwired and start to manifest shortly after birth. Others, however, need to be refined or developed. For example, newborns do not have very good vision. Within weeks, however, they start to discern between different patterns, experience sharpening and improvement in color vision, and can track movements. Being surrounded with enriching materials such as brightly colored mobiles and patterned toys encourages perceptual development in infants.

If a child's perceptual development does not follow the patterns established through study and observation of other children, it can be an indicator that the child has impairment. For example, a child who does not respond to auditory stimuli or who is inconsistent about responding to auditory stimuli may have a hearing impairment or an auditory processing disorder. Parents can create an environment which stimulates and promotes perceptual development in their children. Providing children with varied sensory input allows them to establish and develop neural pathways which will be used for life.

For infants who are developing typically, the brain circuits and neural pathways that form during the first year allow anticipation of mother's entry into a room upon hearing her voice or footsteps approaching while awakening from a nap. Infants' brains release endorphins during the experience of nurturing skin-to-skin touch thus soothing anxiety when tired or stressed. Every time babies experience new stimuli, their brains are fine-tuned to quickly interpret and process similar experiences. During the first three months of life, infants' brains respond to the world of Perceptual Development sensation with greater electrical activity in areas of the brain responsible for coding stimuli of sights, sounds, and touches. As perceptual development proceeds infants learn to associate stimuli with particular activities and anticipate events (Raymond, 2000). For example, babies learn that

father's entry into the home suggests that he can anticipate touches and hugs. Such experiences provide the foundation for interpreting and making sense of the world. For infants and toddlers who are deaf/hard of hearing, the extent of hearing loss and/or amplification determines whether they rely primarily on hearing or vision, or combined input from both modalities to interpret their environment and gain understanding in the world around them.

4.2.2 Milestones in Perceptual Development

Newborns

- Recognise mother's face
- Discriminate sound of mother's voice
- Differentiate smell and test stimuli
- Inter-modal matching

2 weeks

- Look at moving stimuli

1 month

- Visual acuity of 20/600, vision slightly worse than adult night vision
- Able to see large objects with high contrast
- Categorical perception of speech stimuli

2 months

- Use motion information to see rod continuing behind occluder
- Short wavelength cone now present
- Minimum audible angle = 27 deg

3 months

- Grouping by lightness similarity
- Perception of facial expressions
- All three cone types now present
- Binocular fixation
- Following moving stimulus with smooth eye movements

4 months

- Categorize wavelengths, colors as adults do
- Discriminate between different categories of objects
- Perceive biological movement
- Spontaneous reaching for nearer object
- Binocular disparity becomes available as depth cue

5 months

- Pictorial depth cues are used

6 months

- Visual acuity is close to an adult's (fully parity after one year)
- Hearing thresholds are within 10-15 db of adult level
- Equivalence classification for speech

8 months

- Sensitive to occlusion in biological motion

4.2.3 Critical Periods

Definition: This refers to the time during which infants must receive appropriate stimulation. If such stimulus is not sufficient they may lose the ability to perceive certain stimuli. Children remain susceptible to the adverse effects of visual deprivation until about 7 to 8 years of age.

Infantile cataracts prevent the perception of well-defined spatial stimuli essential for developing the cortical “feature detectors” needed for good spatial vision. If left untreated for the initial 6 months, infants can be impaired for life. Critical period for binocular function begins at 6 months and peaks from 1 to 2 years.

4.2.4 Constructivist and Ecological Views

With utter ease, the human mind apprehends a version of reality—people, crackers, containers, a stable crawling surface, and encouraging words—by first registering energy in several separate sense modalities. Energy is transformed many times by the neural structures of the brain into objects and events, forming mental representations and sometimes propelling us to act, especially if there is food to act upon.

The constructivist position explains perceptual development as learning to make appropriate inferences about sensory impressions by drawing on previously constructed memories gained through similar experiences. This view of how infants accrue knowledge is rooted in the philosophical tradition of 17th - 19th century. British empiricists whose work formed the foundation of modern information processing psychology.

One prominent constructivist was Jean Piaget, who argued that infants' increasingly more accurate perception of objects in a spatial frame of reference was achieved by learning associations between visual, auditory, touch and muscular sensations, constructing knowledge that he termed “sensory motor”. Most current information processing accounts of perception and perceptual development are constructivist, due to their emphasis on defining levels of processing and the interactions between them.

Two crucial philosophical arguments made by the early constructivists, the ambiguity argument and the capability argument, were not seen as valid by the originators of the ecological view of perception, James and Eleanor Gibson.

The Gibsons' primary assertion is that perception is “direct”, meaning, does not require inference. Human visual and auditory systems do not deliver single, static representations to the mind that must be disambiguated through further higher-

order inferential analysis. Instead, because humans move while perceiving, and because the eyes and ears gather information from two different vantage points, the transformations over time of the optic and acoustic array are highly specific to arrangements of information in scenes and events.

Perception, in accordance with James Gibson's views, entails a reciprocal relationship between a person and his or her environment: The environment provides resources and opportunities for the person, and the person gets information from and acts on the environment. The concept of affordance is central to this idea; the person acts on what the environment affords, as it is appropriate.

This extraordinary volume covers the development of perception in detail from birth through toddlerhood, beginning with the development of communication, going on to perceiving and acting on objects, and then to locomotion. It is more than a presentation of facts about perception as it develops. It outlines the ecological approach and shows how it underlies "higher" cognitive processes, such as concept formation, as well as discovery of the basic affordances of the environment. This impressive work should serve as the capstone for Eleanor J. Gibson's distinguished career as a developmental and experimental psychologist.

4.2.5 Perceptual Processing in Infancy

- i) *Neural and Sensory Competencies*: Prenatal development is the most critical time to ensure optimal sensory functioning. At 18 weeks gestation, virtually all cortical neurons have been formed and have migrated to their genetically preprogrammed locations. Human infants are born with well-functioning sensorineural systems. Early in infancy myelin sheaths rapidly form around neuronal axons, assisting sensory responses and the coordination of activities across brain regions by vastly increasing the speed of neural impulse conduction. Two neuronal systems serve visual processing, cortical pathways and more primitive subcortical pathways. During the first two months of life, infant visual behaviour is thought to be controlled primarily by the subcortical.
- ii) *Visual Sensory System*: Some aspects of newborn visual sensory processing are fairly well-developed in the newborn infant, such as peripheral acuity. The ability to make oculomotor adjustments is also fairly well developed, allowing the infant to use distance information perceptually. Several aspects of the ocular system are extraordinarily undeveloped in the newborn. Newborn visual acuity is far worse than adults, but improves to adult levels by the age of eight months. The ability to detect light intensity variations, or contrast sensitivity, is also not impressive in young infants, but is sufficient to detect coarse boundaries between common objects and spatial layouts within close proximity. Finally, the ability to detect direction of movement and velocity of object motion emerges by the infant's third month of life.
- iii) *Auditory Sensory System*: The human fetus responds to sounds by 28 weeks of prenatal development. The ability of newborn infants to detect low frequencies is mature at birth; however, for higher frequencies maturity is not reached until the age of 6 months. Adult performance levels in many facets of auditory sensory processing are not reached until late childhood.
- iv) *Chemical and vestibular senses*: infants' tactile and vestibular sensory systems develop somewhat in advance of their more remote-sensing visual and auditory systems. The constellation of senses in the somatosensory system completes development by the 24th week of gestation. Newborns, although

they cannot sense saltiness, are able to discriminate sweet, sour, and bitter tastes.

- v) *Visual Perception:* (Object Perception) Newborns are likely equipped for parallel feature analysis and detection, and they have some “tools” to organise features for object perception, however, some tools take many months to develop as infants gain more experience in the world.
- vi) *Space Perception:* Very young infants are capable of interpreting motion cues of objects, however, they may not use as many of these cues during perceptual processing as an adult would. Once they can self-locomote, the nature of spatial perception changes considerably, because perceptual processing must include both object-motion and observer-motion cues in order to be accurate.
- vii) *Face Perception:* Newborn infants visually track a moving face pattern farther than a pattern with scrambled face features, they show greater sucking responses and visual preferences for their mothers’ faces over strangers’ faces, and surprisingly, will look longer at attractive faces than unattractive faces (as judged by adults) within 6 days of birth. Face processing improves very rapidly in the first months of life, when infants are gaining exposure to particular types of faces within their environment.
- viii) *Auditory Perception:* One of the most basic and researched components of language perception involves the infants’ ability to discriminate between fundamental sounds, phonemes, present in the infant’s native language. Although infants are initially sensitive to all phonemes used in all languages, this sensitivity changes as the infant gets older.

At 14-months of age, infants begin to discriminate between similar sounding familiar words, such as ball and doll, when associated with a picture of each as well as with similar sounding unfamiliar words, such as bin and din when associated with a picture of an object supposedly representative of the word.

4.2.6 Perceptual Development Beyond Infancy

Although understandably the majority of research in child perception focuses on identifying abilities in infants under the age of 15 months, findings in children above 15 months of age can also yield important contributions. Throughout childhood, children develop a better ability to discriminate feature differences along dimensions that are perceptually separable. Increased perceptual experience facilitates detection of relations between less salient dimensions, raising them up in the salience hierarchy.

Self Assessment Questions

1) Explain perceptual development in own words.

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2) Explain the 2 months and 4 months perceptual development.

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3) How visual sensory system works in perceptual processing in infancy.

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4.3 LANGUAGE DEVELOPMENT

Language development is a process starting early in human life, when a person begins to acquire language by learning it as it is spoken and by mimicry. Children’s language development moves from simple to complex. Infants start without language. Yet by four months of age, babies can read lips and discriminate speech sounds. The language that infants speak is called babbling.

Usually, language starts off as recall of simple words without associated meaning, but as children grow, words acquire meaning, with connections between words being formed. As a person gets older, new meanings and new associations are created and vocabulary increases as more words are learned.

Infants use their bodies, vocal cries and other preverbal vocalisations to communicate their wants, needs and dispositions. Even though most children begin to vocalise and eventually verbalise at various ages and at different rates, they learn their first language without conscious instruction from parents or caretakers. In fact research has shown that the earliest learning begins in uterus when the fetus can recognise the sounds and speech patterns of its mother’s voice.

4.3.1 Stages of Language Development (Berk, 2006)

- 1) **Infant (0-1yr):** It is called pre-production stage. The infant comprehends minimum, vocalisation with intonation, responds to his name, responds to human voices without visual cues by turning his head and eyes, and responds accordingly to angry and friendly tones. Uses one or more words with meaning (this may be a fragment of a word), Understands simple instructions, especially if vocal or physical cues are given.
- 2) **Toddlers (12-24 months)**
 - Produces considerable “jargon”: puts words and sounds together into speech-like (inflected) patterns.
 - Holophrastic speech: uses one word to convey an entire thought; meaning depends on the inflection (“me” may be used to request more cookies or a desire to feed self). Later; produces two-word phrases to express a complete thought (telegraphic speech): “More cookie,” “Daddy bye-bye.”
 - Follows simple directions, “Give Daddy the cup.”

- When asked, will point to familiar persons, animals, and toys.
- Identifies three body parts if someone names them: “Show me your nose (toe, ear).”
- Indicates a few desired objects and activities by name: “Bye-bye,” “cookie”; verbal request is often accompanied by an insistent gesture.
- Responds to simple questions with “yes” or “no” and appropriate head movement.
- Speech is 25 to 50 percent intelligible during this period.
- Locates familiar objects on request (if child knows location of objects).
- Acquires and uses five to fifty words; typically these are words that refer to animals, food, and toys.
- Uses gestures, such as pointing or pulling, to direct adult attention.
- Enjoys rhymes and songs; tries to join in
- Seems aware of reciprocal (back and forth) aspects of conversational exchanges; some turn-taking in other kinds of vocal exchanges, such as making and imitating sounds.

3) **Two year old**

- Enjoys being read to if allowed to participate by pointing, making relevant noises, turning pages.
- Realises that Language is effective for getting others to respond to needs and preferences.
- Uses fifty to three hundred different words; vocabulary continuously increasing.
- Has broken the linguistic code; in other words, much of a two-year-old’s talk has meaning to him or her.
- Receptive Language is more developed than expressive Language; most two-year olds understand significantly more than they can talk about.
- Utters three- and four-word statements; uses conventional word order to form more complete sentences.
- Refers to self as “me” or sometimes “I” rather than by name: “Me go bye-bye”; has no trouble verbalising “mine.”
- Expresses negative statements by tacking on a negative word such as “no” or “not”: “Not more milk.”
- Repeatedly asks, “What’s that?”
- Uses some plurals; tells about objects and events not immediately present (this is both a cognitive and linguistic advance).
- Some stammering is common.
- Speech is as much as 65 to 70 percent intelligible.
- Is able to verbalise needs.

4) **Three-Four year old**

- Uses the prepositions “on,” “in,” and “under.”
- Uses possessives consistently: “hers,” “theirs,” “baby’s.”
- Answers “Whose?,” “Who?,” “Why?,” and “How many?”
- Produces elaborate sentence structures: “The cat ran under the house before I could see what color it was.”
- Speech is almost entirely intelligible.
- Begins to correctly use the past tense of verbs: “Mommy closed the door,” “Daddy went to work.”
- Refers to activities, events, objects, and people that are not present.
- Changes tone of voice and sentence structure to adapt to listener’s level of understanding: To baby brother, “Milk gone?” To Mother, “Did the baby drink all of his milk?”
- States first and last name, gender, siblings’ names, and sometimes own telephone number.
- Answers appropriately when asked what to do if tired, cold, or hungry. Recites and sings simple songs and rhymes.

5) **Five year old**

- Vocabulary of 1,500 words plus.
- Tells a familiar story while looking at pictures in a book.
- Defines simple words by function: a ball is to bounce; a bed is to sleep in.
- Identifies and names four to eight colors.
- Recognises the humor in simple jokes; makes up jokes and riddles.
- Produces sentences with five to seven words; much longer sentences are not unusual.
- States the name of own city or town, birthday, and parents’ names.
- Answers telephone appropriately; calls person to phone or takes a brief message.
- Speech is almost entirely intelligible.
- Uses “would” and “could” appropriately.
- Uses past tense of irregular verbs consistently: “went,” “caught,” “swam.”
- Uses past-tense inflection (-ed) appropriately to mark regular verbs: “jumped,” “rained,” “washed.”

6) **Six year old**

- Can identify right and left hands fairly consistently.
- Holds onto positive beliefs involving the unexplainable (magic or fantasy)

- Arrives at some understanding about death and dying; expresses fear that parents may die.
- Talks a lot.
- Loves telling jokes and riddles; often, the humor is far from subtle.
- Experiments with slang and profanity and finds it funny.
- Enthusiastic and inquisitive about surroundings and everyday events.
- Able to carry on adult-like conversations; asks many questions.
- Learns 5 to 10 words a day; vocabulary of 10,000-14,000.
- Uses appropriate verb tenses, word order, and sentence structure.
- Uses language rather than tantrums or physical aggression to express displeasure: “That’s mine! Give it back, you dummy.”
- Talks self through steps required in simple problem-solving situations (though the “logic” may be unclear to adults).
- Has mood swings towards primary caregiver depending on the day.
- Friendship with parent is less depended on but still needs closeness and nurturing.
- Anxious to please; needs and seeks adult approval, reassurance, and praise; may complain excessively about minor hurts to gain more attention.
- Often can’t view the world from another’s point of view.
- Self-perceived failure can make the child easily disappointed and frustrated.
- Can’t handle things not going their own way.
- Does not understand ethical behaviour or moral standards especially when doing things that have not been given rules.
- Understands when he or she has been thought to be “bad”; values are based on others enforced values.
- May be increasingly fearful of the unknown like things in the dark, noises, and animals.

4.3.2 Theoretical Viewpoints of Language Development

There are four major theories of language development:

- 1) *Behaviourist theory*: The behaviourist theory, proposed by B. F. Skinner suggests that language is learned through operant conditioning (reinforcement and imitation). This perspective sides with the nurture side of the nature-nurture debate. This perspective has not been widely accepted in either psychology or linguistics for some time, but by many accounts, is experiencing resurgence (Roediger, 2004). Some empiricist theory accounts today use behaviourist models (Ramscar, M. & Yarlett, D. 2007)
- 2) *Nativist theory*: The nativist theory proposed by Noam Chomsky, argues that language is a unique human accomplishment. Chomsky says that all children have what is called an LAD, an innate language acquisition device that allows children to produce consistent sentences once vocabulary is

learned. His claim is based upon the view that what children hear – their linguistic input – is insufficient to explain how they come to learn language. While this view has dominated linguistic theory for over fifty years, it has recently fallen into disrepute.

- 3) *Empiricist theory*: The empiricist theory suggests, contra Chomsky, that there is enough information in the linguistic input that children receive, and therefore there is no need to assume an innate language acquisition device (see above). This approach is characterised by the construction of computational models that learn aspects of language and/or that simulate the type of linguistic output produced by children. The most influential models within this approach are statistical learning theories such as connectionist models and chunking theories.
- 4) *Integrationist theory*: It consists of two components. This perspective is a combination of both the nativist and behaviourist theories. The first part, the information-processing theories, tests through the connectionist model, using statistics. From these theories, we see that the brain is excellent at detecting patterns. The second part of the interaction perspective, is the social-interactionist theories. These theories suggest that there is a native desire to understand others as well as being understood by others.

Self Assessment Questions

1) Characteristics of language development in 2 year old and 5 year old child.

.....

2) What are the four major theories of language development?

.....

3) Describe each of the theories of language development.

.....

4.3.3 Factors Affecting Language Development

1) Biological preconditions

Linguists do not agree on the biological factors contributing to language development; however most do agree that the ability to acquire such a complicated system is unique to the human species. Furthermore, many believe that our ability to learn spoken language may have been developed through the evolutionary process and that the foundation for language may be passed down genetically.

The ability to speak and understand human language requires a specific vocal apparatus as well as a nervous system with certain capabilities.

One hotly debated issue is whether the biological contribution includes capacities specific to language acquisition, often referred to as universal grammar. For fifty years, linguist Noam Chomsky has argued for the hypothesis that children have innate, language-specific abilities that facilitate and constrain language learning. In particular, he has proposed that humans are biologically pre-wired to learn language at a certain time and in a certain way, arguing that children are born with a Language Acquisition Device (LAD). (Santrock, J 2008).

Other researchers, who believe that words and grammars are learned (rather than innate), have hypothesised that language learning results from general cognitive abilities and the interaction between learners and their surrounding communities. It has also recently been suggested that the relatively slow development of the prefrontal cortex in humans may be one reason that humans are able to learn language, whereas other species are not (Thompson S.; Ramscar, M. & Chrysikou, M. 2009; Ramscar, M. & Gitcho, N. 2007)

2) Environmental Influences

A purely behaviourist view of language development is no longer considered a viable explanation of how children acquire language, yet a great deal of research describes ways in which a children's environmental experiences influence their language skills. Michael Tomasello stresses that young children are intensely interested in their social world and that early in their development they can understand the intentions of other people. (Tomasello, M. (2003, 2008)

One component of the young child's linguistic environment is (child-directed speech) also known as baby talk or motherese, which is language spoken in a higher pitch than normal with simple words and sentences. Although the importance of its role in developing language has been debated, many linguists think that it may aid in capturing the infant's attention and maintaining communication. Adults use strategies other than child-directed speech like recasting, expanding, and labeling." **Recasting** is rephrasing something the child has said, perhaps turning it into a question or restating the child's immature utterance in the form of a fully grammatical sentence. **Expanding** is restating, in a linguistically sophisticated form, what a child has said. **Labeling** is identifying the names of objects (Santrock, 2008).

4.4 LET US SUM UP

Perceptual development provides the foundation for interpreting the events of the world around us. Some aspects of perception are hardwired and start to manifest shortly after birth. Others, however, need to be refined or developed. The constructivist position explains perceptual development as learning to make appropriate inferences about sensory impressions by drawing on previously constructed memories gained through similar experiences whereas, in accordance with James Gibson's views, perception entails a reciprocal relationship between a person and his or her environment: The environment provides resources and opportunities for the person, and the person gets information from and acts on the environment. Children's language development moves from simple to complex. Infants start without language. It is being affected by genetic as well as environmental factors. Different theorists have explained it in their own perspectives. To have a better understanding of language and perceptual development, one needs to consider all theoretical perspectives.

4.5 UNIT END QUESTIONS

- 1) What is perceptual development?
- 2) Discuss critical periods involved in perceptual development.
- 3) Explain perceptual processing in infancy.
- 4) What are stages in language development?
- 5) Describe biological factors influencing language development.
- 6) Differentiate various theoretical perspectives of language development

4.6 SUGGESTED READINGS

Elizabeth B. Hurlock (1980): *Developmental Psychology: A Life-Span Approach*. Prentice Hall, New York.

Gibson, J. J. (1979). *The Ecological Approach to Visual Perception*. Boston: Houghton-Mifflin.



UNIT 1 PHYSICAL AND MOTOR DEVELOPMENT, PSYCHO SOCIAL DEVELOPMENT

Structure

- 1.0 Introduction
- 1.1 Objectives
- 1.2 Psychosocial Development: Definition
 - 1.2.1 Psycho Social Development
- 1.3 Erickson's Theory of Psycho Social Development
- 1.4 Major Factors Contributing to Psycho Social Development
 - 1.4.1 Child Rearing Practices
 - 1.4.2 Temperament
 - 1.4.3 Relationship with Peers
 - 1.4.4 Pro Social Behaviour and Aggression
 - 1.4.5 Gender
 - 1.4.6 Play
 - 1.4.7 Sibling Relationships
- 1.5 Physical Development
 - 1.5.1 Early Childhood
 - 1.5.2 Late Childhood
 - 1.5.3 Major Changes
 - 1.5.4 Late Childhood or Preteen Years (9-12 Years of Age)
 - 1.5.5 Motor Development
- 1.6 Let Us Sum Up
- 1.7 Unit End Questions
- 1.8 Suggested Readings

1.0 INTRODUCTION

The optimal development of children is considered vital to society, so it is important to understand the physical, motor and social development of children as they grow up from an infant to a toddler to an adolescent to a young adult to an adult. A human child is unique in that unlike other species, they are dependent on adults for many years until they become adults. This is not so in the case of animals amongst whom, the moment they are born or a few days later they are almost independent of their parents. Increased research and interest in child development has resulted in new theories and strategies, with specific focus on strategies that would promote development of the child in different domains. In this unit we are going to deal with definition of child development, the process and growth of child development, the various factors that influence growth and development etc.

1.1 OBJECTIVES

After going through this unit, you will be able to:

- describe key developmental concepts that impact the social, physical and motor development of children;

- describe the elements of social and emotional wellness in children;
- explain Erickson's eight stages of psychosocial development;
- identify key social and emotional needs of children; and
- analyse the role of socialising agents in creating self-awareness about the positive psychosocial and emotional development of children.

1.2 PSYCHOSOCIAL DEVELOPMENT : DEFINITION

Child development, in general refers to biological and psychological changes that occur in human beings between birth and the end of adolescence, as the individual progresses from dependency to increasing independence. These developmental changes may be strongly influenced by genetic factors and events surrounding the environment. Developmental changes may occur as a result of genetically controlled processes known as maturation, the interaction with the environmental factors and specific learning that takes place as part of socialisation. It may be added that development depends to a large extent on the interaction between the hereditary factors with the environmental factors. The environment here refers to many factors including family, school, peer, religious institutions, rituals, culture, norms and mores that are existent in the society within which the individual is growing.

There are various stages in child development and the progress made by the child in one stage influences the child's progressing to the next stage of development and the manner in which the child grows up in the present stage of development impacts the growth in the next stage. Thus each period is a continuum with individual differences regarding start and end with various levels of development between the beginning of the continuum and end of the continuum.

Useful understanding of child development requires systematic inquiry about developmental events. Different aspects of development involve different patterns and causes of change, so there is no simple way to summarise child development. Nevertheless, the answering of certain questions about each topic can yield comparable information about various aspects of developmental change. The following questions are relevant here:

- 1) What develops? What relevant aspects of the individual change over a period of time?
- 2) What are the rate and speed of development?
- 3) What are the mechanisms of development ?
- 4) Are there individual differences in the normal and relevant developmental changes?
- 5) Are there population differences in the various aspects of development (for example, differences in the development of boys and of girls)?

Empirical research that attempts to answer these questions may follow a number of patterns. Initially, observational research in naturalistic conditions may be needed to develop a narrative describing and defining an aspect of developmental change, such as changes in reflex actions in the first year. This type of work may be followed by correlational studies, collecting information about chronological age and some type of development such as vocabulary growth, and correlational

statistics can be used to state change. Such studies examine the characteristics of children at different ages. These methods may involve longitudinal studies, in which a group of children are re-examined on a number of occasions as they get older, or cross-sectional studies, in which groups of children of different ages are tested once and compared with each other, or there may be a combination of these approaches. Some child development studies examine the effects of experience or heredity by comparing characteristics of different groups of children in a necessarily non-randomized design. Other studies can use randomized designs to compare outcomes for groups of children who receive different interventions or educational treatments.

1.2.1 Psycho Social Development

The term psycho social development refers to the developing capacity of the child from birth through early years of life to

- i) form close and secure adult and peer relationships.
- ii) experience, regulate, and express emotions in socially and culturally appropriate ways.
- iii) explore the environment and learn in the context of family, community, and culture.

Early mental health or early social emotional wellness is concerned with developing the capacity of the child to experience, regulate, and express emotions from close and secure interpersonal relationships.

Human child depends heavily on adults to help them feed themselves, clothe and take care of all their needs. They cry which signals discomfiture in the child makes the parent run to the child and attend to the needs of the child. If none is available and the child's needs are not catered to not only there will be retardation in growth and development but also the child may not survive. Hence the maternal instinct and the family's care and concern allow the human child to be catered to and taken care of from birth to the time he grows up into adult.

Through close nurturing interpersonal relationships with parents, children learn what people expect of them and what they can expect from other people in the environment. Parents make sure that the child develops in a balanced manner as is required by nature and the society. They impart many behavioural requirements on the part of the child so that the child grows up as is required by the society. They promote healthy development by giving children the needed emotional support so that the children grow up emotionally healthy. They make every effort to prevent the occurrence of any kind social emotional problems in their children, yet due to many unexpected and unscheduled events that occur in the person's life, some parents do show certain aberrations in their behaviour towards their children which in turn may bring about social and emotional problems in children. .

The drive to explore and master one's environment is inborn in humans. Children's active participation in their own learning and development is an important aspect of their growth and development. These attempts on the part of the child make the child grow up into a healthy person who can deal with any kind of problems encountered in the environment. The context of family is where children learn to share and communicate their feelings and their experiences in regard to the varied aspects of life with significant others. A developing sense of oneself as a competent, effective, and valued individual is an important aspect of growth and development.

1.3 ERIKSON'S THEORY OF PSYCHO SOCIAL DEVELOPMENT

This theory considers the growth and development of individuals through eight stages. These eight stages put forward by Erikson are developmental stages which are dependent on each other, with the present stage of development being impacted by what had gone on in the earlier stages of development and what goes on in the present stage to affect the mastery of the next stage of development. In this theory, the focus is on how the individuals learn the ways and means of coming to understand themselves, and how they understand others in the environment and what meaning they have for the individual etc.

The theory suggests that developmental change occurs throughout the life span in 8 distinct stages. Erickson explains eight stages from infancy to late adulthood, through which a healthily developing human should pass. In each stage the person confronts and hopefully masters new challenges. The challenges of stages which are not successfully completed may be expected to reappear as problems in the future. Erikson's eight stages of man were formulated, not through experimental work, but through wide - ranging experience in psychotherapy, including extensive experience with children and adolescents from low - as well as upper - and middle - social classes.

Each stage is regarded by Erikson as a "psychosocial crisis," which arises and demands resolution before the next stage can be satisfactorily gone through. According to Erikson each stage brings with it problems and conflicts which have to be resolved by the individual and that too successfully. For this parental support and understanding are needed. Socialisation is the process through which the child is made to learn the varied methods of resolving the problems and conflicts and thus become ready for facing the next stage of development. In the process of growing up, if some of the conflicts of a particular stage remains unresolved this may emerge at a later stage in the adulthood and may create difficulties for the individual. The process of socialisation is a teaching learning process in which the parents teach the child many behaviours which are essential to progress in the society. This process of socialisation helps the individual to graduate from a totally helpless infant to a youngster who can manage his affairs with confidence and also contribute to the society.

Stages of development

According to Erikson the 8 stages of development are as given below. He visualised in each stage the conflicts that arise, the strengths that develop and the outcome that result from the crisis

- | | |
|---|--|
| 1) Infancy: Birth to 18 Months : | Ego Development characterised by Trust vs. Mistrust
Basic strength: Drive and Hope |
| 2) Early Childhood: 18 Months to 3 Years: | Characterised by Autonomy vs. Shame
Basic Strengths: Self-control, Courage, and Will |
| 3) Play Age: 3 to 5 Years: | Characterised by Initiative vs. Guilt
Basic Strength: Purpose |

- 4) School Age: 6 to 12 Years: Characterised by **Industry vs. Inferiority**
Basic Strengths: Method and Competence
- 5) Adolescence: 12 to 18 Years : Characterised by **Identity vs. Role Confusion**
Basic Strengths: Devotion and Fidelity
- 6) Young adulthood: 18 to 35 : Characterised by **Intimacy and Solidarity vs. Isolation**
Basic Strengths: Affiliation and Love
- 7) Middle Adulthood: 35 to 55 or 65: Characterised by **Generativity vs. Self absorption**
Basic Strengths: Production and Care
- 8) Late Adulthood: 55 or 65 to Death: Characterised by **Integrity vs. Despair**
Basic Strengths: Wisdom

Let us take up each of these stages and deal with them and understand them.

Stage 1: Infancy : (Birth to 18 months). Trust vs Mistrust

The first stage of Erik Erikson centers around the infant's basic needs being met by the parents. The infant depends on the parents, especially the mother, for food, and comfort. The child's understanding of the world and society comes from the parents. If the parents expose the child to warmth, regularity, and dependable affection, the infant's view of the world will be one of trust. If the parents fail to provide a secure environment to meet the child's basic needs, a sense of mistrust will result. According to Erikson, the major developmental task in infancy is to learn whether or not other people, especially primary caregivers i.e. parents, regularly satisfy basic needs. If parents are consistent in providing food and not make the child go hungry etc., if they are also consistent source of comfort, and affection, an infant learns to trust them as the child experiences that he can trust the mother figure to give the needed comfort as and when needed. This leads to the development of trust in the mother figure or the care giver person and generalises to others and other aspects in the environment including the self. Thus the child not only trusts the mother, but the world and one's own self also. If on the other hand the parents or the caregiver are not dependable or reliable, if they are neglectful, the infant instead learns mistrust, that is that the world is an undependable, unpredictable, and possibly dangerous place. The child, well - handled, nurtured, and loved, develops trust and security and a basic optimism. Badly handled, the child may become insecure and mistrustful.

Stage 2: Toddlers, (2 to 3 years): Autonomy vs. Shame & Doubt

As children gain increased muscular coordination and mobility, they become capable of satisfying some of their own needs. They begin to feed themselves, wash and dress themselves. If parents encourage self-sufficient behaviour, they develop a sense of autonomy, a sense of being able to handle many problems on their own. But if parents demand too much too soon, refuse to let children perform tasks of which they are capable, or ridicule early attempts at self-sufficiency, children may instead develop shame and doubt about their ability to handle problems.

If the parents take good care of the child and bring up the child to cross the stage with ease and successfully, the child would emerge from this stage sure of self,

elated with the new found control, and proud rather than ashamed. As the child gains control over eliminative functions and motor abilities, it begins to explore the surroundings. The parental encouragement and patience help foster autonomy in the child. Highly restrictive parents, however, are more likely to instill the child with a sense of doubt and reluctance to try out or take up or face new challenges.

Stage 3: Pre school: (4 to 6 years). Initiative vs guilt

The young child is learning to master his surroundings and learning the basic skills such as throwing things down, see the things will fall, pick up and again throw down and enjoy that feeling of seeing things falling down with or without noise. They learn to have good grip on holding to toys and objects, manipulating them etc. They also learn that if they push things, they will move and if they roll things they will roll and if they spin things they would spin. They enjoy these discoveries and repeatedly do these things and get a control over the action of gripping, squeezing, pulling, pushing, rolling and spinning. These provide the child confidence that many things can be performed by one's own self and that they need not depend on parents for the same. They learn to clothe themselves, even take bath and take care of many of their personal hygiene and thus are ready to go to school. At this time the child needs considerable support from parents who should encourage the child's initiatives and make sure that the child's efforts are praised where it is due. At this time there is so much of exploratory activities in the child that certain actions may be harmful or injurious to the child which fact has to be kept in mind and parents must ensure that the child does not get into any such situation. They have to politely stop the child from doing certain things that are harmful by making him understand at his own level and in his own language. At no time the parent should make things so harsh and negative that the child starts feeling guilty at his initiatives. Also remember the child may feel guilty when his initiative does not produce the desired results.

According to Erikson psychosocial crisis occurs during the "play age," or the later preschool years, during which the developing youngster learns the following:

- i) to imagine, to broaden his skills through active play of all sorts, including fantasy
- ii) to cooperate with others
- iii) to lead as well as to follow.

If at this time the child is made to feel guilty the result would be that the child may grow up into a fearful youngster who depends heavily on parents and adult figures, and does not develop the needed play skills and imagination. This is the result of feeling guilty for taking so much initiative. That is the reason Erikson termed this stage as Initiative versus Guilt.

This is also the time when the child has to learn to judge, plan and deal with certain degree of complexities in life. Erikson says that this is the time the child learns to take initiative and prepares for leadership and goal achievement roles. Accordingly the child chooses activities which are somewhat at the level of risk taking behaviour. For example, going out of the home alone without any escort or trying some complex task which may entail injury to himself, etc. All these behaviours such as the risk taking behaviours could be encouraged under strict supervision of parents and care givers who should be able to make the child understand why it is risky and how it should be handled rather than admonishing and stopping the child from the activity. These would discourage the child to take

any initiative and may also produce guilt in the child that he or she had offended the loving parent. Some times as a reaction to the parents stopping the child from these risky activities such as not being allowed to go out etc. on one's own, it causes considerable frustration to the child who in turn may manifest aggressive behaviours, such as throwing objects, hitting, or yelling.

Sometimes children take on projects they can readily accomplish, but at other times they undertake projects that are beyond their capabilities or those which interfere with other people's plans and activities. If parents and preschool teachers encourage and support children's efforts, at the same time helping them make realistic and appropriate choices, children develop initiative and independence in planning and undertaking activities. But if, instead, adults discourage the pursuit of independent activities or dismiss them as silly, children develop guilt about their needs and desires.

Stage 4: Childhood (7-12 years) Industry versus Inferiority

Children at this age are becoming more aware of themselves as individuals. They work hard at being responsible, being good and doing it right. They are now more reasonable to share and cooperate. Children understand the concepts of space and time, in more logical, practical ways, beginning to grasp, gain better understanding of cause and effect and understand calendar time. At this stage, children are eager to learn and accomplish more complex skills: reading, writing, telling time. They also get to form moral values, recognise cultural and individual differences and are able to manage most of their personal needs. Children might express their independence by being disobedient, using back talk and being rebellious.

Erikson believes that if this psychosocial crisis is handled, successfully, the child will learn how to master the more formal skills of life such as the following:

- i) Relating with peers according to rules
- ii) Progressing from free play to play that may be elaborately structured by rules and may demand formal teamwork
- iii) Mastering social studies, reading, arithmetic.
- iv) Homework is a necessity, and the need for self-discipline increases yearly.

If the earlier stages of development had been mastered successfully the child will grow up confidently and will be able to master the tasks of this developmental stage which are relatively more difficult than the earlier ones as considerable cultural and familial expectations are involved. Such children grow up to become industrious, disciplined and confident of what they are doing. They are less rebellious as compared to the frustrated children. Where the developmental tasks of the earlier period have not been successfully managed, the child will grow up with timidity, fearfulness, lack of confidence and high dependency on parents and adult figures, thereby showing poorer performance in the school and also in their relationship to their peers. The shame and guilt filled child will experience defeat and inferiority.

Erikson viewed the elementary school years as critical for the development of self-confidence. Ideally, elementary school provides many opportunities for children to achieve the recognition of teachers, parents and peers by showing creativity and innovation in many activities such as drawing, painting etc. drawing pictures, solving addition problems, writing sentences, and so on. If children are encouraged

to make and do things and are then praised for their accomplishments, they begin to demonstrate industry by being diligent. If children are instead ridiculed or punished for their efforts or if they find they are incapable of meeting their teachers' and parents' expectations, they develop feelings of inferiority about their capabilities.

Stage 5: Adolescence (13 – 19 years) Identity vs. Role Confusion

It is well known that the stage of adolescence is relatively more stressful than all other stages of development and this is not different in the case of Erikson's stages of development. During the fifth psychosocial crisis the individual, that is, who is now in the adolescent stage of development, can answer who he or she is. However there appears to be considerable role identity confusion.

At this time the adolescent has clear ideas about what all he or she wants, what are future plans and what are the goals that need to be achieved and what kind of roles that they would like to play in the society etc. At this time the peer influence is also higher which assists in the adolescent to develop a clear identity about self. According to Erikson at this time a clear time perspective develops in adolescents, is more self confident and self assured and not to self conscious and self doubting as in the early years. They tend to experiment with different roles which are more positive than negative. He actually anticipates achievement, and achieves, rather than being "paralyzed" by feelings of inferiority or by an inadequate time perspective. In later adolescence, clear sexual identity, that is, manhood or womanhood is established.

Erikson is credited with coining the term "Identity Crisis" This turning point in human development seems to be the reconciliation between 'the person one has come to be' and 'the person society expects one to become. What is unique about the stage of Identity is that it is a special sort of synthesis of earlier stages and a special sort of anticipation of later ones. Youth is a bridge between childhood and adulthood, and thus has certain special significance to the young person.

Stage 6: Young adults(20-34 years) Intimacy vs. Isolation

As the identity confusion is resolved and the individual is clear about who he or she is, what the individual wants to do, what are the goals, and how to achieve the same etc. As this stage of development proceeds, the individual is ready to enter into the adult stage and master those developmental tasks which are characteristic of that period. This is the time when the person experiences true intimacy and true love. The person is now ready to start a long term relationship with a member of opposite sex and settle down to raise a family. At this time earning a steady income and an occupation become important for the individual. The intimate relationship has to be reciprocal and in this relationship the individual will be ready to make any kind of sacrifice and compromises that such a relationship requires.

This is the time according to Erikson one feels isolated due to intimacy. We are afraid of rejections such as being turned down or our partners breaking up with us. We are familiar with pain, and to some of us, rejection is painful; our egos cannot bear the pain. If people cannot form these intimate relationships, a sense of isolation may result

Stage 7: Middle adulthood (35-65 years) Generativity versus Stagnation

Generativity is the concern of establishing and guiding the next generation. Socially valued work and disciplines are expressions of generativity. During middle age the primary developmental task is one of contributing to society and helping to guide

future generations. When a person makes a contribution during this period, perhaps by raising a family or working toward the betterment of society, a sense of generativity or a sense of productivity and accomplishment result. On the other hand, a person who is self centered and unwilling to help society, feel left out and stagnated. Such a person feels dissatisfied and frustrated with the lack of productivity and meaningfulness.

Stage 8: Seniors, (65 years and above) Ego Integrity versus Despair

The developmental task of this age is retrospection. People look back on their lives and accomplishments. They develop feelings of contentment and integrity if they believe that they have led a happy, productive life. If their life has not been productive and satisfying, they may develop a sense of despair if they look back on a life of disappointments and unachieved goals. As the person grows older and looks back on his life in the past and finds that it had been successful, productive and meaningful, one feels good about it and feels a pride over the achievements. This leads to the development of integrity , whereas if a person finds that his life had been rather unsuccessful etc., he may become dissatisfied with life and develop despair leading to hopelessness and depression.

Thus in all the eight developmental stages, there are eight psychosocial crises and these have to be successfully resolved, the mature adult develops the peak of adjustment, that is, integrity. Such a person is able to trust others and self too, and is independent and dares the new. Such a person works hard, and has a self concept about which the person is happy and proud. Such persons are proud parents and grand parents and are proud of their grand children and help them too to grow in the healthiest possible manner both physically and psychologically. If on the other hand the psychosocial crises of the past have not been resolved, such a person may feel disgusted and depressed.

1.4 MAJOR FACTORS CONTRIBUTING TO PSYCHO SOCIAL DEVELOPMENT

1.4.1 Child Rearing Practices

Child rearing practices are parenting practices which are the mechanisms through which parents directly help their children attain socialisation goals. A child's mind is considered to be fresh and tender so that it can be moulded to suit the society and the family.

Child rearing is a process. It involves planning, formulating, and implementing a programme of bringing up children in a certain way that is in line with the requirement of the family and society. In this process the child learns the moral values, ethical issues, expectations from the child by the family and society, and a set of patterns of behaviour which are essential for the proper growth and development of the child that would contribute positively to the family and the society. This process involves inculcating in children certain values, attitudes, opinions and beliefs through direct teaching, modeling, and imitation. These acquired patterns of behaviour are reinforced by the parents by praise and reward and where the child learns wrong patterns of behaviour, the same is punished. Thus through the process of rewards and punishment the child rearing practices inculcate in children the required appropriate behaviours and conduct that are in line with the social norms and family norms.

Competent parenting has been found to be related to a warmer, more accepting, and more helpful styles of parenting. Competent parenting is competence-inducing in that it is characterised by sensitivity to children's capabilities, developmental milestones and recognises the child's need for control and individuality and views the rights and duties of parents and children as complementary.

14.2 Temperament

This is the pattern of arousal and emotionality that are labeled as consistent and enduring characteristics of an individual. Temperament refers to how children behave. Temperamental differences among infants appear from the time of birth. Temperament shows stability from infancy through adolescence.

Research shows three profiles of temperament, viz., (i) easy babies (ii) difficult babies and (iii) slow to warm up babies.

Easy babies have a positive disposition, their body functions operate regularly and they are adaptable, while difficult babies have negative moods and are slow to adapt to new situations.

The third category that is the slow to warm up babies are inactive, showing relatively calm reactions to their environment. Their moods are generally negative, and they withdraw from new situations, adapting slowly.

No temperament is inherently good or bad and in most cases there is a combination of all these temperaments though one is more dominant than others. How well a person adjusts to the environment depends on the degree of match between children's temperament and the nature and demands of the environment in which they are being raised.

1.4.3 Relationship with Peers

Children first begin to show some positive interest in other infants as early as 6 months of age. If you place two babies of that age on the floor facing each other, they will touch each other, pull each other's hair, and reach for each other's clothing. In 10-month-olds, these behaviours are even more evident. By 14 to 18 months of age, two or more children can play together with toys, occasionally cooperating, but more often simply playing side by side with different toys, a pattern described as parallel play. By 3 or 4 years, children appear to prefer to play with peers rather than alone, and their play with one another is much more cooperative and coordinated, including various forms of group play. By age 3 or 4, more than half of children have at least one mutual friendship.

There is every reason to believe that early play with a peer is a highly important to learn and practice a host of social skills. Often, they have to learn to subdue their own desires in the interests of joint play, which requires some awareness of the other's feelings and wishes as well as an ability to modulate one's own emotions. Play with peers, especially play with friends, may be a crucial ingredient in the individual's psycho social development.

Peers become even more important among school-aged children. Indeed, for children aged 7 through 10, playing with peers takes up virtually all their time when they are not in school, eating, or sleeping. Shared play interests form the major basis of peer relationships among school-aged children. Furthermore, children in this age range define play groups in terms of common activities.

1.4.4 Pro Social Behaviour and Aggression

We will consider here two specific categories of behaviour, pro social behaviour and aggression. Pro social behaviour is defined as “intentional, voluntary behaviour intended to benefit another”. Variations in children’s levels of pro social behaviour seem to be related to specific kinds of child rearing practices. Children do support and share with one another, and they also tease, fight, criticise, and argue over objects and territory. However there is another side to this behaviour, which is aggression that has been studied in greater detail by researchers. Every child shows some aggression, but the form and frequency of aggression are not the same through out, but tend to vary considerably from age to age. When a child is only 2 or 3 years of age, they may show their anger through temper tantrums, by throwing things down and destroying or breaking their toys. Since this kind of aggression has a specific goal as for example making the mother give a chocolate or purchase a toy from the market, this type of aggression is known as instrumental aggression. Once the goal is achieved, the aggression disappears only to return when another goal has to be achieved. This is where the caregivers and parents have to be extra cautious not to allow such aggression to become a pattern of behaviour which may be rather too difficult to control at later ages.

1.4.5 Gender

The sense of being male or female, has effects on psychosocial development throughout life. It produces dissimilar worlds for members of each sex, even during infancy!

Infants’ behaviour is interpreted differently depending on gender. Male infants are considered to be more active and fussier than females. Also it is well known that there are typical gender related roles that one has to play in life depending on whether one is a male or female. This can be seen in children’s play, where boys are encouraged to play more vigorous games while girls are expected to play more docile and soft games. Depending upon the role a male or female is expected to take up in society, the play also is influenced by these factors.

Also girls and boys between the ages of 6 and 12 actively avoid interacting with one another and show strong favoritism toward their own gender and negative stereotyping of the opposite gender. Why is this preference for same gender playmates so very strong at this age? Eleanor Maccoby (1990), one of the leading researchers and theorists in this area, suggests two reasons.

- i) Girls appear to be “put off” by the typical boy’s rough-and-tumble play style and by the strong emphasis on competition and dominance that is so much a part of boy-boy interactions.
- ii) Also girls find it hard to influence boys.
- iii) Girls make polite suggestions to each other, a style of influence attempt that school-aged boys simply do not comply with very often.
- iv) Girls tend to withdraw into their own pairs or groups where their own “rules” of behaviour are familiar and effective. Indeed, boys’ preference for same-gender playmates is, even stronger than that of girls.

Furthermore gender segregation is even more pronounced in friendships among school-aged children. School-aged children spend more time with their friends than do preschoolers, and they gradually develop a larger collection of reciprocal friendships and pairs in which each child names the other as a friend or as a “best friend”. This number gradually rises through elementary school.

Also the qualities of the friendships girls and boys create differ. Boys' relationships are extensive while that of girls are intensive. Boys' friendship groups are larger and more accepting of newcomers than are girls'. Boy friends play more outdoors and roam over a larger area in their play. Girl friends are more likely to play in pairs or in smaller groups, and they spend more playtime indoors or near home or school.

Gender differences in actual interactions are also evident. Boys' groups and boys' friendships appear to be focused more on competition and dominance than are girls' friendships (Maccoby, 1990). In fact, among school-aged boys, there are higher levels of competition between pairs of friends than between pairs of strangers, the opposite of what can be observed among girls. Friendships between girls also include more agreement, more compliance, and more self-disclosure than those between boys.

1.4.6 Play

Play in the young children contributes to all domains of development. Through play, children stimulate the senses, learn how to use their muscles, coordinate sight with movement, gain mastery over their bodies, and acquire new skills. As they sort blocks of different shapes, count how many they can pile on each other, or announce that "my tower is bigger than yours," they lay the foundation for mathematical concepts. Researchers categorise children's play by its content and its social dimension.

Types of Play: There are three types of play, viz., (i) Make believe or Pretend play (ii) Functional play (iii) Constructive play

Nitu at 3, arranged for marriage of her doll. Nitin at 4, wore a kitchen towel and flew around as Batman. These children were engaged in 'make believe' play involving situations. They develop problem solving and language skills and experience the joy of creativity. They make "tickets" for an imaginary train trip or use doctor set to play doctor patient. The make believe play is one of four categories of play identified by Piaget and others as showing increasing levels of cognitive complexity (Piaget, 1951). In pretend play, children do the following:

- i) Try out roles
- ii) Cope with uncomfortable emotions
- iii) Gain understanding of other people's viewpoints, and
- iv) Construct an image of the social world.

Pretend play is also called fantasy play, dramatic play or imaginative play.

Functional play involves repetitive muscular movements such as rolling or bouncing a ball. As gross motor skills improve, preschoolers run, jump, skip, hop, throw, and aim.

The constructive play is one in which the child uses objects or materials to make something, such as a house of blocks or a crayon drawing. Four-year-olds in preschools may spend more than half their time in this kind of play, which becomes more elaborate by ages 5 and 6 years.

The Social Dimension of play

As children get older, their play tends to become more social that it is more interactive and cooperative. At first children play alone, then alongside other children, and finally, together.

Children become more social during the preschool years in imaginative play, which shifts from solitary pretending to dramatic play involving other children. Young children follow unspoken rules in organising dramatic play, i.e. I'm the daddy; you're the mommy. As imaginative play becomes increasingly collaborative, story lines become more complex and more innovative. Dramatic play offers rich opportunities to practice interpersonal and language skills and to explore social roles.

1.4.7 Sibling Relationships

Rivalry or jealousy is the key ingredient of sibling relationships. Certainly the birth of a new brother or sister radically changes the life of the older sibling. The parents have less time for the older child, who may feel neglected and angry. Such feelings may lead both to more confrontations between the older child and the parents and to feelings of rivalry with the new one.

Young brothers and sisters hit each other, snatch toys, and threaten and insult each other. The older child in a pair of preschoolers is likely to be the leader and is therefore likely to show more of both aggressive and helpful behaviours.

1.5 PHYSICAL DEVELOPMENT

1.5.1 Early Childhood

Compared to infancy, body size increases more slowly during early childhood, and the child's shape becomes more streamlined. The brain continues to grow faster than other parts of the body. The cortex, especially, shows gains in myelination and formation of synapses, followed by synaptic pruning. Hand preference strengthens, a sign of greater brain lateralisation. In addition, connections between different parts of the brain increase. These changes support improvements in a wide variety of physical and cognitive skills.

Factors affecting physical growth and health in infancy and toddlerhood continue to be influential in early childhood. Heredity affects physical growth by regulating the production of hormones. Extreme emotional deprivation can interfere with the production of growth hormone, thereby stunting children's growth. Sleep difficulties, in the form of night waking and nightmares, are common during the preschool years. Appetite declines due to a slower rate of physical growth. Since caloric intake is reduced, preschoolers need a high-quality diet. Disease can lead to malnutrition, seriously undermining children's growth, an effect that is especially common in developing countries. Unintentional injuries are the leading cause of childhood death. Efforts at several levels, including laws that promote safety, improvement of community environments, and efforts to change parents' and children's behaviour, are necessary.

An explosion of new motor skills takes place in early childhood. Gross motor skills such as running, jumping, throwing, and catching appear and become better coordinated. Gains in fine motor development can be seen in preschoolers' ability to dress themselves, draw representational pictures, and print letters of the alphabet. As in other areas, heredity and environment combine to influence early childhood motor development.

Gains in perception continue during the preschool years. They are especially apparent in children's detection of the fine-grained structure of written symbols

1.5.2 Late Childhood

Physical growth during late childhood occurs faster than at any other time since infancy. Older children in late elementary and early middle school find it hard to adjust to their changing bodies and may feel self-conscious, fearful that everyone is staring at them. It is important at this time for the parents to be available to talk to their preteens about any questions troubling them. During this time, children are attending school and are becoming more active. There are several important physical changes that happen as a child moves through this stage. These changes are discussed below:

1.5.3 Major Changes

Increase in height and weight happens sporadically. There is a noticeable difference in height and weight amongst children. This is a natural occurrence but it can also be impacted by heredity and lifestyle. During this stage, a child's larger muscles are more developed than smaller ones. They can do things like run longer distances, throw a ball and catch it. As they progress, children can learn to do things like riding a bike and playing football which all require considerable motor skill and coordination.

In middle childhood, gross motor skills are more refined than fine ones. Children can do things like tracing objects but might have difficulty writing legibly and completing certain chores. Over time, this will improve and children will be able to write better, dress themselves appropriately and neatly make their own beds.

It is important that children get proper nutrition and exercise during this time. They should be eating a healthy diet and playing outside daily. It is common for children to experience muscle pain known as "growing pains." Children should also be taken to the doctor for yearly check ups and to the dentist every six months to ensure proper growth.

Life Skills

As children progress through middle childhood, they begin to become more independent with physical tasks. As they get older, they will be able to dress, eat and bathe on their own. Children can also start helping with cooking and other household tasks with supervision.

Parental Role

Supportive and encouraging roles of parents is needed during this stage of development. They must engage their children in arts and crafts and writing projects to help with fine motor skills.

1.5.4 Late Childhood or Preteen Years (9-12 years of age)

This period is also called as "puberty" and the youngster is called as a "Teen" or "teenager".

Although most children experience puberty between the ages of 9 and 12, some can start before age 9. On the other hand, there are some children who are late bloomers, not reaching puberty until age 13 or even later. If children are either early or late in going through puberty, it is important for parents to reassure their children that there is nothing wrong with them.

Physical Needs and Challenges

Because they're growing, preteens have a huge appetite and always seem to be hungry. Preteens have a greater need for sleep and may sleep later on weekends than when they were younger. Their skin starts to become oily, and acne may be a problem. As sweating increases, most preteens start using deodorant. Also, because of rapid growth, preteens can be clumsy and lack coordination.

Physical Skills

Many older children enjoy physical challenges in competitive games. By fourth grade children are more physically coordinated, able to kick, bounce, throw and catch balls. They can perform various rhythmic movements while following a pattern, as in line dancing. Children at this stage are expected to be able to perform in all the areas of fitness with some proficiency, exhibiting skills such as balance, coordination, speed, power and reaction time.

Sexual Development of Preteen Boys

Preteen boys go through rapid growth spurts in both height and weight. Their muscles start filling out and strength dramatically increases. The voice deepens and both underarm and pubic hair begin to appear and then thicken. Overall body hair also increases. Sexual organs including the penis, testes and scrotum enlarge, and preteen boys often experience their first nocturnal emissions.

Sexual Development of Preteen Girls

Although preteen girls continue to grow taller, they do so at a slower rate than earlier in their lives. Breast development begins. Most preteen girls experience their first menstrual period during this time. Underarm hair develops and thickens. Pubic hair starts to take on an adult triangular pattern. Preteen girls notice their hips start to widen. Fat deposits develop on the legs and buttocks.

1.5.5 Motor Development

At this stage they are able to produce highly skilled voluntary movements characteristic of later childhood and adolescence. The older children and adolescents retain some reflex movements in addition to developing voluntary movement.

Speed and pattern of development

Like physical growth, motor development shows predictable patterns of cephalocaudal (head to foot) and proximodistal (torso to back) growth and development.

The mechanisms involved in motor development involve some genetic components that determine the physical size of body parts at a given age, as well as aspects of muscle and bone strength. Nutrition and exercise also determine strength and therefore the ease and accuracy with which a body part can be moved. Opportunities to carry out movements help establish the abilities to flex and extend body parts, both capacities being needed for good motor ability. Skilled voluntary movements develop as a result of practice and learning.

Individual differences

Normal individual differences in motor ability are common and depend in part on the child's weight and build. However, after the infant period, normal individual differences are strongly affected by opportunities to practice, observe, and be instructed on specific movements. A typical motor development may be an indication of developmental delays or problems such as autism or cerebral palsy.

Cultural differences may encourage learning of motor skills like using the left hand only for sanitary purposes and the right hand for all other uses, producing a population difference. Cultural factors are also seen at work in practiced voluntary movements such as the use of the foot to dribble a soccer ball or the hand to dribble a basketball.

1.6 LET US SUM UP

Children go through the transition from the world at home to that of school and peers. Children learn to make things, use tools, and acquire the skills to be a worker and a potential provider. Children can now receive feedback from outsiders about their accomplishments. If children can discover pleasure in intellectual stimulation, being productive, seeking success, they will develop a sense of competence. If they are not successful or cannot discover pleasure in the process, they may develop a sense of inferiority and feelings of inadequacy that may haunt them throughout life.

This is when children think of themselves as industrious or as inferior. Early childhood is also called as “Pre-school age”, “Pre-gang age”, “Exploratory age” and “Toy age”. When children attend preschool, they broaden their social horizons and become more engaged with those around them. Impulses are channeled into fantasies, which leaves the task of the caretaker to balance eagerness for pursuing adventure, creativity and self expression with the development of responsibility. If caretakers are properly encouraging and consistently disciplinary, children are more likely to develop positive self-esteem while becoming more responsible, and will follow through on assigned activities. If not allowed to decide which activities to perform, children may begin to feel guilt upon contemplating taking initiative. This negative association with independence will lead them to let others make decisions in place of them.

In Late Childhood intelligence is demonstrated through logical and systematic manipulation of symbols related to concrete objects. Operational thinking develops, which means actions are reversible, and egocentric thought diminishes.

1.7 UNIT END QUESTIONS

- 1) What is psychosocial development?
- 2) Which are the factors affecting psychosocial development?
- 3) Critically evaluate Erikson’s theory of psychosocial development?
- 4) What are the major changes in the physical development of children?
- 5) What are the major changes in motor development of children?

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UNIT 2 RELATIONSHIP IN EARLY YEARS (ATTACHMENT THEORY)

Structure

- 2.0 Introduction
- 2.1 Objectives
- 2.2 Relationship with Parents
- 2.3 Attachment Theory
 - 2.3.1 Concepts and Terminology
 - 2.3.2 Development of Attachment in Early Years
 - 2.3.3 Internal Working Model of Social Relationships
- 2.4 Attachment Patterns
 - 2.4.1 Secure Attachment
 - 2.4.2 Avoidant Insecure Attachment
 - 2.4.3 Resistant Insecure Attachment
 - 2.4.4 Disorganised Attachment
 - 2.4.5 Significance of Patterns
 - 2.4.6 Factors Promoting Secure Attachments
- 2.5 Let Us Sum Up
- 2.6 Unit End Questions
- 2.7 Suggested Readings

2.0 INTRODUCTION

You have probably come across people proclaiming that mothers must have immediate contact with their newborns if they are to become properly bonded with the baby. What is essential in the formation of an early bond is the opportunity for the parents and infant to develop a mutual, interlocking pattern of attachment behaviours. The baby signals her needs by crying or smiling, giving cues to the mother that she needs to be attended. Mother, in turn, responds with required care giving behaviours in that situation. In other words, mother and infant show distinctive patterns of interactive behaviours. Present unit emphasises that quality of relationship in early years of child gives rise to affectional bonds in which the presence of the caregiver i.e. mother adds a special sense of security, a safe base for the individual.

2.1 OBJECTIVES

After reading this unit, you will be able to:

- identify the significance of child and parent relationship in early years;
- describe attachment;
- explain different models of attachment;
- classify different patterns of attachment;
- distinguish between secure and insecure attachments;

- analyse Judge the significance of patterns of attachment styles in day to day life situation; and
- create factors promoting the secure attachment style.

2.2 RELATIONSHIP WITH PARENTS

While all of us are aware of the need for an attachment figure in infancy and later, an experiment conducted by Harry Harlow in his laboratory on monkeys clearly demonstrated the need for attachment figure and how this need if catered to is able to result in normal development of children and how not catering to this need may end up in children developing abnormal traits. The experiment conducted by Harlow is given below:

The famous experiments that psychologist Harry Harlow conducted in the 1950s on maternal deprivation in rhesus monkeys were landmarks not only in primatology, but in the evolving science of attachment and loss. (Adapted from Adoption History project) (Website reference: <http://www.uoregon.edu/~adoption/studies/HarlowMLE.htm>)

In his University of Wisconsin laboratory, Harlow probed the nature of love. He separated infant monkeys from their mothers a few hours after birth, then arranged for the young animals to be “raised” by two kinds of surrogate monkey mother machines, both equipped to dispense milk. One mother was made out of bare wire mesh. The other was a wire mother covered with soft terry cloth.

Harlow’s first observation was that monkeys who had a choice of mothers spent far more time clinging to the terry cloth surrogates, even when their physical nourishment came from bottles mounted on the bare wire mothers. This suggested that infant love was no simple response to the satisfaction of physiological needs. **Attachment** was not primarily about hunger or thirst. It could not be reduced to nursing.

In regard to attachment, he also observed that monkeys who had soft, tactile contact with their terry cloth mothers behaved quite differently than monkeys whose mothers were made out of cold, hard wire. Harlow hypothesised that the infant monkey with terry cloth mother benefitted from a psychological resource—emotional attachment—unavailable to the infant monkey with wire mesh mother. He opined that the terry cloth mother provided reassurance and security to the infant monkey as the infant cuddled against the cloth mother for security.

When the experimental subjects were frightened by strange, loud objects, such as teddy bears beating drums, infant raised by terry cloth surrogates made bodily contact with their mothers, rubbed against them, and eventually calmed down. But this was not so the case with the wiremesh mother, as the infant never went to the wire mesh mother but rolled on the floor, clutched the floor and screamed and behaved abnormally. Thus Harlow was able to show that physical contact, cuddling etc. are equally important for attachment to develop and thereon towards development and growth of the child.

On further experimentation with infant monkeys, Harlow and his colleagues, subjected infant monkeys to varied periods of motherlessness. They concluded that the impact of early maternal deprivation could be reversed in monkeys only if it had lasted less than 90 days, and estimated that the equivalent for humans was six months. After these critical periods, no amount of exposure to mothers or peers could alter the monkeys’ abnormal behaviours and make up for the emotional damage that had already occurred.

Starting with these experiments attachment theory has made great strides in regard to our understanding of children's development in the last few decades. Though it is a fact that development of children depends on hereditary factors, one must realise that environment plays a very significant role in their development. Growth and development are not complete by mere physical growth but emotional development and personality development are significant in a human child. The emotional development starts initially with the emotional attachment that the infant has with the mother. As pointed out in the monkey experiment, attachment to the mother is crucial for the very survival of the child. However rich the environment may be and however good genes the child may have inherited, these have no importance if there is no emotional attachment between the infant and the mother. Cuddling, lifting the child, bodily contact with the child and many such factors are essential for a healthy growth and development of children.

Though one cannot undermine the significance of biological characteristics such as genes, hormones and temperament, it is also erroneous to conclude that it is all nature not nurture, that shapes child development. It is the interplay of nature and nurture that matters.

The strongest theoretical influence in the study of parent child relationship is attachment theory particularly the work of John Bowlby (1963). Bowlby advocated that making strong emotional bonds between parent and child is a basic component of human nature. Such a relationship has survival value because it ensures that the infant will receive nurturance. The relationship is built and maintained by instinctive behaviour that creates and sustains proximity between parent and child. When it comes to parenting, it is a sensitive-responsive caregiver, one who sees the world from the child's point of view and seeks to meet the child's needs.

Attachment is an emotional bond to another person. Psychologist John Bowlby was the first attachment theorist, describing attachment as a "lasting psychological connectedness between human beings" (Bowlby, 1969, p. 194). Bowlby believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life. According to Bowlby, attachment also serves to keep the infant close to the mother, thus improving the child's chances of survival.

The central theme of attachment theory is that mothers who are available and responsive to their infant's needs establish a sense of security. The infant knows that the caregiver is dependable, which creates a secure base for the child to then explore the world.

Characteristics of Attachment

Safe Haven: When the child feel threatened or afraid, he or she can return to the caregiver for comfort and soothing.

Secure Base: The caregiver provides a secure and dependable base for the child to explore the world.

Proximity Maintenance: The child strives to stay near the caregiver, thus keeping the child safe.

Separation Distress: When separated from the caregiver, the child will become upset and distressed.

In 1970's Mary Qinswoth a psychologist put forward the concept of strange situation, which according to her when children are left alone for a brief period,

they tend to develop three types of attachment, namely (i) secure attachment, (ii) ambivalent insecure attachment, and (iii) avoidant insecure attachment. To this a fourth style was added namely the disorganised-insecure attachment.

In secure attachment, children exhibit distress when separated from caregivers and are happy when their caregiver returns. When the adult leaves, the child may be upset but he or she feels assured that the parent or caregiver will return. When frightened, securely attached children will seek comfort from caregivers. These children know their parent or caregiver will provide comfort and reassurance, so they are comfortable seeking them out in times of need.

In Ambivalent attachment, children usually become very distressed when a parent leaves. And it is stated that ambivalent attachment is a result of poor maternal availability. These children cannot depend on their mother (or caregiver) to be there when the child is in need.

In the avoidant attachment, children tend to avoid parents or caregivers. When offered a choice, these children will show no preference between a caregiver and a complete stranger. This attachment style might be a result of abusive or neglectful caregivers.

Secure attachment is very essential as failure to form secure attachments early in life can have a negative impact on behaviour in later childhood and throughout the life. Children diagnosed with oppositional-defiant disorder (ODD), conduct disorder (CD), or post-traumatic stress disorder (PTSD) frequently display attachment problems, possibly due to early abuse, neglect, or trauma. Clinicians suggest that children adopted after the age of six months have a higher risk of problems with attachment.

Parents differ greatly with respect to their responsiveness or sensitivity and this affects the security of the infant's attachments to them. When parents are appropriately responsive, levels of trust are high and the attachment relationships that are formed are usually secure. When parents are inconsistently responsive or behave inappropriately, trust is diminished and insecure attachment relationships result. These differences in attachment security shape the child's initial expectation of other people and so can have an important impact on social experiences outside the child-parent relationships (Ainsworth et al., 1978).

Ideally, children should have opportunities to interact with parents frequently in a variety of functional contexts (feeding, play, discipline, basic care, limit setting, putting to bed, etc.). Everyday activities promote and maintain trust and confidence in the caregivers, while deepening and strengthening the attachment relationships

2.3 ATTACHMENT THEORY

2.3.1 Concepts and Terminology

Within attachment theory, *attachment* means an *affectional bond* or tie between an individual child and an attachment figure (usually a caregiver). These bonds are based on the child's need for safety, security and protection. The biological aim of the bond is survival and psychological aim of the bond is security. Infants who have formed a positive attachment to one or both parents use them as secure bases from which to explore the environment. These relationships are crucial for children's well-being and for their emotional and social development.

Bowlby set out attachment theory with the assumption that, in the environment in

which the human species evolved, the survival of infants would have depended on their ability to maintain proximity to adults motivated to protect, feed, care for, and comfort them. Infants rely on signals to entice parents to approach or stay near them. The usefulness of these signals depends on their effectiveness in eliciting responses from parents. Over time, Bowlby proposed that infants come to focus their proximity, promoting signals on those who have responded most regularly and consistently and with whom they are most familiar. These people, typically the parents, become attachment figures.

The quality of the social engagement is more influential than the amount of time spent. The biological mother is the usual principal attachment figure, but the role can be taken by anyone who consistently behaves in a “mothering” way over a period of time. Nothing in the theory suggests that fathers are not equally likely to become principal attachment figures if they provide most of the child care and related social interaction.

Thus, Attachment theory is psychological, and evolutionary. It is an ethological theory concerning relationships between humans. Attachment theory deals with emotional bond between two or more individuals. The most important tenet of attachment theory is that a young child needs to develop a relationship with at least one primary caregiver for social and emotional development to occur normally. Without this care, the child will often face permanent psychological and social impairment. In child to adult relationships, the child’s tie is called the “attachment” and the caregiver’s reciprocal tie is referred to as the “care-giving bond”.

2.3.2 Development of Attachment in Early Years

The development of attachment is a transactional process. Some infants direct attachment behaviour (proximity seeking) towards more than one attachment figure almost as soon as they start to show discrimination between caregivers. Many children start doing so in their second year. These figures are arranged hierarchically, with the principal attachment figure at the top. The set-goal of the attachment behavioural system is to maintain a bond with an accessible and available attachment figure. “Alarm” is the term used for activation of the attachment behavioural system caused by fear of danger. “Anxiety” is the anticipation or fear of being cut off from the attachment figure. If the figure is unavailable or unresponsive, separation distress occurs. In infants, physical separation can cause anxiety and anger, followed by sadness and despair.

Attachment theory offers a clear explanation of why these attachment relationships are of crucial importance for children’s subsequent emotional and social development.

By age three or four, physical separation is no longer such a threat to the child’s bond with the attachment figure. Threats to security in older children and adults arise from prolonged absence, breakdowns in communication, emotional unavailability or signs of rejection or abandonment.

2.3.3 Internal Working Model of Social Relationships

Early experiences with caregivers gradually give rise to a system of thoughts, memories, beliefs, expectations, emotions, and behaviours about the self and others. This system, called the “internal working model of social relationships”, continues to develop with time and experience. Internal models regulate, interpret and predict attachment-related behaviour in the self and the attachment figure. As

they develop in line with environmental and developmental changes, they incorporate the capacity to communicate about past and future attachment relationships. They enable the child to handle new types of social interactions; knowing, for example, that an infant should be treated differently from an older child, or that interactions with teachers and parents share characteristics. This internal working model continues to develop through adulthood, helping cope with friendships, marriage and parenthood, all of which involve different behaviours and feelings.

2.4 ATTACHMENT PATTERNS

Characteristics of Attachment

Bowlby believed that there are four distinguishing characteristics of attachment, viz., Proximity Maintenance - The desire to be near the people we are attached to, Safe Haven – Returning to the attachment figure for comfort and safety in the face of a fear or threat. Secure Base – The attachment figure acts as a base of security from which the child can explore the surrounding environment. Separation Distress - Anxiety that occurs in the absence of the attachment figure. Let us see now the types of attachment namely the secure attachment, ambivalent attachment, avoidant attachment and disorganised attachment and the characteristic features of each of these types of attachment.

Children develop different styles of attachment based on experiences and interactions with their caregivers. Four different attachment styles or patterns have been identified in children: Secure, anxious, ambivalent, avoidant and disorganised. Attachment theory has become the dominant theory used today in the study of child behaviour and in the fields of infant's mental health and related fields.

Characteristics of Secure Attachment

Children who are securely attached generally become visibly upset when their caregivers leave, and are happy when they return. When frightened, these children will seek comfort from the parent or caregiver. Contact initiated by a parent is readily accepted by securely attached children and they greet the return of a parent with positive behaviour. While these children can be comforted to some extent by other people in the absence of a parent or caregiver, they clearly prefer parents to strangers.

Parents of securely attached children tend to play more with their children. Additionally, these parents react more quickly to their children's needs and are generally more responsive to their children than the parents of insecurely attached children. As adults, those who are securely attached tend to have trusting, long-term relationships. Other key characteristics of securely attached individuals include having high self-esteem, enjoying intimate relationships, seeking out social support, and an ability to share feelings with other people.

Characteristics of Ambivalent Attachment

Children who are ambivalently attached tend to be extremely suspicious of strangers. These children display considerable distress when separated from a parent or caregiver, but do not seem reassured or comforted by the return of the parent. In some cases, the child might passively reject the parent by refusing comfort, or may openly display direct aggression toward the parent.

As adults, those with an ambivalent attachment style often feel reluctant about becoming close to others and worry that their partner does not reciprocate their

feelings. This leads to frequent breakups, often because the relationship feels cold and distant. These individuals feel especially distraught after the end of a relationship.

Characteristics of Avoidant Attachment

Children with avoidant attachment styles tend to avoid parents and caregivers. This avoidance becomes especially pronounced after a period of absence. These children might not reject attention from a parent, but neither do they seek their comfort or contact. Children with an avoidant attachment show no preference between a parent and a complete stranger.

As adults, those with an avoidant attachment tend to have difficulty with intimacy and close relationships. These individuals do not invest much emotion in relationships and experience little distress when a relationship ends. They often avoid intimacy by using excuses (such as long work hours). Other common characteristics include a failure to support partners during stressful times and an inability to share feelings, thoughts, and emotions with partners

Characteristics of Disorganised Attachment

Children with a disorganised-insecure attachment style show a lack of clear attachment behaviour. Their actions and responses to caregivers are often a mix of behaviours, including avoidance or resistance. These children are described as displaying dazed behaviour, sometimes seeming either confused or apprehensive in the presence of a caregiver. Because the child feels both comforted and frightened by the parent, confusion results.

The type of attachment developed by the children depends upon the quality of care they receive. Each of the attachment patterns is associated with certain characteristics of behaviour as described in the following table:

The extent of exploration and of distress are affected by the child's temperamental make-up and by situational factors.

2.4.1 Secure Attachment

Securely attached children are best able to explore when they have the knowledge of a secure base to return to in times of need. When assistance is given, this enhances the sense of security and also, assuming that parent's assistance is helpful, educates the children as to how to cope with the same problem in the future. Therefore, secure attachment can be seen as the most adaptive attachment style. According to some psychological researchers, a child becomes securely attached when the parent is available and able to meet the needs of the child in a responsive and appropriate manner.

2.4.2 Avoidant Insecure Attachment

In general, a child with an anxious-avoidant attachment style will avoid or ignore the parent when he or she returns, showing little overt indications of an emotional response. Often, the stranger will not be treated much differently from the parent.

2.4.3 Resistant Insecure Attachment

In general, a child with an anxious-resistant attachment style will typically explore little (in the Strange Situation) and is often wary of strangers, even when the parent is present. When the mother departs, the child is often highly distressed. The child is generally ambivalent when she returns.

2.4.4 Disorganised Attachment

A fourth category termed disorganised attachment can be conceptualised as the *lack* of a coherent ‘organised’ behavioural strategy for dealing with the stresses. Children with disorganised attachment may experience their caregivers as either frightening or frightened. A frightened caregiver is alarming to the child, who uses social referencing techniques such as checking the parent’s facial expression to ascertain whether a situation is safe. A frightening caregiver puts the child in a dilemma called ‘fear without solution. Through parental behaviours that are frightening, the caregiver puts the child in an irresolvable paradox of approach-avoidance. This paradox may lead to ‘stalling’ and ‘freezing’ behaviours observed in children judged to be disorganised. If the child uses the caregiver as a mirror to understand the self, the disorganised child is looking into a mirror broken into a thousand pieces.

There is a growing body of research on the links between abnormal parenting, disorganised attachment and risks for later psychopathologies associated with disorganised attachment.

2.4.5 Significance of Patterns

Secure children have more positive and fewer negative peer reactions and establish more and better friendships. Insecure children tend to be followers rather than leaders. Insecure-ambivalent children have a tendency to anxiously but unsuccessfully seek positive peer interaction whereas insecure-avoidant children appear aggressive and hostile and may negatively react to positive peer interaction. Behavioural problems and social competence in insecure children increase or decline with deterioration or improvement in quality of parenting and the degree of risk in the family environment. Avoidant children are especially vulnerable to family risk.

2.4.6 Factors Promoting Secure Attachments

Numerous research studies have consistently shown that secure attachments in children are associated with sensitive caring. Caregiver sensitivity was first defined by Mary Ainsworth as, the mother’s ability to perceive and to interpret accurately the signals and communications implicit in her infant’s behaviour, and given this understanding, to respond to them appropriately and promptly. Thus the mother’s sensitivity has four essential components:

- a) her awareness of the signals
- b) an accurate interpretation of them
- c) an appropriate response to them
- d) a prompt response to them.

However, sensitivity is not the only important factor. Other studies have shown that a mother’s capacity to think about the infant’s thoughts and feelings is also associated with security of attachment. It has been found that mothers who are ‘mind-minded’ in their relations with their infants are more likely to have securely attached infants. They actively think about their child’s inner world and it helps a child to develop the ability to regulate emotions, an important skill in forming good relationships.

2.5 LET US SUM UP

Sensitive responsiveness is the most important factor in the quality of parenting for the promotion of healthy attachments. Secure attachments in children are associated with sensitive parenting.

- 1) Attachment is a core process in child development.
- 2) Attachment relationships form between infants and those who care for them.
- 3) Attachments are important for a child's subsequent development.

Consistent and sensitive care giving helps to build mutual levels of trust in caregivers and infants.

It is important for parents to relate sensitively with children in different types of activities such as feeding, care and comfort routines, and settling for sleep.

Securely attached baby is free to concentrate on his environment. Insecure attachment patterns can compromise exploration and the achievement of self-confidence.

2.6 UNIT END QUESTIONS

- 1) What is attachment? How does it characterise the parent – child relationship in early years?
- 2) How does internal working model explain attachment?
- 3) Classify different patterns of attachments.
- 4) Differentiate between secure and insecure patterns of attachments.
- 5) Identify the factors enhancing secure attachment.

2.7 SUGGESTED READINGS AND REFERENCES

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UNIT 3 CHILD REARING PRACTICES

Structure

- 3.0 Introduction
- 3.1 Objectives
- 3.2 Child Rearing Practices: Concept and Terminology
- 3.3 Models of Parenting
- 3.4 The Interactive Model
 - 3.4.1 Trait Model
 - 3.4.2 Child Effect Model
 - 3.4.3 Process Model
 - 3.4.4 Transactional Model
 - 3.4.5 Contextual Model
 - 3.4.6 Parenting Style
- 3.5 Child Rearing Practices: Parenting Style and Parenting Dimensions
 - 3.5.1 Authoritarian Style
 - 3.5.2 Authoritative Style
 - 3.5.3 Permissive Style
 - 3.5.4 Uninvolved Style
- 3.6 The Impact of Parenting Style
 - 3.6.1 The Reasons for Differing Parenting Styles
- 3.7 Let Us Sum Up
- 3.8 Unit End Questions
- 3.9 Suggested Readings

3.0 INTRODUCTION

In the globalised socio-economic milieu, the advancements in science and technology have changed the cognitive affective perceptions and motivations of the individuals, families and society at large.

The emergence of individualism, materialism, and consumerism has led to disintegration of the joint family system, degeneration of morals and values and psychological alienation. However, in such an arena, we need to know more and more about child rearing practices.

Why does Rahul hit and bite the nearest person when he cannot finish a jigsaw puzzle? Why does Rohit work on the puzzle for fifteen minutes and then shrug and try another? Why does Sushant concentrate on solving puzzle and solves it before time? Why are children so different in their responses to the same situation? Temperament is a factor, of course; but research suggests that child rearing practices do affect children's competence in dealing with their world. Child rearing practice is an innate process of nurturing, protecting, guiding and rearing the child through its developmental stages. It is a synergistic interplay of "nature and nurture" between the "parent and the child" entangled with joys, sorrows and challenges.

Researchers who have focused most directly on patterns of child rearing practices have identified several major dimensions on which families differ and which seem

to be significant for the child. These include the emotional tone of the family, the responsiveness of the parent to the child, the manner in which control is exercised and the quality and amount of communication. The most influential proposal about styles of child rearing practices has come from Diana Baumrind (1973) who has looked into combination of various dimensions of parenting. In this unit you will read about the styles of child rearing practices. As you read this chapter, keep the following objectives in mind.

3.1 OBJECTIVES

After reading this unit, you will be able to:

- define parenting style;
- analyse each model of parenting and apply it in day to day observation;
- describe the different styles of child rearing;
- analyse your own family network and identify prevailing parenting styles; and
- list out the different styles of child rearing practices.

3.2 CHILD REARING PRACTICES: CONCEPT AND TERMINOLOGY

Child rearing practices are parenting practices which are the mechanisms through which parents directly help their children attain socialisation goals. A child's mind is considered a tabula rasa in that it is a clean slate and the parents can mould the child in any way they feel like. This concept of tabula rasa was put forward by John Locke, the Seventeenth-century philosopher and physician

Child rearing is a process. It involves planning, formulating, and implementing a programme of bringing up children in a certain way that is in line with the requirement of the family and society. In this process the child learns the moral values, ethical issues, expectations from him by the family and society, and a set of patterns of behaviour which are essential for the proper growth and development of the child that would contribute positively to the family and the society. This process involves inculcating in children certain values, attitudes, opinions and beliefs through direct teaching, modeling, and imitation. These acquired patterns of behaviour are reinforced by the parents by praise and reward and where the child learns wrong patterns of behaviour, the same is punished. Thus through the process of rewards and punishment the child rearing practices inculcate in children the required appropriate behaviours and conduct that are in line with the social norms and family norms.

Child rearing practices over a period of time become the styles of parenting practices. Parenting styles in the western literature is defined as aggregates or constellations of behaviours that describe parent child interactions over a wide range of situations and that are presumed to create a pervasive interactional climate.

Competent parenting has been found to be related to a warmer, more accepting, and more helpful styles of parenting. Competent parenting is competence-inducing in that it is characterised by sensitivity to children's capabilities, developmental milestones and recognises the child's need for control and individuality and views the rights and duties of parents and children as complementary.

3.3 MODELS OF PARENTING

According to the Indian view of child development, the notion of *Samskara* is unique of both innate nature of the individual and the time dimension in development, where in an individual's actions and thoughts are believed to carry over their effects across lives (Kakar, 1999). In India each significant stage, from conception to cremation, is celebrated as a reminder that life is a gift from God which should be duly respected and lived according to His wishes. The Vedic seers prescribed a set of observances, known as Samskaras which are practiced in the Indian households though in the modern days a few are still being practiced while much of the practices have been given up. As one looks at the purpose of the sanskaras, it is seen that there are 3 major purposes, viz., (i) To help in the formation and development of personality (ii) To impart higher sanctity to life by eradicating the impurities by performing sanskaras and (iii) To transcend the bondage of samsara and cross the ocean of death.

There are in all 16 sanskaras in the Hindu scripture which are to be followed while bringing up children. It starts with the time of conception to the time of death.

(adapted from the web site <http://www.daivajna.org/daivajna/html/Samskaras.html>)

Pre-natal Samskaras

- 1) Garbhadan (Conception)
- 2) Pumsavana (Engendering a male issue)
- 3) Simantonayana (Hair-parting)

Childhood Samskaras

- 4) Jatakarma (Birth rituals)
- 5) Namakarana (Barso/Name-giving)
- 6) Nishkrama (First outing)
- 7) Annaprashana (Dantolyo / First feeding)
- 8) Chudakarma (javal kadche/Shaving of head)
- 9) Karnavedh (Kan topap / Piercing the earlobes)

Educational Samskaras

- 10) Vidyarambha (Learning the alphabet)
- 11) Upanayana (Munj/Sacred thread initiation)
- 12) Vedarambha (Beginning Vedic study)
- 13) Keshant (Godaan) (Shaving the beard)
- 14) Samavartan (Sodmunj / End of studentship)

Marriage Samskara

- 15) Vivaha (Lagna / Marriage Ceremony)

Death Samskara

- 16) Antyeshti (Maran Saouskar / Death rites).

Self Assessment Questions

1) What is child rearing practices?

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2) What are Sanskaras and how are they important to child development?

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3.4 THE INTERACTIVE MODEL

The interactive model of socialisation effectively illustrates the Indian perspective of child development, that is the child is born with innate predispositions “*samskaras*” and the family must nurture the child such that his potential is actualized. The traditional child rearing practices are guided by the principle of child centeredness, with mother as the primary socialiser and father as the provider and disciplinarian.

The early infancy/childhood is characterised by “**palna and posna**”, that is protecting and nurturing. The child is ideologically considered valuable and the adults are expected to give their protection, affection and indulgence. A close and intimate mother child bonding is the hallmark of child rearing in India (Konantambigi, 1996). However mothering experienced for the boy child is significantly more favorable than experienced for the girl child perhaps because of preference for a male progeny (Pande & Malhotra, 2006). Models of parenting include the following: (i) Trait model (ii) Child effect model (iii) process model (iv) Transactional model (v) Contextual model.

3.4.1 Trait Model (Holden and Miller, 1999)

The most prominent is the trait model of parenting which postulates stable, recurrent enduring pattern of behaviour embodied by parents consistent across time, situations and children as the essence of parenting.

The trait theories, have an interesting implication for the question of parental influences on personality. If personality is defined in terms of personality traits, and if traits are thought to be inherited, then parental styles of child rearing would appear to have little influence on children’s personality. The only influence parents would have on their children’s personality is a biological one. They pass their genes on to their children. According to the trait theories, parents interpersonal interactions with their children would exert little effect on the child’s personality development.

A very different view is put forth by proponents of phenomenological theories of personality. The primary focus of the phenomenological theories is the individual’s subjective experience of their world, that is, their phenomenological experience

(Pervin & John, 2001). In particular, people's subjective experience of themselves, or their self-concept, is seen as the core of individuals' personalities.

According to Robert R McCrae (2004), trait structure, age and gender differences and cross observer agreement are all universal and this supports the view that traits are biologically based characteristics of human species. Aggregate levels of traits may lead to features of cultures as for example individualism / collectivism.

3.4.2 Child Effect Model (Bell, 1968)

In contrast to trait model of parenting is the child effect model of parenting. This model conceptualises child rearing as determined by characteristics of the child, such as temperament, age, gender, behaviour, appearance and activity level. This model was criticised for its one sided perspective of parent child dynamics.

According to this model it is not just the parents who influence the child but the child also influences the parent by their typical behaviours. Child effect model of socialisation, the child is the actor and the parent is the reactor. Children's individual differences in age, gender, and personalities can evoke different behaviours and treatment from parents in addition to other socialisation agents. An example of research based in this tradition is Alexander Thomas and Stella Chess's (1977) classic work in child temperament. Children can be classified as *easy*, *slow-to-warm-up*, and *difficult* based on nine dimensions of temperament (e.g., activity level, emotional intensity), with easy children being the most compliant to parental requests and difficult children the least. Subsequently, many researchers have focused on qualities of infants and children that evoke different responses in parents, or different parental outcomes.

3.4.3 Process Model (Belsky, 1984)

Belsky (1984) pioneered theories of the processes of competent parental functioning. His model focused on factors affecting parental behaviour and how such factors affect child-rearing, which in turn influences child development. At the family level, Belsky's interest is primarily on interpersonal interactions between parent and child. Through an intensive literature search, Belsky drew the following conclusions regarding the determinants of parenting (Belsky 1984, 84)

Parenting is multiply determined by characteristics of the parent, child, and contextual subsystems of social support. These three determinants are not equally influential in supporting or undermining parenting. Developmental history and personality shape parenting indirectly, by first influencing the broader context in which parent child relations exist (i.e., marital relations, social networks, occupational experience).

Belsky found that parental personality and psychological wellbeing were the most influential of the determinants in supporting parental functioning. When two of three determinants are in the stressful situation, he stated that parental functioning is most protected and the parental personality and psychological well-being still function to promote sensitive caring.

The influence of contextual subsystems of social support is greater than the influence of child characteristics on parental functioning. On the basis of his review of the literature, Belsky determined that risk characteristics in the child are relatively easy to overcome, given that either one of the other two determinants is not at risk.

Belsky's model does not give special attention to the importance of the family's material resources, while the family's social resources are conceptualised impersonally as the contextual subsystem of support. Belsky's work is most useful in exonerating the child of blame for poor outcomes.

The model of parenting contains three domains of determinants:

- 1) the personal psychological resources of the parents;
- 2) the characteristics of the child; and
- 3) contextual sources of stress and support, that include the marital relations, the social networks, and the occupational experiences of parents.

Determinants of parenting are marital relationships and social networkings, developmental history of parent, parents personality, parenting as such, child's characteristics, work and child development.

3.4.4 Transactional Model (Sameroff, 1975)

This model highlights the bidirectional reciprocal influences of both parents and children in parenting and child development. The children's risks may begin with aversive behaviour by either member of the dyad (parental insensitivity or temperamentally difficult child) that eventually develops into cycles of increasing negativity and distress in the parent child subsystem.

3.4.5 Contextual Model (Darling and Steinberg,1993)

In this model Parenting style is viewed as a context that facilitates or undermines parent's efforts to socialise their children. To understand the processes through which parenting style influences child development, one must disentangle three different aspects of parenting, that is,

- i) the goals towards which socialisation is directed,
- ii) the parenting practices used by parents to help children reach those goals,
- iii) the parenting style or emotional climate within which socialisation occurs.

3.4.6 Parenting Style

The parenting style is the most useful concept that moderates the effectiveness of the child rearing practices. It changes the child's openness to socialisation. Darling and Steinberg (1993) are of the view that parenting style and parenting practices are the mechanisms through which parents directly help their child attain their socialisation goals. It must be kept in mind that the primary processes by which parenting style influences child development are indirect. Baumrind (1971) viewed the socialisation process as dynamic and pointed out that the parenting style used actually altered how open children are to their parent's attempts to socialise them. She in fact stated that authoritarian style produced competent children. Thus the models of parenting identified three characteristics of parents that determine the processes through which parenting style influences child development. These were:

- i) values and goals parents have in socialising children
- ii) parenting practices employed by them
- iii) attitudes that they express towards their children.

Thus parenting style alters the parents' capacity to socialise their children by changing the effectiveness of their parenting practices. Thus parenting style can be considered as a contextual variable that moderates the relationship between specific parenting practices and specific developmental outcomes.

Self Assessment Questions

1) Discuss the various models of parenting.

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2) In what ways each model of parenting help is children's growth and development.

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3) How does parenting style moderate the effectiveness of child rearing practices?

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3.5 CHILD REARING PRACTICES: PARENTING STYLES AND PARENTING DIMENSIONS

Researchers have uncovered convincing links between parenting styles and the effects these styles have on children. During the early 1960s, psychologist Diana Baumrind conducted a study on more than 100 preschool age children (Baumrind, 1967). Using naturalistic observation, parental interviews and other research methods, she identified four important dimensions of parenting:

- Disciplinary strategies
- Warmth and nurturance
- Communication styles
- Expectations of maturity and control

Based on these dimensions, Baumrind suggested that the majority of parents display one of above parenting styles.

Types of Parenting Styles

The four parenting styles are authoritarian, authoritative, permissive, and uninvolved styles.

3.5.1 Authoritarian Style

In this style of parenting, children are expected to follow the strict rules established by the parents. Failure to follow such rules usually results in punishment. Authoritarian parents fail to explain the reasoning behind these rules. If asked to explain, the parent might simply reply, “Because I said so.” These parents have high demands, but are not responsive to their children. According to Baumrind, these parents “are obedience- and status-oriented, and expect their orders to be obeyed without explanation” (1991).

Also, in authoritarian parenting, called also as strict parenting, the style of parenting is characterised by high expectations of conformity and compliance to parental rules and directions, while allowing little open dialogue between parent and child. Authoritarian parenting is a restrictive, punitive style in which parents pressurise the child to follow their directions and to respect their work and effort.

Authoritarian parents expect much from their child but generally do not explain the reasoning for the rules or boundaries. Authoritarian parents are less responsive to their children’s needs, and are more likely to blow a child rather than discuss the problem. Children with this type of parenting may have less social competence as the parent generally tells the child what to do instead of allowing the child to choose by him or herself.

3.5.2 Authoritative Style

Like authoritarian parents, those with an authoritative parenting style establish rules and guidelines that their children are expected to follow. However, this parenting style is much more democratic. Authoritative parents are responsive to their children and willing to listen to questions. When children fail to meet the expectations, these parents are more nurturing and forgiving rather than punishing. Baumrind suggests that these parents “monitor and impart clear standards for their children’s conduct. They are assertive, but not intrusive and restrictive. Their disciplinary methods are supportive, rather than punitive. They want their children to be assertive as well as socially responsible, and self-regulated as well as cooperative” (1991).

In addition the parent is demanding and responsive. Authoritative parenting, also called balanced parenting, is characterised by a child-centered approach that holds high expectations of maturity. Authoritative parents can understand their children’s feeling and teach them how to regulate them. They often help them to find appropriate outlets to solve problems. Authoritative parenting encourages children to be independent but still places limits and controls on their actions. Extensive verbal give-and-take is allowed, and parents are warm and nurturant toward the child. Authoritative parents allow the child to explore more freely, thus having them make their own decisions based upon their own reasoning.

Authoritative parents set limits and demand maturity, but when punishing a child, the parent will explain his or her motive for their punishment. Their punishments are measured and consistent in discipline, not harsh or arbitrary. Parents will set clear standards for their children, monitor limits that they set, and also allow children to develop autonomy. They also expect mature, independent, and age-appropriate behaviour of children. They are attentive to their children’s needs and concerns, and will typically forgive and teach instead of punishing if a child falls short. This is supposed to result in children having a higher self esteem and independence because of the democratic give-take nature of the authoritative

parenting style. This is the most recommended style of parenting by child-rearing experts

3.5.3 Permissive Style

Permissive parents, sometimes referred to as indulgent parents, have very few demands to make of their children. These parents rarely discipline their children because they have relatively low expectations of maturity and self-control. According to Baumrind, permissive parents “are more responsive than they are demanding. They are nontraditional and lenient, do not require mature behaviour, allow considerable self-regulation, and avoid confrontation” (1991). Permissive parents are generally nurturing and communicative with their children, often taking on the status of a friend more than that of a parent.

The parent is responsive but not demanding. It is also called indulgent, nondirective or lenient parenting. It is characterised as having few behavioural expectations from the child. It is a style of parenting in which parents are involved with their children but place few demands or controls on them. Parents are nurturing and accepting, and are responsive to the child’s needs and wishes. Permissive parents do not require children to regulate themselves or behave appropriately. This may result in creating spoiled brats, or spoiled sweet, children depending on the behaviour of the children.

Children of permissive parents may tend to be more impulsive, and as adolescents, may engage more in misconduct and drug use. Children never learn to control their own behaviour and always expect to get their way.

3.5.4 Uninvolved Style

An uninvolved parenting style is characterised by few demands, low responsiveness and little communication. While these parents fulfill the child’s basic needs, they are generally detached from their child’s life. In extreme cases, these parents may even reject or neglect the needs of their children. This is also called neglectful parenting.

The parent is neither demanding nor responsive. The parents are low in warmth and control, are generally not involved in their child’s life, are disengaged, undemanding, low in responsiveness, and do not set limits. Parents are emotionally unsupportive of their children, but will still provide their basic needs.

Children whose parents are neglectful develop the sense that other aspects of the parents’ lives are more important than they are. Children often display contradictory behaviour, and are emotionally withdrawn from social situations. This disturbed attachment also impacts relationships later on in life. In adolescence, they may show patterns of truancy and delinquency.

Self Assessment Questions

- 1) Discuss with suitable examples the various parenting styles.

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2) Discuss which parenting style is most suited for child growth and development and why.

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3) Differentiate between authoritative and authoritarian styles of parenting.

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3.6 THE IMPACT OF PARENTING STYLES

What effect do these parenting styles have on child development outcomes? In addition to Baumrind’s initial study of 100 preschool children, researchers have conducted numerous other studies than have led to a number of conclusions about the impact of parenting styles on children.

Authoritarian parenting styles generally lead to children who are obedient and proficient, but they rank lower in happiness, social competence and self-esteem.

- 1) Authoritative parenting styles tend to result in children who are happy, capable and successful.
- 2) Permissive parenting often results in children who rank low in happiness and self-regulation. These children are more likely to experience problems with authority and tend to perform poorly in school.
- 3) Uninvolved parenting styles rank lowest across all life domains. These children tend to lack self-control, have low self-esteem and are less competent than their peers.

3.6.1 The Reasons for Differing Parenting Styles

After learning about the impact of parenting styles on child development, you may wonder why all parents simply don’t utilise an authoritative parenting style. After all, this parenting style appears to be the most likely to produce happy, confident and capable children. What are some reasons why parenting styles might vary? Some potential causes of these differences include culture, personality, family size, parental background, socio-economic status, educational level and religion.

Of course, the parenting styles of individual parents also combine to create a unique blend in each and every family. For example, the mother may display an authoritative style while the father favors a more permissive approach. In order to create a cohesive approach to parenting, it is essential that parents learn to cooperate as they combine various elements of their unique parenting styles.

Child rearing

Don’t touch those!” the mother commands as her child plays with the decoration pieces kept on a shelf in the drawing room at her host’s house. A few seconds later, the mother looks up from her conversation with her host, and the child is

still playing with the decoration piece. “I told you not to touch those!” the child’s mother repeats. A few seconds later, the mother looks up and sees her child still playing with the pieces. The mother says nothing and continues her conversation with the host.

It happens all the time. Children are given orders, and when they don’t obey, the parent simply goes back to her conversation and forgets.

What should parents do in this situation? Some parents would say that we should punish him (Authoritarian), others that he is just a child, we should absolutely ignore him (Permissive), and others that we should make him understand that decoration pieces are not to play with (Authoritative).

The authoritative parenting style is considered to be the healthiest and most balanced approach to parenting. Authoritative parents set and enforce limits, but they do so to protect their children. They also engage their children with reasoning when enforcing those limits.

Authoritative parents create balance between authoritarian and permissive parenting styles. For example, there are times when a parent needs to have their child obey them, regardless how they feel about it, and there are also times when a parent needs to allow their child to make mistakes and take chances without their interference.

Children imitate and learn much more from their parents than most parents realise. Even the slightest behavioural nuances are picked up by children, and acted out in their own lives. Styles of conflict, and the way parents carry themselves will be imitated to some extent in their children’s lives. Therefore, it’s important for parents to pick a parenting style that best fits how they would like their child to behave now, and later when they become an adult. After all, it’s a parent’s responsibility to prepare their children to survive in this world without them.

3.7 LET US SUM UP

It is perhaps time for parents to understand that parenting is not about power exercising duty. It is a duty concerned with and oriented towards empowerment and development of child through unconditional love and acceptance, open and consistent communication, autonomy granting, regulation, inductive rationalisations for parent-child bonding and internalisation of moral, social and cultural values. In word of Kochanska and Thompson (1997) Moral internalisation – taking over values or attitudes of the society as one’s own so that socially acceptable behaviours is motivated not by anticipation of external consequences but by intrinsic factors, is thought to underlie the development of children’s social and emotional competence, which is enhanced in children by minimal parental power assertion, promotion of choice and autonomy and providing explanations for desirable behaviours and explaining consequences of undesirable behaviours.

The final word is, **Parenting definitely matters!**

3.8 UNIT END QUESTIONS

- 1) Critically evaluate each parenting style.
- 2) Which style you think is the best and why?
- 3) Design one case each for every parenting style.
- 4) In your view which is the most prevalently used parenting style in India?

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UNIT 4 SCREENING AND ASSESSMENT FOR DEVELOPMENTAL DISORDERS

Structure

- 4.0 Introduction
- 4.1 Objectives
- 4.2 Developmental Disorders: Diagnostic Guidelines
- 4.3 Developmental Disorders of Speech and Language
 - 4.3.1 Diagnostic Guidelines
 - 4.3.2 Expressive Language
 - 4.3.3 Acquired Aphasia
- 4.4 Developmental Disorders of Scholastic Skills
 - 4.4.1 Specific Reading Disorder
 - 4.4.2 Specific Spelling Disorder
 - 4.4.3 Disorder of Arithmetical Skills
- 4.5 Developmental Disorders of Motor Functions
- 4.6 Pervasive Developmental Disorders
 - 4.6.1 Childhood Autism
- 4.7 Let Us Sum Up
- 4.8 Unit End Questions
- 4.9 Suggested Readings

4.0 INTRODUCTION

Developmental screening is a procedure designed to identify children who should receive more intensive assessment or diagnosis, for potential developmental delays. It can allow for earlier detection of delays and improve child health and well-being for identified children. Many children with behavioural or developmental disabilities are missing vital opportunities for early detection and intervention. Early identification and intervention for children with developmental delays is mandated. Screening requires practitioners to provide early identification and provision of services to infants and toddlers with (1) developmental delays, (2) established conditions that are associated with developmental delays, and, (3) children at risk for developmental delays. Parents are interested in knowing more about their child's development and practitioners need to be better prepared for this. Recent surveys indicate that parents want information and guidance from their health care provider about their child's development. Present unit looks into some of the major specific areas of developmental disorders and provides diagnostic guidelines.

4.1 OBJECTIVES

After reading this unit, you will be able to:

- define developmental disorder;

- explain the purpose of developmental screening and importance of early intervention for children with developmental delays;
- explain how to utilise diagnostic guidelines to screen for developmental disorder;
- include developmental screening into well-child care delivery; and
- identify family with children having developmental challenges.

4.2 DEVELOPMENTAL DISORDERS: DIAGNOSTIC GUIDELINES

The 10th revision of the International Statistical Classification of Diseases and related Health Problems (ICD 10), has 4 categories of specific developmental disorders of speech and language, specific developmental disorders of scholastic skills, specific developmental disorders of motor function , and mixed specific developmental; disorders.

The introduction of a multi-axial, descriptive/categorical format in the Diagnostic and statistical Manual-III revolutionised the diagnosis of mental disorders. Subsequent research into the validity of DSM-III criteria also contributed to significant improvements in diagnostic precision and helped in the ongoing creation of a common language for both researchers and clinicians. By providing such a foundation, the DSM-III also opened the door for researchers investigating the neurobiological underpinnings of mental illness.

The text revision of the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) categorises specific developmental disorders as communication disorders, learning disorders, and motor skills disorders. They are all “Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence,” which also includes pervasive developmental disorders (i.e., the autism spectrum), attention-deficit and disruptive behaviour disorders, feeding and eating disorders, tic disorders, elimination disorders, and other disorders like selective mutism, separation anxiety disorder, and reactive attachment disorder.

4.3 DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE

These disorders have some features in common. These include:

- i) an onset that is invariably during infancy or childhood.
- ii) an impairment or delay in the development of functions that are strongly related to biological maturation of the central nervous system.
- iii) a steady course that does not involve the remissions and relapses that tend to be characteristic of many mental disorders.

In most cases, the functions affected include language, visual-spatial skills and/or motor coordination. It is characteristic for the impairments to lessen progressively as children grow older. Usually, the history is of a delay or impairment that has been present from as early as it could be reliably detected, with no prior period of normal development. Most of these conditions are several times more common in boys than in girls.

It is characteristic of developmental disorders that a family history of similar or related disorders is common, and there is presumptive evidence that genetic factors play an important role in the etiology of many cases. Environmental factors often influence the developmental functions affected but in most cases they are not of much influence. However, although there is generally good agreement on the overall conceptualisation of disorders in this section, the etiology in most cases is unknown and there is continuing uncertainty regarding both the boundaries and the precise subdivision of developmental disorders.

These are disorders in which normal patterns of language acquisition are disturbed from the early stages of development. The conditions are not directly attributable to neurological or speech mechanism abnormalities, sensory impairments, mental retardation, or environmental factors. The child may be better able to communicate or understand in certain very familiar situations than in others, but language ability in every setting is impaired.

Differential diagnosis:

As with other developmental disorders, the first difficulty in diagnosis concerns the differentiation from normal variations in development. Normal children vary widely in the age at which they first acquire spoken language and in the pace at which language skills become firmly established. Such normal variations are of little or no clinical significance, as the great majority of “slow speakers” go on to develop entirely normally. In sharp contrast children with specific developmental disorders of speech and language, although most ultimately acquire a normal level of language skills, have multiple associated problems. Language delay is often followed by difficulties in reading and spelling, abnormalities in interpersonal relationships, and emotional and behavioural disorders. Accordingly, early and accurate diagnosis of specific developmental disorders of speech and language is important. There is no clear-cut demarcation from the extremes of normal variation, but four main criteria are useful in suggesting the occurrence of a clinically significant disorder severity, course, pattern, and associated problems.

Attention should be paid to the pattern of speech and language functioning if the pattern is abnormal i.e. deviant and not just of a kind appropriate for an earlier phase of development, or if the child’s speech or language includes qualitatively abnormal features, a clinically significant disorder is likely. Moreover, if a delay in some specific aspect of speech or language development is accompanied by scholastic deficits such as specific retardation in reading or spelling, by abnormalities in interpersonal relationships, and/or by emotional or behavioural disturbance, the delay is unlikely to constitute just a normal variation.

The difficulty concerns the differentiation from a disorder secondary to severe deafness or to some specific neurological or other structural abnormality. Severe deafness in early childhood will almost always lead to a marked delay and distortion of language development; such conditions should not be included here, as they are a direct consequence of the hearing impairment. However, it is not uncommon for the more severe developmental disorders of receptive language to be accompanied by partial selective hearing impairments (especially of high frequencies). The guideline is to exclude these disorders if the severity of hearing loss constitutes a sufficient explanation for the language delay.

A specific developmental disorder in which the child’s use of speech sounds is below the appropriate level for his or her mental age, but in which there is a normal level of language skills.

4.3.1 Diagnostic Guidelines

The age of acquisition of speech sounds, and the order in which these sounds develop, show considerable individual variation.

Normal development: At the age of 4 years, errors in speech sound production are common, but the child is able to be understood easily by strangers. By the age of 6-7, most speech sounds will be acquired. Although difficulties may remain with certain sound combinations, these should not result in any problems of communication. By the age of 11-12 years, mastery of almost all speech sounds should be acquired.

Abnormal development occurs when the child's acquisition of speech sounds is delayed and/or deviant, leading to: misarticulations in the child's speech with consequent difficulties for others in understanding him or her; omissions, distortions, or substitution of speech sounds; and inconsistencies in the co-occurrence of sounds (i.e. the child may produce phonemes correctly in some word positions but not in others).

The diagnosis should be made only when the severity of the articulation disorder is outside the limits of normal variation for the child's mental age; nonverbal intelligence is within the normal range; expressive and receptive language skills are within the normal range; the articulation abnormalities are not directly attributable to a sensory, structural or neurological abnormality; and the mispronunciations are clearly abnormal in the context of colloquial usage in the child's subculture.

4.3.2 Expressive Language Disorder

A specific developmental disorder in which the child's ability to use expressive spoken language is markedly below the appropriate level for his or her mental age, but in which language comprehension is within normal limits. There may or may not be abnormalities in articulation.

Diagnostic Guidelines

Although considerable individual variation occurs in normal language development, the absence of single words by the age of 2 years, and the failure to generate simple two-word phrases by 3 years, should be significant signs of delay. Later difficulties include: restricted vocabulary development; overuse of a small set of general words, difficulties in selecting appropriate words, and word substitutions; short utterance length; immature sentence structure; syntactical errors, especially omissions of word endings or prefixes; and misuse of or failure to use grammatical features such as prepositions, pronouns, articles, and verb and noun inflections.

The diagnosis should be made only when the severity of the delay in the development of expressive language is outside the limits of normal variation for the child's mental age, but receptive language skills are within normal limits (although may often be somewhat below average). The use of nonverbal cues (such as smiles and gesture) and "internal" language as reflected in imaginative or make-believe play should be relatively intact, and the ability to communicate socially without words should be relatively unimpaired. The child will seek to communicate in spite of the language impairment and will tend to communicate in spite of the language impairment and will tend to compensate for lack of speech by use of demonstration, gesture, or non-speech vocalisations. However, associated difficulties in peer relationships, emotional disturbance, behavioural disruption, and or over activity and inattention are not uncommon, particularly in school-age children.

4.3.3 Acquired Aphasia

A disorder in which the child, having previously made normal progress in language development, loses both receptive and expressive language skills but retains general intelligence. Onset of the disorder is accompanied by abnormalities on the EEG (almost always from the temporal lobes, usually bilateral, but often with more widespread disturbance), and in the majority of cases also by epileptic seizures. Typically the onset is between the ages of 3 and 7 years but the disorder can arise earlier or later in childhood.

The etiology of the condition is not known but the clinical characteristics suggest the possibility of an inflammatory encephalitic process. The course of the disorder is quite variable: above two-thirds of the children are left with a more or less severe receptive language deficit and about a third make a complete recovery.

4.4 DEVELOPMENTAL DISORDERS OF SCHOLASTIC SKILLS

These are disorders in which the normal patterns of skill acquisition are disturbed from the early stages of development. They are not simply a consequence of a lack of opportunity to learn, nor are they due to any form of acquired brain trauma or disease. Rather, the disorders are thought to stem from abnormalities in cognitive processing that derive largely from some type of biological dysfunction. As with most other developmental disorders, the conditions are substantially more common in boys than in girls. The essential feature of developmental dyslexia is a specific impairment in the acquisition of reading and spelling skills. This should not be accounted for by mental age, visual, hearing or motor co-ordination problems or inadequate schooling. A spelling and reading deficiency significantly interferes with activities of daily living that require reading or spelling skills.

Five kinds of difficulty arise in diagnosis. First, there is the need to differentiate the disorders from normal variations in scholastic achievement. Second, there is the need to take developmental course into account. This is important for two different reasons:

- a) Severity: the significance of one year's retardation in reading at age 7 years is quite different from that of one year's retardation at 14 years.
- b) Change in pattern: it is common for a language delay in the preschool years to resolve so far as spoken language is concerned but to be followed by a specific reading retardation which, in turn, diminishes in adolescence; the principal problem remaining in early adulthood is a severe spelling disorder. The condition is the same throughout but the pattern alters with increasing age; the diagnostic criteria need to take into account this developmental change.

There is yet another difficulty that scholastic skills have to be taught and learned: they are not simply a function of biological maturation. Inevitably a child's level of skills will depend on family circumstances and schooling, as well as on his or her own individual characteristics. Unfortunately there is no straightforward and unambiguous way of differentiating scholastic difficulties due to lack of adequate experiences from those due to some individual disorder. Fifth, there are continuing uncertainties over the best way of subdividing the specific developmental disorders of scholastic skills.

Children learn to read, write, spell, and perform arithmetical computations when they are introduced to these activities at home and at school. Countries vary widely in the time at which formal schooling is started, in the syllabus followed within schools, and hence in the skills that children are expected to have acquired by different ages.

Nevertheless, within all education settings, it is clear that each chronological age group of schoolchildren contains a wide spread of scholastic attainments and that some children are underachieving in specific aspects of attainment relative to their general level of intellectual functioning.

Diagnostic Guidelines

There are several basic requirements for the diagnosis of any of the specific developmental disorders of scholastic skills. First, there must be a clinically significant degree of impairment in the specified scholastic skill. This may be judged on the basis of severity as defined in scholastic terms i.e. a degree that may be expected to occur in less than 3% of schoolchildren, on developmental precursors i.e. the scholastic difficulties were preceded by developmental delays or deviance – most often in speech or language – in the preschool years; on associated problems such as inattention, overactivity, emotional disturbance, or conduct difficulties; on pattern part of normal development; and on response i.e. the scholastic difficulties do not rapidly remit with increased help at home and/or at school.

Second, the impairment must be specific in the sense that it is not solely explained by mental retardation or by lesser impairments in general intelligence. The clinical guideline is simply that the child's level of attainment must be substantially below that expected for a child of the same mental age.

Third, the impairment must be developmental, in the sense that it must have been present during the early years of schooling and not acquired later in the educational process. The history of the child's school progress should provide evidence on the point.

Fourth, there must be no external factors that could provide a sufficient reason for the scholastic difficulties.

Fifth, it must not be directly due to uncorrected visual or hearing impairments.

4.4.1 Specific Reading Disorder

The main feature of this disorder is a specific and significant impairment in the development of reading skills, which is not solely accounted for by mental age, visual acuity problems, or inadequate schooling. Reading comprehension skill, reading word recognition, oral reading skill, and performance of tasks requiring reading may all be affected. Spelling difficulties are frequently associated with specific reading disorder and often remain into adolescence even after some progress in reading has been made. In addition to academic failure, poor school attendance and problems with social adjustment are frequent complications, particularly in the later elementary and secondary school years. The condition is found in all known languages.

Diagnostic Guidelines

The child's reading performance should be significantly below the level expected on the basis of age, general intelligence, and school placement. Performance is best assessed by means of an individually administered, standardised test of

reading, accuracy and comprehension. The precise nature of the reading problem depends on the expected level of reading, and on the language and script. However, in the early stages of learning an alphabetic script, there may be difficulties in reciting the alphabet, in giving the correct names of letters, in giving simple rhymes for words, and in analysing or categorising sounds. Later, there may be errors in oral reading skills such as shown by:

- a) Omissions, substitutions, distortions, or additions of words or parts of words;
- b) Slow reading rate;
- c) False starts, long hesitations or “loss of place” in text, and inaccurate phrasing; and
- d) Reversals of words in sentences or of letters within words

There may also be deficits in reading comprehension, as shown by for example:

- e) an inability to recall facts read;
- f) inability to draw conclusions or inferences from material read; and
- g) use of general knowledge as background information rather than of information from a particular story to answer question about a story read.

In later childhood and in adult life, it is common for spelling difficulties to be more profound than the reading deficits. It is characteristic that the spelling difficulties often involve phonetic errors, and it seems that both the reading and spelling problems may derive in part from an impairment in phonological analysis.

Specific developmental disorders of reading are commonly preceded by a history of disorders in speech or language development. In other cases, children may pass language milestones at the normal age but have difficulties in auditory processing as shown by problems in sound categorisation, in rhyming, and possibly by deficits in speech sound discrimination, auditory sequential memory, and auditory association.

Associated emotional and/or behavioural disturbances are also common during the school-age period. Emotional problems are more common during the early school years, but conduct disorders and hyperactivity syndromes are most likely to be present in later childhood and adolescence. Low self-esteem is common and problems in school adjustment and in peer relationships are also frequent.

4.4.2 Specific Spelling Disorder

The main feature of this disorder is a specific and significant impairment in the development of spelling skills in the absence of a history of specific reading disorder, which is not solely accounted for by low mental age, visual acuity problems, or inadequate schooling. The ability to spell orally and to write out words correctly are both affected. Children whose problem is solely one of handwriting should not be included, but in some cases spelling difficulties may be associated with problems in writing. Unlike the usual pattern of specific reading disorder, the spelling errors tend to be predominantly phonetically accurate.

Diagnostic Guidelines

The child’s spelling performance should be significantly below the level expected on the basis of his or her age, general intelligence, and school placement, and is best assessed by means of an individually administered, standardised test of

spelling. The child's reading skills (with respect to both accuracy and comprehension) should be within the normal range and there should be no history of previous significant reading difficulties. The difficulties in spelling should not be mainly due to grossly inadequate teaching or to the direct effect of deficits of visual, hearing, or neurological function, and should not have been acquired as a result of any neurological, psychiatric or other disorder.

4.4.3 Disorder of Arithmetical Skills

This disorder involves a specific impairment in arithmetical skills which is not solely explained on the basis of general mental retardation or of grossly inadequate schooling. The deficit concerns mastery of basic computational skills of addition, subtraction multiplication, and division rather than of the more abstract mathematical skills involved in algebra, trigonometry, geometry or calculus.

Diagnostic Guidelines

The child's arithmetical performance should be significantly below the level expected on the basis of his or her age, general intelligence and school placement, and is best assessed by means of standardised test of arithmetic. Reading and spelling skills should be within the normal range expected for the child's mental age, preferably as assessed on individually administered, appropriate standardised tests. The difficulties in arithmetic should not be mainly due to grossly inadequate teaching, or to the direct effect of defects of visual, hearing, or neurological function, and should not have been acquired as a result of any neurological, psychiatric, or other disorder.

The arithmetical difficulties that occur are various but may include: failure to understand the concepts underlying particular arithmetical operations; lack of understanding of mathematical terms or signs; failure to recognise numerical symbols; difficulty in carrying out standard arithmetical manipulations; difficulty in understanding which numbers are relevant to the arithmetical problems being considered; difficulty in properly aligning numbers or in inserting decimal points or symbols during calculations; poor spatial organisation of arithmetical calculations; and inability to learn multiplication tables satisfactorily.

4.5 DEVELOPMENTAL DISORDERS OF MOTOR FUNCTIONS

The main feature of this disorder is a serious impairment in the development of motor coordination that is not solely explained in terms of general intellectual retardation or of any acquired neurological disorder other than the one that may be implicit in the coordination abnormality.

Diagnostic Guidelines

The child's motor coordination, on fine or gross motor tasks, should be significantly below the level expected on the basis of his or her age and general intelligence. This is best assessed on the basis of an individually administered, standardised test of fine and gross motor coordination. The difficulties in co-ordination should have been present since early in development i.e. they should not constitute an acquired deficit, and they should not be direct result of any defect of vision or hearing or of any diagnosable neurological disorder.

The extent to which the disorder mainly involves fine or gross motor coordination varies, and the particular pattern of motor disabilities varies with age. Developmental

motor milestones may be delayed and there may be some associated speech difficulties. The young child may be awkward in general gait, being slow to learn to run, hop, and go up and down stairs. There is likely to be difficulty learning to tie shoe laces, to fasten and unfasten buttons, and to throw and catch balls. The child may be generally clumsy in fine and/or gross movements – tending to drop things, to stumble, and to have poor handwriting. Drawing skills are usually poor, and children with this disorder are often poor at jigsaw puzzles, using constructional toys, building models, ball games, and drawing and understanding maps.

There is no diagnosable neurological disorder (such as cerebral palsy or muscular dystrophy). In some cases, however, there is a history of perinatal complications, such as markedly premature birth.

4.6 PERVASIVE DEVELOPMENTAL DISORDERS

This group of disorders is characterised by qualitative abnormalities in reciprocal social interactions and in patterns of communication, and by restricted, stereotyped, repertoire of interests and activities. These qualitative abnormalities are a pervasive feature of the individual's functioning in all situations, although they may vary in degree. In most cases, development is abnormal from infancy and, with only a few 5 years of life. It is usual, but not invariable, for there to be some degree of general cognitive impairment but the disorders are defined in terms of behaviour that is deviant in relation to mental age.

4.6.1 Childhood Autism

A pervasive developmental disorder is defined by the presence of abnormal and/or impaired development that is manifested before the age of 3 years, and by the characteristic type of abnormal functioning in all three areas of social interaction, communication and restricted, repetitive behaviour. The disorder occurs in boys three to four times more often than in girls.

There are qualitative impairments in social interaction and communication combined with a restricted repertoire of interests, activities and behaviours, with onset in early childhood. Why screen young children for autism?

In some conditions screening and immediate medical treatment can prevent disability (example: phenylketonuria) or substantially ameliorate the consequent disability, as in sensori-neural deafness. In conditions like muscular dystrophy, early diagnosis leads to genetic advice and prenatal diagnostic tests can be offered.

Diagnostic Guidelines

There are always qualitative impairments in reciprocal social interaction. These take the form of an inadequate appreciation of socio-emotional cues, as shown by a lack of responses to other people's emotions and/or a lack of modulation of behaviour according to social context; poor use of social signals and a weak integration of social, emotional, and communicative behaviours; and, especially, a lack of socio-emotional reciprocity. Similarly, qualitative impairments in communications are universal. These take the form of a lack of social usage of whatever language skills are present. Impairment in make-believe and social imitative play; poor synchrony and lack of reciprocity in conversational interchange; poor flexibility in language expression and a relative lack of creativity and fantasy in thought processes; lack of emotional response to other people's verbal and nonverbal overtures, and a similar lack of accompanying gesture to provide emphasis or aid meaning in spoken communication.

The condition is also characterised by restricted, repetitive, and stereotyped patterns of behaviour, interests, and activities. These take the form of a tendency to impose rigidity and routine on a wide range of aspects of day to day functioning; this usually applies to novel activities as well as to familiar habits and play patterns. In early childhood there may be specific attachment to unusual, typically non-soft objects. The children may insist on the performance of particular routines in rituals of a nonfunctional character; there may be stereotyped preoccupations with interests such as dates, routes or timetable; often there are motor stereotypes; a specific interest in nonfunctional elements of objects (such as their smell or feel) is common; and there may be a resistance to changes in routine or in details of the personal environment (such as the movement of ornaments or furniture in the family home).

In addition to these specific diagnostic, it is frequent for children with autism to show a range of other nonspecific problems such as fear/phobias, sleeping and eating disturbances, temper tantrums, and aggression. Self – injury is fairly common, especially when there is associated severe mental retardation.

Most individuals with autism lack spontaneity, initiative, and creativity in the organisation of their leisure time and have difficulty applying conceptualisations in decision-making in work even when the tasks themselves are well within their capacity . The specific manifestation of deficits characteristic of autism change as the children grow older, but the deficits continue into and through adult life with a broadly similar pattern of problems in socialisation, communication, and interest patterns. Developmental abnormalities must have been syndrome can be diagnosed in all age groups.

4.7 LET US SUM UP

Developmental disorders are disorders that occur at some stage in a child's development, often retarding the development. These may include psychological or physical disorders. They can be grouped into specific developmental disorder and pervasive developmental disorders. Specific developmental disorders are categorised as specific learning disabilities and developmental disorders affecting coordination.

4.8 UNIT END QUESTIONS

- 1) What are the developmental disorders?
- 2) Explain the meaning and importance of developmental screening.
- 3) Give the classification of developmental disorders.
- 4) Give the diagnostic guidelines for major areas of developmental disorders.
- 5) What is acquired aphasia?
- 6) What are pervasive developmental disorders?
- 7) Describe childhood autism.

4.9 SUGGESTED READINGS

Malavika Kapur (1988). *Mental Health of Indian Children*. Sage Publications, New Delhi

Veeraraghavan, V. (2008). *Children and Adolescents*. Northern Book Center, New Delhi.

UNIT 1 PHYSICAL DEVELOPMENT AND ADJUSTMENT

Structure

- 1.0 Introduction
- 1.1 Objectives
- 1.2 Adolescent Development
 - 1.2.1 Meaning and Definition
- 1.3 Physical Development
 - 1.3.1 Adolescent Males
 - 1.3.2 Adolescent Females
- 1.4 Puberty
 - 1.4.1 Adolescent Males
 - 1.4.2 Adolescent Females
- 1.5 Let Us Sum Up
- 1.6 Unit End Questions
- 1.7 Suggested Readings

1.0 INTRODUCTION

Adolescence can be understood as a phase of transition from child to an adult. This period generally extends from 12 to 19 years of age, which is broadly categorised into three stages – early adolescence, middle adolescence and late adolescence. Teenagers experience some physical milestones as they move from childhood to adolescence. Normal growth during adolescence includes both an increase in body size and sexual maturation (puberty).

During adolescence, boys and girls reach adult height and weight. Adolescence is the time for growth spurts and puberty changes. An adolescent may grow several inches in several months followed by a period of very slow growth, and then have another growth spurt.

Puberty happens to all individuals – boys and girls. In girls, it may start at the age of 9 or 10 and in boys it may begin around 12 or 13 years, although there is variation in the age from one person to the other. Girls experience puberty as a sequence of events, but their pubertal changes usually begin before boys of the same age.

In this unit, we will discuss the various stages of development in adolescence and some ways to understand the complex nature of teens.

1.1 OBJECTIVES

After going through this unit, you will be able to:

- discuss the meaning and definition of adolescence development;
- describe the physical changes occurring during adolescence; and
- understand some of the reactions to the physical changes during adolescence.

1.2 ADOLESCENT DEVELOPMENT

1.2.1 Meaning and Definition

Adolescence is the phase of transition from being a child to an adult. It extends from 12 to 19 years of age and it can be broadly categorised into three stages – early adolescence, middle adolescence and late adolescence. This transition involves biological (i.e. pubertal), psychological and social changes. Just before reaching adulthood, adolescents' behaviour seems to be confusing to parents. Parents find it stormy age, because it appears, as if there is nothing that parents say or do is right for the adolescents.

Early Adolescence (12-14 years)

Early adolescence is a contradictory phase. It is a phase when the child is not yet mature and at the same time she is no longer a child. They insist that they have grown up enough to be independent, while parents do not provide them much freedom. This is the time the youngster finds the drastic physical changes as a source of irritation. Some who are physically not well grown feel somewhat inferior to others. There is a fear that they may remain short and small and become the target of ridicule of the peers. There is a lot of confusion, hesitation and a search of the real identity. This arises due to the fact that though physically look like an adult, mentally is still a child. Parents and elders treat her at one time as a grown up and at other time as a child. This causes problems in identity – as to 'Who am I?' and 'What am I?' etc.

Adolescence is the time when all of a sudden the world starts looking different. She faces considerable competition. The sheer innocence of friendship is lost. Several new kinds of fantasies beyond the fun fantasy of Tom and Jerry start taking a toll on mind. This is the time when the individual needs understanding parenting. This is the time in their life when they start thinking about their future.

Middle Adolescence (14-17 years)

Middle adolescence is the phase, when a child is on the road to transformation. There are a whole lot of changes that occur, be it, physically, mentally, cognitively or sexually. While most of the girls cross their puberty stage, boys are still on the road of maturing physically. It is that time of life, when the young individual is most concerned about her look, body and appearance. Middle adolescent is the time when, the teenager is developing her unique personality and opinions.

Friends play a pivotal role during these years. Young teenagers take great care to maintain their identity in the peer group.

Competitiveness also becomes a major priority in the life of middle teens. Many of them try to analyse the experiences they are going through and try to understand their inner turbulence by writing diaries and journals. Remember, middle teens are more capable of setting goals. However, the goals they set are often too high and as a result are unable to reach the goal and feel frustrated and disappointed. Withdrawal from the parents is also one of the key characteristic found in children of this age. That is they reduce their dependency on their parents and try to take decisions for themselves.

Late Adolescence (17-19 years)

Late adolescents is closer to adulthood this time, the youngster develops a firm identity and more stable interests. Soon-to-be-adults they attain greater emotional stability and have a more developed sense of humor. They are able to delay their

gratifications of their desires, and are able to think ideas through. They learn to express their feelings in words, compromise and make independent decisions. Unlike the earlier stages of childhood, late adolescents show greater concern for others. They become more self-reliant and take pride in their work. They start finalising their thoughts about the role they want to play in their lives and become more concerned about their future.

Reference Body Weights and Heights of Adolescents according to NCHS

Age (Years)	Boys		Girls	
	Height (cm)	Weight (kg)	Height (cm)	Weight (kg)
12 +	147	37.0	148	38.7
13 +	153	40.9	155	44.0
14 +	160	47.0	159	48.0
15 +	166	52.6	161	51.4
16 +	171	58.0	162	53.0
17 +	175	62.7	163	54.0
18 +	177	65.0	164	54.4

This table gives an outline of average proportion of weight and height for both boys and girls in different age group.

Self Assessment Questions

1) Define adolescence and describe its characteristic features.

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2) What are the important features of early adolescence?

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3) Describe in your own words what middle adolescence is known for. Elucidate its characteristic features.

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4) How will you differentiate between late adolescence and middle adolescence? What factors differentiate these two periods.?

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1.3 PHYSICAL DEVELOPMENT

Adolescence is characterised by dramatic physical changes moving the individual from childhood into physical maturity. Teenagers experience some physical milestones as they move from childhood to adolescence. Normal growth during adolescence includes both an increase in body size and sexual maturation (puberty). The timing and the speed with which these changes occur vary and are affected by both heredity and environment.

During adolescence, boys and girls reach adult height and weight. Early, prepubescent changes are noted with the appearance of secondary sexual characteristics.

Adolescence is the time for growth spurts and puberty changes. An adolescent may grow several inches in several months followed by a period of very slow growth, and then have another growth spurt. Changes with puberty may occur gradually or several signs may become visible at the same time.

There is a great amount of variation in the rate of changes that may occur. Some adolescents may experience these signs of maturity sooner or later than others. It is important to remember that these changes happen at different times for everyone. Being smaller or bigger than other girls or boys is normal as each child experiences puberty at his/her own time. Sexual and other physical maturation that occurs during puberty results from hormonal changes. As the adolescent nears puberty, the pituitary gland increases the secretion of a hormone called follicle-stimulating hormone (FSH). This hormone then causes additional effects. In girls, FSH activates the ovaries to start producing estrogen. In boys, FSH causes sperm to develop.

The following are the average ages when puberty changes may occur:

1.3.1 Adolescent Males

Height: 4 to 12 inches

Age of Puberty: 9.5 to 14 years

First pubertal change: enlargement of the testicles

Penis enlargement: begins approximately one year after the testicles begin enlarging

Appearance of pubic hair: 13.5 years of age

Hair under the arms, on the face, voice change, and acne: 15 years of age

Nocturnal emissions (or wet dreams): 14 years of age

In boys, it is difficult to know exactly when he has reached puberty. There are changes that occur, but they occur gradually over a period of time rather than as a single event.

The following are additional changes that may occur for the male as he experiences the changes of puberty:

His body size will increase, with the feet, arms, legs, and hands sometimes growing “faster” than the rest of the body. This may cause the adolescent boy to experience a feeling of clumsiness.

Some boys may get some swelling in the area of their breasts as a result of the hormonal changes that are occurring. This is common among teenage boys and is usually a temporary condition.

Voice changes may occur, as the voice gets deeper. Sometimes, the voice may “crack” during this time. This is a temporary condition and will improve over time.

Not only will hair begin to grow in the genital area, but males will also experience hair growth on their face, under their arms, and on their legs.

As the hormones of puberty increase, adolescents may experience an increase in oily skin and sweating. This is a normal part of growing. It is important to wash daily, including the face. Acne may develop.

As the penis enlarges, the adolescent male may begin to experience erections. This is when the penis becomes hard and erect because it is filled with blood. This is due to hormonal changes and may occur when the boy fantasizes about sexual things or for no reason at all. This is a normal occurrence.

During puberty, the male sex organs begin producing sperm. Semen, which is composed of sperm and other bodily fluids, may be released during an erection. This is called ejaculation. Sometimes, this may happen while the male is sleeping. This is called a nocturnal emission or “wet dream.” This is a normal part of puberty and will stop as the male gets older.

1.3.2 Adolescent Females

Height: 2 to 10 inches

Age of Puberty: 8 to 13 years of age

First pubertal change: breast development

Pubic hair development: shortly after breast development

Hair under the arms: 12 years of age

Menstrual periods: 10 to 16.5 years of age

Girls experience puberty as a sequence of events, but their pubertal changes usually begin before boys of the same age. Each girl is different and may progress through these changes differently.

The following are additional changes that may occur for the female as she experiences the changes of puberty:

There may be an increase in hair growth, not only the pubic area, but also under the arms and on the legs.

The females’ body shape will also begin to change. There may be not only an increase in height and weight, but the hips may get wider. There may also be an increase in fat in the buttocks, legs, and stomach. These are normal changes that may occur during puberty.

Her body size will increase, with the feet, arms, legs, and hands beginning to grow in advance of the body. This may cause the adolescent girl to experience a time of feeling clumsy.

As the hormones of puberty increase, adolescents may experience an increase in oily skin and sweating. Acne may develop.

Adolescent girls will also experience menstruation, or menstrual periods. This begins when the body releases an egg from the ovaries. If the egg is fertilized with a sperm

from a male, it will grow into a baby inside the uterus. If the egg is not fertilized, the endometrial lining of the uterus is not needed and is shed through the vagina as fluid. The fluids are bloody and are usually released monthly. After a girl begins to menstruate, she is able to get pregnant.

Self Assessment Questions

1) Define and discuss the characteristics of physical development in the males.

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2) What are the important features that are characteristic of adolescent physical development in females.

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3) Complete the sentences

- a) Adolescence is the phase of _____
- b) They may lead to few health problems such as _____ during this stage.
- c) There is lot of confusion in this stage because _____

1.4 PUBERTY

Puberty is the stage of life during which you become biologically and sexually mature. Puberty is the one to three-year process of hormonal and physical change that causes the young person to reach sexual maturity, girls usually enter it about a year earlier than boys. It is the entry into adolescence, a period of tremendous changes in the body, emotions, attitude, values, intellect and relationships. This is the transition from the world of the child that gives way to the world of the adult.

Puberty happens to all individuals – boys and girls. In girls, it may start at the age of 9 or 10 and in boys it may begin around 12 or 13 years, although there is variation in the age from one person to the other.

Puberty is often talked about as a period of turbulence and trials because the child begin to develop a sex drive, experience mood swings, develop relationships with people of the same and/or opposite gender, and face different kinds of pressure at home and at school. Change is always a difficult process, but is an inevitable part of life. Without change and without pain there is no journey, there is no quest, there is no progress. Holding on to the past can be comfortable and secure, and the future often appears uncertain; but tries to think of it as an exciting adventure into and with you.

Most adolescents feel that they do not get adequate information about the changes

they are going through, and they feel that the adults around are not understanding. So there is worry, fear, and insecurity. However, feelings like this are normal during puberty. Some of the greatest anxiety at this stage is about their physical body because it is changing and growing in new and uncertain ways; it appears to have a life of its own and nothing what we think or feel can stop its rate of change. Understanding these physical changes helps in realising that one is not alone in this journey, which in turn will help the youngsters make their way through the turbulent sea of adolescence.

There are some very visible and invisible changes that occur in an individual's body.

Some changes occur silently without the person realising them, and there are other more obvious changes that are loud and confusing. Though the external feeling is confusion or awkwardness, there is an internal chemistry that is in harmony, all changes are interconnected and proceed smoothly within. What it all reveals is the miracle of life and the mystery of the human body as it prepares itself for change and choice and growth.

Puberty in boys and girls begins in a tiny corner of the brain called the pituitary gland, chemical messengers called hormones are sent to the reproductive organs to release another set of hormones, which leads to changes in the body. In boys, the hormone that creates these changes is called testosterone, and in girls it is estrogen.

1.4.1 Adolescent Males

Changes in the male body start between the age of 12 and 14 years. Different boys react differently to the changes, and the changes happen at different times to all of us. This is reflective of our uniqueness, and since all of us are different there can really be no "standard" to compare ourselves to.

The penis

The penis has two main parts, a head (tip or glans) and a shaft. The head of the penis, particularly its rim is much more sensitive than the shaft. The penis is used for two things, urinating and penetrative intercourse. Usually penises are not straight, some tilt to the left and others to the right. There is no need to worry about it.

Angle or tilt, all of us feel uncomfortable or insecure about how the penis is shaped and how it looks. To reproduce, the male penis must be inserted into the woman's vagina where sperm (testicles) are released, which will eventually meet and fertilize the egg.

Foreskin

The penis is covered with fine loose skin. The skin that surrounds the head of the penis is loose and is called the foreskin. The foreskin usually does not fully retract for several years and should never be forced. The foreskin can be retracted when its inside surface separated from the glands and the opening widens. This usually happens by age 18. Once a boy discovers that his foreskin is retractable, he can easily learn to care for himself. When the Foreskin is fully retractable, it is important to wash underneath it everyday, so as to prevent SMEGMA (a white waxy substance consisting of natural secretions and shed skin cells) from forming. Good general hygiene and common sense are key to preventing infection and disease.

The testicles

Men have two testicles, which hang in a sack called the scrotum. The testicles

produce tadpole-shaped sperm, which join with a woman's eggs to make babies. Sperms are contained in fluid called semen. The scrotum hangs outside the body because sperm need to be kept cooler than your internal body temperature, to prevent them from getting damaged. The scrotum is usually darker in color than the surrounding skin. One testicle always hangs lower than the other, this is so that they don't bash into each other when you are running or playing. The testicles are connected to the penis by a long thin tube. Both urine from the bladder and semen pass down this tube through the penis. This tube is called the urethra.

Erections

Normally a man's penis is soft and hangs down, but different kinds of sensations and feelings - physical, psychological, or sensual - can lead to an erection. An erection occurs when a nerve centre at the base of your spinal cord sends out impulses to your penis, filling it up with blood. At this point the penis gets stiff, grows longer and wider, sticks upward and outwards from the body and the foreskin stretches, leaving the head of the penis exposed. The muscles at the base of your penis tighten, so that blood can't drain back out. There are no muscles in the penis itself, it is a kind of a sponge (that is why you can't move it very much when soft!). Erections are unreliable and can come and go without warning.

Ejaculation

Ejaculation is the emission of semen from the penis. This is essential for reproduction, and it also leads to a feeling of sexual pleasure – a combination of physical sensations and intense emotional feelings. During this time 3-15 contractions occur. Each last about a second and the first three are usually the most intense. To achieve ejaculation there must be stimulation and erection of the penis. When a man ejaculates, he releases on average a teaspoonful of semen containing up to 300 million sperm. Ejaculation is not always voluntary. For example, sometimes, while sleeping men can ejaculate. Although the semen comes out of the penis through the urethra (through which urine too comes out), there is no chance of any urine coming out during ejaculation as a muscle closes the bladder off. After ejaculation, the semen is stored again at the base of the penis, until the next one.

While the male child is developing in the uterus, the testicles are already secreting the male hormone, testosterone, which after 13-14 years kick in and steer the baby towards becoming a boy and man. During childhood, the sex gland remains inactive and makes neither hormones nor sperm. During puberty, the testicles begin to be active again under the influence of a secretion from the pituitary gland, which is tucked away in a small part of the brain. The testicles produce testosterone, which is circulated throughout the body in the blood. Under its influence the boy is transformed into a man over a period of years.

Most changes in boys are all external and visible unlike with girls where most changes happen inside the body.

The genitals

It is commonly believed that the first sign of puberty is enlargement of the testicles. They may double or quadruple. At the same time, the skin of the scrotum changes, the colour deepens becoming darker and its texture gets wrinkled. Sometime after this the penis starts to enlarge, becoming first longer and then broader. The final size is reached at the end of your growth spurt, which usually happens when you are 15-16 years old, but sometimes earlier or later.

Wet dreams

During puberty a boy becomes ready to reproduce since he can now produce and release sperm. At this stage wet dreams occur often in nearly all boys. At night there is an involuntary release of semen (ejaculation) during sleep, either during an erotic dream, or sometimes even in the absence of an erotic stimulation. This happens because there is a build-up of semen in the body and it needs to be released. Boys wake up in the morning to find a sticky or dry residue of semen on the sheet, which is embarrassing, awkward, and even frightening. Wet dreams are a signal that you are growing up, which stops after a while.

Growth Spurt

Boys begin growing later than girls and carry on for longer, after the girls have stopped growing. The growth spurt in boys begins around 13-14 years and ends at 16-17 years. There is a sudden increase in height and weight, the chest expands and becomes broader, and the arms and legs fill out and become more muscular. Due to the influence of testosterone the larynx (the voice centre in the throat) expands, and the voice cracks before it deepens. This is another awkward phase but it soon evens out to a voice cracks before it deepens. The aureole surrounding the nipples generally doubles in size during puberty. During this period hair starts growing on different part of the body, like legs, arms, chest, groin, armpits and face. Hair on face starts as a fine fuzzy layer and then becomes tougher and thicker as he starts shaving. Pimples, spots and blackheads may grow on your face, neck, chest and back. These are by-products of androgens (male hormones that are responsible for most of the changes in adolescents' body).

Body Odour

The adolescents sweat glands (under their arms and in genital areas) are becoming more active. When sweat comes into contact with bacteria on the skin it creates an unpleasant smell, both in adolescent boys and girls.

Pimples

The oil glands or 'sebaceous glands' produce an oily substance called sebum. If the sebum blocks the pores on the skin and combines with the bacteria, you can get pimples.

Sexual Feelings

During puberty and adolescence, sexual thoughts and fantasies become more frequent and become aware of sexual stimuli around. These sexual feelings and fantasies are also normal, and is common among all girls and boys at this stage.

1.4.2 Adolescent Females

Changes in the female body are in two ways: invisible and visible changes.

The invisible changes: there are some invisible change that happens in a young girl's body in their reproductive organs like ovaries, uterus and vagina. These are the changes that are also having an impact on the visible changes in her body.

Ovaries

There are two ovaries in a young girls body, one on either side of the uterus and below the fallopian tube. These organs are located in the lower abdomen. Ovaries

are about an inch long, approximately the size and shape of an almond and contain tiny egg cells. All the eggs are in a 'frozen' state before puberty. At puberty each ovary alternatively releases an egg or ovum every month, however sometimes two or more ova (the plural of ovum) may get released from the ovaries.

The hormone called estrogen is also produced in the ovary. The pituitary gland sends the message to the ovaries to produce this hormone. Estrogen is responsible for making a girl grow up to have a woman's body and make it possible for her to have children.

Uterus

The uterus is called a womb. It's an upside-down pear-shaped structure inside a woman's abdomen, which is hollow and made of smooth muscles. This is where the baby grows, and during pregnancy the uterus expands to accommodate a full grown fetus (an unborn child). The uterus is wider at the top and narrows into a neck called the cervix, which opens into the upper end of the vagina.

Fallopian Tube

The fallopian tubes are called uterine tubes or oviducts. The two fallopian tubes are trumpet shaped and are located close to their respective ovaries. These tubes open on each side into the upper end of the uterus. The fallopian tubes pick up the eggs released in their respective ovaries and push it into the uterus and it takes 3 to 7 days for ovum to reach the uterus.

Vagina

The vagina is the passageway or a muscular tube extending from the cervix to the external genitalia. The opening of the vagina is between the urinary opening and the anus. Every woman has three openings in the genital area and these are urinary opening which is the passage for urine, vaginal opening which is for:

- a) Passage for period/menstrual flow
- b) passage through which baby comes out at birth
- c) opening for sexual intercourse
- d) Male sperm travel through it to fallopian tubes

The external genitalia structure also consists of a clitoris, which is a small cylindrical body and is situated above the urinary opening. It exists to provide women with sexual pleasure.

Near the opening of the vagina is the porous membrane called the Hymen, it stretches from one wall of vagina to the other. The hymen tears or gets ruptured during the first penetrative sexual act (intercourse) and is accompanied with little bleeding and pain.

The Growth Spurt:

There is sudden increase in height and the body fills out. The greatest increase in height occurs around 10 to 11 years for girls. A girl usually stops growing between 16-18 years. Along with height the young girls note changes in the pelvic bones and hips widening.

Breast

Breast will start to develop and will become larger and fuller. They enlarge with a deposit of fat, they become soft and rounded during this stage. Breasts have milk glands and milk tubes that open into the nipples.

Hair Growth

Youngsters can notice hair growing on their arms, underarms, legs, upper lips, etc. Hair grows in the pubic area, this is a V-shaped area above the vagina. This is called pubic hair and it is thicker, curlier and coarser than the hair on head.

Body Odour

The adolescents' sweat glands (under their arms and in genital areas) are becoming more active. When sweat comes into contact with bacteria on the skin it creates an unpleasant smell, both in adolescent boys and girls.

Pimples

The oil glands or 'sebaceous glands' produce an oily substance called sebum. If the sebum blocks the pores on the skin and combines with the bacteria, you can get pimples.

Sexual feelings

At this stage the young girls may start to feel sexually aroused, and spend time in a fantasy world thinking about love and sex. The movements of hormones inside make the youngster feel more sexual and the body is changing.

Self Assessment Questions

1) Define and discuss puberty.

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2) What are visible and invisible changes occurring during adolescence? Explain.

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3) Discuss the following terms:

Growth spurt

Pimples

Sexual Feelings

Body odour

1.5 LET US SUM UP

According to the study of the entire unit, we can understand that adolescence is the phase of transition from being a child to an adult. In this period teenage or adolescence is generally extended from 12 to 19 years of age and which is broadly categorised into three stages – early adolescence, middle adolescence and late adolescence. Adolescence is characterised by dramatic physical changes moving the individual from childhood into physical maturity. Teenagers experience some physical milestones as they move from childhood to adolescence. Normal growth during adolescence includes both an increase in body size and sexual maturation (puberty). There are several marked changes during this period in the lives of both adolescent males and females.

Boys and girls begin the growth spurt at different ages, girls, on average, begin two years earlier than boys and complete them earlier as well. Boys and girls also begin to go through puberty during adolescence. Menstruation is just one of several changes in puberty that are related to the development of primary and secondary sex characteristics. Boys' penises and scrotums begin to grow at an accelerated rate around age 12 and reach adult size 3 or 4 years later. Spermarche occurs after boys' penises enlarge about the age of 13. Secondary sex characteristic development is characterised by growth of pubic hair and growth of underarm and facial hair. For girls, early maturation might offer increased popularity and an advanced social life, but they might also experience embarrassment over the changes in their bodies, which make them different from their peers. Late maturation can put boys at a distinct physical and social disadvantage, which can affect self-esteem and leave lasting, negative effects. Girls who mature late might suffer neglect by their peers of both sexes, but ultimately they appear to suffer no lasting ill effects and may even benefit from late maturation in the long run.

1.6 UNIT END QUESTIONS

- 1) Describe early, middle and late adolescence. What are the characteristic features of development during these three periods of adolescence?
- 2) Discuss the physical development of adolescent males
- 3) Discuss the physical development of adolescent females
- 4) What is puberty? During this period discuss the various changes that take place in adolescent girls and boys.

1.7 SUGGESTED READINGS

R.B. Verma (2006). *Developmental Psychology and Human Development*. Alfa Publications, New Delhi

Hurlock, Elizabeth. *Developmental Psychology*. Tata McGraw Hill & Co., New Delhi

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UNIT 2 SEXUAL MATURITY IN MALE AND FEMALE, IDENTITY, SELF CONCEPT AND SELF ESTEEM

Structure

- 2.0 Introduction
- 2.1 Objectives
- 2.2 Identity in Adolescence
 - 2.2.1 Identity Crisis
 - 2.2.2 Marcia's Identity Statuses
- 2.3 Self Concept in Adolescence
- 2.4 Self- Esteem in Adolescence
 - 2.4.1 Improving and Building of Self-esteem in Adolescence
- 2.5 Peer Group Relationship
 - 2.5.1 Adolescence Peer Culture and School
- 2.6 Let Us Sum Up
- 2.7 Unit End Questions
- 2.8 Suggested Readings

2.0 INTRODUCTION

Identity is a new way of thinking about oneself that emerges during adolescence. Identity involves a sense of self-unity, accompanied by a feeling that the self has continuity over time. A firmly established identity also provides a sense of uniqueness as a person. Identity development begins with children's awareness that they are separate and unique individuals.

Identity is multidimensional and may include physical and sexual identity, occupational goals, religious beliefs, and ethnic background. Adolescents explore these dimensions, and usually make commitments to aspects of their identity as they move into early adulthood.

In Marcia's model, identity involves the adoption of: 1) a sexual orientation, 2) a set of values and ideals and 3) a vocational direction. A well-developed identity gives one a sense of one's strengths, weaknesses, and individual uniqueness. The self-concept is the accumulation of knowledge about the self, such as beliefs regarding personality traits, physical characteristics, abilities, values, goals, and roles. In adolescence, the self-concept becomes more abstract, complex, and hierarchically organised into cognitive mental representations or self-schemas, which direct the processing of self-relevant information.

Self-esteem is the experience of being competent to cope with the basic challenges of life and of being worthy of happiness. Self esteem is the one important factor required by anybody to succeed in life. It is said that if an individual build their self esteem at their adolescent period it lasts all through their life.

Self esteem is all about how much people value them, the pride they feel in themselves,

and how worthwhile they feel. Self-esteem is important because feeling good about yourself can affect how you act. A person who has high self-esteem will friends easily, is more in control of his or her behaviour, and will enjoy life more.

Peer relationships and friendships become more important as children grow into early adolescents. Peer acceptance represents social status or popularity within a large group, whereas friendships represent relationships based on mutual respect, appreciation, and liking. Early adolescence is a time characterised by friendships that share more common feelings and are more supportive than when children are younger.

Peer acceptance and membership in a clique is an important aspect of becoming an adolescent. Peer crowds and cliques can have a profound influence on how adolescents adjust to a school setting. Adolescents in school settings can become members of various cliques each with unique norms and beliefs.

2.1 OBJECTIVES

After going through this unit, you will be able to:

- understand the importance of identity and identity crisis during adolescence;
- understand and discuss self-concept and self-esteem in adolescence;
- discuss how to improve and build self-esteem in adolescence; and
- describe peer group relationship and adolescence peer culture.

2.2 IDENTITY IN ADOLESCENCE

Identity is a new way of thinking about oneself that emerges during adolescence. Identity involves a sense of self-unity, accompanied by a feeling that the self has continuity over time. A firmly established identity also provides a sense of uniqueness as a person. According to Erikson's psychosocial model of development, identity must be perceived by the individual, but also recognised and confirmed by others. Thus, the process of establishing an identity involves "Integrating into a coherent whole one's past experiences, ongoing personal changes, and society's demands and expectations for one's future"

The process of developing an identity begins with the infant's discovery of self, continues throughout childhood, and becomes the focus of adolescence. Erik Erikson, identified the goal of adolescence as achieving a coherent identity and avoiding identity confusion. Identity is multidimensional and may include physical and sexual identity, occupational goals, religious beliefs, and ethnic background. Adolescents explore these dimensions, and usually make commitments to aspects of their identity as they move into early adulthood.

Identity development begins with children's awareness that they are separate and unique individuals. First indications of this awareness are evident in infancy when children begin to recognise themselves. They recognise the reflected image as themselves. Also, the words "me," "I," and "mine" emerge very early in children's language. These findings are consistent with Erikson's psychosocial stage of autonomy versus shame and doubt, when infants establish their identity as independent persons.

During childhood, self-awareness grows and changes. Preschoolers describe themselves in terms of observable characteristics and behaviours, including physical attributes ("I have brown eyes"), preferences ("I like to ride my bike"), and

competencies (“I can sing ‘Itsy, Bitsy Spider’”). Between ages six and twelve, children begin to include less concrete aspects of the self in their descriptions. School-aged children talk about their feelings (“I love my dog”) and how they fit into their social world (“I’m the best fielder on my team”). During Erikson’s stage of initiative versus guilt children explore their skills, abilities, and attitudes and incorporate the information into their view of self.

The physical, cognitive, and social changes of adolescence allow the teenager to develop the identity that will serve as a basis for their adult lives. During Erikson’s stage of identity versus role confusion, adolescents’ description of self expands to include personality traits (“I’m outgoing”) and attitudes (“I don’t like stuck-up people”). The emergence of abstract reasoning abilities allows adolescents to think about the future and experiment with different identities.

Identity development involves two steps. First, the adolescent must break away from childhood beliefs to explore alternatives for identity in a particular area. Second, the adolescent makes a commitment as to their individual identity in that area. Some aspects of identity, especially among young adolescents, may be foreclosed. The foreclosure status is when a commitment is made without exploring alternatives.

Identity achievement during adolescence serves as a basis for our adult expectations and goals for us. As individuals enter early adulthood they use their current understanding of whom they are to develop a lifespan construct which serves as the link between the identity developed in adolescence and the adult self. The lifespan construct is an integration of an individual’s past, present, and culture.

2.2.1 Identity Crisis

Are you unsure of your role in life? Do you feel like you don’t know the ‘real you’? If you answer yes to the previous questions, you may be experiencing an identity crisis. Theorist Erik Erikson coined the term *identity crisis* and believed that it was one of the most important conflicts people face in development.

According to Erikson, an identity crisis is a time of intensive analysis and exploration of different ways of looking at oneself. Erikson’s interest in identity began in childhood. Erikson described identity as “a subjective sense as well as an observable quality of personal sameness and continuity, paired with some belief in the sameness and continuity of some shared world image. As a quality of unself-conscious living, this can be gloriously obvious in a young person who has found himself as he has found his communality. In him we see emerge a unique unification of what is irreversibly given—that is, body type and temperament, giftedness and vulnerability, infantile models and acquired ideals—with the open choices provided in available roles, occupational possibilities, values offered, mentors met, friendships made, and first sexual encounters.”

In Erik Erikson’s stages of psychosocial development, the emergence of an identity crisis occurs during the teenage years in which people struggle between feelings of identity versus role confusion. Researcher James Marcia (1966, 1976, 1980) has expanded upon Erikson’s initial theory.

James Marcia argued that identity could be viewed as a structure of beliefs, abilities and past experiences regarding the self. “The better developed this structure is, the more individuals appear to be of their own strengths and weaknesses. The less developed this structure is, the more confused individuals seem to be about their own distinctiveness from others and the more they have to rely on external sources to

evaluate themselves.” Identity is a dynamic, not static psychological structure. The formation of identity in adolescence sets the stage for continual changes in the content of identity through the adult years.

2.2.2 Marcia’s Identity Statuses

James Marcia refined and extended Erikson’s work on identity. In Marcia’s model, identity involves the adoption of: 1) a sexual orientation, 2) a set of values and ideals and 3) a vocational direction. A well-developed identity gives on a sense of one’s strengths, weaknesses, and individual uniqueness. A person with a less well-developed identity is not able to define his or her personal strengths and weaknesses, and does not have a well articulated sense of self.

To better understand the identity formation process, Marcia conducted interviews with young people. He asked whether the participants in his study.

- 1) had established a commitment to an occupation and ideology and
- 2) had experienced, or were presently experiencing, a decision-making period (adolescent identity crisis).

Marcia developed a framework for thinking about identity in terms of four identity statuses. It is important to note that these are NOT stages. Identity statuses should not be viewed as substages in a sequential or linear process.

Foreclosure: These people have made commitments to an occupational future, but have not experienced an identity crisis. They have conformed to the expectations of others concerning their future. For example, an individual may have allowed a parent to decide what career they will pursue. These individuals have not explored a range of options (experience an “identity crisis”).

Diffusion: The young person has not made a commitment, and may or may not have experienced an identity crisis. He or she appears to have given up any attempt to make the commitments needed for developing a clear sense of identity as Marcia defines the term.

Moratorium: Individuals in moratorium are actively exploring alternative commitments, but have not yet made a decision. They are experiencing an identity crisis, but appear to be moving forward toward identity formation, making commitments.

Achievement: The individual has experienced an identity crisis and has made commitments necessary for building a sense of identity as described above.

The core idea is that one’s sense of identity is determined largely by the choices and commitments made regarding certain personal and social traits. The work done in this paradigm considers how much one has made certain choices, and how much he or she displays a commitment to those choices.

Identity involves the adoption of:

- 1) a sexual orientation,
- 2) a set of values and ideals and
- 3) a vocational direction.

A well-developed identity gives on a sense of one’s strengths, weaknesses, and individual uniqueness. A person with a less well-developed identity is not able to define his or her personal strengths and weaknesses, and does not have a well articulated sense of self.

Self Assessment Questions

1) Describe the following terms:

i) Identity self esteem

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ii) Peer relationship peer acceptance

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2) How does identity in adolescence develop? Trace from childhood

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3) Define identity achievement.

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4) What is the difference between Erikson's identity crisis and Marcia's Identity crisis.

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5) Describe diffusion, moratorium and achievement.

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2.3 SELF CONCEPT IN ADOLESCENCE

The self-concept is the accumulation of knowledge about the self, such as beliefs regarding personality traits, physical characteristics, abilities, values, goals, and roles. In adolescence, the self-concept becomes more abstract, complex, and hierarchically organised into cognitive mental representations or self-schemas, which direct the processing of self-relevant information.

The way in which one perceives oneself, which is considered as self concept, can be divided into (i) Personal self concept and (ii) Social self concept.

Example of personal self concept can be for instance, facts or one's own opinions about oneself, such as "I have brown eyes" or "I am attractive, etc.

Social self concept example may include one's perceptions about how one is regarded by others: "people think I have a great sense of humor" as well as self-ideals that is, what or how one would like to be: "I want to be a lawyer" or "I wish I were thinner" etc. .

Self-concept refers to self-evaluation or self perception, and it represents the sum of an individual's beliefs about his or her own attributes. Self concept reflects how an adolescent evaluates himself or herself in *domains* (or areas) in which he or she considers success important. An adolescent can have a positive self-concept in some domains and a negative self-concept in others.

Teachers, administrators, and parents commonly voice concerns about students' self-esteem. Its significance is often exaggerated to the extent that low self esteem is viewed as the cause of all evil and high self-esteem as the cause of all good. Promoting high self-concept is important because it relates to academic and life success. Although the terms self-concept and self-esteem are often used interchangeably, they represent different but related constructs. Self-concept refers to a student's perceptions of competence or adequacy in academic and nonacademic (e.g., social, behavioural, and athletic) domains and is best represented by a profile of self-perceptions across domains. Self-esteem is a student's overall evaluation of him- or herself, including feelings of general happiness and satisfaction.

Let us now see how self concept is associated with achievement, aggression, depression etc.

Self-concept and academic achievement: Self-concept is frequently positively correlated with academic performance, but it appears to be a consequence rather than a cause of high achievement. This is a common assumption that an individual's high academic performance results in their self concept. Whereas, the high academic performance is the result of individual's self concept.

Self-concept and aggression: Another popular assumption is that aggressive students have low self-concept and use aggression as a means of raising it.

Self-concept, depression, and use of illegal substances: Low self-concept is often considered a defining characteristic of depression, but the evidence for this is weak. Similarly, although some evidence suggests that low self-concept may be a weak risk factor for smoking in girls, the relationship between self-concept and the use of alcohol and illegal drugs has little support.

An adolescent's self-concept is dynamic, and causality is complex. That is, problems and difficulties can lower self-concept; but low self-concept can also cause problems. For adolescents, having a high academic self-concept is associated with positive academic performance and having a high physical self-concept is related to increased physical activity, for example.

Signs of Negative Self Concept in Adolescents

Several signs may indicate that an adolescent has a negative self-concept. These may include one or more of the following:

- Doing poorly in school;
- Having few friends;
- Putting down oneself and others;
- Rejecting compliments;
- Teasing others;
- Showing excessive amounts of anger;
- Being excessively jealous;
- Appearing conceited; or
- Hesitating to try new things.

Strategies that can be used to improve an adolescent’s self-concept include providing praise for accomplishments, praising effort, working with the individual to encourage improvement in areas where he or she feels deficient, and refraining from using negative feedback.

Self Assessment Questions

1) What are the significant features of self concept in adolescence?

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2) What is meant by positive and negative self concept?

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3) What are the characteristic features of negative self concept in adolescents?

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2.4 SELF ESTEEM IN ADOLESCENCE

Self-esteem is the experience of being competent to cope with the basic challenges of life and of being worthy of happiness. Self esteem is the one important factor required by anybody to succeed in life. It is said that if an individual build their self esteem at their adolescent period it lasts all through their life.

Self esteem is all about how much people value them, the pride they feel in themselves, and how worthwhile they feel. Self-esteem is important because feeling good about yourself can affect how you act. A person who has high self-esteem will friends easily, is more in control of his or her behaviour, and will enjoy life more.

Body image is how someone feels about his or her own physical appearance. Body image can be closely linked to self esteem, that's because as kids develop into teens, they care more about how others see them.

Adolescence is one period in which boys and girls faces with many problems and issues. It is necessary that adolescent self esteem to be at top to face the problems faced with adolescent period. Many teenagers will have low self esteem and it is imperative to know major reasons for low self esteem and find out ways and means to combat the low self esteem. It is highly advisable to make dedicated efforts to bring up the self esteem.

There are many causes for the lack of positive self esteem. Let us review some of them.

Hereditary is a main factor for low self esteem. If the parents are introverts and they never mingle with people for fear of their inability, the chances that children have low esteem are more.

The living conditions. The surrounding in which you live also affects the lack of self esteem. If the child is brought up in a poor environment without giving proper attention to make him excel in his fields or deprived of doing good activities, the low self esteem at the adolescent stage is possible.

Lack of proper education is another factor affecting the self esteem. Uneducated children will develop lack of self esteem as they will face problems in interacting with the educated of their age.

Physiological. Adolescence is a period when major physical changes occur in boys and girls. The gender hormones start the functioning in full swing during this period. Many children face problems during this change unable to cope with the changes occurring in their body and behaviour.

Societal implications. During the adolescent stage of a child, society put many restrictions in their behaviours and attitudes. Girls will be automatically tempted to move away form the boys and boys are restricted to mingle with girls during the period. This makes them feel that there are some things to be afraid. This will automatically make them fear in a natural interaction.

Fear about future. During the late periods of adolescence, the children will seriously think about their future and in many cases they will get depressed of their future. Unemployment, dating problems, insecurity, lack of financial backgrounds and many such factors make the adolescents afraid of facing the world.

Diseases and other physical ailments. These children will be thinking that they are debris in the world. These thinking processes make them to keep away from others and they can become agitated.

There are many such reasons for low self esteem of adolescents. If proper care is not given, the low self esteem gradually will lead to many physical and mental ailments. It is important to bring up the adolescents with high self esteem.

Some of the influencing factors in Adolescents self esteem:

Puberty

Some teens struggle with their self-esteem when they begin puberty because the body goes through many changes. These changes, when combined with natural desires, they may compare themselves with other people around them or actors and celebs they see on T.V, in movies, or in magazines.

Each individual is different from each other, and so are there changes. Some adolescents start developing early, others are late bloomers and some get a temporary layer of fat to prepare for growth spurt, others fill out permanently, and others feel like they stay skinny no matter how much they eat. This all depends on genes of our bodies.

The changes that come with puberty can affect how both boys and girls feel about themselves. Some girls may feel uncomfortable or embarrassed about their maturing bodies, others may wish they were developing faster. Girls may feel pressure to be thin but guys may feel like they don't look big or muscular enough.

Other Influences

Adolescence is a stage in which teenage experience and goes through various challenges and difficulties. To cope with such challenges they tend to rely on materialistic and worldly pleasure. In this, the self esteem may get affected by many other factors like media image of skinny girls and bulked up guys) can affect a teenager's body image too. During this period they normally tend to develop likes and dislikes on celebrities, etc and try to follow them in their interests and lifestyle. Many times when the teenager is not able to achieve his or her expectations, they develop a conflicting and unresolved issue within themselves, which may create troubles in their self-esteem.

Family life can sometimes influence self-esteem. Some parents spend more time in criticizing their kids and the way they look than praising them, which can reduce kids' ability to develop good self-esteem.

Teenagers also may experience negative comments and hurtful teasing about the way they look from classmates and peers. Sometimes racial and ethnic prejudice is the source of such comments. Although most of the times these are ignored, but sometime they may affect someone's body image and self-esteem.

2.4.1 Improving and Building the Self-esteem in Adolescence

The teenage years can be turbulent ones, full of self-doubt and angst at the outside world. It's normal for things not always to be rosy, but teens can help themselves by putting a little effort in building their self-confidence. Acting self-confident is the first step to *feeling* self-confident.

Smiling: People like friendly people – it's that simple. Plus, even a forced smile will lighten up a teen's own bad mood.

Good posture: Standing tall not only helps improves how a teenager looks, but it helps a teen feel more secure and puts less stress on the back and shoulders.

Making eye contact: Sometimes a teenager feels painfully shy, but their look says "Back off!" Meeting another person's gaze — whether it's a cute guy or an interviewer – lets them know a teen is approachable and confident.

Being bold: Teens have to be willing to put themselves out there – whether in front of the class or at a party. It will get a little easier each time until the teen starts wondering why being in public was ever a big deal.

Going easy on themselves: Nobody’s perfect, but when teenagers obsess about what’s “wrong” with themselves, they don’t give anyone else a chance to notice all the things that *are* great. Teens need to remember that almost everyone feels insecure at some point (though not everyone lets on). Self-confidence comes from being able to put a break on that nay-saying voice and moving on.

Doing what they love: Parents and teens do not always agree on what the priorities should be. But as long as what a teen is doing is not dangerous, a parent should find ways to support what a teen feels passionate about... or at least to get out of the way and let the teen explore. What better boost to self-esteem than being able to do something one cares about well?

Preparing for things: Procrastination is a teen’s favorite friend. But life is stressful enough without teens tripping themselves up. It’s hard to feel self-confident when things feel out of control. When teens give themselves enough time to prepare for that big date, study for that test, write that paper, etc., they find that things tend to go much better and more simply. Time management can help.

Being able to walk away-I: Sometimes teens that lack self-esteem or have low self-confidence is willing to put themselves in situations that they know are not good, just to gain another person’s approval. Teenagers need to learn to stop and trust their cautious side. Teens need to know they can always try things like sex and drinking later, when it’s more appropriate, but if they do something they regret, it can’t be done.

Being able to walk away-II: Some people only give someone the time of day if that person is doing something for them. No teen should be willing to be a doormat. Sure, it might lose them some friends, but those “friends” are not worth the trouble.

Self Assessment Questions

1) What is special about self esteem in adolescents that is not as important in other stages of development?

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2) What factors cause negative self esteem? Elucidate with suitable examples.

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3) What other influences impact on adolescents towards self esteem?

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4) How to improve and build self confidence and higher self esteem in adolescents?
Enumerate all the relevant factors.

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2.5 PEER GROUP RELATIONSHIP

Peer relationships and friendships become more important as children grow into early adolescents. Peer acceptance represents social status or popularity within a large group, whereas friendships represent relationships based on mutual respect, appreciation, and liking. Early adolescence is a time characterised by friendships that share more common feelings and are more supportive than when children are younger. At the same time, youth who have more mutual friends (i.e., individuals with a similar degree of affection for one another) are more likely to be accepted by their larger peer group. Similarly it can be perceived that older youth interact with peers more frequently and longer than do younger youth, both within school and out of school.

Adolescent peer culture differs from the younger-age children in the patterns of their relationships between peers. Adolescence is characterised by the emergence of crowds as an important social context of development. Adolescence prefer to be in smaller group and with close friends, which is defined by dyadic (two-person) and small-group relationships. Another unique characteristic of common during adolescents is seen to have an increased contact with peers of the opposite sex. Unlike younger children, who adhere to sex-segregated groups, adolescents steadily increase their levels of association with members of the opposite sex. Adolescence is marked by the increased need and ability for intimate relationships both in the form of friendships and in the form of romantic relationships such as dating.

As children enter adolescence, they begin to form more sustaining relationships with peers than they had at prior stages of development. During this period, new relationships develop because adolescents have greater opportunities for independence from parents and are more able to see themselves as part of a larger community of people. Adolescence tends to get involved in the new relationships with peers which may become new sources of trust. Adolescents need these new support relationships since information or support from a parent may no longer be as relevant. They also need these relationships to help establish their identity; by comparing opinions and values with others, teenagers can learn what makes them unique.

The development of enhanced relationships with others may not come easily for some adolescents. A possible intervention to help develop interpersonal relationships is interpersonal groups, such as task-oriented, social-recreational, and therapeutic groups. What makes institutional groups different from informal peer groups, like cliques, is that they bring people together who may have not otherwise developed

relationships. Further, these groups can provide the social skills and positive self-image which may enhance other relationships.

Biological changes also play an important role in adolescents' need to form relationships with the opposite sex – both friendships and dating relationships. Finding the “right” clique to belong to can provide adolescents with a very much needed emotional and social support that can help them successfully navigate the demands of adolescence. Finding the “wrong” clique, on the other hand, can lead to maladaptive consequences that can include deviant behavioural patterns. The question of the direction of peer group influence on adolescents, however, is not a simple one. The peer group exerts a direct and overt influence on the adolescent's behaviour, however, the influence is interactional.

Adolescents tend to choose peer groups that share their own beliefs and norms. Peer groups tend to approach like-minded adolescents to join their group. While peer culture tends to influence adolescent behaviour, but it is quite clear that only part of the variation in adolescent behaviour affect the members of peer group. For example, adolescents' smoking and alcohol drinking patterns are attributed to peer pressure only 10 to 40 percent of the time. It is also important to note that peer culture influences are not limited to deviant behaviour.

As mentioned earlier, many peer groups have positive influences on adolescents regarding academic achievement.

2.5.1 Adolescent Peer Culture and School

Peer acceptance and membership in a clique is an important aspect of becoming an adolescent. Peer crowds and cliques can have a profound influence on how adolescents adjust to a school setting. Adolescents in school settings can become members of various cliques each with unique norms and beliefs. A practice being visible in most schools these days are that there appears to be a great deal of pressure from the “prevailing” peer culture to underachieve in school. Adolescents have a great demand and select to be with students labeled as the “populars” or the “jocks” as selected the “brains.” Moreover, the teenagers that are high-achieving students with aspirations to academic excellence are not considered as “populars” in schools today. Beyond significantly lower academic achievement, adolescents whose friends in school were members of a “delinquent” crowd were more likely to exhibit more negative behaviours inside and outside the classroom (including conduct problems and drug and alcohol use).

The strong relationship between a positive and supportive peer culture in school and classroom settings and students' academic, emotional, and social adjustment shows a students' sense of belonging and sense of community in a school setting and their academic, social, and emotional adjustment. In According to adolescence a supportive peer community is one that:

- Shares their values and educational goals.
- Actively supports their learning needs.
- Provides a safe and pro-social environment in which adolescents can learn.
- Values their contributions.

Students with a higher sense of community in the school and classroom have higher grades and higher academic self-esteem. They also display higher levels of learning orientation and greater interest in complex problem-solving tasks. They tend to display a higher social skills and pro-social behaviour.

2.6 LET US SUM UP

Identity is a new way of thinking about oneself that emerges during adolescence. Identity involves a sense of self-unity, accompanied by a feeling that the self has continuity over time. A firmly established identity also provides a sense of uniqueness as a person. Identity development begins with children's awareness that they are separate and unique individuals.

Identity is multidimensional and may include physical and sexual identity, occupational goals, religious beliefs, and ethnic background. Adolescents explore these dimensions, and usually make commitments to aspects of their identity as they move into early adulthood.

During childhood, self-awareness grows and changes. Preschoolers describe themselves in terms of observable characteristics and behaviours, including physical attributes ("I have brown eyes"), preferences ("I like to ride my bike"), and competencies ("I can sing 'Itsy, Bitsy Spider'"). Between ages six and twelve, children begin to include less concrete aspects of the self in their descriptions. School-aged children talk about their feelings ("I love my dog") and how they fit into their social world ("I'm the best fielder on my team").

During Erikson's stage of initiative versus guilt children explore their skills, abilities, and attitudes and incorporate the information into their view of self. During Erikson's stage of identity versus role confusion, adolescents' description of self expands to include personality traits ("I'm outgoing") and attitudes ("I don't like stuck-up people").

Identity development involves two steps. First, the adolescent must break away from childhood beliefs to explore alternatives for identity in a particular area. Second, the adolescent makes a commitment as to their individual identity in that area. Some aspects of identity, especially among young adolescents, may be foreclosed. The foreclosure status is when a commitment is made without exploring alternatives.

In Marcia's model, identity involves the adoption of: 1) a sexual orientation, 2) a set of values and ideals and 3) a vocational direction. A well-developed identity gives on a sense of one's strengths, weaknesses, and individual uniqueness.

The *self-concept* is the accumulation of knowledge about the self, such as beliefs regarding personality traits, physical characteristics, abilities, values, goals, and roles. In adolescence, the self-concept becomes more abstract, complex, and hierarchically organised into cognitive mental representations or self-schemas, which direct the processing of self-relevant information.

Self-concept is frequently positively correlated with academic performance, but it appears to be a consequence rather than a cause of high achievement. Self esteem is all about how much people value them, the pride they feel in themselves, and how worthwhile they feel. Self-esteem is important because feeling good about yourself can affect how you act.

Self-esteem is the experience of being competent to cope with the basic challenges of life and of being worthy of happiness. Self esteem is the one important factor required by anybody to succeed in life. It is said that if an individual build their self esteem at their adolescent period it lasts all through their life.

Self esteem is all about how much people value themselves, the pride they feel in themselves, and how worthwhile they feel. Self-esteem is important because feeling

good about yourself can affect how you act. A person who has high self-esteem will friends easily, is more in control of his or her behaviour, and will enjoy life more.

Peer relationships and friendships become more important as children grow into early adolescents. Peer acceptance represents social status or popularity within a large group, whereas friendships represent relationships based on mutual respect, appreciation, and liking. Early adolescence is a time characterised by friendships that share more common feelings and are more supportive than when children are younger.

Peer acceptance and membership in a clique is an important aspect of becoming an adolescent. Peer crowds and cliques can have a profound influence on how adolescents adjust to a school setting. Adolescents in school settings can become members of various cliques each with unique norms and beliefs.

2.7 UNIT END QUESTIONS

- 1) Discuss the inter relationship amongst the following factors, Identity, self concept, self esteem, peer group relationship
- 2) Discuss the development of self identity in adolescence. What factors according to Erikson and Marcia contribute to self identity?
- 3) Discuss Marcia's self status. And self identity in adolescence.
- 4) Discuss the development of self concept in adolescence. What factors influence the development of the self concept
- 5) What role does peer group play in enhancing adolescent's self esteem? Enumerate the factors.

2.8 SUGGESTED READINGS

Hurlock, E.B. (1980). *Developmental Psychology*. Prentice Hall, New York.

Santrok, J.W., *Life Span Development*, Holt Rinehart, New York.

UNIT 3 RELATIONSHIP – FAMILY AND PEER GROUP

Structure

- 3.0 Introduction
- 3.1 Objectives
- 3.2 Adolescence Relations
- 3.3 Adolescence Relations with Family
 - 3.3.1 Parenting Styles
 - 3.3.2 Impact of Parenting Styles
 - 3.3.3 Attachment Perspective
 - 3.3.3.1 Parent Child Attachment in Adolescence
 - 3.3.4 Parent Child Communication
- 3.4 Adolescence Relations with Peers
- 3.5 Peers vs. Parents
- 3.6 Let Us Sum Up
- 3.7 Unit End Questions
- 3.8 Suggested Readings

3.0 INTRODUCTION

Adolescence is a transitional stage of physical and mental development that occurs between childhood and adulthood. It is usually accompanied by an increased independence allowed by the parents or legal guardians and less supervision. Adolescents are known as being gangly, awkward, and troublesome youngsters. This period of life is seen as a time of “storm and stress”.

Teenagers during this period has general increase in peer focus and involvement in peer related social sports and other extracurricular activities. The importance of social acceptance during adolescence and friendship networks during this period often are organised into relatively rigid cliques that differ in social status within school and community setting.

A positive and healthy relationship between parent and their adolescent children considered has important influence on the development of self esteem and an overall personality growth/development of the teenager. Adolescent youngsters who are able to talk to their parents about issues that are important to them and get in turn emotional support from the parents are less likely to rely on peers for advice on important issues.

Peer relationships and friendships become more important as children grow into early adolescence. Peer acceptance represents social status or popularity within a large group, whereas friendships represent relationships based on mutual respect, appreciation, and liking. Early adolescence is a time characterised by friendships that share more common feelings and are more supportive than when children are younger.

In this unit, we will discuss the varying relations of adolescence with their parents, families, and peers.

3.1 OBJECTIVES

After going through this unit, you will be able to:

- explain the relationships of adolescent youngsters with different persons in their environment;
- analyse the relationship of a teenager with their families and how parenting styles contribute to a healthy parent child relationship; and
- explain the relationship of an adolescent youngsters with their peers and friends.

3.2 ADOLESCENCE RELATIONS

Adolescence as discussed in units above is a transitional stage of physical and mental human development that occurs between childhood and adulthood.

Adolescence is usually accompanied by an increased independence allowed by the parents or legal guardians with relatively lesser supervision. Adolescent youngster is termed as being a gangly, awkward, and troublesome individual. This period of life is also seen as a time of “storm and stress”. It is a time of great change on many levels. Probably most dramatic are the biological changes associated with puberty. These changes include dramatic shifts in the shape of the body, increase in hormones, and changes in brain architecture. These biological shifts are directly linked to changes in sexual interest, cognitive capacities and physical capacities. There are various major social changes associated with the school-linked transitions and with changes in the roles adolescents are expected to play with all those around them, the period becomes highly stressful and full of conflicts, at times extremely joyous and at times rather low in moods. Finally there are major psychological changes linked to increasing social and cognitive maturity.

Very few developmental periods are characterised by so many changes at so many different levels. With rapid transformation in all areas, comes a heightened potential for both positive and negative outcomes.

Adolescence is also a time when individuals make many choices and engage in a wide range of behaviours which are indicators of the roles that they will play for the rest of their lives. For example, adolescents have to decide about the typical courses or stream that they have to opt for in the high school, they have to decide about which after school activities they must participate in and which peer group to join and so on. They begin to make future educational and occupational plans with the help of their teachers and parents as well as with their peers and try to implement these plans through secondary school course work and out of school vocational and volunteer activities. All these decisions are to be preferably taken by the youngster and it should also be his decision finally. However though parents and other elders may facilitate the decision making progress, if they unnecessarily interfere or impose their ideas on the youngster it may have disastrous consequences. A change if brought about which is attributed to the youngster's own efforts and decision making, may lead to a positive self confidence of the adolescent youngster.

Adolescence brings with it many challenges. The teenager is now required to accept a mature personal role, be able to think logically, develop an appropriate gender role and establish good relations with a wide range of other people with whom he/she will interact in society. It is a time during which teenagers learn to think for themselves,

develop the right values and make decisions. They may display at times open rebellion and animosity which is part of their growing up into an independent individual who wants to emancipate self from dependence on parents.

Teenagers during this period have general increase in peer focus and involvement in peer related social sports and other extracurricular activities. The importance they attach to of these activities they do with the peers is far higher than they attach to the academic activities and the activities the indulge in with family members.

The importance of social acceptance during adolescence and friendship networks during this period are organised into relatively rigid cliques that differ in social status within the school and community setting. The existence of these cliques reflects the need of the adolescents to establish a sense of identity, a sense of belongingness to the group are some of the ways the youngsters solve the problem of “who I am”. Peers influence adolescence on things such as dress and clothing styles, music and activity choices.

3.3 ADOLESCENCE RELATION WITH FAMILY

Parents and their adolescence relate and interact, on a number of different levels such as playmates, teacher and student, healer and patient, and disciplinarian and offender. Interaction between parents and their children are characterised by warmth, consistently shown to have positive outcomes.

As adolescent youngster becomes physically mature they often seek more independence and autonomy and may begin to question family rules and regulations, norms and standards. These in turn lead to conflicts between the youngster and the adult family members. Generally the issues are concerned with dress and appearance, chores and dating. Despite these conflicting issues, parents and adolescents agree more regarding core values linked to education, politics and spirituality.

As children grow up the parent-child relationship modifies so as to account for changing physical, socio emotional and cognitive needs of both the child and the parent. An interactional style Even though the nature of the parent-child relationship changes with time and development, there are several static but key essentials such as attachment and communication, to a healthy and protective relationship from childhood through adolescence.

A relation between a parent and their adolescence is very crucial and also decides upon the self esteem and an overall personality growth/development of the teenager. For example, children who report having a positive relationship with their parents tend to have higher self esteem, have more positive peer relationships, do better in school and avoid behaviours such as substance use and delinquency.

Adolescents who are able to talk to their parents about issues that are important to them and get emotional support as and when needed are less likely to rely on peers for advice on important issues. They are less likely to succumb to peer pressure which at times may take the form of being pressurized into using alcohol and drugs as means of coping with the pressure experienced by the adolescent person.

Hence, adolescents who have and can maintain an open, positive, honest, flexible and emotionally supportive relationship with their parents can withstand pressure from undesirable sources. On the other hand, adolescents who have problematic relationships and poor communication with their parents, tend to become more dependent on their peers for advice and also for emotional support. Such behaviours

may lead to many undesirable outcomes such as poor performance in school, poor relationship, indulging in alcohol and other drugs, as well as manifesting undesirable aggressive behaviours, such as going against the school system and school authorities and parents.

3.3.1 Parenting Styles

Parenting is a complex activity that includes many specific behaviours that work individually and together to influence development of children in the desired direction. Although specific parenting behaviours, such as spanking or reading aloud, may influence child development, looking at any specific behaviour in isolation may not provide the correct picture of child rearing.

The construct of parenting style is used to capture normal variations in parents' attempts to control and socialise their children. There are two important points to be considered in this context: (i) Parenting style and (ii) Parental control. Parenting style refers to *normal* variations in parenting, such as might be observed in normal homes. Normal parenting revolves around issues of *control*. Although parents may differ in how they try to control or socialise their children and the extent to which they do so, it is assumed that the primary role of all parents is to influence, teach, and control their children.

Parenting style captures two important elements of parenting: (i) parental responsiveness and (ii) parental demandingness. Parental responsiveness (also referred to as parental warmth or supportiveness) refers to the extent to which parents intentionally foster individuality, self-regulation, and self-assertion by being attuned, supportive, and acquiescent to children's special needs and demands.

Parental demandingness (also referred to as behavioural control) refers to the demands parents make on children to become integrated into the family, and they do this through supervision, disciplinary efforts and willingness to confront the child who disobeys.

Indulgent parents (also referred to as “permissive” or “nondirective”) are more responsive than they are demanding. They are nontraditional and lenient, do not require mature behaviour, allow considerable self-regulation, and avoid confrontation”. Indulgent parents may be further divided into two types: democratic parents, who, though lenient, are more conscientious, engaged, and committed to the child, and nondirective parents.

Authoritarian parents are highly demanding and directive, but not responsive. They are obedience and status oriented, and expect their orders to be obeyed without explanation. These parents provide well-ordered and structured environments with clearly stated rules. Authoritarian parents can be divided into two types: nonauthoritarian-directive, who are directive, but not intrusive or autocratic in their use of power, and authoritarian-directive, who are highly intrusive.

Authoritative parents are both demanding and responsive. “They monitor and impart clear standards for their children's conduct. They are assertive, but not intrusive or restrictive. Their disciplinary methods are supportive, rather than punitive. They want their children to be assertive as well as socially responsible, and self-regulated as well as cooperative.

Uninvolved parents are low in both responsiveness and demandingness. In extreme cases, this parenting style might encompass both rejecting, neglecting and neglectful parents, although most parents of this type fall within the normal range.

As seen above parenting styles are a typology with each style different from the other. In addition to differing on responsiveness and demandingness, the parenting styles also differ in the extent to which they are characterised by a third dimension: psychological control. Psychological control refers to control attempts that intrude into the psychological and emotional development of the child through use of parenting practices such as guilt induction, withdrawal of love, or shaming.

Both authoritarian and authoritative parents place high demands on their children and expect their children to behave appropriately and obey parental rules. Authoritarian parents, however, also expect their children to accept their judgments, values, and goals without questioning. In contrast, authoritative parents are more open to give and take with their children and make greater use of explanations. Thus, although authoritative and authoritarian parents are equally high in *behavioural control*, authoritative parents tend to be low in *psychological control*, while authoritarian parents tend to be high on psychological control.

3.3.2 The Impact of Parenting Styles

Parenting style has been found to predict child well-being in the domains of social competence, academic performance, psychosocial development, and problem behaviour. Authoritarian parenting styles generally lead to children who are obedient and proficient, but they rank lower in happiness, social competence and self-esteem.

Authoritative parenting styles tend to result in children who are happy, capable and successful. Children and adolescents whose parents are *authoritative* rate themselves and are rated by objective measures as more socially and instrumentally competent than those whose parents are nonauthoritative. That is children consider themselves and also considered by others as socially more competent and also their behaviour always lead to the desired goals.

Children and adolescents from *authoritarian* families (high in demandingness, but low in responsiveness) tend to perform moderately well in school and be uninvolved in problem behaviour, but they have poorer social skills, lower self-esteem, and higher levels of depression.

Permissive parenting often results in children who rank low in happiness and self-regulation. These children are more likely to experience problems with authority and tend to perform poorly in school.

Uninvolved parenting styles rank lowest across all parenting styles. Children subjected to this kind of parenting style, tend to lack self-control, have low self-esteem and are relatively less competent than their peers. Children and adolescents whose parents are *uninvolved* perform most poorly in all domains.

Children and adolescents from *indulgent* homes (high in responsiveness, low in demandingness) are more likely to be involved in problem behaviour and perform less well in school, but they have higher self-esteem, better social skills, and lower levels of depression.

To conclude this section, it may be stated that parenting style appears to be an important indicator of parental functioning that predicts child's well being across a wide spectrum of environments and across diverse communities of children. Both parental responsiveness and parental demandingness are important components of good parenting. Authoritative parenting, which balances clear, high parental demands with emotional responsiveness and recognition of child autonomy, is one of the most

consistent family predictors of competence from early childhood through adolescence. In other words, parents adopting authoritative parenting style tend to show balanced and healthy relations with their adolescence.

Self Assessment Questions

- 1) Define and discuss the relationship of adolescents with peers and parents . How is it different from that of the childhood?

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- 2) What are the major complications in the relationship of an adolescent with his/her family?

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- 3) What are the differing parenting styles?

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3.3.3 Attachment Perspective

Attachment is an emotional bond to another person. Psychologist John Bowlby was the first attachment theorist, describing attachment as a “lasting psychological connectedness between human beings”. Bowlby believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life. According to Bowlby, attachment also serves to keep the infant close to the mother, thus improving the child’s chances of survival.

Attachment is the inclination for one individual to seek closeness with another individual (example, parents, romantic partner, etc), to feel safe when that person, and to feel anxious in his/her absence. From the time they are born, children begin to form an attachment with their caregivers. Early in development, children learn what to expect from their parents: “If I cry, I will be comforted (or I will not be comforted),” or “if I am hungry, I will be fed (or I will not be fed),” or “if I smile, I will be smiled at.” Based on their experiences and interactions, according to attachment theory, the child will create a “map” (i.e., a “working model of attachment”) of what to expect when interacting with the parent.

Attachment theory is a psychological, evolutionary, and ethological theory concerning relationships between humans. Within attachment theory, infant behaviour associated with attachment is primarily the seeking of proximity to an attachment figure in

stressful situations. Infants become attached to adults who are sensitive and responsive in social interactions with them, and who remain as consistent caregivers for some months during the period from about six months to two years of age. During the latter part of this period, children begin to use attachment figures (familiar people) as a secure base to explore from and return to. Parental responses lead to the development of patterns of attachment; these, in turn, lead to internal working models which will guide the individual's feelings, thoughts and expectations in later relationships.

John Bowlby and his colleagues believed that children could be classified into one of four categories of attachment based on the working models the child created regarding his or her interaction with the parent:

(1) secure,(2) anxious-ambivalent,(3) anxious-avoidant,(4) disorganised.

Each of the four types of attachment were thought to reflect certain strategies the child would use either to draw a caregiver closer or to dismiss or devalue the importance of the caregiver. There is strong evidence that secure attachment with a parental figure in childhood leads to greater emotional regulation, less personal distress, higher levels of social support, and better overall psychological adjustment in adolescence. Conversely, insecurely attached children (i.e., those classified as anxious-ambivalent, anxious-avoidant, or disorganised) tend to have greater difficulty regulating negative affect, have poorer peer relationships, and exhibit greater levels of psychopathology.

Age, cognitive growth and continued social experience advance the development and complexity of the internal working model. Attachment-related behaviours lose some characteristics typical of the infant-toddler period and take on age-related tendencies. The preschool period involves the use of negotiation and bargaining. For example, four-year-olds are not distressed by separation if they and their care giver have already negotiated a shared plan for the separation and reunion.

Peers become important in middle childhood and have an influence distinct from that of parents. Ideally, these social skills become incorporated into the internal working model to be used with other children and later with adult peers. As children move into the school years at about six years old, most develop a goal-corrected partnership with parents, in which each partner is willing to compromise in order to maintain a gratifying relationship.

By middle childhood, the goal of the attachment behavioural system has changed from proximity to the attachment figure to availability. Generally, a child is content with longer separations, provided contact is sure to be available when the child returns home after school etc. Attachment behaviours such as clinging and following the mother or the care giver tend to decrease as the child grows up and makes peer contacts and enjoys peer relations and the school hours. In fact the self reliance in the child start increasing and by middle childhood (7-11 year), many of the regulations that the care giver introduces are so well incorporated in the child that there is a high degree of self regulation and this is within the secure-base contact in which caregiver and child negotiate methods of maintaining communication and supervision as the child moves towards a greater degree of independence.

In early childhood, parental figures remain the centre of a child's social world, even if they spend substantial periods of time in alternative care. This gradually lessens, particularly during the child's entrance into formal schooling. The attachment models of young children are typically assessed in relation to particular figures, such as parents or other caregivers. There appear to be limitations in their thinking that

restrict their ability to integrate relationship experiences into a single general model. Children usually begin to develop a single general model of attachment relationships during adolescence, although this may occur in middle childhood.

Relationships with peers have an influence on the child that is distinct from that of parent-child relationships, though the latter can influence the form of peer relationships by making the child to interact with some and not with others etc. Although peers become important in middle childhood, the peers are not seen to become attachment figures, though children may direct attachment behaviours at peers if parental figures are unavailable. Attachments to peers tend to emerge in adolescence, although parents continue to be attachment figures. With adolescents, the role of the parental figures is to be available when needed while the adolescent makes excursions into the outside world.

3.3.3.1 Parent Child Attachment in Adolescence

Parent-child attachment relationship is seen in the context of infancy and toddlerhood. Adolescents face many critical developmental tasks, including seeking autonomy from parents while increasing reliance on peers. Common sense might suggest that such a developmental task is incompatible with maintaining a secure attachment with parents. Contrary to this view, adolescents who successfully navigate this task are often keenly attentive to the importance of an ongoing relationship with their parents and to how that relationship may provide a critical bridge between dependence and autonomy.

When there is a disruption within the parent-adolescent relationship, such as high conflict or a breach of trust, the adolescent makes corrections in order to reestablish the relationship. The result, therefore, is limited negative interactions, greater support within the parent-adolescent relationship, and greater levels of trust. Such a family environment allows the adolescent more opportunities to seek and establish meaningful, positive peer relationships in two ways. First, secure attachment with parents serves as a model for other relationships. This often translates into having secure peer and romantic partner relationships. Second, adolescents who have the trust and support of their parents are afforded more opportunities to engage in appropriate peer relationships, social activities, and environments outside of the home that promote autonomy.

3.3.4 Parent Child Communication

Another key element underlying strong and protective parent-child relations throughout the course of childhood and adolescence is the extent to which parents and adolescents talk openly and honestly with one another. Both the quality and the content of parent and adolescent communication serve as the framework upon which values and expectations are shared, information seeking and monitoring are influenced, and explanations and deeper understanding of behaviour are obtained.

This kind of sharing of values and expectations decreases the possibility of conflict in the relationship by increasing mutual understanding of the teens and their parents in addition to eliminating confusion around established rules and roles within the family. It is important for the parents to listen to the adolescent youngsters when they try to convey their intentions, plans, and activities. They should avoid criticizing the youngster's plans and point out the feasibility of the plan and the impediments in its implementation. When such listening to the youngster takes place without criticism and without any punishment, there arises greater trust and better understanding amongst

the parents and their adolescent youngsters. As a result, parents may be more comfortable and efficient in situations where they can grant moderated independence, while adolescents are more likely to abstain from behaviours perceived to drift away from the parent's values and expectations.

Free and uninhibited communication between parents and adolescents also provides protection in terms of parents coming to know of almost all activities of their youngsters and are in a position thus to help the youngsters stay away from wrong and harmful activities. Such a communication helps parents even to interact with the peers of their youngsters and are in a position to advise against some companions who have doubtful integrity. The youngster too trusting the parents thus avoid such relationships which are harmful and injurious to them. These are some of the greater advantages of easy communication between parents and adolescent youngsters.

Warm relationships and open communication between parents and their teen age children are integral to increasing the likelihood that adolescents will feel comfortable enough to self-disclose information about their plans and activities to their parents. Finally, there is a natural tendency for parents and adolescents to investigate situations in which they perceive most others to engage. For instance if parents are told by their youngsters that they went to a matinee show with their friends skipping the classes, the parent may find this behaviour to be deviant and would like to stop such behaviours in future. Accordingly they may help the youngster to see why such skipping classes are not correct and how their future will be affected and how the other children too will suffer as a result of such behaviours. All this should be done without criticism of the youngsters' behaviour and that of their friends. Parents too on their part should definitely allow enough freedom to the youngster after having conveyed what they wanted. The final decision has to come from within the youngster in order for it to be acceptable and implemented.

Thus, parents may find that their parenting behaviours seem off center with their current relationship with their adolescent. Likewise, adolescents may find themselves in situations of which their parents disapprove. In both instances, the establishment of open communication increases the opportunity for each to discuss their behaviours. A breakdown in communication in reaction to a challenging situation, may alter all of the protective processes that depend on an open communication between parents and adolescents.

Self Assessment Questions

- 1) Define attachment perspective. What are the four types of attachment one comes across in parent child relationship?

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- 2) How does each type of attachment affect the child's growth and development?

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3) Discuss the typical relationship and attachment between parents and adolescent youngster. What are the unique characteristic features of this relationship?

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4) Discuss the communication pattern between the adolescent and parents. Give suitable examples.

3.4 ADOLESCENCE AND THEIR RELATIONS WITH PEERS

Peer relationships and friendships become more important as children grow into early adolescence stage of development. Peer acceptance represents social status or popularity within a large group, whereas friendships represent relationships based on mutual respect, appreciation, and liking. Early adolescence is a time characterised by friendships that share more common feelings and are more supportive type relations than when children are younger.

At the same time, youth who have more mutual friends (i.e., individuals with a similar degree of affection for one another) are more likely to be accepted by their larger peer group. Similarly it can be perceived that older adolescent youngsters interact with peers more frequently and longer than do younger adolescent persons. This trend is seen in both within school and out of school.

Adolescent peer culture

Adolescent peer culture differs from the younger age children in the patterns of their relationships between peers. Adolescence is characterised by the emergence of relationships with relatively larger number of persons instead of just one person or changing of persons etc., as an important social context of development. Adolescents prefer to be in smaller group and with close friends, which is defined by dyadic (two-person) and small-group relationships. Another unique characteristic of peer culture during adolescents is to have an increased contact with peers of the opposite sex. Unlike younger children, who adhere to same sex groups, adolescents steadily increase their levels of association with members of the opposite sex.

The period of Adolescence is marked by the increased need and ability for intimate relationships both in the form of friendships and in the form of romantic relationships such as dating. As children enter adolescence, they begin to form more sustaining relationships with peers than they had at prior stages of development. During this period, new relationships develop because adolescents have greater opportunities for

independence from parents and are more able to see themselves as part of a larger community of people. Adolescent youngsters tend to get involved in new relationships with peers which may become new sources of trust. They need these new support relationships since information or support from a parent may no longer be as relevant. They also need these relationships to help establish their identity. By comparing opinions and values with others, teenagers can learn what makes them unique.

The development of enhanced relationships with others may not come easily for some adolescents. A possible intervention to help develop interpersonal relationships is interpersonal groups, such as task-oriented, social-recreational, and therapeutic groups. What makes institutional groups different from informal peer groups, like cliques, is that they bring these youngsters together who may have not otherwise developed relationships. Further, these groups can provide the social skills and positive self-image which may enhance their self esteem.

Biological changes also play an important role in adolescents' need to form relationships with the opposite sex. Finding the "right" clique to belong to can provide adolescents with a very much needed emotional and social support that can help them successfully navigate the demands of adolescence. Finding the "wrong" clique, on the other hand, can lead to maladaptive consequences that can include deviant behavioural patterns. The question of the direction of peer group influence on adolescents, however, is not a simple one. The peer group exerts a direct and overt influence on the adolescent's behaviour which as mentioned earlier is mutual and interactional.

Adolescents tend to choose peer groups that share their own beliefs and norms. Peer groups tend to approach like-minded adolescents to join their group. While peer culture tends to influence adolescent behaviour, it is quite clear that only part of the variation in adolescent behaviour affect the members of peer group. For example, adolescents' smoking and alcohol drinking patterns are attributed to peer pressure upto only 10 to 40 percent of the time. It is also important to note that peer culture influences are not limited to deviant behaviour only but to many other positive behaviours including academic achievement, positive contributory role of social work in the community, bringing solace to large number of persons in need of help etc.

Adolescent Peer Culture and School

The stage of adolescence is characterised by a desire for Peer acceptance and membership in a clique as important aspects of life. Peer crowds and cliques can have profound influence on how adolescents adjust to a school setting. With their unique norms and standards these cliques make the adolescent member feel a sense of belongingness and thereby contribute to the development of self identity. Normally youngsters in every school like to achieve but there are some who cannot achieve due to certain reasons and thus they are not popular with the achiever group. Those youngsters who achieve academically are very much sought after by many but those who fail to achieve form themselves into a clique and this clique can become at times so powerful and popular that many students would like to belong to such a clique. At times unfortunately these cliques may work against the established norms of the school and may also propagate underachievement. These are the cliques which may encourage youngsters to skip the classes and indulge in varied activities that are not in line with the societal norms. The leader and members of such cliques would put a great deal of pressure on its members to underachieve in school, and many youngsters who want to be identified with the popular persons, opt to be with students labeled as the "populars" or the "jocks". In course of time some youngsters

who are part of such groups start getting poorer marks and go down in their academics considerably causing anxiety to parents and teachers alike. As things become worse, the youngsters start indulging in many deviant activities and come into conflict with the Law of the Land.

The strong relationship between a positive and supportive peer culture in school and classroom settings and students' academic, emotional, and social adjustment shows a students' sense of belonging and sense of community in a school setting and their academic, social, and emotional adjustment.

According to the adolescent needs, a supportive peer community is one that:

- Shares their values and educational goals.
- Actively supports their learning needs.
- Provides a safe and pro-social environment in which adolescents can learn.
- Values their contributions.

Students with a higher sense of community in the school and classroom have higher grades and higher academic self-esteem. They also display higher levels of learning orientation and greater interest in complex problem solving tasks. They tend to display a higher social skills and pro-social behaviour.

3.5 PEERS VERSUS PARENTS

Adolescence is a period when an individual is drastically changed which is swift and thorough in all aspects. The influence a parent had on their children during early years reduces considerably with the adolescent youngster even protesting against parental dominance and influence. They go out of the way to reject parental advice even though they very well are aware that the advice and counsel of parents is the need of the hour. They prefer to hang around with friends whom they know perhaps only for a couple of months.

It must be remembered that such attraction to the peer group comes about gradually as they get more and more involved in the group activities and their discussion groups and other activity groups. Also, as mentioned earlier, adolescents will gravitate towards and be influenced by their peers when they feel insecure or have poor communication with the parents and siblings at home. When they do not feel loved or accepted, when they have no boundaries and when they are not getting training and guidance from their parents they will reach out to like minded peers in whom they find security. Similarly when they do not have simple life skills to know how to handle situations or when circumstances are dangerous, they are easily sucked into harmful situations because they think others are having more fun than they are. When others have more input into the teenage lives than their parents do, the level of parental influence is greatly lessened.

To avoid the above mentioned situations, parents can be proactive by talking to their children well before they hit teen years. An open communication can encourage their teens to tell them what they are feeling. Listening to their opinions and ideas and by praising their wisdom and good decisions, parents should prepare their children by telling them the kinds of temptations they are likely to face and show them how to say, "No" to unhealthy habits like smoking, drinking, drugs and sexual experimentation.

Parents can strengthen their relations with their adolescence by helping them understand how their bodies are changing and how their moods will be affected by changes in hormones. Reminding them of what family values are and the need to adhere to them

for their own safety, comfort and security, and encouraging and participating with the adolescence in various healthy physical activities like team sports, membership in service clubs, Scouts etc. will help build confidence in the youngster. By giving responsibilities of doing something for the community will be of value as this is time when they youngster is fired with enthusiasm and idealism to do something for the downtrodden. The parents must encourage in the youngster accountability and trust within that they can do and are capable of doing things that are assigned to them as tasks. In addition, parents should monitor their friendships and guide them in a non-judgmental way.

Parents should try to place their children in schools in which positive peer groups and cliques are influential in the community culture of the school, while avoiding schools in which negative peer groups that advocate deviant behaviours are predominant. The degree to which an adolescent will continue to be influenced by parents is directly related to the type of group or clique he or she belongs to. If the adolescent is a member of groups in which parents and their advice are considered valuable resources, then a parent will continue to be very influential during adolescence. If, however, the adolescent becomes a member of a group that promotes deviant behaviour, then the ability of the parents to exert influence on the adolescent's behaviour is greatly diminished.

Self Assessment Questions

1) Discuss how important is Peer relationships and friendships for an adolescent?

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2) How does peer pressure operate? What is positive peer pressure and what is negative peer pressure?

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3) What do you understand by peer culture? In what way the peer culture affect an adolescent development and behaviours?

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4) Explain parents measures to protect their teens from negative peer pressure.

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3.6 LET US SUM UP

Adolescence is a transitional stage of physical and mental human development that occurs between childhood and adulthood. It is usually accompanied by an increased independence allowed by the parents or legal guardians and less supervision. Adolescence is known as being a gangly, awkward, and troublesome individual. This period of life was seen as a time of “storm and stress”.

It is a time during which teenagers learn to think for themselves, develop the right values and make decisions. They may display open rebellion and animosity when their restless, resistance to authority and dependence on various fads.

Teenagers during this period has general increase in peer focus and involvement in peer related social sports and other extracurricular activities. The importance to the activities they do with the peers is higher than they attach to the academic activities with family members.

The importance of social acceptance during adolescence, friendship networks during this period often are organised into relatively rigid cliques that differ in social status within school and community setting.

Parents and their adolescence relate or interact, on a number of different levels such as playmates, as teachers, and students, as healer and patient, as disciplinarian and offender. Interaction between parents and their children are characterised by warmth, consistently shown to have positive outcomes.

A relation between a parent and their adolescence is very crucial and also decides upon the self esteem and an overall personality growth/development of the teenager.

Adolescence that are able to talk to their parents about issues that are important to them and get emotional support are important to them and get emotional support are less likely to rely on peers for advice on important issues.

Parenting is a complex activity that includes many specific behaviours that work individually and together to influence child outcomes. Parenting style captures two important elements of parenting: parental responsiveness and parental demandingness. Parental responsiveness refers to “the extent to which parents intentionally foster individuality, self-regulation, and self-assertion by being attuned, supportive, and acquiescent to children’s special needs and demands”. Parental demandingness refers to “the claims parents make on children to become integrated into the family whole, by their maturity demands, supervision, disciplinary efforts and willingness to confront the child who disobeys”. Both parental responsiveness and parental demandingness are important components of good parenting.

Attachment is the inclination for one individual to seek closeness with another individual (example, parents, romantic partner, etc), to feel safe when that person, and to feel anxious in his/her absence.

Peer relationships and friendships become more important as children grow into early adolescents. Peer acceptance represents social status or popularity within a large group, whereas friendships represent relationships based on mutual respect, appreciation, and liking. Early adolescence is a time characterised by friendships that share more common feelings and are more supportive than when children are younger.

Adolescence is a period when an individual is drastically changed which is swift and thorough in all aspects. The influence a parent had on their children during early years vs whom they hang with seems to determine the outcome.

3.7 UNIT END QUESTIONS

- 1) What are the important features of adolescent stage of development
- 2) What kind of relationship adolescents have with their family members?
- 3) What brings about a change in family relationship between the adolescent and parents during the adolescent stage of development?
- 4) What type of communication is needed between adolescent and the parents? Explain in detail.
- 5) What is meant by adolescent peer culture? How it is affecting the behaviours of adolescent youngster?
- 6) What can parents do to ward off the negative influence of the peer culture? Explain with suitable examples.

3.8 SUGGESTED READINGS

Hurlock, E.B. (1980). *Developmental Psychology*. Prentice Hall, New York.

Cooper, P.R. (1994), *Cultural Perspectives on Continuity and Change in Adolescent Years*, Sage, New York.

UNIT 4 INFORMATION PROCESSING AND COGNITIVE THEORY

Structure

- 4.0 Introduction
- 4.1 Objectives
- 4.2 Information Processing
 - 4.2.1 Information Processing Theory
 - 4.2.2 Information Processing Model
- 4.3 Cognitive Psychology
 - 4.3.1 Cognitive Theory
 - 4.3.2 Cognitive Information Processing
- 4.4 Let Us Sum Up
- 4.5 Unit End Questions
- 4.6 Suggested Readings

4.0 INTRODUCTION

I am sure very often you must be wondering how you learn, how children learn, how do they acquire knowledge, how does our brain work to acquire knowledge, and once acquired what all it does to retain that knowledge and how does it retrieve the information that the individual had learnt some months ago or even some years ago. All these are concerned with what we call as information processing.

A person is seen by you in a conference or in a meeting. Immediately the senses (vision) see it and transmit it to the brain through the spinal cord. The brain registers the characteristics of this individual and sends to the brain for storing this information. First the item goes from the register to the short term memory where it remains for a very short period and then is sent to the long term memory where it is stored permanently. When the person again appears before you about 6 months later, certain cues stimulate the brain and the brain is able to get to the long term memory and retrieve the information stored about the individual in it. This retrieval is called recall of the stored information. Thus you are able to recognise the person as having met him some months ago in a meeting. At times the cue itself may be that the person tells you that you met him at a certain meeting, and this cue is sufficient to get the materials stored to be retrieved. This is called information processing and it is part of cognitive psychology which is the study of the mental processes that are concerned with acquisition of information, registering it, storing it and then retrieving it. It also deals with many more processes, such as reasoning, decision making, problem solving, creativity, etc. In this unit we will be studying about the information processing of humans as to how they register information, retain and recall them.

4.1 OBJECTIVES

After going through this unit, you will be able to:

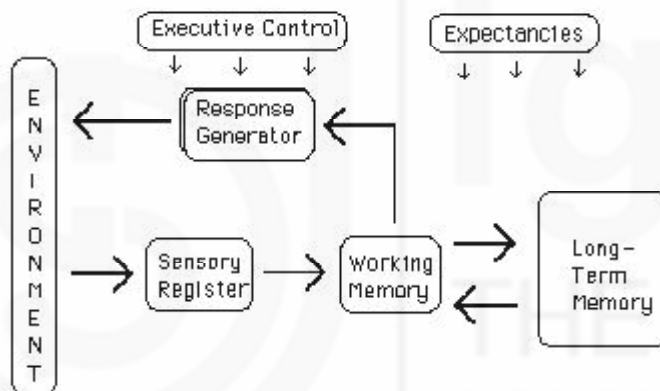
- explain the concept of information processing;

- elucidate the information processing theory and model;
- describe cognitive psychology and cognitive theory; and
- explain cognitive information processing.

4.2 INFORMATION PROCESSING

(From wlink.com/~donclark/hrd/learning/memory.html)

The entire process of information processing involves acquiring, retaining, and using information (refer to diagram below). Information is received by the brain from the outside of the body through what is called ‘sensory registers’. This information may be in the form as perceived by any of the 5 senses, visual, auditory, touch, taste and smell. Many times we are not consciously aware of these and respond automatically. However when we give special attention we are able to perceive and become aware of these senses and as we focus our attention on them, they are in the working memory until we finish with the entire process. Working memory is such that the items received are retained in it for a very short period of time and thus it is also called as short term memory.



A model of human information processing.

(Adapted from the internet site nwlink.com/~donclark/hrd/learning/memory.html)

This working memory is very short with at a time only 7 items being retained and that too for a very short period of time. In case we want to keep the items for a longer period of time or have larger number of items retained we may have to use strategies such as rehearsing to keep the item for a longer period and chunking the various items into 7 groups and remembering the chunks and the materials within.

In contrast to the short term memory, the long term memory stores information for longer periods of time. There is no need to rehearse the items to keep it in memory for longer periods. Also any number of items can be stored and there is no restriction about how much information is to be stored. To give an example, whenever we are working in the office, we receive letters, emails, notings, phone calls etc. We respond to some, postpone responding to others and do not give importance or any attention to some items. We also file some of the notings and papers received as if we are sending the items to long term memory. Sometimes when a certain note is received, we try to see and relate the contents of the items with some stored files such as minutes of a board meeting in which we had taken some decisions regarding that concerned matter. That is, we are retrieving items from long term memory in some fashion or integrate them in some way to attack a complex problem.

In information processing also we do the same kind of complex action. Though the diagram clearly explains how information is received, processed and stored etc., human brain is not that simple, we are still not aware how many things happen about which we do not even know anything and further research at a high level will be required to know what goes on in the process mentioned above in the brain.

Cognitive processes are also concerned with how people learn, understand, think, store and recall the information that has been acquired over a period of time. You go to school or college and you learn many things. A large number of things are immediately available to you as you are able to remember them, but considerable information may be available to you only when you put in some efforts and there are many more information that are just not available to you even when you put in efforts. Sometimes you feel that it is there and you can recall but it slips off and you do not remember. With certain cues you may be able to recall that information.

The entire process of registering, storing and retrieving information is called information processing which all come under the rubric of cognitive psychology.

One can imagine one's brain and the information processing system akin to that of a computer, where in there are first of all input. This is the information that you send to the computer. Now you want the computer to store this information so that whenever you need you can recall it and use it. The computer takes the information input and stores it as per your command and then retrieves it from the stored place for you when you need it. Today we have information processing models of memory about which we have discussed below.

Self Assessment Questions

- 1) From what sources does information enter the working memory?
 - a) external stimuli, b) sensory register, c) short-term memory d) long-term memory
- 2) From what source does information enter long-term memory?
 - a) external stimuli, b) sensory register, c) short-term memory, d) procedural memory
- 3) What process causes information to move into the sensory register?
 - a) perception, b) attention, c) retrieval d) rehearsal e) encoding
- 4) What process causes information to move from the sensory register to working memory?
 - a) perception, b) attention, c) retrieval d) rehearsal e) encoding
- 5) What process causes information to *stay* in the working memory?
 - a) perception, b) attention, c) retrieval, d) rehearsal, e) encoding
- 6) What process causes information to move from working memory to long-term memory?
 - a) perception, b) attention, c) retrieval, d) rehearsal, e) encoding
- 7) What process causes information to move from long-term memory to short-term memory?

a) perception, b) attention, c) retrieval, d) rehearsal, e) encoding

8) What happens to information in the working memory that is not encoded?

a) it is never learned, b) it is rehearsed, c) it returns to the sensory register,
d) it moves to long-term memory, e) it moves to short-term memory

9) What happens to information that does not move from the sensory register to short-term memory?

~~a) it is never learned), b) it is learned, but quickly forgotten), c) it can be learned, but only if it is rehearsed constantly) d) it can be learned, but only if it is encoded)~~

Answers

1) b and d, 2) c and d 3) b, 4) b, 5) d, 6) e 7) c, 8) a 9) a

4.2.1 Information Processing Theory

During the 1950's research on artificial intelligence was being very popular with experts and psychology scientists trying to create a computer model of intelligence which can perform many tasks that human's brain performs. However, with the many new tools and techniques such the FMRI and PET etc., the study of brain functions has become much more sophisticated, more scientific and more informative. As pointed out by experts and researchers the information processing studies of cognition flourished during 60's and 70's.

To be more specific, information processing theory is actually a framework that has within it a certain number of related theories having some common assumptions. As for instance one such assumption is that all cognitive activities involve mental processes that operate over real time on internal, symbolic representations of information. That is, information of all sorts is coded as mental representations with structural properties. Any stimulus that is seen for the first time, new designer furniture, for instance, the processes involved in perception makes a mental representation of that furniture. These representations are then stored by the memory in the long term memory from where when necessary could be retrieved. In fact these representations are stored after linking them to any related type of representation already in existence in the memory. This helps in interpreting the various details of the furniture, its colour, its texture and many more information to decide whether it is good to purchase it or not.

From the point of view of information-processing theory, one does not simply experience the furniture but one is engaged in a series of events in which mental representations of the furniture are created and manipulated by processes operating over time. These processes are identified which help to understand the various aspects and unique features of the furniture and help in taking a decision regarding the purchase of the furniture. Researchers therefore focus on how the decisions are made, how the problems are solved and what kinds of skills are required for it.

The next assumption is that these processes and representations exist within an organised system with definable properties and constraints. An important goal of research is to define the *cognitive architecture*, that is, the general structural characteristics of the information-processing system. For example, the amount of information that can be activated at any one time is limited, as is often evident when people try to remember new telephone numbers or solve difficult problems. This phenomenon is often interpreted in terms of *working memory*, an important, limited

capacity system for manipulating information. Research on working memory has revealed the operation of three interacting components: a *phonological loop* for storing speech-based information; a *visual-spatial sketchpad* for storing visual information; and an *executive system* for combining information from various sources to solve problems and create plans. New research, such as that reported in 2000 by Susan E. Gathercole and Susan J. Pickering, is beginning to link developmental change and individual differences in cognitive performance to changes in these components of working memory. Another constraint on cognitive processing is the speed at which processes operate. In general, faster processing speed should enable more competent performance on particular tasks. Not only does general processing speed increase from early childhood through adolescence, but as researcher Robert Kail reported in 1991, it does so at a consistent and well-defined rate of change. The reasons for this phenomenon still are not understood.

A third assumption is that cognitive development occurs via self-modification of the information-processing system. Although environmental events critically influence development, the mechanisms by which the information-processing system changes over time are assumed to be internal to the system itself. A number of such mechanisms have been proposed. For example, as children develop some processes become *automatized* in the sense that they are executed more rapidly and with less demand on limited attentional capacity than earlier in development. According to some theories, increasing automatization allows children to operate at higher levels of complexity and flexibility. Knowledge modification processes, such as *generalisation* and *discrimination*, operate to create more powerful and accurate processes and representations. A critical task for developmental theorists is defining a cognitive architecture and self-modification mechanisms that, together, can account for the striking changes in thinking that emerge as children develop.

Information-processing theories of development differ significantly from other approaches in fundamental ways. They are not *phenomenological* because they are not limited to conscious experience, and they are not *neurological* in that they do not rely on neural or biochemical mechanisms as explanations. They differ from traditional stimulus-response theories because of their emphasis on detailed descriptions of mental processes and representations that interact over time. Unlike *structural* theories, such as that of Jean Piaget, the focus is on very specific processes and representations that underlie performance. Information-processing theories can be combined with these other approaches, and in contemporary neuroscience research, for example, information-processing concepts, such as working memory and processing speed, are often used to explore relations between brain and behaviour.

Methods

The assumptions of information processing have led researchers to adapt or create methods appropriate for identifying processes, representations, and characteristics of cognitive architecture. Given the emphasis on temporal properties of processes, researchers have developed highly specialised, *chronometric methods* for measuring the speed of particular mental processes. With *rule assessment*, tasks are structured so that patterns of responses can be used to identify particular processes and decision rules. *Protocol analysis* is used to examine verbal self-reports, provided by participants as they solve problems, for evidence about solution procedures, internal representations, and processing constraints. When applied to the study of development, these methods need to be used carefully so that they are equally sensitive to important aspects of performance at different developmental levels.

Information-processing researchers also have adopted a number of distinctive methods for illustrating or representing their theories. Because of the emphasis on specific processes and their organisation, flow charts and diagrams often are used to indicate how processing is structured. Some researchers take a more formal approach: They implement their theories of cognitive development as computer programs. To the extent that the programs mimic children's behaviour and development, researchers receive some support for the veridicality of their theory. If, however, the program crashes, then clearly the theory is lacking.

Educational Implications

Ideally, educational assessment would provide specific insights about how to adapt instruction to individual children so as to optimise learning. In principle, information processing should provide a basis for assessing specific strengths and weaknesses and for identifying specific processes and representations that can be targeted for instruction. Teachers want their students to answer problems correctly, but measuring achievement only in terms of correct answers can be misleading: Often children can answer a problem correctly but for the wrong reasons, or incorrectly but for reasons that make sense. More important than answering correctly, in terms of educational goals, are whether students use appropriate solution strategies and whether they understand what they are doing. The value of information-processing research for education lies in its inherent distinction between the *products* of children's thinking (i.e., *whether* children solve problems correctly) and the *processes* (i.e., *how* problems are solved). Research on the development of school-related knowledge and skills is beginning to yield impressive advances.

In studies of young children's arithmetic, for example, researchers have identified a wide range of solution procedures, correct and incorrect, that children use to solve problems. To account for how children select among these procedures, how procedures change as children gain experience, and how some new procedures arise, Robert S. Siegler and Christopher Shipley (1995) developed an information-processing model that includes assumptions about an associative memory for number facts, a memory system for recording the results of past solutions, and a system for deciding whether and how to apply particular procedures. This model accounts extremely well for some aspects of children's development in arithmetic, and it has some specific instructional implications. For example, according to this model, associating problems and correct solutions is critical for later development of efficient solution procedures. Discouraging children from counting accurately with their fingers may increase the chance of incorrect associations developing and thus delay the use of more advanced procedures. The model is far from complete, but it provides a coherent basis for analysing how children solve arithmetic problems, how and why change occurs, and how instruction might be adapted to the needs of individual children.

Similar progress has been made in other areas. Reading, for example, is a complex skill consisting of numerous components, and information-processing methods have been useful for identifying and measuring these components. One such component is phonological awareness, which includes the ability to identify and manipulate phonemes. Lynette Bradley and Peter E. Bryant (1983) found that instruction designed to enhance phonological awareness in young children strongly and positively influences the rate at which they become effective readers. Problem solving is critical to success in many academic domains. Amarjit S. Dhillon (1998) studied the behaviour of experts and novices as they solved physics problems and found that their strategies could be

analysed in terms of fourteen processes or activities. Experts and novices differed systematically in the use and sequence of these activities, a finding that provides insights into understanding students' knowledge in terms of specific concepts and procedures. The results of this research were used to develop problem-solving instruction for high school and university students.

Aside from its use in specific academic domains, information processing also has provided a basis for assessing broad intellectual skills. A new generation of tests is emerging that are constructed so that children's performance can be interpreted in terms of relatively specific processing skills that, in principle, may be amenable to targeted instruction. One example is the Cognitive Assessment System (CAS), developed by Jagannath P. Das and Jack A. Naglieri, in which tasks from information-processing research have been adapted to measure four aspects of processing (planning, attention, simultaneous processing, and successive processing) that are emphasised in a comprehensive theory developed by the neuropsychologist Aleksandr Luria. Because of the links between theory and measures, the CAS has proved useful in interpreting performance for children with or without learning disabilities and for developing specific instructional interventions.

Prospects

Information processing is by no means the only approach for studying cognitive development, but its assumptions and methods have proved helpful in exploring the many ways in which children's thinking changes with development. Its greatest utility to date has been in studying task-specific or domain-specific processes and representations. It has been applied with somewhat less success to domain-general characteristics of development, as well as to topics such as motivation and affect that are critical to understanding development and optimising education. At this point, it is not clear whether these apparent deficiencies are inherent to information processing or whether they are simply a result of how information-processing concepts and methods have been applied to date. The information-processing approach is challenged by connectionist and dynamic systems theories that do not share the assumptions about symbolic representations and discrete processes; by ecological theories that focus on environmental factors and their structure; by neuroscientific theories that provide explanations in terms of neural functioning and neuroanatomy, and by traditional theories, such as those of Jean Piaget and Lev Vygotsky, in which a more general level of analysis and explanation is emphasised. The extent to which information processing succeeds will depend, in part, on the extent to which its practitioners can adapt to accommodate these challenges and contribute to research that enriches educational assessment and instruction.

Computer Oriented Information Processing Models

The information-processing theory is associated with the development of high-speed computers in the 1950s. Researchers—most notably Herbert Simon and his colleagues—demonstrated that computers could be used to simulate human intelligence. This development led to the realisation that computer-oriented information-processing models could provide new insight into how the human mind receives, stores, retrieves, and uses information. Information processing model focused on innate mental capacities, rather than on conditioned, externally observable behaviour. By enabling experimental psychologists to test theories about complex mental processes through computer simulation, information-processing models helped reestablish internal thought processes as a legitimate area of scientific inquiry.

The information processing theory is an approach to the cognitive development of a human being, which deals with the study and the analysis of the sequence of events that occur in a person's mind while receiving some new piece of information. In short, it is the analysis of the way a human being learns something new. There is a fixed pattern of events that take place in such a situation, and by knowing this pattern we can enable children and people with special abilities to learn new things faster.

The information processing theory laid down by experts in psychology claims that the human mind is very similar to that of computers, as far as information processing and analysis is concerned. They also say that any new piece of information that enters the brain is first analysed and then put through the test of several benchmarks before being stored in some vestibules of the memory. Since these actions occur at a very fast speed, we are unable to notice them in action.

The sensory perceivers of a human being function in the same way as the hardware of a computer does, and the mindset and the rules and strategies adopted by the person while learning is equivalent to the software used by computers. The information processing system of a person can thus be enhanced if these perceivers and rules are altered.

4.2.2 Information Processing Model

There is a fixed structure that the information processing theory follows, and it is divided into the following four parts:

- The store model – This is a breakdown of the model which states that the information that has been received can be stored in any of the processing units, or the channels through which it passes. These channels are the sensory register, short-term memory and long-term memory.
- The sensory register – This is that part of the mental processing unit that receives all information and then stores it temporarily or permanently.
- Short-term memory – That part of the sensory register where the information is stored temporarily. Once the decision has been made regarding the information, the information will either be discarded or transferred to the long-term memory.
- Long-term memory – The part where all the information is permanently stored. It can be retrieved later as and when the need arises.

The four main beliefs of the information-processing approach

- 1) When the individual perceives, encodes, represents, and stores information from the environment in his mind or retrieves that information, he is thinking. Thinking also includes responding to any constraints or limitations on memory processes.
- 2) The proper focus of study is the role of change mechanism in development. Four critical mechanisms work together to bring about change in children's cognitive skills: encoding, strategy construction, automatization and generalisation. To solve problems effectively, children must encode critical information about a problem and then use this encoded information and relevant prior knowledge to construct a strategy to deal with the problem
- 3) Development is driven by self-modification. Like Piaget's theory of cognitive development, the information-processing approach holds that children play an active role in their own development. Through self-modification, the child uses

knowledge and strategies she has acquired from earlier problem solution to modify her responses to a new situation or problem. In this way, she builds newer and more sophisticated responses from prior knowledge

- 4) Investigators must perform careful task analysis of the problem situations they present to children. According to this view, not only the child's own level of development but the nature of the task itself constraints child's performance. Thus a child may possess the basic ability necessary to perform a particular task when it is presented in a simple form, without unnecessary complexities. However, if extra or misleading information is added to the same task, the child may become confused and be unable to perform it.

4.3 COGNITIVE PSYCHOLOGY

Cognitive psychology is a discipline within psychology that investigates the internal mental processes of thought such as visual processing, memory, thinking, learning, feeling, problem solving, and language. The term "cognition" refers to all processes by which the sensory input is transformed, reduced, elaborated, stored, recovered, and used. It is concerned with these processes even when they operate in the absence of relevant stimulation, as in images and hallucinations.

Cognitive psychology is radically different from previous psychological approaches in two key ways. It accepts the use of the scientific method, and generally rejects introspection as a valid method of investigation, unlike symbol-driven approaches such as Freudian psychology. It explicitly acknowledges the existence of internal mental states (such as belief, desire and motivation) unlike behaviourist psychology. Critics hold that the empiricism of cognitive psychology combined with the acceptance of internal mental states by cognitive psychology is contradictory.

4.3.1 Cognitive Theory

Cognitive theory is a learning theory of psychology that attempts to explain human behaviour by understanding the thought processes. The assumption is that humans are logical beings that make the choices that make the most sense to them. "Information processing" is a commonly used description of the mental process, comparing the human mind to a computer.

Cognitive theory is concerned with the development of a person's thought processes. It also looks at how these thought processes influence how we understand and interact with the world. Cognitive theories studies about how people understand material, aptitude, capacity to learn and learning styles. It is also the basis of the educational approach known as constructivism, which emphasises the role of the learner in constructing his own view or model of the material and what helps with that.

Pure cognitive theory largely rejects behaviourism on the basis that behaviourism reduces complex human behaviour to simple cause and effect. However, the trend in past decades has been towards merging the two into a comprehensive cognitive-behavioural theory. This allows therapists to use techniques from both schools of thought to help clients achieve their goals.

Social cognitive theory is a subset of cognitive theory. Primarily focused on the ways in which we learn to model the behaviour of others, social cognitive theory can be seen in advertising campaigns and peer pressure situations. It is also useful in the

treatment of psychological disorders including phobias.

4.3.2 Cognitive Information Processing

The cognitive information processing theory looks at the role of the three stages of memory (sensory, short-term, and long-term) in retrieving information and then transferring it to store and then recall in memory. Sensory memory allows the learners to organise groups of information or patterns in their environment; learners recognise and then process these patterns. Short-term memory allows the learner to hold and to understand small amounts of information. If the information is effectively connected to previous knowledge, it is stored in long-term memory. Long-term memory allows the learner to remember and then apply knowledge across learning environments; and, remember the information for large amounts of time after it is learned. Encoding and retrieval also play key roles in the cognitive information processing theory.

The cognitive information processing focuses on different aspects of instruction and how those aspects can either facilitate or hinder learning and memory. Cognitive information processing theory emphasises using strategies that focus the learner's attention, promote encoding and retrieval, and provide for meaningful, effective practice across learning environments and curriculum. Cognitive information processing theory also emphasizes the use of graphic organisers and emphasising words that are important in texts.

4.4 LET US SUM UP

Cognitive processes are also concerned with how people learn, understand, think, store and recall the information that has been acquired over a period of time. A large number of things are immediately available to you as you are able to remember them, but considerable information may be available to you only when you put in some efforts and there are many more information that are just not available to you even when you put in efforts. The entire process of information processing involves acquiring, retaining, and using information. Information is received by the brain from the outside of the body through what is called 'sensory registers'. This information may be in the form as perceived by any of the 5 senses, visual, auditory, touch, taste and smell. Information processing theory is actually a framework that has within it a certain number of related theories having certain common assumptions. As for instance one such assumption is that all cognitive activities involve mental processes that operate over real time on internal, symbolic representations of information. That is, information of all sorts is coded as mental representations with structural properties.

Information-processing theories of development differ significantly from other approaches in fundamental ways. They are not phenomenological because they are not limited to conscious experience, and they are not neurological in that they do not rely on neural or biochemical mechanisms as explanations.

Cognitive psychology is a discipline within psychology that investigates the internal mental processes of thought such as visual processing, memory, thinking, learning, feeling, problem solving, and language. The term "cognition" refers to all processes by which the sensory input is transformed, reduced, elaborated, stored, recovered, and used.

Cognitive theory is a learning theory of psychology that attempts to explain human behaviour by understanding the thought processes. The assumption is that humans are logical beings that make the choices that make the most sense to them. "Information

processing” is a commonly used description of the mental process, comparing the human mind to a computer.

The cognitive information processing theory looks at the role of the three stages of memory (sensory, short-term, and long-term) in retrieving information and then transferring it to store and then recall in memory.

4.5 UNIT END QUESTIONS

- 1) What do you understand by information processing? Explain with a diagram
- 2) Define short term memory, long term memory and working memory. Give suitable examples.
- 3) Elucidate then information processing theory bringing out its salient features.
- 4) What are the methods used in information processing model? Discuss its applications in real life situations.
- 5) Discuss the computer oriented information processing models.
- 6) Define cognitive psychology. What are its scope, goals and application. Discuss giving suitable examples.

4.6 SUGGESTED READINGS

Woodworth, R.S. (1972). (3rd edition) *Woodworth and Schlosberg's Experimental Psychology*. Holt, Rinehart and Winston, NY

Pashler, Hall (2002). *Steven's Handbook of Experimental Psychology*.(2002). Third Edition. (3rd Edition) , Wiley International . NY

UNIT 1 PHYSICAL, PSYCHOLOGICAL AND SOCIAL CHANGES

Structure

- 1.0 Introduction
- 1.1 Objectives
- 1.2 Introduction to Physical Changes
 - 1.2.1 Early Adulthood
 - 1.2.2 Middle Adulthood
 - 1.2.3 Late Adulthood or Old Age
- 1.3 Psychological and Social Changes
 - 1.3.1 Early Adulthood
 - 1.3.2 Middle Adulthood
 - 1.3.3 Late Adulthood or Old Age
- 1.4 Let Us Sum Up
- 1.5 Unit End Questions
- 1.6 Suggested Readings and References

1.0 INTRODUCTION

We are often told by our elders to act according to our age. Have you ever wondered what does it mean? There seems to be certain expectations of how individuals of a certain age should act. The period of adulthood is marked by society's expectation of performing one's duty as an adult. Some special roles and relationship like family and career are the major milestones of adulthood. The spurt of growth during adolescence stabilises by adulthood and the individual looks forward to more concrete roles in the society. Our capabilities and behaviours continue to change as we grow older not only because of the biological growth process but also because of our understanding and the way we interact with our environment. In the Indian tradition the period of adulthood refers to Grihastha ashram. During the stage an individual enters the social life and accepts responsibilities of family, marriage and entering into one's career. The stage of adulthood has the following sub periods: (1) Early adulthood (20s to 30s) (2) Middle adulthood (40s to 50s) and (3) Later adulthood or Old Age (60s and above.)

1.1 OBJECTIVES

After reading this unit, you will be able to:

- discuss the Physical development during adulthood;
- explain the period of middle age period;
- list the characteristics of adulthood;
- describe the physical, social and psychological changes during old age;
- explain the attitude towards successful aging; and
- define death and aging.

1.2 INTRODUCTION TO PHYSICAL CHANGES

1.2.1 Early Adulthood (20s-30s)

In terms of physical development, a great deal of attention is usually placed on the teenage years and puberty. Less attention is placed on physical development in the adult years. Early adulthood is the first stage of adulthood in which the body physically changes. Early adulthood is, for most people, the time of peak physical capacity. The body reaches full height by the late teens, and physical strength increases into the late 20s and early 30s (Whitbourne, 2001). Manual agility and coordination, and sensory capacities such as vision and hearing, are also at their peak. Shoulder width and chest size increase, and people continue to develop their athletic abilities.

The body continues to undergo significant hormonal changes. These changes may make beards grow a bit thicker and the voice to become slightly deeper and richer. This is the period in which women usually have children, so it is the time in which women gain a little weight and finish their full breast development. But change is imminent, even in these basic capacities. Some decline is seen in the perception of high-pitched tones by the late 20s (Whitbourne, 2001), and manual dexterity begins to reduce in the mid 30s.

In general, people in early adulthood feel robust and energetic, although it is not unusual to see fluctuations around deadlines and exam periods! On the other hand, people in this age group are also legally able to use damaging substances, such as alcohol and tobacco, and many can obtain access to illegal stimulants or narcotics. Young adults also have increasing responsibility for organising their own eating habits and exercise regimes. Not surprisingly, the health status and prospects of young adults are dependent more than ever before on their own behavioural choices.

During the period of young adulthood one sees himself or herself as an autonomous and independent adult. In this period the individual becomes financially less dependent on the parental family. A major developmental task during this period is the choice of a career.

Young men and women tend to settle down in a career of their choice. In addition a young adult tries to settle down and start family life. They are also concerned about various social issues and forming close relationships with one's professional peers and members of community. The duties of a person demand two fold responsibilities which are towards oneself as well as the society.

The stage of young adulthood is characterised by new tasks and characteristics of Young Adulthood challenges in life, such as establishing financial and emotional independence and entering into marital relationship. Unemployment and marital discord are two typical crisis conditions during early adulthood.

1.2.2 Middle Adulthood (40s-50s)

Middle adulthood begins arbitrarily at 40 and may constitute 50% or more of the lifespan. During mid-life, people experience a range of external and internal physical changes. External changes include the appearance of grey hair and hair thinning, increase in facial wrinkles, and a tendency to put on weight around the waist or lower body. Internal changes include reductions in the efficiency of the cardiovascular, respiratory and nervous systems (Whitbourne, 2001). The most

common of these involve further loss of sensory sharpness (Fozard et. al., 1977). The other changes are as follows:

Sensitivity: People become less sensitive to light, less accurate at perceiving differences in distance, and slower and less able at seeing details. Hearing, particularly sensitivity to higher frequency sounds, is also prone to weaken during middle age (Brant & Fozard, 1990; Wiley et al., 1998). Sensitivity to smell, taste, and pain declines in middle adulthood but is more gradual and less noticeable than vision and hearing.

Farsightedness: At about age forty, increased farsightedness is common, and glasses may be necessary to correct for it.

Astigmatism: A common vision change in middle age involving loss of elasticity in the lens which causes difficulty changing focus from near to far distance.

Climacteric: The period of time preceding menopause during which the body adjusts to lower estrogen levels.

Menopause: In their late forties or early fifties, women generally experience menopause, the shutdown of reproductive capability. Estrogens and progesterone levels drop, and the menstrual cycle eventually ceases. There is some evidence that the physical symptoms associated with menopause vary across some cultures (Avis et al., 2001). This may reflect variations in diet and/or social expectations about the nature of the menopause.

Male Menopause: In males, menopause is a controversial concept stating that men have their own version of menopause which for many is experienced as a psychological, rather than a physiological phenomenon.

Middle Age Spread: Fat redistribution in middle age which for women tends to occur above the belt and for men, below the belt. The uterus shrinks and breast size reduces: 70% to 81% of women report hot flashes, whereas 50% to 60% of women report night sweats.

Osteoporosis: A condition where the bones become porous and brittle due to lowered levels of estrogen in women.

Vasomotor Instability: Temporary disruptions in the body mechanisms that constrict or dilate blood vessels to maintain body temperature and which result in hot flashes and flushes experienced by menopausal women.

As at other stages of the lifespan, physical changes are closely interwoven with psychological changes. Signs of ageing prompt many people to review their lives and some begin to feel dissatisfied with their bodies. In a large sample of middle-aged and older Swiss women, for example, Allaz, Bernstein, Rouget et al. (1998) found that a majority expressed dissatisfaction about their weight and many had dieted to control it, even though their weight fell within the normal range. Individuals' own behavioural choices can moderate the effects of biological changes. For example, menopausal women who take regular aerobic exercise report more positive moods and less somatic discomfort than non-exercising peers (Slaven & Lee, 1997). The reactions and support of partners can also influence women's experience of menopause (Leiblum, 1991).

1.2.3 Late Adulthood or Old Age (60s-Above)

Late adulthood is perhaps the most difficult of all to define precisely and that too because there is very wide individual variations in the physical, cognitive and

social processes of aging. In late adulthood, external physical changes include changes in the skin (wrinkling, loss of elasticity), loss of subcutaneous fat, thinning of the hair, and changes in general posture due to the loss of collagen between the spinal vertebrae (Cavanaugh, 1997; Whitbourne, 2001). There are also many internal changes, less apparent to the onlooker but important to the functioning of the aging individual. These include changes to the cardiovascular system and loss of cardiac muscle strength, decline in muscle mass and reductions in the efficiency of the respiratory, digestive and urinary systems (Whitbourne, 2001). Older adults tend to go to sleep earlier but may find it harder to sleep through the night without awakening (Park et al., 2002).

Although physical change is inevitable, the timing and extent are highly variable and, to some degree, influenced by the behavioural choices and lifestyle of the individual. For example, aging of the skin is affected by exposure to sunlight, physical strength and fitness decline. The ageing process is relatively slower in those who exercise regularly. The well-being of the digestive system is influenced by diet and drug use (Whitbourne, 2001).

Physical and sensory capacities, so important in our earliest encounters with the world, also tend to decline with age. Manual dexterity is reduced (Francis & Spirduso, 2000), and the visual system becomes less effective (Glasser & Campbell, 1998). The older person's pupils become smaller, and the lens of the eye becomes less transparent (and so less sensitive to weak lights, and less able to adapt to darkness) and less able to accommodate. Hearing, taste, olfaction and touch all become less sensitive during later adulthood (Marsh, 1996; Whitbourne, 2001). The results of both longitudinal and cross-sectional studies reveal substantial decline in mental abilities as one reaches the age of 70 years and beyond (Aiken, 1996). The cognitive malfunctioning is generally expected, and is regarded as a natural consequence of aging process. However, a number of variables are believed to be important predictors in the relationship between aging and cognition, like health and environment.

If perceptual abilities were so vital at the outset of life, what are the psychological consequences of beginning to lose them? Imagine becoming less able to listen to music, experiencing difficulties in attending to conversations, or finding that food and drink seem less interesting all these would make a person feel miserable. Research indicates that our physical senses remain important at this end of the lifespan, too. There is a strong connection between sensory functioning and intelligence in old age (Baltes & Lindenberger, 1997). Gradual deficits in hearing can affect older people's ability to process speech in the context of other noise, which in turn affects how easily they interact with other people.

Certainly, the decline of abilities that were once taken for granted can lead to a reduced sense of competence for the older person (Whitbourne, 2001). And the curtailment of activities that were previously enjoyed can affect people's assessment of their quality of life. But, once again, the extent of the impact of biological decline varies from person to person, and is influenced by both the rate of change and the individual's coping skills which are, in turn, influenced by personality and social circumstances.

Self Assessment Questions

1) What are the stages of adulthood?

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2) Explain physical changes in early adulthood and late adulthood.

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1.3 PSYCHOLOGICAL AND SOCIAL CHANGES

1.3.1 Early Adulthood (20s-30s)

During the period of early (young) adulthood one sees himself or herself as an autonomous and independent adult. In this period the individual becomes financially less dependent on the parental family. A major developmental task during this period is the choice of a career.

Young men and women tend to settle down in a career of their choice. In addition, a young adult tries to settle down and start family life. They are also concerned about various social issues and form close relationships with one's professional peers and members of the community. The duties of a person demand two fold responsibilities which are towards oneself as well as the society. The stage of young adulthood is characterised by new tasks and challenges in life such as establishing financial and emotional independence and entering into marital relationship.

Unemployment and marital discord are two typical crisis conditions during early adulthood. According to Erikson this period is characterised by a crisis of intimacy versus isolation. The young adults must develop the ability to form deep intimate relationships with others particularly in marriage. Otherwise, they can become socially and emotionally isolated.

Levinson (1978) extended some of Erikson's ideas, but drew also on social psychological theory to explain the relationship between the developing individual and the demands of society. He emphasised the social role requirements at different life stages, and the interaction between personal growth and relationships. He maintained that all normally developing adults progress through the same stages in the same sequence, and at roughly the same pace.

Early adulthood begins with the sub-stage of early adult transition (approximately 17–22 years), in which young people are working towards autonomy from their parents and formulating a 'Dream' of what they hope to become in life. The Dream is important because it guides their efforts and choices in both the occupational and personal spheres. Do you have your own Dream, or did you have one during this phase of life, and how does/did it relate to your current occupation and plans?

The next sub-stage is the period of entering the adult world (22–28), and is organised around forging a pathway at work and attaining a special personal relationship.

This is followed by the ‘age 30’ transition (28–33), in which people undergo a moderate degree of self-questioning that is, reviewing their dream, the choices they have made and the problems in their lives.

The rest of this decade (33–40) is the ‘settling down’ period, when people have usually found their niche in life and are striving to consolidate their professional and domestic roles – they are basically getting their life in order.

Levinson arrived at his account on the basis of a series of intense individual interviews with a group of American men in mid-life. Although Levinson’s original sample was relatively limited, subsequent work has shown that the model fits many American women reasonably well, too (Levinson, 1996; Roberts & Newton, 1987).

Thus, the psychosocial development for the young adult can be identified with a desire to be socially independent and with a high ambition to succeed and can include occupation selection, selecting a life-partner, starting a family, accepting responsibilities, and social networking (Nevid & Rathus, 2005).

Characteristics of Young Adulthood

The characteristics of young adulthood are:

- Choice of a career
- Starting family life
- Concern about society
- Forming close relationships with peers.

1.3.2 Middle Adulthood (40s-50s)

From the period of twenties and thirties, the individual arrives at middle age in the forties and fifties. Middle age is characterised by competence, maturity, responsibility and stability. This is the time when one wants to enjoy the success of job, satisfaction derived from the family and social life. People look forward to the success of their children. Attention gets more focused on health, the fate of children, aging parents, the use of leisure time and plans for old age. For women, menopause occurs between the ages of forty-five and fifty. Menopause is supposed to be accompanied by some distressing physical and psychological symptoms in women. Men during this period show greater concern towards their health, strength, power and sexual potency.

The ‘Mid-life Crisis’

Midlife is also viewed as a period of creativity and significant contribution to society. It is found that the best works of scientists, writers and artists are produced during the late forties and early fifties. Erikson characterises the middle adulthood as a phase of crisis involving generativity versus stagnation. Unless a person makes meaningful contribution during this period he or she may become preoccupied with selfish needs and desires. Recent research has supported Erikson’s claims that generativity is positively associated with subjective well-being in middle-aged people, while a preoccupation with ageing (‘time running out’) is negatively associated with well-being (Ackerman, Zuroff & Mostkovitz, 2000; Stewart, Ostrove & Helson, 2001).

Levinson (1978) also depicts mid-life as a period of inner conflict. Recall that Levinson saw the period from approximately 33 to 40 as the ‘settling down’

period. But settling down is not the end of the story. Levinson found that most of his interviewees next underwent a major new phase, during a period of mid-life transition (40–45). Many of the men he interviewed reported that this was a time of personal crisis. They began to review their lives, asking themselves what they had achieved and where they were heading. Many wondered whether their personal and career struggles had been worthwhile, and some contemplated or underwent radical changes in direction (changing career paths, divorcing). Although Levinson's sample was all male, other research indicates that many women report similar periods of reassessment during middle age (Koski & Steinberg, 1990; Waskel & Phelps, 1995).

These kinds of reassessment are popularly associated with the notion of the 'mid-life crisis'. The visible signs of aging, changes in the family structure as children become adolescents or young adults, and frustrations in the workplace may all serve to remind the middle-aged person that life is passing by – and this might precipitate a personal 'crisis'. Levinson argued that this is a normative process, and that successful adult development beyond mid-life requires facing up to and resolving the crisis.

Characteristics of Middle Adulthood

The characteristics of middle adulthood are:

- Competence, maturity, responsibility and stability he/she may become
- Attention focused on children
- Plans for old age
- Occurrence of menopause in women.

1.3.3 Late Adulthood or Old Age (60s-above)

Theorists such as Erikson and Erikson (1997) and Levinson (1978) regarded late adulthood as another major stage of adult development. Erikson and Erikson again saw the individual as facing a conflict between integrity and despair. They maintained that as people realise they are coming towards the end of their life, they reminisce about their past and review how they feel about themselves. Have I met life's challenges and successfully achieved goals that I value. Have I contributed to the wellbeing of those I care about? Or have I failed to realise my potential. Have I wasted time in pointless work or futile relationships. Have I been a burden to others? Erikson and Erikson believed that individuals who arrive at a predominantly positive view that is regarding their life,(as integrated and successful) are reported to experience a more contented late adulthood.

Levinson saw the period from approximately 60 to 65 as the late adult transition, when the individual has to deal with intrinsic changes in capacity and performance, as well as changes in relations with others and in society's expectations. One of the key aspects of many people's adult life, their job, etc. is now approaching its end, or has already concluded. All of these changes pose challenges to the old person. How do older people cope with the demands of ageing and their changing social status? The answer is that there is considerable variation in regard to coping from one individuals to another.

Relationship status with others – As in all other parts of the lifespan, relationships are important to the older person's adjustment (Johnson, 2001). For some people, marital relationship may become more rewarding during old age. Some research

has found that satisfaction with marriage tends to be rated higher in retired people than in middle-aged adults (Orbuch, House, Mero & Webster, 1996).

This may be partly because older married people tend to be those whose marriages have been successful (i.e. they have stayed together because they were satisfied with the relationship). But it could also be because partners now provide each other with a degree of companionship and support that may not always have been so apparent or so appreciated in busier earlier years, when many other types of relationship were competing with the person's time. On the other hand, it may be that older people of today grew up in times when marriages were expected to last, and so their more positive ratings may reflect a more traditional determination to 'see things through' (Norris & Rice, 1997).

Other social roles such as grand-parenting or great-grandparenting are also enjoyed by many older people, and allow them to feel that they contribute to their family and to a new generation. Sibling relationships often become important as by this stage, our most long-lasting relationships are usually those with our brothers and sisters. And the many positive benefits of friendships remain at least as important in the later years as they are earlier in the lifespan. Overall, when asked to identify the most important considerations affecting quality of life, older people consistently place personal relationships and social networks high on their lists (Antonucci, 2001).

Self Assessment Questions

1) Elucidate the psychological changes in early adulthood?

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2) Explain social changes in middle and later adulthood?

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1.4 LET US SUM UP

The period of adulthood is marked by society's expectation of performing one's duty as an adult. Some special roles and relationship like family and career are the major milestones of adulthood. The stage of adulthood has the following sub periods: (1) Young adulthood (20s to 30s) (2) Middle adulthood (40s to 50s) and (3) Later adulthood (60s and above.) From the period of twenties and thirties, the individual arrives at middle age in the forties and fifties. Middle age is characterised by competence, maturity, responsibility and stability. This is the time when one wants to enjoy the success of job, satisfaction derived from the family and social life.

Later adulthood or the period of old age begins at the age of sixty. During this stage most individuals lose their jobs because they retire from active service.

There are also certain cognitive changes taking place from middle adulthood onwards. These changes are slow and gradual. It seems that aging can be delayed but no one can escape it. One must accept one's age and act in a realistic but in optimistic manner.

1.5 UNIT END QUESTIONS

- 1) Describe in brief the stage of middle adulthood.
- 2) What are the physical changes during old age?
- 3) Explain mid life crisis.
- 4) Discuss psychological and social changes during young adulthood.
- 5) Differentiate adulthood and old age periods.

1.6 SUGGESTED READINGS

Moshman: *Theories of Development*, Willey International, New York.

Elizabeth B. Hurlock (1980): *Developmental Psychology: A Life-Span Approach*, Tata Mcgraw- Hill.

UNIT 2 HAVIGHURST'S DEVELOPMENTAL TASKS FOR ADULTHOOD, MIDDLE AGE AND OLD AGE

Structure

2.0 Introduction

2.1 Objectives

2.2 What is a Developmental Task?

2.2.1 Characteristics of Developmental Task

2.3 Stages of Development

2.4 Sources of Developmental Tasks

2.5 Developmental Tasks

2.5.1 Adulthood Developmental Tasks (19 – 30 years)

2.5.2 Middle-age Developmental Tasks (30 – 60 years)

2.5.3 Old Age or Later Maturity Developmental Tasks (60 Years and Over)

2.6 Overview of Developmental Tasks

2.7 Let Us Sum Up

2.8 Unit End Questions

2.9 Suggested Readings

2.0 INTRODUCTION

Robert James Havighurst was a professor, physicist, educator, and aging expert. Havighurst worked and published well into his 80s. According to his family, Havighurst died of Alzheimer's disease at the age of ninety. He proposed that all individuals progress through a series of developmental stages, each comprising a series of developmental tasks. Although these tasks can be learned at home or in other settings, Havighurst maintained that the interrelated nature of developmental tasks suggests that educators should consider all developmental tasks of children and adolescents.

2.1 OBJECTIVES

After reading this unit, will be able to:

- define the developmental task;
- discuss characteristics of developmental tasks;
- explain the sources of developmental tasks; and
- describe the different developmental tasks during adulthood and old age.

2.2 WHAT IS A DEVELOPMENTAL TASK?

The term “developmental task” was introduced by Robert Havinghurst in the

1950's. A developmental task is one that arises predictably and consistently at or about a certain period in the life of the individual (Havighurst, 1948 and 1953). He believed that learning is basic to life and that people continue to learn through out life. According to him a developmental task is a task which an individual has to and wants to solve in a particular life-period. He writes, "A developmental-task is the midway between an individual need and a social demand. It assumes an active learner interacting with an active social environment". Thus, it is also an early and significant contributor to the emerging field of lifelong human development.

Successful achievement of these tasks leads to the person's happiness, and increases the probability of competence in the following tasks, while failure leads to unhappiness in the individual, disapproval by society and difficulty in later tasks. The concept of developmental tasks assumes that human development in modern societies is characterised by a long series of tasks. Some of these tasks are located in childhood and adolescence, whereas others arise during adulthood and old age.

2.2.1 Characteristics of Developmental Task

Havighurst considered the many different aspects of a person's life that influence a person's development viz., the **biological development** and physical structures of the individual; the **society** in which the person lives, and the resultant cultural influences, as well as the individual's **personal characteristics**, values and goals.

This view of development takes into account the role of physical maturation and the role that society plays in determining the skills that need to be learned at a certain age. According to Havighurst, there are **sensitive periods** which he called **teachable moments**, when an individual is mature enough to learn the developmental tasks. These tasks may be physical like walking, cognitive like learning to read, or social where the person develops significant relationships. Once the critical period of development is over, learning may still occur. Language skills for example, continue to develop as one learns more complex ways of using language.

Some tasks are the same for everyone, regardless of where you live, as they are about human biology. Example: learning to crawl and walk is pretty much same in all societies, as it relies on genetic factors. Some tasks are different in different societies. For example, some tasks may be in different forms in different cultures or it may exist in culture and not in the other culture. To cite an example the task of getting a occupation is different in different cultures, in some cultures an individual gets his job while the person is very young, while in other culture, the person may get a job after long education and training.

Havighurst added that biology and society have a lot influence, but personal values of the people who prepare them have as much influences on identifying the task. He described his developmental tasks on middle class Americans, however he did try to define a few points from lower-socio economic class and upper class as well.

Self Assessment Questions

1) What do you understand by teachable moments?

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2) Developmental tasks are and that arise at a certain period of life.

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3) What are the personal characteristics needed for developmental tasks?

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2.3 STAGES OF DEVELOPMENT

Havighurst identified the following six major stages in human life:

- Infancy & early childhood (Birth till 6)
- Middle childhood (6-12)
- Adolescence (13-18)
- Early Adulthood (19-30)
- Middle Age (30-60)
- Later maturity (60 and over)

There are typical developmental tasks for each of these periods. The developmental tasks concept has a long and rich tradition. Its acceptance has been partly due to recognition of sensitive periods in our lives and partly due to the practical nature of Havighurst’s tasks. Knowing that a youngster of a certain age is encountering one of the tasks of that period (learning an appropriate sex role) helps adults to understand a child’s behaviour and establish an environment that helps the child to master the tasks. Another good example is that of acquiring personal independence, an important task for the middle childhood period. Youngsters test authority during this phase and, if teachers and parents realise that this is normal and , even a necessary phase of development, they react differently than when they see it as a personal challenge (Hetherington and Parke, 1986).

For example, note Havighurst’s developmental tasks for middle adulthood, one of which is a parent’s need to help children become happy and responsible adults. Adults occasionally find it hard to “let go” of their children. They want to keep their children with them far beyond any reasonable time for their own good, as well as that of their children. Once they do, they can enter a happy time in their own lives if husbands and wives are not only spouses but friends and partners as well.

2.4 SOURCES OF DEVELOPMENTAL TASKS

Developmental tasks arise from three different sources (Havighurst, 1948, 1953). In his bio psychosocial model, the first important issue is biology, second is psychology and the last one is the sociology. He identifies three sources of developmental tasks (Havighurst, 1972)

- First, some tasks are mainly based on physical maturation example, learning to walk, talk, and behave acceptably with the opposite sex during adolescence; adjusting to menopause during middle age.
- Another source of developmental tasks involves personal values and aspirations. These personal factors result from the interaction between ontogenetic and environmental factors, and play an active role in the emergence of specific developmental tasks (example, choosing a certain occupational pathway).
- The third source of developmental tasks relates to socio-structural and cultural forces. Such influences are based on, for instance, laws (example, minimum age for marriage) and culturally shared expectations of development.

These tasks may be physical like walking, cognitive like learning to read, or social where the person develops significant relationships. Once the critical period of development is over, learning may still occur. Language skills for example, continue to develop as one learns more complex ways of using language.

2.5 DEVELOPMENTAL TASKS

Robert Havighurst(1952, 1972, 1982) has identified critical developmental tasks that occur throughout the life span.

2.5.1 Adulthood Developmental Tasks (19 – 30 years)

In young adulthood, developmental tasks are mainly located in family, work, and social life. Family-related developmental tasks are described as finding a mate, learning to live with a marriage partner, having and rearing children, and managing the family and one's home. A developmental task that takes an enormous amount of time of young adults relates to the achievement of an occupational career. Family and work related tasks may represent a potential conflict, given that the individual's time and energy are limited resources. Thus, young adults may postpone one task in order to secure the achievement of another. With respect to their social life, young adults are also confronted with establishing new friendships outside of the marriage and assuming responsibility in the larger community.

- 1) *Selecting a mate:* Until it is accomplished, the task of finding a marriage partner is at once the most interesting and the most disturbing of the tasks of early adulthood.
- 2) *Learning to live with a marriage partner:* After the wedding there comes a period of learning how to fit two lives together. In the main this consists of learning to express and control one's feeling that is anger, joy, disgust, so that one can live intimately and happily with one's spouse.
- 3) *Starting a family:* To have the first child successfully.
- 4) *Rearing children:* With the gaining of children the young couple take over a responsibility far greater than any responsibility they have ever had before. Now they are responsible for human life that is not their own. To meet this responsibility they must learn to meet the physical and emotional needs of

young children. This means learning how to manage the child, and also learning to adapt their own daily and weekly schedules to the needs of growing children.

- 5) *Managing a home:* Family life is built around a physical center, the home, and depends for its success greatly upon how well-managed this home is. Good home management is only partly a matter of keeping the house clean, the furniture and plumbing and lighting fixtures in repair, having meals well-cooked, and the like.
- 6) *Getting started in an occupation:* This task takes an enormous amount of the young person's time and energy during young adulthood. Often he becomes so engrossed in this particular task that he neglects others. He may put off finding a spouse altogether too long for own happiness.
- 7) *Taking on civic responsibility:* To assume responsibility for the welfare of a group outside of the family such as a neighbourhood or community group or church or a political organisation.
- 8) *Finding a congenial social group:* Marriage often involves breaking of social ties for one or both young people, and the forming of new friendships. Either the man or the woman is apt to move away from former friends. In any case, whether old friendships are interrupted by distance or not, the young couple faces something of a new task in forming a leisure time pattern and finding others to share it with. The young man loses interest in some of his former bachelor activities, and his wife drops out of some of her purely feminine associations.

2.5.2 Middle-age Developmental Tasks (30 – 60 years)

Certain problems of adjustment are characteristic of middle age in today's world. Some of them are more difficult for both men and women and others are more difficult for women. The major problems that men and women must meet and adjust to satisfaction during middle age involve the developmental tasks for this period. The developmental tasks of the middle years arise from changes within the organism, from environmental pressure, and above all from demands or obligations laid upon the individual by his own values and aspirations. Since most middle-aged people are members of families, with teen-age children, it is useful to look at the tasks of husband, wife, and children as these people live and grow in relation to one another. Each family member has several functions and roles.

Developmental tasks during midlife relate to, for example, achieving adult responsibilities, maintaining a standard of living, assisting children with the transition into adulthood, and adjusting to the physiological changes of middle age (example, menopause) and related aspects. Also, this is the time children group up and proceed to do their courses out of town and thus leave their homes. The parents have to adjust to their leaving. During the middle years the biological changes of ageing become prominent. Especially for the woman, the latter years of middle age are full of profound physiologically based psychological change.

- 1) Achieving adult civic and social responsibility
- 2) Establishing and maintaining an economic standard of living
- 3) Assisting teen-age children to become responsible and happy adults
- 4) Developing adult leisure, time activities
- 5) Relating oneself to one's spouse as a person
- 6) Accepting and adjusting to the physiological changes of middle age

7) Adjusting to ageing parents.

Havighurst has divided these tasks into four major categories:

- 1) *Tasks relating to physical changes:* These include the acceptance of, and adjustment to physical changes that normally occur during middle age.
- 2) *Tasks relating to changed interests:* The middle aged person often assumes civic and social responsibilities and develops an interest in adult oriented leisure time activities which were not taken care of during early adulthood.
- 3) *Tasks relating to vocational adjustments:* These tasks revolve around establishing and maintaining a relatively stable standard of living.
- 4) *Tasks relating to family life:* The major tasks include relating to oneself to one's spouse as a person, adjusting to aging parents, and assisting teen age children to become responsible and successful adults.

Like the developmental tasks of other periods, those of middle age are not mastered at the same time or in the same way by all the people. Some are more likely to be mastered during the early years of middle age, and some in the latter part of the period. It varies for different individuals.

The age at middle aged people get married, the time when they become parents, and the number of children they have all influence the age at which they must adjust to the developmental tasks relating to family life, to civic and social responsibilities and to leisure time activities. Those who married when they still were in their teens may have no children at home when they reach the middle age. Consequently they can take a more active part in social and civic life. Their leisure time activities can be adult rather than family oriented. They are free to spend more time together than they were able to do when their children were living at home.

During midlife, people reach the peak of their control over the environment around them and their personal development. In addition, social responsibilities are maximized. Midlife is also a period during which people confront the onset of physiological changes (Lachman, 2001).

Unless the person performs well as a provider, it will be difficult for the family to perform well. For instances unless the woman performs well as a mother, it will be difficult for the teen-age child to meet the tasks of adolescence. The developmental tasks of family members then, are reciprocal and they react upon one another.

Most of the middle age tasks prepare the individual for successful adjustment to old age and hence the mastery of these tasks is important for success and happiness not only in middle age but also in their later years.

2.5.3 Old Age or Later Maturity Developmental Tasks (60 Years and Over)

The period of old age begins at the age of sixty. At this age most individuals retire from their jobs formally. They begin to develop some concern and occasional anxiety over their physical and psychological health. In our society, the elderly are typically perceived as not so active, deteriorating intellectually, becoming narrow-minded and attaching new significance to religion and so on. Many of the old people lose their spouses and because of which they may suffer from emotional insecurity.

'Nobody has ever died of old age', is a true statement. Since old age is close

to the end point of life, death has been associated with old age. Death is actually caused by disease, pollution, stress, and other factors acting on the body. In the biological sense, some organs and systems of the body may start deteriorating. In the psychological sense, there may be measurable changes in the cognitive and perceptual abilities. There are also changes in the way a person feels about him/herself. You must have come across old people who are very active in life and socially very participative. Such persons seem to be productive, stable and happy.

Mental or physical decline does not necessarily have to occur. Persons can remain vigorous, active, and dignified until their eighties or even nineties. In fact, the older persons have vast reservoir of knowledge, experience, and wisdom on which the community can draw. In view of increase in life expectancy increasingly greater proportion of society is joining the group of aged people. Hence they need greater participation in national planning and make them feel as an integral part of society.

Old age has often been characterised as a period of loss and decline. However, development in any period of life consists of both gains and losses, although the gain-loss ratio becomes increasingly negative with advancing age (Heckhausen, Dixon, and Baltes, 1989; Baltes, 1987). The fact that man learns his way through life is made radically clear by consideration of the learning tasks of older people. They still have new experiences ahead of them, and new situations to meet. At age sixty-five when a man often retires from his occupation, his changes are better than even of living another ten years. During this time the man or his wife very likely will experience several of the following (i) decreased income, (ii) moving to a smaller house, (iii) loss of spouse by death, (iv) a crippling illness or accident, (v) a turn in the business cycle with a (vi) consequent change of the cost of living. After any of these events the situation may be so changed that the old person has to learn new ways of living.

The developmental tasks of later maturity differ in only one fundamental respect from those of other ages. They involve more of a defensive strategy that is of holding on the life rather than of seizing more of it. In the physical, mental and economic spheres the limitations become especially evident. The older person must work hard to hold onto what he already has. In the social sphere there is a fair chance of offsetting the narrowing of certain social contacts and interests by the broadening of others. In the spiritual sphere there is perhaps no necessary shrinking of the boundaries, and perhaps there is even a widening of them. Havighurst forward the following developmental tasks for this view.

- 1) *Adjusting to decreasing physical strength and health:* Physical strength begins to decline from age 30 to age 80 and above. Most weakening occurs in the back and leg muscles, less in the arm muscles. There is a progressive decline in energy production. Bones become increasingly brittle and tend to break easily. Calcium deposits and disease of the joints increase with age. Muscle tissue decreases in size and strength. Muscle tone becomes increasingly difficult to maintain with age because of an increase in fatty substance within the muscle fibres. This is often caused by the relative inactive role thrust on the elderly in our society. Exercise can help maintain power and sometimes even restore strength to the unused muscles. Changes in the general posture become more evident in old age. It has been found that the organ systems of most persons show a 0.8 to 1 percent decline per year in functional ability after the age of 30. Some of this decline is normal, some is disease related and some are caused by factors such as stress, occupational status, nutritional status and various environmental factors.

- 2) *Adjusting to retirement and reduced income:* Retirement requires adjustment to a new life-style characterised by decreased income, lesser activity level, and increased free time. Retirement causes extreme stress in males because in our society a significant part of men's identity depends on their jobs. Loss of job thus results in loss of self esteem and self worth. Retired people find it difficult to adjust to retirement because of financial problems, illness, and feelings of loneliness, and suddenly finding that time hangs and they do not know how to spend their time. Retired individuals have to make several adjustments in their roles, personal and social associations, and in their sense of accomplishment and productivity.

However, it does not necessarily mean that retirement results in negative consequences for every person. Individual's personal attitude toward retirement varies as a function of a number of factors such as income, educational level, and occupational level. In case of some, it may not have any adverse effects on their self-esteem and life satisfaction. Health may even improve for some after retirement. Retired individuals may find more time for social and hobby-related activities especially if they have adequate economic resources and are healthy to engage in these activities.

- 3) *Adjusting to death of spouse:* Elderly persons are not afraid of death. They do, however, fear to a great extent the dying process — the process of dying in pain or dying alone. Their feelings related to death may be due to specific occurrences in their lives such as being moved from home to nursing home, failing health, or the loss of one's spouse. Thus fear about death must be understood in the light of current life circumstances, the individual's own value system, and what death personally means to a person. Some older adults have to adjust to the death of their spouses. This task arises more frequently for women than for men. After they have lived with a spouse for many decades, widowhood may force older people to adjust to loneliness, moving to a smaller place, and learning about business matters etc.
- 4) *Establishing an explicit affiliation with one's age group:* Social convoy is a cluster of family members and friends who provide safety and support. Some bonds become closer with age, others more distant, a few are gained, and some drift away. Elders do try to maintain social networks of family and friends to preserve security and life continuity.
- 5) *Meeting social and civic obligations:* Other potential gains in old age relate to the task of meeting social and civic obligations. For example, older people might accumulate knowledge about life (Baltes and Staudings, 2000) and thus may contribute to the development of younger people and the society.
- 6) *Establishing satisfactory physical living arrangements:* The principal values that older people look for in housing are: (i) quiet, (ii) privacy, (iii) independence of action, (iv) nearness to relatives and friends, (v) residence among own cultural group, (vi) cheapness, (vii) closeness to transportation lines and communal institutions —libraries, shops, movies, churches, etc.

Self Assessment Questions

- 1) What are the effects of retirement on a person of old age period?

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2) Which are middle age developmental tasks relating to family life?

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3) Which developmental task, you think, is the most difficult during early adulthood and why?

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4) List socio-cultural sources which are important for the developmental tasks.

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2.6 OVERVIEW OF DEVELOPMENTAL TASKS

Early Adulthood (19-30)	Middle Adulthood(30-60)	Later Maturity (60 and above)
1) Selecting a mate	1) Helping teenage children to become happy and responsible adults	1) Adjusting to decreasing strength and health
2) Learning to live with a partner	2) Achieving adult social and civic responsibility	2) Adjusting to retirement and reduced income
3) Starting a family	3) Satisfactory career achievement	3) Adjusting to death of spouse
4) Rearing children	4) Developing adult leisure time activities	4) Establishing relations with one's own age group
5) Managing a home	5) Relating to one's spouse as a person	5) Meeting social and civic obligations
6) Starting an occupation	6) Accepting the physiological changes of middle age	6) Establishing satisfactory living quarters
7) Assuming civic responsibility	7) Adjusting to aging parent	

2.7 LET US SUM UP

Havighurst's developmental tasks explain about how the problems are faced by us in all stages of life and he explains them really well. We can all relate that biology has some kind of effects in our development, as well as psychology and society.

One thing Havighurst seems to miss is that his solutions to these problems, it is not so clear in this theory how we sort out these problems. When it comes to if his theory is scientific, it is hard to say, some part of his theory can be tested, and equally some parts are very difficult to test.

Havighurst's theory is easy to understand, and it is clear and there is no ambiguity. It is not applicable to many cultures, as he concentrated only on middle class Americans. In reference to his developmental tasks, Merriam and Caffarella (1991) state that "Although the timeframe and some of the tasks suggested by him are somewhat presently applicable, the idea of specific life tasks giving rise to a teachable moment is not". It is disappointing that not many theorists are influenced by his theory.

2.8 UNIT END QUESTIONS

- 1) Discuss briefly stages of developmental tasks.
- 2) What are the sources of developmental tasks?
- 3) Explain adulthood developmental tasks.
- 4) Discuss developmental tasks of maturity period.
- 5) Give an overview of developmental tasks.

2.9 SUGGESTED READINGS

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UNIT 3 ERIKSON'S CONCEPT REGARDING ADULTHOOD, MIDDLE AGE AND OLD AGE

Structure

3.0 Introduction

3.1 Objectives

3.2 The Epigenetic Principle

3.2.1 Psychosocial Virtues or Strengths (Positive Outcomes)

3.2.2 Psychosocial Maladaptations and Malignancies (Negative Outcomes)

3.3 Ego Identity

3.4 Erikson's of Psychosocial Stage for

3.4.1 Young Adulthood

3.4.2 Middle Adulthood

3.4.3 Later Adulthood or Old Age

3.5 Let Us Sum Up

3.6 Unit End Questions

3.7 Suggested Readings

3.0 INTRODUCTION

Erik Erikson's theory of psychosocial development is one of the best-known theories of personality in psychology. Much like Sigmund Freud, Erikson believed that personality develops in a series of stages. Unlike Freud's theory of psychosexual stages, Erikson's theory describes the impact of social experience across the whole lifespan. He felt the course of development is determined by the interaction of the body (genetic biological programming), mind (psychological), and cultural (ethos) influences.

He organised life into eight stages that extend from birth to death (many developmental theories only cover childhood). Since adulthood covers a span of many years, Erikson divided the stages of adulthood into the experiences of young adults, middle aged adults and older adults. While the actual ages may vary considerably from one stage to another, the ages seem to be appropriate for the majority of people.

Erikson's psychosocial theory basically asserts that people experience eight 'psychosocial crisis stages' which significantly affect each person's development and personality. Erikson's theory refers to 'psychosocial crisis' (or psychosocial crises, being the plural). This term is an extension of Sigmund Freud's use of the word 'crisis', which represents internal emotional conflict. You might also describe this sort of crisis as an internal struggle or challenge which a person must negotiate and deal with in order to grow and develop.

Each stage involves a crisis of two opposing emotional forces. A helpful term used by Erikson for these opposing forces is 'contrary dispositions'. Each crisis stage relates to a corresponding life stage and its inherent challenges. Erikson used the words 'syntonic' for the first listed 'positive' disposition in each crisis (example,

Trust) and 'dystonic' for the second listed 'negative' disposition (example, Mistrust). To signify the opposing or conflicting relationship between each pair of forces or dispositions Erikson connected them with the word 'versus'.

Successfully passing through each crisis involves 'achieving' a healthy balance between two opposing dispositions that represent each crisis. For example, a healthy balance at crisis stage, stage one (Trust v Mistrust) might be described as experiencing and growing through the crisis 'Trust' that is trust of people, life and one's future development as well as experiencing and growing a suitable capacity for 'Mistrust' where appropriate, so as not to be hopelessly unrealistic or gullible, and not be mistrustful of everything. Experiencing and growing through stage two which represents Autonomy v Shame and Doubt is essentially a person desiring to be autonomous 'Autonomous' that is to be one's own person and not a mindless and blind follower of parents or other authority figures or even peers but to have sufficient capacity to feel guilty, ashamed and doubtful about being severer defendant so as to be free-thinking and independent, while also being ethical, considerate and responsible, etc.

Erikson called these successful balanced outcomes 'Basic Virtues' or 'Basic Strengths'. He identified one particular word to represent the fundamental strength gained at each stage, which appear commonly in Erikson's diagrams and written theory, and other explanations of his work.

Where a person passes unsuccessfully through a psychosocial crisis stage the person's develop a tendency towards one or other of the opposing forces (either to the syntonic or the dystonic, in Erikson's language), which then becomes a behavioural tendency, or even a mental problem.

Various terms are used to describe Erikson's model, for example Erikson's bio psychosocial or bio psycho social theory include bio refers to biological psycho refers to psychological and social refers to social and cultural context. Each individual goes through these cycles and manner in which the stage is passed the development of personality is either balanced or unbalanced.

The word 'psychosocial' is Erikson's term, effectively from the words psychological (mind) and social (relationships). Erikson believed that his psychosocial principle is genetically inevitable in shaping human development. It occurs in all people.

3.1 OBJECTIVES

After reading this unit, you will be able to:

- define psychosocial aspects of Erikson's theory;
- delineate the psychosocial stages of adulthood and old age;
- explain ego identity; and
- identify psychosocial transition from adulthood to old age.

3.2 THE EPIGENETIC PRINCIPLE

Epigenetic Principle: a theory in biology: development involves differentiation of an initially undifferentiated entity.

This principle says that we develop through a predetermined unfolding of our personalities in **eight stages**. Our progress through each stage is in part determined

by our success, or lack of success, in all the previous stages. Each stage of development depends on the manner in which the previous stage was passed and in turn the present affects the future stage of development.

Erikson likens the development at each stage to the unfolding of a rose bud, in which each petal opens up at a certain time, in a certain order, as determined by genetics. If we interfere in the natural order of development by pulling a petal forward prematurely or out of order, we ruin the development of the entire flower.

Each stage involves certain developmental tasks. Although Erikson follows Freudian tradition by terming the conflicts that arise as crises, they are more drawn out and less specific than the term implies.

The child in a grammar school, for example, has to learn to be industrious during that period of his or her life, and that industriousness is learned through the complex social interactions of the child with the school and family.

The various tasks are referred to by two terms opposite to each other. For instance, the infant's task, for example, is called trust versus mistrust. Erikson pointed out how a child learns to trust or mistrust in term of interaction with mother or the caregiver. He made it clear that there it is a balance the individual must learn that is to trust and mistrust, so as not to grow up to become gullible fools!

Each stage has a certain optimal time as well. It is no use trying to rush children into adulthood, as is so common among people who are obsessed with success. Neither is it possible to slow the pace nor is it possible to protect children from the demands of life. There is a time for each task, and the child faces it when the time comes.

If one of the stages of life is managed well, we carry away a certain *virtue* or psychosocial strength which will help us through the rest of the stages of our lives. On the other hand, if we do not do so well, we may develop *maladaptations* and *malignancies*, as well as endanger all our future development.

A malignancy is the worse of the two, and involves too little of the positive and too much of the negative aspect of the task as for example, a person who can not trust other at all. A maladaptation can also be on the positive side that is too much of the positive and too little of the negative. Such a person trusts too much, and this will suffer a great deal.

Development, he says, is a function of the **epigenetic principle**. This principle states that we develop through a predetermined unfolding of our personalities in eight stages. Our progress through each stage is in part determined by our success, or lack of success, in all the previous stages.

Background on Identity Formation

From birth on, every individual experiences the dynamic of defining themselves, and there are many factors that help one to develop their sense of identity or who they perceive themselves to be. As everyone has a unique DNA makeup, each individual will have a unique identity whether it be one's name, family, heritage, or physical characteristic. Identity is something they can and must create for themselves. For adolescents, identity is both a matter of determining who one is and a matter of deciding who one will be.

The range of possible identities is larger than ever before, and having multiple identities in becoming more acceptable. The identity formation process becomes

more complex by media and Web-based communications, complicating the process of adopting identities.

Identity formation has been around for a long time with William James providing a background for identity formation at the end of the nineteenth century. Erik Erikson provides a theory for identity formation in the light of his personality development.

In Erik Erikson's theory of personality, the stage of adolescence is when an individual experiences identity formation. Erikson's theory, although based on Freud's ideas tends to be more psychosocial than Freud's psychosexual orientation.

Erikson's research follows a pattern of individuals progressing through 8 stages of development. His stages are marked with what he calls the epigenetic principle or "gradual unfolding of the personality through phase-specific psychosocial crises" (Erikson, 1979, p. 128).

Every individual progresses through these stages and cannot progress to the next stage until they have experienced and solved the crises in each stage. As they experience these crises and begin to make commitments in these stages, they progress to the next stage. These crises are labeled as "Basic Conflict".

These are presented in the table below:

Table 1: Erikson's Eight stages of development

Stage	Age	Basic Conflict	Important Event
1. Oral-Sensory	0-18 mos.	Trust vs. Mistrust	Feeding
2. Muscular-Anal	18 mos.-3yrs	Autonomy vs. Toilet training	Shame/Doubt
3. Loco motor	3-6 yrs	Initiative vs. Guilt	Independence
4. Latency	6-12 yrs	Industry vs. Inferiority	School work
5. Adolescence	12-18 yrs.	Identity vs. Role confusion	Peer relationship
6. Young adulthood	19-40 yrs	Intimacy vs. isolation	love relationships
7. Middle adulthood	40-65 yrs	Generativity vs. stagnation	Parenting role
8. Maturity	65-death	Ego integrity vs. despair	Reflection on and acceptance of life as it is:

Adapted from <http://web.cortland.edu/andersmd/ERIK/sum.HTML> December 4, 2006.

When trying to understand health and growth in Eriksonian terms, one must remember that the epigenetic principle guides growth and development. Erikson describes it as the principle "that anything that grows has a ground plan, and that

out of this ground plan the parts arise, each part having its time of special ascendancy until all parts have arisen to form a functioning whole” (1979, p. 53).

Erikson provides stages where in an adolescent must progress through. Throughout life after adolescence, individuals will face other identity crises. Erikson suggests that there is more to a man’s core than identity, that there is a fact in each individual an ‘I, ‘ an observing center of awareness and of volition, which can transcend and must survive the psychological identity.

3.2.1 Psychosocial Virtues or Strengths (Positive Outcomes)

Each stage involves certain developmental **tasks** that are psychosocial in nature and has a certain **optimal time** as well. If a stage is managed well, we carry away a certain **virtue** or psychosocial strength which will help us through the rest of the stages of our lives.

The word ‘psychosocial’ is Erikson’s term, emerging from the words psychological (mind) and social (relationships).

Erikson believed that his psychosocial principle is genetically inevitable in shaping human development. It occurs in all people.

He also referred to his theory as ‘epigenesis’ and the ‘epigenetic principle’, which signified the relevance of epigenetic principle to evolution (past and future).

In Erikson’s theory, Epigenetic does not refer to individual’s genetic make-up or its influence on individual development. This was not central to Erikson’s ideas. Erikson, like Freud, was largely concerned with how personality and behaviour are influenced after birth - not before birth - and especially during childhood. In the ‘nature vs nurture’ (genes vs experience) debate, Erikson was firmly focused on nurture and experience.

3.2.2 Psychosocial Maladaptations and Malignancies (Negative Outcomes)

‘Maladaptations’ and ‘Malignancies’ represent the negative outcomes arising from an unhelpful experience through each of the crisis stages. If we do not manage the task well, we may develop **maladaptations and malignancies**, which will endanger all our future development. A **malignancy** involves too little of the positive and too much of the negative aspects such a person does not trust at all and the **maladaptation** involves too much of the negative and too little of the positive aspects. Also one may come across too much positive which may end up in the person trusting too much.

Where a person passes **unsuccessfully** through a psychosocial crisis stage the person develops a tendency towards one or other of the opposing forces (either to the syntonic or the dystonic, in Erikson’s language), which then becomes a behavioural tendency, or even a mental problem.

Erikson called an extreme tendency towards the syntonic (first disposition) a ‘maladapation’, and he identified specific words to represent the maladapation at each stage. He called an extreme tendency towards the dystonic (second disposition) a ‘malignancy’, and again he identified specific words to represent the malignancy at each stage.

Erikson emphasised the significance of ‘mutuality’ and ‘generativity’ in his theory. The terms are linked. Mutuality reflects the effect of generations on each other,

especially among families, and particularly between parents and children and grandchildren. Everyone potentially affects everyone else's experiences as they pass through the different crisis stages. Generativity, actually refers to a disposition within one of the crisis stages (Generativity, Stagnation, stage seven). It reflects the significant relationship between adults and the best interests of their own children.

Generations affect each other. A parent obviously affects the child's psychosocial development, but in turn the parent's psychosocial development is affected by their experience in dealing with their children and the resulting pressures. Also the grandparents in one way on the other influenced the individual (parents) and the later in turn their own children. At each level there are many emotional problems that need to be handled and the manner in which grandparents handled the same influences the parents and the latter in turn influenced their children. This is generativity.

In some ways the development actually peaks at stage seven, since stage eight is more about taking stock and coming to terms with how one has made use of life, and ideally preparing to leave it feeling at peace. The perspective of giving and making a positive difference for future generations echoes Erikson's humanitarian philosophy, and it is this perhaps more than anything else that enables the individual to develop such a powerful concept.

Self Assessment Questions

1) Define maladaptations and malignancies.

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2) Explain eight stages of personality of Erik Erikson.

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3.3 EGO IDENTITY

One of the main elements of Erikson's psychosocial stage theory is the development of ego identity, which is the conscious sense of self that we develop through social interaction. According to Erikson, our ego identity is constantly changing due to new experience and information we acquire in our daily interactions with others.

In addition to ego identity, Erikson also believed that a sense of competence also motivates behaviour and actions. Each stage in Erikson's theory is concerned with becoming competent in an area of life. If the stage is handled well, the person will feel a sense of mastery, which he sometimes referred to as ego strength or ego quality. If the stage is managed poorly, the person will emerge with a sense of inadequacy.

Three aspects of identity: the (i) ego identity (self), (ii) personal identity (the personal idiosyncrasies that distinguish a person from another, and (iii) social or cultural identity (the collection of social roles a person might play). The sense of connection or belongingness between a person and a particular social religious, or political group, the values of which a person shares. Ego-identity is formed by early adulthood and is rooted in early developmental experiences.

Erikson’s eight psychosocial stages: Erikson believed that people experience a conflict in each stage that serves as a turning point in the development. In Erikson’s view, these conflicts are centred on either developing a psychological quality or failing to develop that quality. During these times, the potential for personal growth is high, but so is the potential for failure.

Stage	Basic Conflict	Important Events	Outcome
Infancy (birth to 18 months)	Trust vs. Mistrust	Feeding	Children develop a sense of trust when caregivers provide care, and affection. A lack of this will lead to mistrust.
Early Childhood (2 to 3 years)	Autonomy vs. Shame and Doubt	Toilet Training	Children need to develop a sense of personal control over physical skills and a sense of independence. Success leads to feelings of autonomy, failure results in feelings of shame and doubt.
Preschool (3 to 5 years)	Initiative vs. Guilt	Exploration	Children need to begin asserting control and power over the environment. Success in this stage leads to a sense of purpose. Children who try to exert too much power and experience disapproval, result in a sense of guilt.
School Age (6 to 11 years)	Industry vs. Inferiority	School	Children need to cope with new social and academic demands. Success leads to a sense of competence, while failure results in feelings of inferiority.

Adolescence (12 to 18 years)	Identity vs. Role Confusion	Social Relationships	Teens need to develop a sense of self and personal identity. Success leads to an ability to stay true to yourself, while failure leads to role confusion and a weak sense of self.
Young Adulthood (19 to 40 years)	Intimacy vs. Isolation	Relationships	Young adults need to form intimate, loving relationships with other people. Success leads to strong relationships, while failure results in loneliness and isolation.
Middle Adulthood (40 to 65 Years)	Generativity vs. Stagnation	Work and Parenthood	Adults need to create or nurture things that will outlast them, often by having children or creating a positive change that benefits other people. Success leads to feelings of usefulness and accomplishment, while failure results in shallow involvement in the world.
Maturity(65 to death)	Ego Integrity vs. Despair	Reflection on Life	Older adults need to look back on life and feel a sense of fulfillment. Success at this stage leads to feelings of wisdom, while failure results in regret, bitterness, and despair.

Erikson's eight stages of psychosocial development

Like other seminal concepts, Erikson's model is simple and elegant, yet very sophisticated. The theory is a basis for broad or complex discussion and analysis of personality and behaviour, and also for understanding and for facilitating personal development - of self and others.

The main elements of the theory covered in this explanation are:

- Erikson theory overview - a diagram and concise explanation of the main features of model.
- The Freudian stages of psychosexual development, which influenced Erikson's approach to the psychosocial model.
- Erikson's 'psychosocial crises' (or crisis stages) - meanings and interpretations.
- 'Basic virtues' (basic strengths) - the potential positive outcomes arising from each of the crisis stages.
- 'Maladaptations' and 'Malignancies' - potential negative outcomes (one or the other) arising from each crisis stage.
- Erikson terminology - variations and refinements to names and headings, etc.
- Erik Erikson biography (briefly)

Note. This summary occasionally uses the terms 'positive' and 'negative' to identify the first or second factors in each crisis (example; Trust = positive; Mistrust = negative) however no crisis factor (disposition or emotional force - whatever you choose to call them - descriptions are quite tricky as even Erikson found) is actually wholly positive or wholly negative. Healthy personality development is based on a sensible balance between 'positive' and 'negative' dispositions at each crisis stage. Erikson didn't use the words positive and negative in this sense. He tended to use 'syntonic' and 'dystonic' to differentiate between the two sides of each crisis, which is why I occasionally use the more recognisable 'positive' and 'negative' terms, despite them being potentially misleading. You should also qualify your use of these terms if using them in relation to the crisis stages.

3.4 ERIKSON'S PSYCHOSOCIAL STAGE FOR

3.4.1 Young Adulthood

Intimacy vs. Isolation (20 to 34 years)

Body and ego must be masters of organ modes and of the other nuclear conflicts in order to face the fear of ego loss in situations that call for self-abandonment. Avoiding these experiences leads to openness and self-absorption

The Intimacy vs. Isolation conflict is emphasised around the ages of 20 to 34. At the start of this stage, identity vs. role confusion is coming to an end, and it still lingers at the foundation of the stage (Erikson, 1950).

Young adults are still eager to blend their identities with friends. They want to fit in. Erikson believes we are sometimes isolated due to intimacy. We are afraid of rejections such as being turned down but our partners or our partners breaking up with us.

We are familiar with pain, and to some of us, rejection is painful; our ego cannot bear the pain. Erikson also argues that "Intimacy has a counterpart: "Distantiation" the readiness to isolate and if necessary, to destroy those forces and people whose essence seems dangerous to our own, and whose territory seems to encroach on the extent of one's intimate relations" (1950).

Once people have established their identities, they are ready to make long-term commitments to others. They become capable of forming intimate, reciprocal

relationships (e.g. through close friendships or marriage) and willingly make the sacrifices and compromises that such relationships require. If people cannot form these intimate relationships, perhaps because of their own needs, a sense of isolation may result.

Here, Erikson calls the maladaptive form promiscuity, referring particularly to the tendency to become intimate too freely, too easily, and without any depth of ones intimacy. This can be true of the person's relationships with friends and neighbours and the whole community as well as with opposite persons.

Erikson's calls this malignancy as exclusion, which refers to the tendency to isolate oneself from love, friendship, and community, and develop a certain hatefulness in compensation for one's loneliness. Our significant relationships are with marital partners and friends.

3.4.2 Middle Adulthood

Erikson (1980) saw middle age as a period when adults have to face a conflict between generativity and stagnation. Generativity means the process of making a contribution to the next generation. It can be realised in a variety of ways through personal (family) or career attainments that provide a basis for others to progress. For example, a businessperson in mid-life might find satisfaction in the professional achievements to date, and may like to pass on skills to younger colleagues.

Another person might find a sense of generativity through having reared children that the person is proud of and who the children are now entering the adult world well equipped to meet challenges.

A 'link between the generations', maintained Erikson, is 'as indispensable for the renewal of the adult generation's own life as it is for the next generation' (1980, p. 215).

Stagnation is the opposing feeling of having achieved relatively little and of having little to offer to the next generation. Some people in mid-life, for example, conclude that they have not met the family or occupational goals that once motivated them. Some respond to this sense of 'standing still' with a period of self-absorption, and an acute awareness that time is limited.

Individuals are likely to experience both types of feeling that is generativity and stagnation and the core developmental process of mid-life. According to Erikson development depends on the resolution of this conflict. If we resolve it successfully, we attain a sense of care (about both the present and the future). But if we do not get through this stage successfully, we can become self-absorbed and stagnate. The maladaptive tendency called by Erikson as overextension illustrates the problem: Some people try to be so generative that they no longer allow time for themselves, for rest and relaxation. The person who is overextended no longer contributes well.

More obvious, of course, is the malignant tendency of rejectivity. Too little generativity and too much stagnation and the person is longer participating in or contributing to society. And much of what we call "the meaning of life" is a matter of how we participate and what we contribute. Significant relationships are within the workplace, the community and the family.

Central tasks of Middle Adulthood according to Erikson include the following:

- Express love through more than sexual contacts.

- Maintain healthy life patterns.
- Develop a sense of unity with mate.
- Help growing and grown children to be responsible adults.
- Relinquish central role in lives of grown children.
- Accept children’s mates and friends.
- Create a comfortable home.
- Be proud of accomplishments of self and mate/spouse.
- Reverse roles with aging parents.
- Achieve mature, civic and social responsibility.
- Adjust to physical changes of middle age.
- Use leisure time creatively.
- Love for others.

Recent research has supported Erikson’s claims that generativity is positively associated with subjective well-being in middle aged people, while a preoccupation with ageing is negatively associated with well-being (Ackerman & Mostkovitz, 2000; Stewart & Helson, 2001).

3.4.3 Late Adulthood or Old Age

Erikson felt that much of life is preparing for the middle adulthood stage and the last stage is recovering from it. Perhaps that is because as older adults we can often look back on our lives with happiness and content, feeling fulfilled with a deep sense that life has meaning and we have made a contribution to life, a feeling which Erikson calls integrity. Our strength comes from a wisdom that the world is very large and we now have a detached concern for the whole of life, accepting death as the completion of life.

On the other hand, some adults may reach this stage and despair at their experiences and perceived failures. They may fear death as they struggle to find a purpose to their lives, wondering “Was the trip worth it?” Alternatively, they may feel that they have all the answers (not unlike going back to adolescence) and end with a strong dogmatism that only their view has been correct.

The maladaptive tendency in stage eight is called presumption. This is what happens when a person “presumes” ego integrity without actually facing the difficulties of old age. The malignant tendency is called disdain, by which Erikson means contempt of life, one’s own or anyone’s. The significant relationship is with all of mankind.

Self Assessment Questions

1) Explain conflicts during school age and old age.

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2) Describe central characteristics of middle adulthood.

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3) What is the basic strength of old age and what question comes in the mind during this age.

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3.5 LET US SUM UP

Erikson's basic philosophy might be said to rest on two major themes: (i) the world gets bigger as we go along and (ii) failure is cumulative. While the first point is fairly obvious, we might take exception to the last. True, in many cases an individual who has to deal with horrendous circumstances as a child may be unable to negotiate later stages as easily as someone who didn't have as many challenges early on. For example, we know that orphans who were not held or stroked as infants have an extremely hard time connecting with others when they become adults and have even died from lack of human contact. However, there has always been the chance that somewhere along the way the strength of the human spirit can be ignited and deficits overcome.

Most empirical research into Erikson has stemmed around his views on adolescence and attempts to establish identity. His theoretical approach was studied and supported, particularly regarding adolescence, by James E. Marcia. Marcia's work has distinguished different forms of identity, and there is some empirical evidence that those people who form the most coherent self concept in adolescence are those who are most able to make intimate attachments in early adulthood. This supports Eriksonian theory, in that it suggests that those best equipped to resolve the crisis of early adulthood are those who have most successfully resolved the crisis of adolescence.

On the other hand, Erikson's theory may be questioned as to whether his stages must be regarded as sequential, and only occurring within the age ranges he suggests. There is a debate as to whether people only search for identity during the adolescent years or whether one stage needs to happen before other stages can be completed. Erikson states that each of these processes occur throughout the lifetime in one form or another, and he emphasises these "phases" only because it is at these times that the conflicts become most prominent.

3.6 UNIT END QUESTIONS

- 1) Discuss Intimacy vs. Isolation stage of Erikson's theory.
- 2) Define virtue and maladaptation.

- 3) What is Ego-Identity?
- 4) Discuss briefly Erikson's psychosocial stage for young adulthood.

3.7 SUGGESTED READINGS

Baltes (1987). *Theoretical Propositions of Life-Span Developmental Psychology*. Craig: Developmental Psychology.

Elizabeth B. Hurlock (1980) *Developmental Psychology: A Life-Span Approach* Moshman: Theories of human development, Tata Mcgraw Hill, New Delhi.



UNIT 4 CONCEPT AND ATTITUDE TOWARDS SUCCESSFUL AGEING, DEATH AND DYING

Structure

- 4.0 Introduction
- 4.1 Objectives
- 4.2 Ageing
 - 4.2.1 Types of Ageing
 - 4.2.2 Characteristics Associated with Successful Ageing
- 4.3 Domains of Successful Ageing
 - 4.3.1 Successful Biological Ageing: Born to Live Long
 - 4.3.2 Successful Cognitive Ageing: The Power of Comparisons
 - 4.3.3 Successful Psychological Ageing: The Power of Well Being
- 4.4 Theories of Successful Ageing
- 4.5 Death and Dying
 - 4.5.1 Definitions of Death and Dying
 - 4.5.2 Attitudes Towards Death and Dying
 - 4.5.3 Different Viewpoints of Death
- 4.6 Kubler-Ross Model
- 4.7 Let Us Sum Up
- 4.8 Unit End Questions
- 4.9 Suggested Readings

4.0 INTRODUCTION

Despite the varying perspectives of biology, psychology and sociology of ageing, it is evident that both public and professional attention to old age has increased dramatically over the latter half of the twentieth century.

4.1 OBJECTIVES

After reading this unit, you will be able to:

- define aging;
- explain characteristics associated with successful ageing;
- explain theories of successful aging;
- identify attitudes towards dying and death;
- describe Kübler-Ross model; and
- explain physiological, philosophical and spiritual viewpoints of death.

4.2 AGEING

Ageing is a natural process that begins at birth, or to be more precise, at conception, a process that progresses throughout one's life and ends at death. It is a constant, predictable process that involves growth and development of living organisms. It can't be avoided, but how fast we age varies from one person to another. How we age depends upon our genes, environmental influences, and life style.

Ageing can also be defined as a state of mind, which does not always keep pace with our chronological age. Attitude and how well we face the normal changes, challenges and opportunities of later life may best define our age.

4.2.1 Types of Ageing

There are four types of ageing as listed below:

- 1) *Ageing*: It is due to natural changes and the result of disease. Also known as **Primary ageing**, it refers to the changes in human functional capacity due to changes in cells and tissues, causing deterioration of the biological system and its subsystems and susceptibility to disease and mortality. It is the pre-programmed coding that our bodies follow and the gradual and inevitable process of body deterioration that takes place throughout life.
- 2) *Psychological Ageing*: It refers to continuous growth and change in cognition and personality. This change in cognition affects person's ability to process the information and their susceptibility to persuasion.
- 3) *Social Ageing*: It refers to changes in social relationships that define social status within a society, power relationships within social groups and various roles people are expected to play at various stages of life.
- 4) *Secondary Ageing*: It results from negative environmental influences, poor diet and disease, lack of physical activity, poor nutrition, environmental pollution, stress and unhealthy activities like smoking and drinking, and exposure to hazardous materials.

4.2.2 Characteristics Associated with Successful Ageing

Developmental Psychologists have highlighted the importance of several characteristics associated with of successful ageing.

- 1) **Selective Optimization and Compensation**: Successful ageing is associated with the ability to optimize one's time and use available resources to compensate for short comings in physical energy, memory and fluid intelligence. Older people may optimize their time by focusing on things that are more meaningful and important, such as visiting with family and friends more often and taking up activities that help them to fulfill their emotional goals. They may compensate for declining functioning by writing something to improve or activate their memories. They may giving themselves more time to learn. They may use mechanical devices such as hearing aid, etc. to compensate for any loss of sensory or motor ability.
- 2) **Optimism**: Optimism refers to the ability to preserve high level of performance by continued effort and added experience. Maintaining an optimistic frame of mind is associated with higher levels of life satisfaction and lower levels of depressive symptoms in later life.

- 3) Self Challenge: Seeking new challenges is a primary feature of successful adjustment at any age. The key challenge for older people is not to do less but to do more of the things that matter most to them.

Self Assessment Questions

- 1) Explain ageing.

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- 2) What are three types of ageing?

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- 3) What are the characteristics of successful ageing?

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4.3 DOMAINS OF SUCCESSFUL AGEING

The concept of successful ageing can be traced back to the 1950s, and popularised in the 1980s. Successful ageing may be viewed as an interdisciplinary concept, spanning both psychology and sociology, where it is seen as the transaction between society and individuals across the life span with specific focus on the later years of life. The terms “healthy ageing” and “optimal ageing” have been proposed as alternatives to successful ageing.

Various definitions of successful ageing from different scientific domains are as follows.

4.3.1 Successful Biological Ageing: Born to Live Long

Models of successful biological ageing consider that successful ageing is represented by two main factors: compression of morbidity and longevity. To understand the importance of these factors for the definition of biological successful ageing, it is important to distinguish between ‘maximum life span’ and ‘average life span’ or ‘life expectancy’. The maximum life span represents the longest-lived member(s) of the population or species.

The average life span has been shown to depend on various environmental factors such as socio-economic status and nutritional status (Cutler1990). It is mainly a result of a significant improvement in sanitary conditions over the past century that the average life expectancy at birth is now high at present.

a) **Compression of morbidity**

Although the average life expectancy at birth has increased in the past century, there are still many diseases that can decrease life expectancy. The age-associated diseases are cardiovascular disease, cancer, stroke, diabetes and dementia. Although most of these age associated diseases do not occur exclusively in older people and/or in all older people, it is interesting to note that the high prevalence of these diseases in the elderly has created the impression that disease is a necessary part of ageing.

b) **The role of genetic factors**

In contrast to average life span, which is sensitive to major diseases and environmental challenges, it has been shown that maximum life span, which represents the longest-lived member(s) of the population or species is species specific and very stable. This stability suggests that genetic factors might make a major contribution to the maximum life span of an individual.

c) **Selective pressure on genes**

If longevity is genetically determined, then it implies that selective pressure on specific genes has been applied through out evolution. Here, it is interesting to note that species with a short life span have generally a higher fertility rate (Williams 1966). This trade-off between life expectation consists of three major premises. (i) The first is that in natural populations (with the exception of humans), most deaths generally occur accidentally. This means that the probability of reaching maximum life expectancy is low. (ii) The second premise is that the long-term survival of an individual depends on the maintenance of the organism, a process that is energetically costly. (iii) The third premise is that it is not advantageous for an individual to invest a large fraction of metabolic resources in long term survival if only a small fraction of these resources necessary to survive in reasonably good condition.

4.3.2 **Successful Cognitive Ageing: The Power of Comparisons**

The measurement of individual differences is of central importance for the models of successful cognitive ageing. In this approach, the characteristics of individuals that are deviant from the normal are contrasted with those of persons ageing more in accordance with the normative expectations.

The entire approach of models of successful cognitive ageing stands on **three types of comparison** of an aged individual to other groups. (i) In the **first** approach, the cognitive performance of an older person is compared with normative data obtained in individuals of the same chronological age (the normative approach). Here, a successful ageing will be defined as someone being above normative values when controlling for age, education level and socio-economic status.

(ii) In the **second** approach, the cognitive performance of the individual is compared with the mean performance of a group of individuals within the same chronological age range (the age-related approach). Here, a successful ageing is defined as someone showing a higher performance (by two or three standard deviations) than the mean of the group. (iii) In the third approach, the cognitive performance of the individual is compared with that of a group of young individuals. In this case a successful ageing is defined as someone having a cognitive performance as good as that of young individuals (the age-difference approach).

4.3.3 Successful Psychological Ageing: The Power of Well-being

The models of successful psychosocial ageing emphasise social interaction, life satisfaction and well being as major determinants of successful ageing.

- a) **The importance of social support:** Social support is a key determinant of successful ageing. Social integration and support are linked to protection against physical and mental health conditions such as cardiovascular diseases, hypertension and depression, which is each of related to cognitive decline.
- b) **Subjective well –being:** Successful ageing and life satisfaction have shown that although the two concepts are different, they both contributed to subjective well- being in the aged population.
- c) **The importance of personality traits:** Self-concept and attitudes, in addition to other factors, contribute to stability and change in personality, which in turn influence the prospect of successful ageing.

Self Assessment Questions

1) What is compression of morbidity?

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2) Briefly explain the approaches on which the power of comparison is based.

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3) Find the difference between biological and psychological ageing.

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4.4 THEORIES OF SUCCESSFUL AGEING

There are various theories which define successful ageing, and these include (a) the disengagement theory (b) the activity theory (c) the selective theory and (d) continuity theory. These are described below:

- 1) The **disengagement theory**, first proposed by Cumming and Henry (1961), states that as people age, their withdrawal from society is normal and desirable as it relieves them of responsibilities and roles that have become difficult. As older adults slow down they gradually withdraw from society. Older adults

develop an increasing self- preoccupation, lessen emotional ties with others and show a decreasing interest in society's affairs.

- 2) The **activity theory** contends that activity is necessary to maintain a “life of quality,” that is, one must “use it or lose it,” no matter what one’s age. People who remain active in all respects—physically, mentally, and socially—adjust better to the aging process. Proponents of this theory believe that activities of earlier years should be maintained as long as possible. The more active and involved older people are, the less likely they will age and the more likely they will be satisfied with their life. This theory suggests that individuals should continue their middle adulthood roles if roles are taken away from them. They should find substitute roles that keep them active and involved in the society.
- 3) The **Selectivity theory** mediates between Activity and Disengagement Theory, which suggests that it may benefit older people to become more active in some aspects of their lives, more disengaged in others.
- 4) The **Continuity theory** is proposed by Havighurst and co-workers in reaction to the disengagement theory. This theory assumes that basic personality, attitudes, and behaviours remain constant throughout the life span”. Ageing people are inclined to maintain, as much as they can, the same habits, personalities, and styles of life that they have developed in earlier years. Individuals, in later life, make adaptations to enable them to gain a sense of continuity between the past and the present, and the theory implies that this sense of continuity helps to contribute to well-being in later life.

Although there are losses and declines with age, many people respond to them adaptively and adjust well to the changes associated with ageing, and report high levels of enjoyment of life in their later years.

Successful aging occurs when elders have developed many ways to minimize losses and maximize gains. Social contexts can foster successful aging. These are such things as well-funded social security plans, good health care, safe housing that adjusts to changes in elders’ needs, social services and opportunities for lifelong learning. Better in-home help, adapted housing and sensitive nursing home care could make a difference in aging, too.

Self Assessment Questions

1) Define the role of activity theory in successful ageing.

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2) Explain continuity theory.

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4.5 DEATH AND DYING

Understanding death as a part of normal life is a fundamental concept. It is part of life, and an extension of birth. Everything that has a life on earth will perish one day. The later years however are associated with thoughts of looming death and the realisation of death affects different people differently. Some individuals face the reality calmly and with careful preparation whereas others resist any thoughts about dying and struggle to ignore what fate has foreordained. Still others succumb to thoughts of death and go into depression. Although people can imagine others of dying, they often have trouble imagining their own death.

Death is one of the most profound emotional experiences one encounters. Since time immemorial, death has captured the imagination of poets, philosophers, artists, scientists, and lay persons alike, who have used the concept of death to understand and explain the meaning of life.

Each person has his or her own view of death and attitude towards it. However, the society as the main influencer has a huge impact on people's perception of death. The attitudes of the society towards death have been changing over time. Each person's attitude toward death will affect nearly every activity of his or her life. The attitudinal disposition is marked by

- a) fear of death to such an extent, that one becomes slave to one's emotions;
- b) suppression or ignoring of the thought of death by becoming engrossed in living, and;
- c) accepting death as a reality and preparing for it physically, emotionally, and spiritually.

4.5.1 Definitions of Death and Dying

The literature defines death and dying from a number of perspectives, many of which depend upon people's belief system. The commonly used definitions are as follows:

Fischer (1998) defined death as the final moment of life, the end of life as we know it.

Kubler and Ross (1975) defined death is the final stage of growth in this life. There is no total death. Only the body dies. The self or spirit, or whatever you may be wish to label it, is eternal. You may interpret this in any way that makes you comfortable.

Fischer (1998) Dying is a journey a person must take in the last phase of life. It is the process leading to the end. It can sometimes be a long journey of progressive suffering on many levels. Old persons often fear weakness, pain, physical dependence, and mental deterioration more than the cessation of life.

Keble and Ross (1975) defined dying as the stage in our life which can be experienced as the most profound growth event of our total life's experience (Keble- Ross, 1975).

4.5.2 Attitude towards Death and Dying

As death transcends old age, most elderly persons recognize that their own death is close at this time in their lives. Older people think of death more than any age

group. A number of attitudes towards death and dying are prevalent, but the most often depicted in the elderly are:

1) **Attitude: Fear of death and dying**

Fear of death is anxiety experienced in anticipation of the event. Such fearful anticipation is basically the result of a failure to observe the death process in others. There are three direct determinants of death anxiety: past- related regret, future related regret, and meaningfulness of death. Past related regret refers to the perception of not having fulfilled basic aspirations. Future related regret refers to the perceived inability to fulfill basic goals in the future. Meaningfulness of death refers to the individual's conceptualisation of death as a positive or negative, as making sense or being senseless.

2) **Attitude: Hope**

It is well known that most of the time people do hope to live as long as possible. This is a human trait. All humans face growing old, but are unable to concretely imagine their own dying process. They are also unable to see themselves truly old because for most people the change is frightening.

3) **Attitude: Dignity or Integrity**

Human integrity can be maintained if one has an attitude of doing things for others and being helpful and contributing positively to the society. Also in order to preserve their dignity and integrity, the elderly needs to know that others support them and there is someone to fall back in times of need. The supportive task is to make the person realise the basic truth of life. This acceptance often leads to humility. Helping others will strengthen and complete the lives of those who care. Positive attitude has a direct impact on a person's life.

4) **Attitude: Forgiveness**

Many people nurse grouse against certain people as it is perceived that they have harmed them to forgive and forget and to think positively go a long way in making a person peaceful. Forgiveness means ceasing to feel any claim to recompense. A person forgives in order to bring peace into one's own life. It stimulates new spiritual and emotional growth in a person. By letting go off the hatred and blame, one releases energy that is trapped in the unproductive service of holding a grudge.

5) **Attitude: Love**

Affection and love are the two key positive emotions that sustain a person's life and make life worth living. Love opens mysteries of human life. Social scientists today are exploring several aspects of love in later life, especially the three major areas: love and sex after sixty, the importance of friendship in the later years, and the call to compassion and universal love.

4.5.3 Different Viewpoints of Death

Death has been viewed at from varied points of view these include death according to physiological, philosophical and spiritual viewpoints.

Physiological views of death

- When brain and heart stop functioning.
- No breathing.

- When nervous system does not respond
- When slowly your body is getting damaged and you can observe that everything is going numb.
- When a person slips into a coma.

Philosophical views of death

- It is a stage of life when there is no hope for the future, nothing to look forward to.
- It is one's inability to look beyond or wish for as it is the final stage of life.
- Death forces you to leave everything behind; it takes everything away from you.
- Death is perceived as an inevitable, unwanted fact of life, as a "grey area", an unknown dark area, which no one has previously experienced. It is perhaps this perception that evokes fear in people.

Spiritual views of death

- Death is akin to moving away from this materialistic world and your soul is meeting with God, the supreme authority. It is moving to a higher level. It is a beginning of new life. It is only the end of physical entity of our physical being, when the soul leaves the body'.
- 'Death' to some means the end of merely the physical existence and the beginning of a new life. It is part of a continuous process.
- 'Death' is also perceived as a great leveler that 'visits everyone without discrimination of caste class, or gender'.
- 'Every moment since we took birth on this earth, we are inching towards death'.

Self Assessment Questions

1) What is the philosophical view of death?

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2) What is death anxiety?

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3) Differentiate dying and death.

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4) What are the various views of death? Elucidate

4.6 KUBLER-ROSS MODEL

Although there are many theories about the emotional transitions encountered by dying people, the best known is Kubler-Ross. She studied extensively death and dying and suggested that terminally ill patients display the following five basic reactions.

- 1) **Denial** – Behavioural response - Refuses to believe that loss is happening. “I feel fine.”; “This can’t be happening, not to me.” Denial is usually only a temporary defense for the individual. He regards initial denial as a healthy way of coping with the painful and uncomfortable news. During this stage the person may generate a temporary protective denial system and isolate himself or herself. This feeling is generally replaced with heightened awareness of situations and individuals that will be left behind after death.
- 2) **Anger** – The second stage is characterised by “Why me? Pattern. People in this stage can not continue the myth of denial, so they may exhibit hostility, rage, envy and resentment in addition to anger. It’s not fair!”, “How can this happen to me?”; “**Who is to blame?**” Because of anger, the person is very difficult to care for due to misplaced feelings of rage and envy. Any individual that symbolises life or energy is subject to projected resentment and jealousy.
- 3) **Bargaining** – During the third stage, people generally bargain with God or doctors for an extension of life, one more chance, or time to do one more thing. This is another period of self- delusion, hoping to be rewarded for promises of good behaviour and good deeds. “Just let me live to see my children graduate.”; “I’ll do anything for a few more years”. This stage involves the hope that the individual can somehow postpone or delay death. Usually, the negotiation for an extended life is made with a higher power in exchange for a reformed lifestyle. Psychologically, the individual is saying, “I understand I will die, but if I could just have more time...”
- 4) **Depression** – “I’m so sad, why bother with anything?”; “I’m going to die... What’s the point?”; “I miss my loved ones, why go on?”

During the fourth stage, the dying person begins to understand the certainty of death. In this stage, the individual may become silent, refuse visitors and spend much of the time crying and grieving. This process allows the dying person to disconnect oneself from things of love and affection. It is normal for depression to set in. Ross identifies two types of depression in terminally ill patients: 1) Reactive depression, 2) Preparatory depression. The first is a reaction to the irrevocable loss; the second is an inner emotional preparation

to give up everything. It is not recommended to attempt to cheer up an individual who is in this stage. It is an important time for grieving that must be processed.

- 5) **Acceptance** – In this stage, people reconcile the loss and accept the fate. “It’s going to be okay.”; “I can’t fight it, I may as well prepare for it.” In this last stage, the individual begins to come to terms with their mortality or that of their loved one.

4.7 LET US SUM UP

In the early twenty-first century, while substantial numbers of people die early, death occurs mostly in old age in developed countries. Nevertheless, both one’s own death and the death of a person close to him or her, even when expected, can seriously affect his or her system of beliefs and sense of meaning. Acceptance of death requires the active construction of meaning throughout the life span. To fully live our lives we should live our lives as if we knew we only had days to live. Thomas Aquinas describes people’s fear of death by making the statement, “Man (woman) shuns death not only when he (she) feels its presence, but also he (she) thinks of it,”

4.8 UNIT END QUESTIONS

- 1) Describe theories of successful aging.
- 2) What are the dimensions of successful aging?
- 3) Explain Kubler- Ross model.
- 4) Define aging and its components.
- 5) Briefly discuss death as a life event.
- 6) Discuss spiritual and philosophical view of death

4.9 SUGGESTED READINGS

Harry R. Moody (2006): *Aging: Concepts and Controversies*. Pine Forge Press, An imprint of Sage Publication.

Clifton D. Rryant (2003): *Handbook of Death and Dying*. Sage Publication, Inc.

Death Attitudes and older Adults (2000): *Theories, Concept and Application*. Publisher: Brunner Routledge.

Elizabeth B. Hurlock (1980): *Developmental Psychology: A Life-Span Approach*. Publisher: Tata McGraw-Hill.

William C. Crain (2005): *Theories of Development: Concepts and Applications* Publisher: Pearson/Prentice Hall.