EDO UNIVERSITY IYAMHO
Department of Nursing Science
PSY 201 Developmental Psychology

Instructor: *Mr. Ogunlade, Alade Aderinto;* email:ogunlade.alade@edouniversity.edu.ng
Lectures: Monday, 10am – 12 pm, LT3, phone: (+234) 8062489290
Office hours: Monday, 8 am to 9:45 am (just before class), Office: Department of Nursing Rm 37
Teaching Assistants: *Mr. N.E Chukwuyem, Mr.M.E Akpotor*
General overview of lecture: This course describes the various aspects of human development (physical, spiritual, emotional, sexual, psychological etc.) along the factors that influence growth and theories supporting growth and development.
Learning outcomes: At the completion of this course, students are expected to:

i.	List various types of growth and development theories
ii.	Describe psychosocial theory
iii.	Identify distinctions among morality, moral behaviour and moral development
iv.	Discuss application of growth and development concepts to nursing practice

Assignments: We expect to have 5 individual homework assignments throughout the course in addition to a Mid-Term Test and a Final Exam. Home works are due at the beginning of the class on the due date. Home works are organized and structured as preparation for the midterm and final exam, and are meant to be a studying material for both exams. There will also be seminar presentation.
Grading: We will assign 10% of this class grade to home-works, 10% for seminar presentations, 10% for the mid-term test and 70% for the final exam. The Final exam is comprehensive.
Textbook: The recommended textbooks for this class are as stated:
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Title: Kozier & Erb's Fundamentals of Nursing: Concepts, Process, and Practice
Authors: Berman, A and Snyder, S.J
Publisher: Pearson Education
ISBN- 13: 978-0-13-802461-1
Biophysical Theory
Biophysical development theories describe the development of the physical body—how it grows and changes. These changes are compared against established norms. Arnold Gesell (1880–1961) is often identified as the "father of child development" in the United States. His theory states that development is directed by genetics. He conducted extensive research at Yale University in the 1920s and 1930s, asserting that child development is a process of **maturation,** or differentiation and refining of abilities and skills, based on an in-born "timetable." Although children benefit from experience, they will achieve maturational milestones such as rolling over, sitting, and walking at specific times.
Psychosocial Theories
Psychosocial development refers to the development of personality. **Personality,** a complex concept that is difficult to define, can be considered as the outward (interpersonal) expression of

the inner (intrapersonal) self. It encompasses a person's temperament, feelings, character traits, independence, self-esteem, self-concept, behaviour, ability to interact with others, and ability to adapt to life changes. Many theorists attempt to account for psychosocial development in humans, specifically the development of a person's personality and the causes of behaviour.

Freud (1856–1939)

Sigmund Freud introduced a number of concepts about development that are still used today. The concepts of the unconscious mind, defence mechanisms, and the id, ego and superego are Freud's. The **unconscious mind** is the part of a person's mental life of which the person is unaware. This concept of the unconscious is one of Freud's major contributions to the field of psychiatry. The **id** resides in the unconscious and, operating on the pleasure principle, seeks immediate pleasure and gratification. The **ego,** the realistic part of the person, balances the gratification demands of the id with the limitations of social and physical circumstances. The methods the ego uses to fulfil the needs of the id in a socially acceptable manner are called defence mechanisms. **Defence mechanisms,** or **adaptive mechanisms** as they are more commonly called today, are the result of conflicts between the id's impulses and the anxiety created by the conflicts due to social and environmental restrictions. The third aspect of the personality, according to Freud, is the superego. The **superego** contains the conscience and the ego ideal. The conscience consists of society's "do not's," usually as a result of parental and cultural expectations. The ego ideal comprises the standards of perfection toward which the individual strives. Freud proposed that the underlying motivation to human development is a dynamic, psychic energy, which he called **libido.** According to Freud's theory of psychosexual development, the personality develops in five overlapping stages from birth to adulthood. The libido changes its location of emphasis within the individual from one stage to another. Therefore, a particular body area has special significance to a client at a particular stage. The first three stages (oral, anal, and phallic) are called *pregenital stages*. The culminating stage is the *genital stage*. Freudian theory asserts that the individual must meet the needs of each stage in order to move successfully to the next developmental stage. For example, during an infant's oral stage, nurses can assist an infant's development by making feeding a pleasurable experience. This provides comfort and security for the infant. Freud also emphasized the importance of infant–parent interaction. Therefore, the nurse as a caregiver should provide a warm, caring atmosphere for an infant and assist parents to do so when the infant returns to their care. If the person does not achieve satisfactory progression at one stage, the personality becomes fixated at that stage. **Fixation** is immobilization or the inability of the personality to proceed to the next stage because of anxiety. For example, making toilet training a positive experience during the anal stage enhances the child's feeling of self-control. If, however, the toilet training was a negative experience, the resulting conflict or stress can delay or prolong progression through a stage or cause a person to regress to a previous stage. Ideally, an individual progresses through each stage with balance between the id, ego, and superego.

Erikson (1902–1994)

Erik H. Erikson (1963, 1964) adapted and expanded Freud's theory of development to include the entire life span, believing that people continue to develop throughout life. He described eight stages of development. Erikson's theory proposes that life is a sequence of **developmental stages** or levels of achievement. Each stage signals a task that must be accomplished. The resolution of the task can be complete, partial, or unsuccessful. Erikson believed that the more success an individual has at each developmental stage, the healthier the personality of the individual. Failure to complete any developmental stage influences the person's ability to

progress to the next level. These developmental stages can be viewed as a series of crises or conflicts. Successful resolution of these crises supports healthy ego development. Failure to resolve the crises damages the ego. Erikson's eight stages reflect both positive and negative aspects of the critical life periods. The resolution of the conflicts at each stage enables the person to function effectively in society. Each phase has its own developmental task, and the individual must find a balance between, for example, trust versus. When using Erikson's developmental framework, nurses should be aware of indicators of positive and negative resolution of each developmental stage. According to Erikson, the environment is highly influential in development. Nurses can enhance a client's development by being aware of the individual's developmental stage and assisting with the development of coping skills related to stressors experienced at that specific level. Nurses can strengthen a client's positive resolution of a developmental task by providing the individual with appropriate opportunities and encouragement. For example, a 10-year-old child (industry versus inferiority) can be encouraged to be creative, to finish schoolwork, and to learn how to accomplish these tasks within the limitations imposed by health status. Erikson emphasized that people must change and adapt their behavior to maintain control over their lives. In his view, no stage in personality development can be bypassed, but people can become fixated at one stage or regress to a previous stage under anxious or stressful conditions. For example, a middle-aged woman who has never satisfactorily accomplished the task of resolving identity versus role confusion might regress to an earlier stage when stressed by an illness with which she cannot cope.

Temperament Theories
Early research on temperament, conducted in the 1950s by Stella Chess and Alexander Thomas, identified nine temperamental qualities seen in children's behavior. The "goodness of fit" between children's temperamental qualities and the demands of their environment contributes to positive interaction and positive growth and development. Goodness of fit refers to whether demands placed on the child are consistent with the child's temperament type. When parents understand a child's temperament characteristics, they are better able to shape the environment to meet the child's needs.

Attachment Theory
Attachment theory shares a common belief with Freud's psychoanalytic theories that early childhood experiences have a strong influence on the child's development and later behavior. British psychologist and physician John Bowlby (1907–1990), worked extensively with children suffering separation and loss during wartime, researching and explaining how they responded. He hypothesized that humans have an essential need for **attachment,** or lasting, strong emotional bonds, to others and that the infant–caregiver relationship is the first such attachment. Attachment, Bowlby believed, also served as a protective or survival mechanism for the infant. Characteristics of Bowlby's attachment theory include the desire to be near the attachment figure, a return to the attachment figure when threatened or for comfort, the use of the attachment figure as a security base from which the child can explore the surrounding environment, and expression of anxiety (separation anxiety) when the attachment figure is absent.

Cognitive Theory
Cognitive development refers to the manner in which people learn to think, reason, and use language and other symbols. It involves a person's intelligence, perceptual ability, and ability to process information. Cognitive development represents a progression of mental abilities from illogical to logical thinking, from simple to complex problem solving, and from understanding

concrete ideas to understanding abstract concepts. The most widely known cognitive theorist is Jean Piaget (1896–1980). His theory of cognitive development has contributed to other theories, such as Kohlberg's theory of moral development and Fowler's theory of the development of faith. Cognitive development is an orderly, sequential process in which a variety of new experiences (stimuli) must exist before intellectual abilities can develop. Piaget's cognitive developmental process is divided into five major phases: the sensorimotor phase, the pre-conceptual phase, the intuitive thought phase, the concrete operations phase and the formal operations phase.

A person develops through each of these phases; each phase has its own unique characteristics. In each phase, the person uses three primary abilities: assimilation, accommodation, and adaptation. **Assimilation** is the process through which humans encounter and react to new situations by using the mechanisms they already possess. In this way, people acquire knowledge and skills as well as insights into the world around them. **Accommodation** is a process of change whereby cognitive processes mature sufficiently to allow the person to solve problems that were unsolvable before. This adjustment is possible chiefly because new knowledge has been assimilated. **Adaptation,** or coping behaviour, is the ability to handle the demands made by the environment. Nurses can employ Piaget's theory of cognitive development when developing teaching strategies. For example, a nurse can expect a toddler to be egocentric and literal; therefore, explanations to the toddler should focus on the needs of the toddler rather than on the needs of others. A 13-year-old can be expected to use rational thinking and to reason; therefore, when explaining the need for a medication a nurse can outline the consequences of taking and not taking the medication, enabling the adolescent to make a rational decision. Nurses must remember, however, that the range of normal cognitive development is broad, despite the ages arbitrarily associated with each level. When teaching adults, nurses may become aware that some adults are more comfortable with concrete thought and slower to acquire and apply new information than are other adults.

Behaviourist Theory

Behaviourist theory states that learning takes place when an individual's response to a stimulus is either positively or negatively reinforced. The more rapid, consistent, and positive the reinforcement is, the more likely behaviour is to be learned and retained. B. F. Skinner (1904–1990) believed that organisms learn as they respond to or "operate on" their environment. His research led to the term *operant conditioning*, in which he maintained that rewarded or reinforced behaviour will be repeated; behaviour that is punished will be suppressed. Most of his work was with laboratory animals.

Social Learning Theories

Social learning theory is based on the principle that individuals learn by observing and thinking about the behaviour of the self and others and can be seen as spanning both behaviourist and cognitive learning theories.

Bandura

In contrast to Skinner's "operant conditioning," Albert Bandura, a foremost social learning theorist, believes that learning occurs through imitation and practice and requires more awareness, self-motivation, and self-regulation of the individual. In Bandura's "social learning theory," the individual actively interacts with the environment to learn new skills and behaviours. Social learning theorists contend that this process may not always lead to change in the individual's behaviour; in contrast, behaviourist theory says that learning will result in a permanent change in behaviour.

Ecologic Systems Theory
Urie Bronfenbrenner (1917–2005) expounded the ecologic systems theory of development. He viewed the child as interacting with the environment at different levels, or systems. Bronfenbrenner believed each child brings a unique set of genes—and specific attributes such as age, gender, health, and other characteristics—to his or her interactions with the environment.
There are five levels or systems in the ecologic systems theory. The **microsystem** includes close relationships the child has on a daily basis (e.g., home, school, friends). The mesosystem level includes relationships of microsystems with one another e.g., the relationship between family and school. The **exosystem** includes those settings that may influence the child but with which the child does not have daily contact (e.g., parent's job, local school board). The **macrosystem** level includes the actions, attitudes, and beliefs of the child's culture and society. Finally, the **chronosystem** involves the time period in which the child is growing up as it influences views of health and illness.

Theories of Moral Development
Moral development, a complex process not fully understood, involves learning what ought to be and what ought not to be done. It is more than imprinting parents' rules and virtues or values on children. The term **moral** means "relating to right and wrong." The terms *morality, moral behaviour*, and *moral development* need to be distinguished from each other. **Morality** refers to the requirements necessary for people to live together in society; **moral behaviour** is the way a person perceives those requirements and responds to them; **moral development** is the pattern of change in moral behaviour with age.

Kohlberg (1927–1987)
Lawrence Kohlberg's theory specifically addresses moral development in children and adults (Kohlberg, 1984). The morality of an individual's decision was not Kohlberg's concern; rather, he focused on the reasons an individual makes a decision. According to Kohlberg, moral development progresses through three levels and six stages. Levels and stages are not always linked to a certain developmental stage or age, because some people progress to a higher level of moral development than others. At Kohlberg's first level, called the *premoral* or *preconventional level*, children are responsive to cultural rules and labels of good and bad, right and wrong. However, children interpret these in terms of the physical consequences of their actions, that is, punishment or reward. At the second level, the *conventional level*, the individual is concerned about maintaining the expectations of the family, group, or nation and sees this as right. The emphasis at this level is conformity and loyalty to one's own expectations as well as society's. Level three is called the *postconventional, autonomous*, or *principled level*. At this level, people make an effort to define valid values and principles without regard to outside authority or to the expectations of others.

Gilligan
After more than 10 years of research with women subjects, Carol Gilligan (1936–present) reported that women often consider the dilemmas Kohlberg used in his research to be irrelevant. Women scored consistently lower on Kohlberg's scale of moral development despite the fact that they approached moral dilemmas with considerable sophistication. Gilligan believes that most frameworks for research in moral development do not include the concepts of caring and responsibility. Gilligan contends that moral development proceeds through three levels and two transitions, with each level representing a more complex understanding of the relationship of self

and others and each transition resulting in a crucial re-evaluation of the conflict between selfishness and responsibility (Gilligan, 1982).

Stage 1: caring for oneself. In this first stage of development, the person is concerned only with caring for the self. The individual feels isolated, alone, and unconnected to others. There is no concern or conflict with the needs of others because the self is the most important. The focus of this stage is survival. The transition of this stage occurs when the individual begins to view this approach as selfish and moves toward responsibility. The person begins to realize a need for relationships and connections with other people.

Stage 2: caring for others. During this stage, the individual recognizes the selfishness of earlier behaviour and begins to understand the need for caring relationships with others. Caring relationships bring with them responsibility. The definition of responsibility includes self-sacrifice, where "good" is considered to be "caring for others." The individual now approaches relationships with a focus of not hurting others. This approach causes the individual to be more responsive and submissive to others' needs, excluding any thoughts of meeting one's own needs. A transition from goodness to truth occurs when the individual recognizes that this approach can cause difficulties with relationships because of the lack of balance between caring for oneself and caring for others. The woman makes decisions on personal intentions and consequences of actions rather than on how she thinks others will react.

Stage 3: caring for self and others. During this last stage, a person sees the need for a balance between caring for others and caring for the self. The concept of responsibility now includes responsibility for the self and for other people. Care remains the focus on which decisions are made. However, the person recognizes the interconnections between the self and others and realizes that if one's own needs are not met, other people may also suffer. Gilligan (1982) believes women often see morality in the integrity of relationships and caring, so that the moral problems they encounter are different from those of men. Men tend to consider what is right to be what is just, whereas for women, taking responsibility for others as a self-chosen decision is what is right. The ethic of justice, or fairness, is based on the idea of equality: Everyone should receive the same treatment. This is the development path usually followed by men and widely accepted by moral theorists. By contrast, the ethic of care is based on the premise of nonviolence: No one should be harmed. This is the path typically followed by women but given little attention in the literature of moral theory. In the development of maturity, according to Gilligan (1982), both viewpoints blend "in the realization that just as inequality adversely affects both perspectives in an unequal relationship, so too violence is destructive for everyone involved". The blending of these two perspectives could give rise to a new view of human development and a better understanding of human relations.

Theories of Spiritual Development

The spiritual component of growth and development refers to individuals' understanding of their relationship with the universe and their perceptions about the direction and meaning of life. Spirituality and faith are distinctly different from religious beliefs, but religion may allow for their expression.

Fowler

James Fowler describes the development of faith as a force that gives meaning to a person's life. He uses the term *faith* as a form of knowing, a way of being in relation to "an ultimate environment." To Fowler, "faith is a relational phenomenon; it is an active 'mode-of-being-in-relation' to another or others in which we invest commitment, belief, love, risk and hope".

Fowler's theory and developmental stages were influenced by the work of Piaget, Kohlberg, and Erikson. Fowler believes that the development of faith is an interactive process between the person and the environment. In each of Fowler's stages, new patterns of thought, values, and beliefs are added to those already held by the individual; therefore, the stages must follow in sequence. Faith stages, according to Fowler, are separate from the cognitive stages of Piaget: They evolve from a combination of knowledge and values.

Westerhoff

Westerhoff describes faith as a way of being and behaving that evolves from an experienced faith guided by parents and others during a person's infancy and childhood to an owned faith that is internalized in adulthood and serves as a directive for personal action. For the client who is ill, faith—whether in a higher authority (e.g., God, Allah, Jehovah), in the client's own self, in the health care team, or in a combination of all—provides strength and trust.

Applying Growth and Development Concepts to Nursing Practice

Different theories explain one or more aspects of an individual's growth and development. Typically, theorists examine only one aspect of an individual's development, such as the cognitive, moral, or physical aspects. The area chosen for examination usually reflects the researcher's academic discipline and personal interest. The theorists may also limit the population that is studied to a particular part of the life span, such as infancy, childhood, or adulthood. Although such theories can be useful, they have limitations. First, the theory chosen may explain only one aspect of the growth and development process. Yet a person does not develop in fragmented sections but rather as a whole human being. Thus the nurse may find it necessary to apply several theories for an adequate understanding of the growth and development of a client.

Another limitation of some theories is the suggestion that certain tasks are performed at a specific age. In most cases, the child or adult does accomplish the task at the time specified by the guidelines. In other cases, however, the nurse may find that an individual does not accomplish the task or meet the milestone at the exact time suggested by the theory. Such individual differences are not easily defined or categorized by a single theory. Human development is a complex synthesis of biophysical, cognitive, psychological, moral, and spiritual development. Nurses should expect individual variations and take these into consideration when applying these theories about growth and development. In so doing, they will be better able to understand a client's development and plan effective nursing interventions.

In nursing, developmental theories can be useful in guiding assessment, explaining behaviour, and providing a direction for nursing interventions. An understanding of a child's intellectual ability helps a nurse to anticipate and explain certain reactions, responses, and needs. Nurses can then encourage client behaviour that is appropriate for that particular developmental stage. Theories are also useful in planning a nursing intervention. For instance, choosing the appropriate toy for a 3-year-old boy requires some knowledge of the physical and cognitive development of the child, as well as sensitivity for individual preferences.

In adult care, knowledge about the physical, cognitive, and psychological aspects of the aging process is a fundamental aspect of administering sensitive nursing care. For example, nurses can use their familiarity with the theories of development to help clients understand and anticipate the psychosocial changes that take place after retirement or the physical limitations that come with aging.