

UNIT 3

**The Psychology of
Human Development**

Why is this unit important and what I will learn?

This unit is about Human development, a fundamental area of psychology that explores how individuals grow, learn, and change throughout their lives, from infancy to old age.

I will learn the following:

First: Understand foundational psychological theories that explain human development, including the work of Freud, Erikson, Piaget, and Vygotsky.

Second: Identify the biological, environmental, and cultural factors that influence growth and behavior throughout the lifespan.

Third: Analyze developmental challenges in key life stages—such as infancy, adolescence, adulthood, and aging—and understand their impact on mental and emotional health.

Fourth: Evaluate your own developmental awareness and emotional intelligence using a psychological self-assessment tool.

Fifth: Apply psychological development concepts to real-world medical scenarios and implement developmentally informed strategies in clinical practice.

What is human development?

Human development encompasses physical, cognitive, emotional, and social growth from conception to late adulthood, influenced by biological, psychological, and environmental factors



Why human development important?

For medical students and healthcare professionals, understanding psychological development is essential not only to provide age-appropriate care but also to recognize signs of typical and atypical growth.

This knowledge helps in building effective communication with patients, understanding behavioral symptoms, and supporting emotional well-being across different life stages.

Major Theories of Human Development

Freud's psychosexual theory

Erikson's psychosocial stages

Piaget's cognitive stages

Vygotsky's sociocultural theory

Freud's Psychosexual Theory

Freud's psychosexual stages

Oral stage: Birth to 1 year
Erogenous zone: Mouth



Anal stage: 1 to 3 year
Erogenous zone: Bowel and Bladder control



Phallic stage: 3 to 6 year
Erogenous zone: Genitals



Latent stage: 6 to puberty
libido inactive



Genital stage: Puberty to death
maturing sexual interest



Erikson's Psychosocial Development Theory



Integrity vs. Despair

Generativity vs. Stagnation

Intimacy vs. Isolation (adulthood)

Identity vs. Role-Confusion (adolescence)



Industry vs. Inferiority (elementary years)

Initiative vs. Guilt (preschool years)

Autonomy vs. Shame / Doubt (toddlerhood)



Trust vs. Mistrust (infancy)

Piaget's Cognitive Development Theory

According to Piaget, cognitive development unfolds in four distinct stages:

Sensorimotor (birth to 2 years)

Preoperational (2-7 years)

Concrete operational (7-11 years)

Formal operational (11+ years)



Vygotsky's Sociocultural Theory (Brief Mention)

Lev Vygotsky (1896–1934) proposed that cognitive development is fundamentally shaped by social interaction and cultural context

Central to this theory is the Zone of Proximal Development (ZPD), which represents the range of tasks a child can accomplish with guidance from a more knowledgeable other



10 basic principles of human development

1. **Development is Lifelong (Continual)** :Development does not stop at childhood or adolescence but continues throughout adulthood and aging.
2. **Development is Multidimensional** :Involves changes in physical, cognitive, emotional, and social domains.
3. **Development is Multidirectional**: Some abilities improve while others decline.
4. **Development is Flexible**: The brain and behavior can adapt based on experiences.
5. **Development is a Combination of Nature (Genetics) and Nurture (Environment)**: Genes interact with experiences (e.g., nutrition, trauma, education). Example: Height is genetically influenced but can be stunted by malnutrition.

10 basic principles of human development

6. **Development Involves Both Gains and Losses:** Growth in one area may come at the expense of another.
7. **Development is Cumulative (Early Experiences Matter, but Change is Possible):** Early childhood sets a foundation, but later experiences can modify trajectories.
8. **Development progresses from general to specific:** Initially, general skills develop first, followed by more specialized skills.
9. **Development proceeds from top to bottom and from inside to outward:** The head grows first, followed by downward growth. Internal vital organs develop first, then external body parts.
10. **A child's development should not be compared to others:** Growth follows varying timelines for each child, yet all ultimately reach the same outcome (for example, early speech is not an indicator of intelligence, and delayed walking is not a sign of disability).

Main features of life span stages

There are different categorization according to the main focus of development as we saw in human development theories.

In general life span can be categorized into 5 stages:

Infancy (0-2 years)

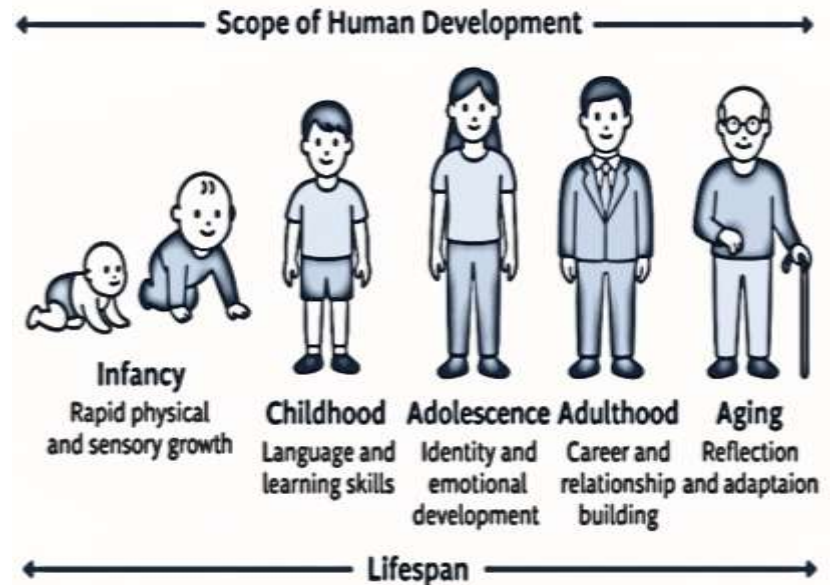
Childhood (3-12 years)

Adolescence (13-20 years)

Adulthood (20-64 years)

Aging (64-death)

Human Development Across the Lifespan



Infancy (0-2 years)

During these first two years, infants undergo dramatic physical changes, including tripling their birth weight and developing essential motor skills



Cognitive development follows Piaget's sensorimotor stage, where infants learn about the world through sensory experiences and motor actions.



Socially, infants progress from reflexive behaviors to intentional communication. By 12 months, most babies develop stranger anxiety and separation anxiety



Childhood (3-12 years)

Childhood is divided into early (3-6 years) and middle (7-12 years) childhood, each with distinct characteristics. Physically, children experience steady growth and refinement of motor skills



Cognitive development moves through Piaget's preoperational and concrete operational stages. Children develop symbolic thinking, language skills, and logical reasoning abilities



Socially, play becomes increasingly important, evolving from parallel play to cooperative play.

Adolescence (13-20 years)

The brain undergoes substantial reorganization, particularly in the prefrontal cortex, which governs decision-making and impulse control.



Cognitive abilities reach near-adult levels, with the development of abstract thinking and metacognition



Social development focuses on identity formation, as described in Erikson's identity vs. role confusion stage.



Peer relationships become increasingly important, while relationships with parents often undergo renegotiation.

Adulthood (20-64 years)

Adulthood is typically divided into early (20-40 years) and middle (40-64 years) adulthood

middle adulthood brings gradual declines in muscle mass, bone density, and metabolic rate.

Cognitive abilities generally remain stable

Socially, adults typically focus on career development, long-term relationships, and parenthood.



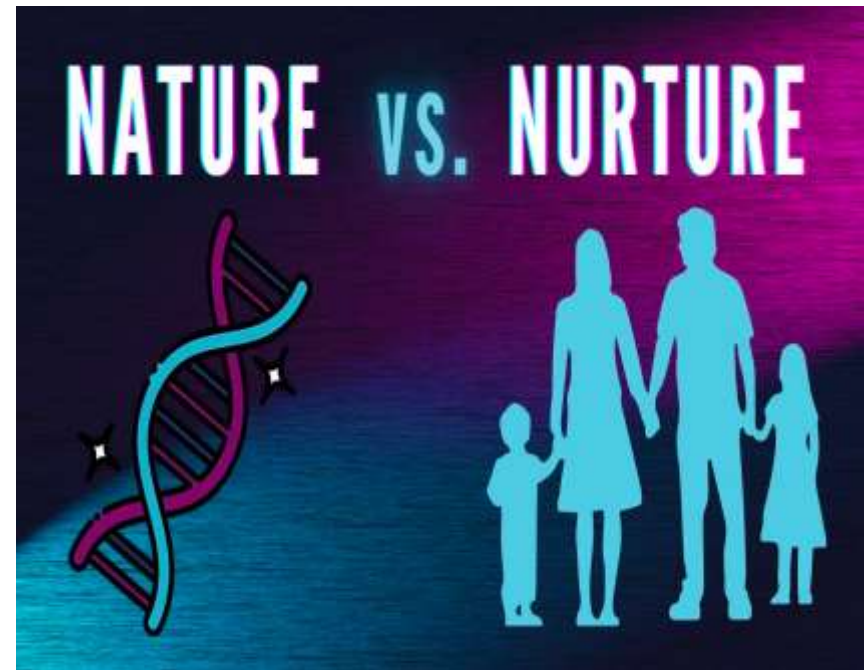
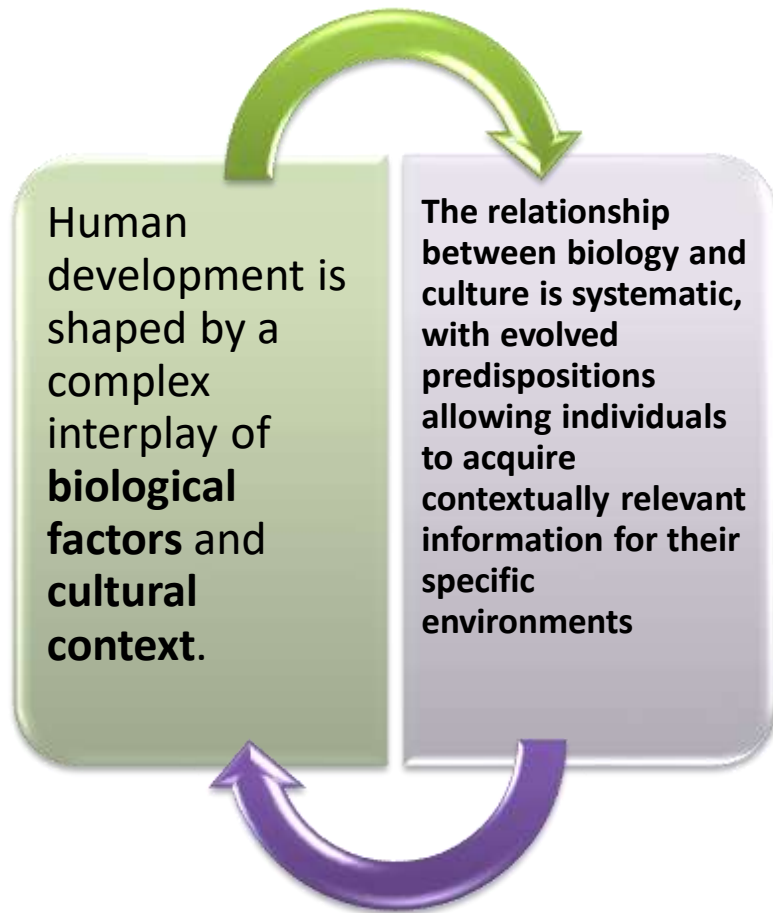
Aging (65- death)

physical changes, including sensory decline, reduced mobility, and increased susceptibility to chronic illnesses.

Cognitive changes vary widely, with some experiencing mild forgetfulness while others develop more serious conditions like dementia

Socially, older adults often face role changes such as retirement, widowhood, and increased dependence on others

Biological and Cultural Influences on Development



Biological Influences on Development



Genetic Inheritance

Determines physical traits, health risks, and temperament.



Brain Development

Early childhood development forms neural pathways.



Pubertal Hormones

Impacts adolescent behavior, identity, and emotional regulation.

Cultural and Environmental Influences



Cultural Values

Shapes parenting, emotional expression, and social expectations.



Environmental Factors

Affect developmental outcomes like poverty and nutrition.



Cultural Contexts

Influences timing and emphasis of developmental milestones.

Developmental Challenges Across the Lifespan

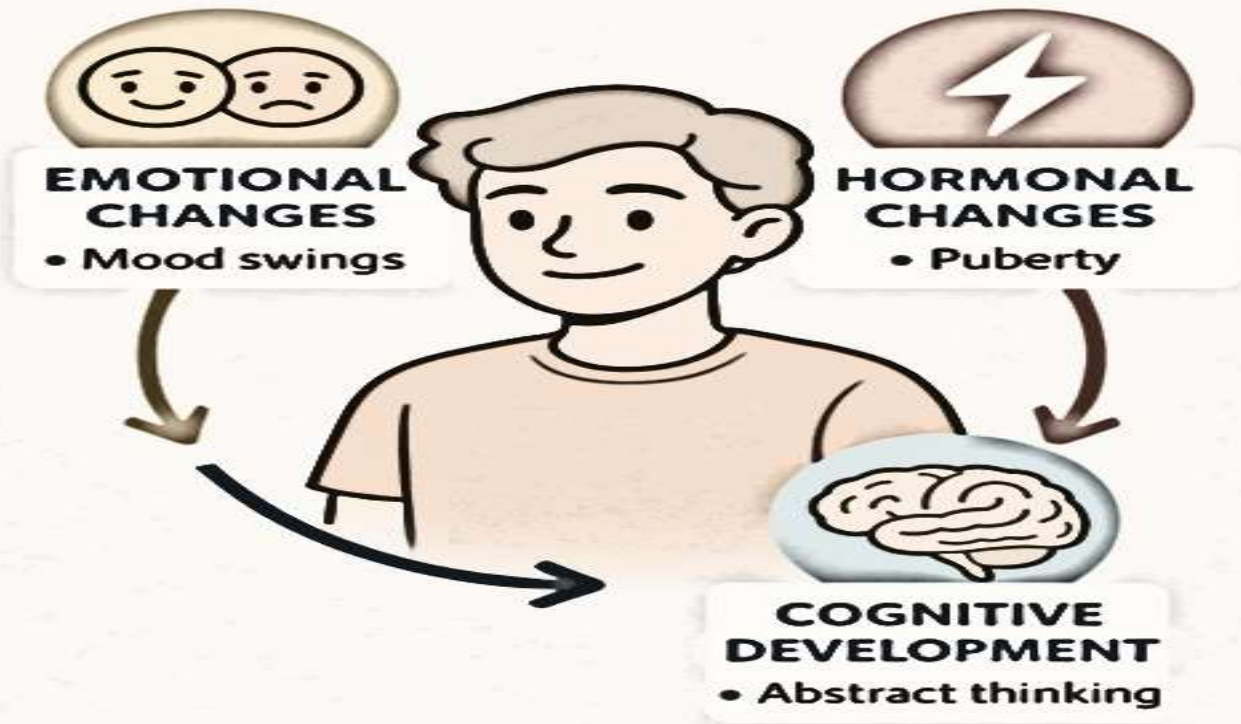
As individuals move through the lifespan, they encounter a series of psychological, emotional, and social transitions. Each life stage brings its own set of developmental tasks and challenges

Level of challenges influenced by:

- Level of abstract thinking
- Sexual self-awareness
- Identity formation
- Level of independence

Challenges in Adolescence

Adolescence



Challenges in Adulthood

In early adulthood, individuals typically strive to form intimate relationships and establish careers (intimacy vs. isolation).

Emotional Intelligence and Healthcare

Healthcare professionals often find themselves in emotionally charged situations.

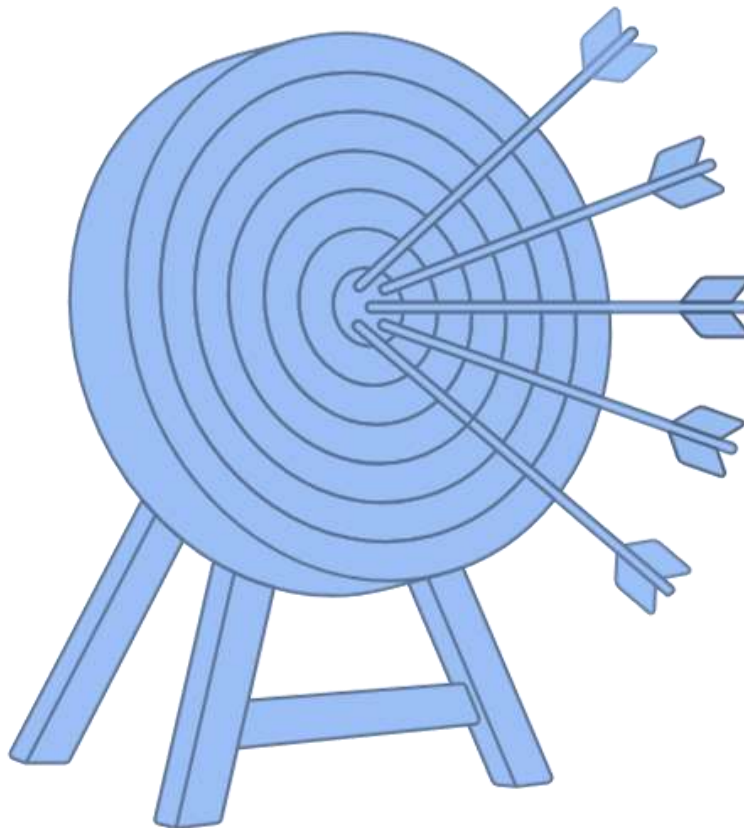
Emotional intelligence (EI) is very important for health care professional

Emotional intelligence (EI) encompasses self-awareness, self-regulation, motivation, empathy, and social skills

In healthcare, EI is crucial for managing stress, improving teamwork, and enhancing patient care

Practical Applications for healthcare professionals

Integrated Patient Care through Developmental Understanding



Personalized Care

Tailored healthcare addressing unique needs



Age-Specific Interventions

Targeted strategies for different life stages



Life Span Approach

Recognizing continuous growth and change



Family Dynamics

Considering family context in patient care



Human Development Understanding

Core knowledge of developmental processes

Practical Tips: DO

Conduct regular developmental screenings during pediatric visits.

Recognize cultural differences in developmental expectations and behaviors.

Use age-appropriate communication strategies with patients.

Provide emotional support tailored to the patient's psychosocial stage.

Promote parental or caregiver involvement in treatment plans.

Assess older adults holistically, including cognitive, social, and emotional aspects.

Encourage ongoing emotional intelligence training within healthcare teams.

Reflect on your own emotional state during patient interactions.

Offer referrals to developmental or psychological specialists when needed.

Practical Tips: Avoid

Assume all children reach milestones at the same rate.

Apply Western-based developmental norms universally without adjustment.

Overload young patients with technical details or complex medical language.

Ignore emotional distress or dismiss it as unrelated to medical care.

Overlook the family context when designing interventions.

Focus solely on physical symptoms in elderly patients.

Assume technical competence alone ensures high-quality care.

Suppress or ignore signs of professional burnout or compassion fatigue.

Delay intervention due to uncertainty or lack of training.