

Physical, Cognitive, Socio-Emotional and Moral Milestones

Overview

Part Three of this course examines the sub-discipline of developmental psychology in two units. Unit 6 focuses on the physical, cognitive, socio-emotional and moral milestones that are associated with key stages of development in the lifespan. You are urged to incorporate the knowledge of these milestones as well as the insights provided in Unit 6 on risk factors and protective factors when reflecting on strategic programs and interventions that you can use as youth development workers or social workers. Unit 7 will explore applied developmental issues such as theories of personality, the formation of the self, the acquisition of attitudes, values and behaviour and the effects of the actions of young people on the public's perceptions of young citizens.

The physical, cognitive, socio-emotional and moral milestones to be discussed in this unit are outlined in most textbooks on lifespan development and developmental science. You will find the course text by Boyd and Bee (2012) particularly useful. As a precursor to the discussion in Unit 6 it is relevant to distinguish between developmental psychology, developmental science and life-span development. Developmental psychology examines physical, cognitive, emotional, and social development in children, adolescents, and adults. The impact of ageing is also a primary consideration. The discipline is integrated into human development defined as "the scientific study of age-related changes in behaviour, thinking, emotion and personality" (Boyd & Bee, 2012, p.2). Developmental psychology has connections to developmental science which explores practical applications of developmental theory and research. For example, a discussion on developmental science in a clinical environment can focus on crisis intervention for pregnant teenagers. Developmental science also relates to policy questions such as, 'Should parents be held legally liable for the actions of their children such as truancy and underage drinking?' This is not a far fetched idea as in the USA in certain US States parents who allow their teens to have friends over to drink are subject to liability laws that make them vulnerable to lawsuits, fines and jail time. Moreover, parents in some US States can be held liable even if they were not aware that drinking was going on in their homes. You can read more about this in the article titled 'Liability Laws Make Parents Responsible for Underage Drinking in their Home' (January 2012) and the other titled Underage drinking: Prohibitions against hosting underage drinking parties cited in the references at the end of the unit. You may also wish to consider if such legislation should be adopted in the Caribbean and the extent to which such laws would be enforced by the relevant authorities including parents and families.

You already have a fair idea of the breath and scope of developmental psychology because in Units 1- 5 you were exposed to information that related to human development. For example, in Unit 1 subsection Cognitive approach it was mentioned that humans shape their existence by their experiences as people are active processors of information. The cognitive approach can explain why young persons apply filters to the information that is available to them and perhaps selectively choose to either listen to, or to ignore the well-meaning advice of parents. In addition, the characteristics of the adolescent phase of development were mentioned in Unit 1 and described in the following way,

“When adolescents experiment with alcohol or engage in sexual experimentation, they are not necessarily behaving much differently than their peers, from a statistical perspective. In fact, as they move through adolescence, those who do not engage in one or more of these risky activities are abnormal in comparison to the larger group of adolescents.” (Johnson & Malow-Iroff, 2008, p.1)

In Unit 2 the discussion of research methods included an explanation and critique of longitudinal designs which you would recall examines the same people over a period of time. Reference was made to the longitudinal study of Australian children by Sanson, Nicholson, Ungerer, Zubrick, Wilson, Ainley, Berthelsen, Bittman, Broom, Harrison, Rodgers, Sawyer, Silburn, Strazdins, Vimpani, and Wake (2002). This was a large scale study in which 5000 children aged less than 12 months in 2003 were followed at least every two years until they reached 6-7 years of age in 2009. The study by Sanson et al. utilized underlying developmental principles. For example, the researchers assessed how well Australian children were doing on a number of key developmental outcomes. They also measured the ways in which selected features of children’s environment such as families, communities, and institutions impacted on the outcomes of these children.

Unit 3 Motivation introduced social learning theory. One of the main proponents of social learning theory is Albert Bandura. Bandura explained the process of observational or vicarious learning by illustrating how children acquired knowledge about prosocial behaviour (i.e. learning to help one another). This learning occurred through the observation of adult models seen engaging in prosocial behaviour. Likewise, in the discussion of motives for personal development Harter (1978) mentioned that the basic attitude towards competence is established between the ages of 8 to 12 years. Moreover, the approval or disapproval of parents matters a lot to children with respect to the development of the competence attitude.

Light was shed on the emotional development and emotional regulation in childhood in Unit 4 Emotion. Specifically, Erik Erikson stated that the key to healthy development during the period of early childhood – generally expected to be between the ages of 2 to 6 years – is striking a balance between the child’s emerging skills and desire for autonomy and the parents’ need to protect the child and to control the child’s behaviour. This point is elaborated upon in Boyd and Bee (2012) Chapter 8. These are just a few examples of the concerns of developmental psychologists and developmental scientists. The focus of attention in Unit 5 was on social influence. The connections between emotion, motivation and social influence were discussed and attention was placed on some of the factors that determine attitudes because they are the basis for attitude change and social influence.

In Unit 6 the spotlight will be on the physical, cognitive, socio-emotional and moral milestones over the life span. Session 6.1 explores the milestones associated with the stages of development linked to infancy, early childhood, middle and late childhood, adolescence, and adulthood. Two contemporary issues in parenting are introduced: parenting adopted children and parenting by gay and lesbian parents. Research findings from a 2010 study by the University of Cambridge titled *Different Families: The Experience of Children with Lesbian and Gay Parents* will shed light on common perceptions and misperceptions associated with this controversial topic. In Session 6.2 attention is placed on defining and elaborating upon risk factors and protective factors. An article by G. St. Bernard (2008) titled *Early Childhood Education and Human Development Prospects: Are some Children Disadvantaged?* will be used as a case study to illustrate how policies can be used to reverse disadvantageous or risky conditions.

The coverage area for this unit is designed to help you develop the competencies, knowledge and skills-set for YDWCYP0263 'Enable young people to become active and responsible citizens, YDWCYP0323 'Assist young people with their personal development plans', YDWCYP0333 'Enable young people to develop their spiritual, ethical, moral values and beliefs' and YDWCYP0513 'Plan and implement programmes to promote healthy lifestyles among youths.' You will recognise that developmental psychology has an invaluable contribution to make in identifying and recommending strategies for nurturing responsible citizens, for channelling youths in the right direction by facilitating their development plans, for helping persons to understand what it means to possess ethical and moral values and in general to promote a healthy lifestyle among all citizens. By the end of this unit you would have an enhanced, scientific understanding of the role of developmental psychology in policy development and evaluation. To bring psychology to life in exciting ways that would help you to link theories and concepts to real world events my developmental lab activities are integrated into the course text by Boyd and Bee (2012).

You are encouraged to be pro-active in exploring the wide range of relevant material that is available in the Open Campus Library to supplement the unit material and readings. These resources would help you to successfully complete the activity tasks and to make a valuable input in your tutorial discussion. The concepts written in bold font are defined in the Glossary of Terms. Continue to look up any terms or concepts that you do not understand using your course textbook Boyd and Bee (2012) and the free-access on-line psychology dictionaries available at the links:

<http://allpsych.com/dictionary/>

<http://www.merriam-webster.com/dictionary/psychology>

<http://www.sociologyguide.com/>

<http://dictionary-psychology.com/>

Competencies

1. YDWCYP0263: Enable young people to become active and responsible citizens.
2. YDWCYP0323: Assist young people with their personal development plans.
3. YDWCYP0333: Enable young people to develop their spiritual, ethical, moral values and beliefs.

4. YDWCYP0513: Plan and implement programmes to promote healthy lifestyles among youth.

Key Concepts in Unit 6: childhood, adolescence, adulthood, puberty, sensation-seeking, risk factors, protective factors, lifespan, adolescent geocentrism, attachment, emerging adulthood, habituation, self-concept, self-esteem, social domain, social learning, social referencing, service learning, social clock.

Structure of the Unit

This Unit is divided into two sessions as follows:

Session 6.1: Physical, Cognitive, Socio-Emotional and Moral Milestones in:

- Infancy
- Early childhood
- Middle and late childhood
- Adolescence
- Adulthood

Session 6.2: Risk and Protective Factors and Policies and Interventions

- Risk and protective factors.
- Policies and interventions

Unit 6 Learning Objectives

By the end of this unit learners would be able to:

1. Explain in the unit activities how a knowledge of developmental psychology can be utilized to empower people to become motivated, active and responsible citizens;
2. Distinguish in the forum discussions between the concepts risk factors and protective factors documented in this unit and illustrate with examples;
3. Distinguish between cognitive, socio-emotional and moral milestones when reading the unit notes and the course textbook;
4. Discuss in your tutorials how the developmental theories and empirical findings mentioned in Unit 6 can be utilized to explain risky behavior and promote risk-adverse behaviour and attitudes;
5. Outline in the unit activities the physical, cognitive, social, and moral changes that occur in infancy, childhood, adolescence and adulthood as outlined in this Unit;
6. Utilize the knowledge and psychological principles outlined in this unit to develop and evaluate relevant policies and programs to enable citizens to develop their ethical, moral values and beliefs and post your thoughts in the discussion forum.

Session 6.1

Physical, Cognitive and Moral Milestones over the Lifespan

Introduction

The domain of human development examines, amongst other issues, the age-related changes that occur in behaviour, thinking, emotion and personality from conception to death. It is, in brief, an account of the journey of life. The initial view of development 80 years ago offered a restricted view of change: one that was limited to the stages or periods of physical growth such as childhood. However, it is now universally acknowledged that changes occur at all stages of the life span from infancy, childhood, adolescence, and into adulthood. Moreover, the nature of this change can be growth as well as decline, as evidenced by hearing and vision impairments in the stage of late adulthood. Some of these changes are general, shared characteristics that are common to all humans. Other changes are borne out of specific experiences which serve to distinguish one individual from another and make each person unique. Before elaborating upon the physical, cognitive, socio-emotional and moral milestones over the lifespan it is appropriate to commence this Session by citing the age-ranges associated with specific periods or stages of development as outlined by Santrock (2008). The author stated that, "The interplay of biological, cognitive, and socio-emotional processes produces the periods of the human life span. A developmental period refers to a time frame in a person's life that is characterized by certain features." (Santrock, 2008, pp. 16-17) Periods of development co-ordinate with the chronological phases of physical development as outlined below.

1. Prenatal period – from conception to birth.
2. Infancy – from birth to 18-24 months.
3. Early childhood – from 2-5 years.
4. Middle and late childhood – from 6-11 years.
5. Adolescence – from 10-12 to 18-21 years.
6. Early adulthood – from 20's to 30's.
7. Middle adulthood – from 35-45 to 60's
8. Late adulthood – from 60 and 70's to death.

Why is it relevant to devote two units of PSYC 1000 to the scientific study of human development? The knowledge presented is designed to support the competencies that you are expected to acquired upon graduating with a BSc in Youth Development Work

or the BSc in Social Work. You will gain an insight into your own life history and an understanding of how events in your infancy, childhood and adolescence contributed to the person that you are today. You will be given the findings of key scientific publications and this will also help you to appreciate the depth and scope of developmental psychology. You will also discover how research findings can have tangible, positive impacts on the lives of citizens. Most of the social policy and welfare programs that governments in the national and international community seek to implement are increasingly becoming evidence-driven. Santrock (2008) noted that out of concern that policy-makers are doing too little to protect the well-being of children and older adults, life-span researchers increasingly are undertaking studies that they hope will lead to effective social policy. In this unit brief comments are made about (1) infancy, (2) early childhood, (3) middle and late childhood, (4) adolescence and (5) adulthood. You are encouraged to read the references identified here and explore other periods of development such as middle adulthood and late adulthood in the course text. Units 6 and 7 of PSYC 1000 are the foundations for the second year course PSYC 2015 'Developmental Psychology'.

Session 6.1 Objectives

By the end of this session learners would be able to:

1. Discuss the lifespan perspective of development using the session notes;
2. Identify the various stages of development across the lifespan as outlined in Unit 6;
3. Outline in tutorials how attitudes to social and moral development change over the lifespan;
4. Discuss in the unit activities emotional and socio-emotional development across the lifespan;
5. Recognize from the session notes how families can influence young children's development.

Physical, Cognitive, Socio-Emotional and Moral Milestones Over The Life Span

Some developmentalists (e.g. Santrock, 2008) refer to the changes that occur within each stage of development as consisting of biological, cognitive, and socioemotional processes which influence each other and can be intertwined as shown in Figure 6.1. Briefly, biological processes produce changes in an individual's physical nature. The factors that contribute to these changes are displayed in Figure 1. Cognitive processes refer to changes in individual thoughts and related skills such as language, intelligence, the ability to engage in lateral thinking and to solve crosswords or puzzles. Socioemotional processes involve changes in an individual's relationships with other people.

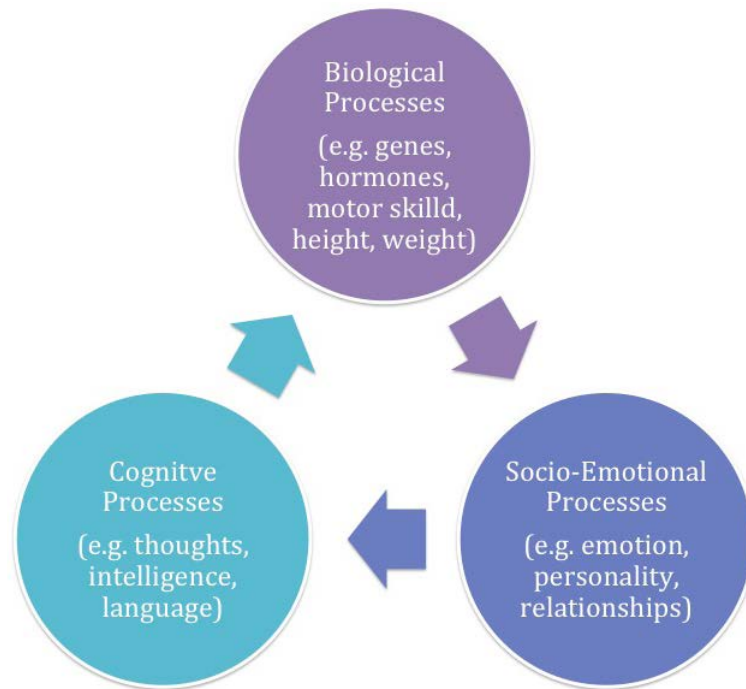


Figure 6.1: The processes that are involved in developmental changes

1. *Infancy (birth to 18-24 months).*

In preparation for this sub-section please click Watch the Video Motor Development in Infants and Toddlers: Karen Adolph on mydevelopmentlab.com in Boyd and Bee (2012, p. 89)

Physical development: Psychologists, whatever their theoretical positions on development, are in agreement that it is very important for infants to get a healthy start in life as the first two years of life can be the most amazing part of their development. The physical development of infants begins with a disproportionate size of the head in relation to the rest of the body. The head of the newborn flops around in an uncontrolled manner and it possesses some basic reflexes. In the span of 12 months infants become capable of sitting, standing, stooping, climbing and usually walking. In the second year growth is less accelerated as in the first year of life although the ability to run and climb becomes more proficient. These physical changes are accompanied by sensory and motor development. Santrock (2008) stated that infants see objects before they can control their torso and they can use their hands long before they can crawl or walk. Infants usually reach for tops with their feet (at on average 12 weeks) long before they begin to use their hands for a similar task (on average at 16 weeks). Growth also follows a proximodistal pattern; that is, the sequence in which growth starts at the centre of the body and moves towards the extremities. Infants control the muscles of their trunk and arms before they can control several fingers. In short, the milestones include walking, standing and pulling. With respect to sensation and perception as infants develop the ability to sense and to respond to stimuli they are also able to interpret what they sense. Infants are aware that the skin of their mother is soft rather than hard and while they crawl easily on a flat surface they instinctively appear to be cautious when faced with a slope. This point will be

illustrated when you access the experiment The Visual Cliff on mydevelopmentlab.com in Boyd and Bee (2012, p. 101).

Cognitive development: In infants cognitive process and progress can be tracked using the results of an electroencephalogram (EEG) to measure the brain activity in infants. It was discovered that a spurt of electrical activity occurs at about 1 ½ to 2 years of age and researchers believe that this is linked to important changes in cognitive development. With respect to developments in learning, remembering and conceptualizing it has been reported that infants learn by the process of operant conditioning outlined by B.F. Skinner and described in Unit 1. For example, it is reported that infants will suck faster on a nipple when the sucking behaviour is followed by a visual display, music, or a human voice. More importantly, infants can retain the positive, rewarding experiences learned from operant conditioning so that they deliberately repeat the behaviour (Rovee-Collier, 1987 and Rovee-Collier & Barr, 2004 as cited in Santrock, 2008, p. 185). Infants' attention is governed by novelty and habituation. By the age of 4 months infants can selectively attend to stimuli in their environment. They are attracted to novel items but repetition of a word or repeated presentation of an object results in habituation where the infant pays less attention to the item or word after each presentation. They have the ability to form and acquire concepts. Knowledge and understanding of habituation is essential for parents and caregivers in order for them to actively stimulate infants to facilitate their cognitive and social development. Two key points to remember from this sub-section are first, infants' competencies in processing information via the processes of attention, memory, imitation and concept formation is richer, gradual and less stage-like as outlined by theorists such as Jean Piaget. Second, parents and caregivers can facilitate infants' and toddlers' language and cognitive development by (1) being an active conversational partner; (2) talking as if the infant understands what you are saying; (3) using a language style that reflects affection because affect, rather than content, matters to infants; and (4) practice good listening skills.

Socio-emotional development: This sub-section contains a discussion on emotion and personality development, attachment and the relevance of social context to an infant's socio-emotional maturation. This is well illustrated in your course text. Watch the video attachments in infants on mydevelopmentlab.com in Boyd and Bee (2012, p. 134). Santrock described children as 'emotional beings' because they express emotions and also vary in their temperament (2008, p. 208). You would recall in Unit 4 'Emotion: Theoretical and Applied Issues' mention was made of the two year old toddler in the sub-section on 'Physiological theories of emotion'. After reading Unit 4 you would realize that emotions are influenced by both biological forces as well as individual experiences. With respect to infants' socio-emotional development Santrock claimed that children who are blind from birth and who do not have the opportunity to observe the facial expressions of smiling and frowning in other people, do not smile and frown in the same way as infants with normal vision. Social relations also impact upon children's emotional development. It is suggested that when toddlers hear their parents quarrelling, they often react with distress and inhibit their play (Cummings, 1987 as cited in Santrock, 2008, p. 209). As they grow infants become adept at social referencing; that is, they 'read' the expressions of other people in their environment and these expressions cue them to respond in a given situation.

Infants display temperament and in attempting to identify the types of temperament that infants most commonly demonstrate Chess and Thomas (1977; 1991 as cited in Santrock, 2008, p. 214) offered a typology of three categories listed below.

1. Easy child – the infant is generally in a positive mood, quickly establishes regular routines in infancy, and adapts easily to new experiences.
2. Difficult child –the child reacts negatively and cries frequently, engages in irregular daily routines and is slow to accept change.
3. Slow-to-warm-up child – this child has a low activity level, is somewhat negative, and displays a low intensity of mood.

Personality development: In terms of personality development psychologist Erik Erikson contended that the first year of life is characterized by the trust-versus-mistrust stage of development. It is therefore imperative that infants are provided with a consistent warm and nurturing environment as these conditions or protective factors instill trust in the infant. There is some difficulty in accurately assessing infants' sense of self because they cannot engage verbalize their experiences. However, inferences from studies in which newborns from the age of 3 months can attend to and react positively to their image in a mirror suggest that infants develop a sense of self early in life. By the second year of life infants begin to exert their independence. For instance, being comfortable in exploring their environment away from the security of the mother and taking pride in their accomplishment such as climbing, crawling or deciding what to eat. Infants also become attached to their caregivers at this stage of their lifespan.

2. Early childhood (2-5 years)

Parents, caregivers, educators, and policy makers who clearly understand how young children develop can play an active role in the design and implementation of specialist programs to foster children's natural interest in learning rather than stifling their style of learning. The provision of early childhood centres in Trinidad and Tobago is an acknowledgement of the government of the importance of good quality, informal educational guidance and nurturing that must be given to children from the ages of three to six years. You can read more about this point at the hyperlink http://www.moe.gov.tt/ecc_curriculum.html

Physical development: Following the rapid rate of physical development in infancy the growth rate slows somewhat otherwise we shall become a species of giants. Yet, changes in the brain and nervous system continue apace. It is estimated that the average child grows 2 ½ inches in height and will gain between 5-7 pounds in early childhood. The chubby baby usually becomes leaner by early childhood. There will naturally be individual differences in these generalities and medical conditions can stunt growth. The increasing maturation of the brain parallels cognitive development as children can plan their actions, attend to stimuli more effectively than during infancy and continue to develop verbal and linguistic skills. Motor skills increase and this enables physical activity such as running, jumping, skipping and more adventurous stunts. When attempts at writing begin one can detect the development of handedness. Right handedness is dominant in all cultures with an estimated ratio of 9 right handed persons to 1 left handed individual. There is scientific

evidence that left-handed children are more likely to have reading problems (Natsopoulos et al., 1998 as cited in Santrock, 2008, p. 242); they have unusually good visual-spatial skills and the ability to imagine spatial layouts (Holtzen, 2000 as cited in Santrock, 2008, p. 242). This creative predisposition is evidenced by famous left-handed musicians, architects and artists such as Michelangelo, Leonardo da Vinci and Picasso.

Cognitive development: From 2 years onward the child's sense of mastery over his environment continues to develop. In addition, the cognitive world of the child can be characterized by creativity, freedom and being fanciful. The imagination of a child is well known and children can easily form and grasp concepts. Jean Piaget stated that between the ages of 2-7 years the child can represent the world with words, images and drawings. Reasoning also begins to take shape but there is simultaneous development of egocentrism; that is, the inability to distinguish between one's own perspective and someone else's. The concept of symbolic function, which is attributed to Jean Piaget, describes a stage of development in which the child gains the ability to mentally represent an object that is not present. This occurs between 2 and 4 years. Prior to age 2 children operate on the basis of 'out of sight, out of mind' but from age 2 years onward if an object or a person, such as their mother is out of sight, the person still remains in the child's mind. The development of the symbolic function allows children to draw scribbles and designs to represent information that is relevant to them. This includes people and pets in their household or external objects such as their friends, school, cars or clouds. This function also allows children to engage in pretend play.

L.S.Vygotsky explains how children construct their social world in his social constructivist approach. This approach emphasizes the social contexts of learning, it stresses that knowledge is mutually built and constructed largely through children's social interaction with others in their environment, and it flags the significance of culture and collaboration in children's acquisition of knowledge and skills. A linked concept that Vygotsky used to explain his social constructivist approach is zone of proximal development (ZPD). This concept identifies the range of tasks that children may find difficult to master alone (e.g. riding a bicycle or tricycle, learning to read and to write) but which children can master with the guidance and assistance of others. In the phase of early childhood learning occurs via the process of scaffolding, which simply means changing the level of support. For instance, when teaching a child to read or to write the teacher or parent would adjust the level of support that is provided to the child to accommodate the child's desire for independence and mastery. Encouraging dialogue assists children immensely. As children progress from infancy to early childhood they acquire a rich storehouse of concepts. Dialogue with parents and caregivers allows children to make sense of the concepts and to structure these concepts into sentences for communication, language and reasoning. Children are at the inquisitive stage and begin to ask questions of all kinds that require an immediate and appropriate answer. 'The use of dialogue as a tool for scaffolding is only one example of the important role of language in a child's development.' (Santrock, 2008, p. 251) Vygotsky claimed that children use speech for both social communication but also to help them to solve tasks.

Knowledge of the cognitive competencies during early childhood is utilised to improve instruction and course delivery in the educational system. Vygotsky offered the following tips for educators that can be extended to parents and caregivers. (As cited in Santrock, 2008, p. 252)

1. Access the child's ZPD – instead of using formal, standardized tests to assess the child, assessment should focus on determining the child's zone of proximal development. The skilled helper presents the child with tasks of varying difficulty to determine the best level at which to begin instruction.
2. Use the child zone of proximal development in teaching – teaching should begin at the upper limit so that the child can reach the goal with help and move to a higher level of skill and knowledge.
3. Use more-skilled peers as teachers – it is important to bear in mind that it is not only adults who can facilitate children's learning. Children also learn, either intentionally or unintentionally, from their peers. Thus children benefit from the support and guidance of their more-skilled peers.
4. Monitor and encourage children's use of private speech – Children tend to talk to themselves when solving problems so they should be encouraged to internalise and self-regulate their talk.
5. Place instruction in a meaningful context – educators are encouraged to move away from the abstract presentation of material to the linkage of material to an appropriate context.

To enhance your understanding of how intelligence develops during the stage of early childhood watch the video Robert Sternberg on Intelligence via mydevelopmentlab.com in Boyd and Bee (2012, p. 172).

Socio-emotional development: This relates to the self, moral development and the development of gender identity. Briefly, during early childhood as children develop, their minds and their range of social experiences increase. They simultaneously develop emotional maturity, moral understanding, and gender awareness. With respect to the development of their sense of self in their second year of life children make considerable progress in self-recognition. This allows them to understand concepts such as guilt and to apply concepts such as initiative. Erik Erikson identified as one of the psychosocial stage of development in early childhood the stage of *initiative versus guilt*.

Children are increasingly aware that they have their own identity but they still identify with their parents and caregivers. They also acquire a sense of conscience so that they become afraid of being found out if they are naughty and they can experience a sense of shame when reprimanded. In early childhood the awareness of self is linked to children's expanding repertoire of emotions which facilitates their emotional development. The repertoire of emotions includes self-conscious emotions such as pride, shame, embarrassment and guilt. Please re-fresh your memory of emotion-coaching and emotion-dismissive parents by re-reading the relevant sections in Unit 4 titled, Emotion: Theoretical and Applied Issues.

Moral development: 'Moral development involves the development of thoughts, feelings, and behaviors regarding rules and conventions about what people should do in their interactions with other people.' (Santrock, 2008, p. 279) Psychologists focus on explaining moral feelings, moral reasoning and moral behaviour in early childhood. In terms of moral feeling Freud suggested that feelings of anxiety and guilt are central to the moral development in childhood. According to Freud in order to reduce anxiety, to avoid punishment, and to maintain the affection of their parents or their caregivers, children identify with these significant others in their social world, internalizing their standards of right and wrong thus forming the superego, the moral element of personality. Unit 1 Introducing Psychology: Theory, Scope and Content contained a discussion of Freud's psychoanalytic theory or approach and the key aspects of the concepts id, ego and superego. Piaget claimed that children 4 to 7 years of age display heteronomous morality. In this phase of moral development children think of justice and rules as unchangeable properties of the world, removed from the control of people. In other words, young children judge the rightness of their actions or the goodness of their behaviour by considering the consequences of their action and not the intentions underlying the action. The development of moral behaviour in early childhood is facilitated by a system of reward to encourage moral development such as telling the truth and punishment which would serve to reduce the incidence of 'immoral' behaviour (for example, not telling the truth).

Personality: Tied to the discussion of personality is the concept of self and identity. Gender identity is the sense of being male or female which most children acquire by the time they are 3 years old. Gender role, on the other hand, is a set of expectations that prescribes how females or males should think, act, and feel. Social factors and social experiences contribute to gender roles and gender identity. Three main social theories of gender emerged in the psychological literature to explain gender development:

1. Social role theory,
2. Psychoanalytic theory of gender and
3. Social cognitive theory of gender.

Social role theory states that gender differences result from the contrasting roles of men and women. The proponent of this theory, Eagly (2000 and 2001), claimed that gender differences result from the contrasting roles of women and men particularly with respect to the power, status and the division of labour (Ealy, (2001 as cited in Santrock, 2008, p. 283).

The **psychoanalytic theory of gender** arises from Freud's belief that the pre-school child develops a sexual attraction to the opposite-sex parent but at ages 5 or 6 years the child renounces this attraction because of anxious feelings.

The **social cognitive theory of gender** is premised on the view that gender development in childhood occurs when children observe and imitate what other people say and do. Learning can occur through vicarious observation of how others are either punished or rewarded for gender appropriate or gender-inappropriate behaviour. This observation can be from live models (for example, parents, guardians and caregivers) in the immediate environment or from the media, the community and peers. There is some evidence that

children may experience gender confusion as indicated in the readings cited in Activity 6.1. Complete activity 6.1 before moving on to the next sub-section on middle and late childhood.



LEARNING ACTIVITY 6.1 • Tutorial Discussion

Read the article titled 'NHS has paid for 'gender-confused' children to have puberty-delaying jabs... so they can have sex changes when they're older' available at hyperlink <http://www.dailymail.co.uk/health/article-2090193/NHS-pays-children-controversial-puberty-delaying-drugs-aid-sex-changes-later-life.html>

View the YouTube presentation by Dr. Phil titled 'Dr. Phil has a candid discussion with LGBT kids' available at hyperlink http://www.youtube.com/watch?v=A_vyMxGq1E0&list=PLHjZyh9J5R67s6iiXI48MZ2wunaLSLKNc

Watch the video Gender Roles: Charlotte Anjelica, Transsexual on mydevelopmentlan.com in Boyd and Bee (2012, p. 285)

Critically discuss and debate the questions listed below in your tutorial group. Post a summary (300 words) of the tutorial discussion in the relevant discussion forum. **Learning activity 6.1 is due by Week 7.** You are encouraged to undertake your research on the topic using the resources available in the Open Campus Library accessed via UWUlinC in the course site.

1. What does the academic literature say about gender role and gender identity that can shed light on gender confused children?
2. What social influences might be responsible for producing gender-confused children?
3. Should children be allowed to choose their gender?
4. What habits and characteristics of behavior can be expected from transgendered teens?

3. Middle and Late Childhood (6-11 years)

Physical development: During the period that is classified as middle and late childhood children gain in weight (largely due to increases in the size of the skeletal and muscular systems), height, and in strength. Due to the generally increased number of muscle cells, boys are usually stronger than girls. With improved muscle tone they become adept at using their physical skills and they develop new cognitive competencies. Santrock suggests that by age 11 years the average boy is 4 feet 9 inches tall and the average girl is slightly shorter at 4 feet 10 ¼ inches tall. Motor skills (e.g. playing tennis, golf, swimming and skating) become smoother and more coordinated. Despite normal development in most children there are some disabilities that manifest themselves in middle and late childhood. These disabilities fall into three main categories learning disabilities, attention deficit hyperactivity disorder (ADHD) and educational issues. It is important to briefly consider these challenges as the disabilities result in adults with special needs. Learning disabilities may include speech or language impairments, mental retardation, or serious emotional

disturbance. A working definition of learning disability offered by Santrock includes three components: (1) a minimum IQ level; (2) a significant difficulty in a school related area; and (3) exclusion of only severe emotional disorder. The most common problem that children with a learning disability face, involves reading. In adults impairment in reading and spelling is called dyslexia. ADHD is a disability in which children display one or more of the following three characteristics: (1) inattention; (2) hyperactivity; and (3) impulsivity. ADHD is believed to be caused by heredity, low levels of certain neurotransmitters (or chemical messages in the brain), prenatal and postnatal abnormalities, and environmental toxins such as lead (as cited in Santrock, 2008, p. 321). There is also an adult version of ADHD. Educational programs need to cater for both the 'normal' child and those with special needs. In addition, in mainstream schools diagnostic testing should be encouraged to identify and treat children with special needs.

Cognitive development: Piaget believed that children enter a concrete operational stage between ages 7 to 11 years. In this stage children can perform concrete operations and can reason logically when presented with concrete rather than abstract problems. In this stage children are capable of seriation; that is, the ordering of stimuli along a quantitative dimension such as length. They are also capable of transitivity – the ability to logically combine relations to understand certain conclusions. For example, if there are three sticks A, B and C and A is the longest, B is intermediate and C is the shortest the child needs to reason that A is longer than C. Using this knowledge Santrock (2008:325) suggested that educational instruction in the middle and late childhood stage of the lifespan must (1) take a constructivist approach to learning; (2) facilitate, rather than direct learning; (3) consider the child's knowledge and level of thinking; (4) use on-going assessment; (5) promote the student's intellectual health; and (6) transform the classroom setting into one of exploration and discovery. Information processing in middle and late childhood improves on a variety of dimensions such as memory, knowledge and expertise, strategic thinking, the elaboration of concepts, critical thinking, and creative thinking. More importantly, children's meta-cognitive skills improve in this phase of development as illustrated in the experiments by Seemungal and Stevenage (2002). Meta-cognition is defined as cognition about cognition, or knowing about knowing. Sex differences in cognitive ability and performance have been documented in the psychological literature and the evidence suggests that in some academic competencies boys are in crisis as girls out-perform boys. Watch the video Boys in Crisis on mydevelopmentlab.com in Boyd and Bee (2012, p. 233).

Socio-emotional development: Changes in the middle and late childhood stages of development are associated with changes in children's relationships with their parents and peers. Significant developments also occur in children's development of the self and self understanding. They are able to socially compare themselves with others and to recognize social aspects of the self. Improvements occur in identity-formation, moral reasoning and moral thinking. In this stage of the lifespan children learn about **self esteem** (the global evaluations of the self which includes self worth or self image). Self esteem can be enhanced by helping children to identify the reasons why they suffer from low self esteem and assisting children to overcome these challenges. The provision of social support and social approval, helping children to achieve and helping children to cope with disappointment or anxiety can boost their self esteem. Children are also capable of reflecting on their **self concept** which represents domain specific evaluations of the self.

Self efficacy is an equally important aspect of the self that plays a role in children's sense of self achievement and mastery. A detailed consideration of emotional development and emotional intelligence was provided in Unit 3 *Motivation: Theoretical and Applied Issues*. Santrock provided a summary of the emotional changes that one can expect in middle and late childhood. These include improved emotional understanding, increased understanding that more than one emotion can be experienced in a particular situation, marked improvements in the ability to express and to suppress or conceal emotional reactions, and a capacity for genuine empathy.

Personality and moral development: Santrock (2008) suggested that in the middle and late childhood stage of development children acquire a moral personality of their own that contains elements of moral identity, moral character and moral exemplars. Moral identity occurs when children construct their sense of self to moral values. For instance, they may take pride in being a good boy or girl or an obedient child. In terms of moral character – an individual with moral character has the willpower, desire and integrity to stand up to pressure and to overcome distractions and disappointments. Values such as honesty are prized. Moral exemplars are characters that live exemplary moral lives and children with strong moral personalities can identify with these moral characters.

A contemporary note: Effects on children of being parented by adopted parents and gay male and lesbian parents.

In the Caribbean region there is an increasing incidence of orphaned or abandoned children, street children and minors who are made wards of the State for legal reasons. These vulnerable groups are either in institutional care or are adopted by relatives or other persons. Therefore, it is relevant to consider some of the developmental issues surrounding the parenting of adopted or non-biological children at different stages in the lifespan and to assess what, if any, special provisions need to be made for them. It has been suggested that "Many of the keys to effectively parenting adopted children are no different than those for effectively parenting biological children: Be supportive and caring, be involved and monitor the child's behaviour and whereabouts, be a good communicator, and help the child learn to develop self-control." (Santrock, 2008, p. 89) The author also identified some unique circumstances associated with adoption but one can extend the arguments to institutional care. In adoptive family life or institutional care attention must be given to the child's search for self and identity. Attachment in adoption care may be compromised if adopted parents have difficulty in claiming the child as their own. Children who did not have the opportunity to form attachments to their host family may be more likely to experience self and identity crises than children who had the opportunity to develop strong socio-emotional bonds. This is particularly evident in the stage of early childhood when children begin to ask questions about where they came from at the ages of 4 to 6 years old. This curiosity about one's origins strengthens in middle childhood. Issues of identity also occur in the adolescence stage of the lifespan which is characterized by the development of abstract thinking, self-focus on physique and the search for identity. Adoptive parents need to recognise these developmental changes and be supportive.

The discussion of alternative lifestyles by gays, lesbians, bi-sexuals and trans-gender or (trans-people) known as GLBT in Trinidad and Tobago is mired in controversy. The articles cited in Activity 6.2 suggest that governments are under some pressure to take

notice of the lobbying efforts of the GLBT community. Santrock wrote that, "Increasingly, gay male and lesbian couples are creating families that include children." (Santrock, 2008, p. 298) This trend is increasingly common in the USA and Europe as civil partnerships between gays, lesbians, bi-sexual and trans-gender people are officially recognized in law. Psychologists cannot ignore the developmental impact on children who are either adopted or are the biological offspring of persons engaged in alternative lifestyles. The Stonewall Report (2010) titled 'Different Families: The Experiences of Children with Lesbian and Gay Parents' conducted by the University of Cambridge will be discussed. Interviews and focus groups with children of lesbian, gay and bisexual parents were conducted between the period October 2009 and February 2010. The researchers interviewed 82 children and young people between the ages of 4 and 27. Some of the main findings are discussed below in the sub-headings 'How I feel about my family' and 'How other people feel about my family'. You are encouraged to read the report in its entirety in order to complete activity 6.2.

How I feel about my family

- Many children of gay parents see their families as special and different because all families are special and different though some feel that their families are a lot closer than other people's families.
- Some children feel that their family is a bit different if they have lesbian or gay parents but this is something to celebrate, not worry about.
- Other children do recognise that children with gay parents are less common than other sorts of families, but don't feel this means that their families are any different to other people's families because of it.
- Very young children don't think their families are different from other people's families at all.

How other people feel about my family

- Most people, including friends at school, are fine about children having gay parents. They think it is a good thing, or don't really care.
- When children are younger though they can be a bit confused and don't understand that someone can have two mums or two dads because their family isn't like that. This means they sometimes have lots of questions for children who have gay parents.
- Sometimes other children can be mean about gay people because they have never met any gay people and don't know much about them.
- Some people make judgements about what it's like to have gay parents. They think children will have a certain type of life and not as good an upbringing. Children with gay parents can find these judgements upsetting.
- Children with gay parents like having gay parents and wouldn't want things to change but wish other people were more accepting.



LEARNING ACTIVITY 6.2 • Parenting in Alternative Lifestyles

Please read the following articles and give your professional or academic views – based on the unit material and Open Campus Library resources – on possible developmental issues or challenges that might arise for children living in these households. Document your views in your Wiki and your tutor will provide you with feedback. This activity is designed as a formative assessment and a reflective activity. Learning activity 6.2 is due by Week 7.

Alexander, G. (2012, May 11). Gays, lesbians take to streets today. Trinidad Guardian. Retrieved from <http://www.guardian.co.tt/news/2012-05-10/gays-lesbians-take-streets-today>

Gonzales, G. & Neaves, J. (2012, May 11). Govt to make decision on gay and lesbian. Trinidad Express. Retrieved from http://www.trinidadexpress.com/news/Govt_to_make_decision_on_gay_and_lesbian_marriages-151068115.html

Guasp, A. (2010). Different Families: The Experience of Children with Lesbian and Gay Parents, The Stonewall Report, Centre for Family Research, University of Cambridge http://www.stonewall.org.uk/documents/different_families_final_for_web.pdf

Escobar, S. (2013, July 27). Children of gay couples impacted by parents' relationship but not sexual orientation: Study. Retrieved from Huff Post Gay Voices. Retrieved from http://www.huffingtonpost.com/2013/07/27/children-of-gay-couples-_n_3660310.html

4. Adolescence (12 to 18 or 21 years)

In this sub-section the discussion highlights the nature of the adolescence stage of development and offers a description of the expected changes in the physical, cognitive, socio-emotional and moral domains. There are a variety of views regarding the phase of adolescence as evidenced in the quotations below.

"Adolescence is not a time of rebellion, crisis, pathology, and deviance. A far more accurate vision of adolescence is of a time of evaluation, decision-making, commitment, and carving out a place in the world. Most of the problems of today's youths are not with the youths themselves. What adolescents need is access to a range of legitimate opportunities and to long-term support from adults who care deeply about them." (Hamburg & Hamburg, 2004 as cited in Santrock, 2008, p. 388)

"When adolescents experiment with alcohol or engage in sexual experimentation, they are not necessarily behaving much differently than their peers, from a statistical perspective. In fact, as they move through adolescence, those who do not engage in one or more of these risky activities are abnormal in comparison to the larger group of adolescents." (Johnson & Malow-Iroff, 2008, p.1)

A Caribbean perspective is offered by a UWI Emeritus Professor,

"...for young people today, looking around, they would likely find their social environment quite erratic, confusingly changing. Whether it is in gender and domestic relations, culture, even in politics and religion, the currents of contradiction can be quite overwhelming for the growing minds of many young people. To put it simply, it should be no surprise if many of them tell you that it is hard to figure out now what is right or wrong in this society. This is a troublesome matter because if their minds are so confused, then they become quite vulnerable to the drift into deviance." (Deosaran, 2012)

Which of the aforementioned views most accurately describes the youths in your country of residence? Developmental psychologists believe adolescence is a phase of transition between childhood and adulthood in the human lifespan and “there is both continuity and discontinuity with childhood (e.g. Santrock, 2008, p. 388). One can therefore expect major changes in physical, cognitive, socio-emotional and moral development. Adolescents are presented with new opportunities, new friends and complex decision-making situations. Thinking might be more abstract and idealistic than in the adult phase of life. The changes are considered in more detail below. Some of the social problems associated with youths include teenage pregnancy and promiscuity leading to HIV and AIDS as well as participation in gangs and commencement of a life of crime.

Physical development: Physical changes occur in puberty, the brain and adolescent sexuality. Puberty is a marker of the on-set of adolescence characterized by sexual maturation, and gains in weight and height. Hormonal changes are the norm associated with the development of whiskers in boys and the onset of the menarche or the menstrual cycle in girls. These physical changes in the body during the adolescent period cause adolescents to be preoccupied with body image, self consciousness and egocentrism, sexual exploration and experimentation. Developing a sexual identity and mastering sexual feelings both occur in adolescents and continue into adulthood as it is a multifaceted and lengthy process. It is also the case that, “Most gay and lesbian individuals quietly struggle with same-sex attractions in childhood, do not engage in heterosexual dating, and gradually recognize that they are gay or lesbian in mid to late adolescence.” (Diamond, 2003 as cited in Santrock, 2008, p. 395) Challenges to the healthy normal development of adolescents include risk-taking behaviour that leads to drug and alcohol use and abuse, dangerous driving and sexual experimentation. In fact it has been suggested that, “Adolescence is a time when sex, drugs, very loud music, and other high stimulation experiences take on great appeal. It is a developmental period when an appetite for adventure, a predilection for risks, and a desire for novelty and thrills seem to reach naturally high levels.” (Santrock, 2008, p. 401)

Cognitive development: Santrock identified two important factors in risk taking (1) the ability for adolescents to engage in self-regulation; that is, the ability to regulate one’s emotions and behaviour; and (2) the quality of the parent-adolescent relationship. Hence, these two factors do not only explain risk taking but they also give clues to mitigating risk taking behaviour. Mitigating risk-taking might involve limiting the opportunities for immature judgments to have harmful consequences (Steinberg, 2004 as cited in Santrock, 2008, p. 402). For example, by raising the price of cigarettes the intention is to reduce access to cigarettes and therefore to curb smoking. Alternatively, providing access to mental health services, contraceptives and raising the legal age for alcohol sales and consumption (e.g. from 18 years to 21 years) might also play a part in mitigating risk-taking behaviour. Risk taking might also be linked to Piaget’s formal operational stage of cognitive development as adolescents indulge in abstract thinking, flights of fantasy and idealistic situations. However, for adolescents who are not engaged in socially challenging or risk taking behaviours the abstract phase is ideal for enhanced creativity, critical thinking, and intellectual stimulation or achievement. To boost cognitive development and to mitigate risk taking service learning is encouraged. This would be the kind of learning offered by school groups such as the Red Cross, Girl Guides and Boy Scouts.

Service learning can be defined as a form of education that promotes social responsibility and service to the community. Other manifestations of service learning include engaging students in community activities such as tutoring younger children, helping older adults, volunteering in a hospital, assisting in a child-care centre or other community-based organization. Service learning in Trinidad and Tobago is currently offered on a voluntary basis but given the array of problems associated with youths some consideration could be given to incorporating a mandatory aspect of service learning in the formal educational system. This recommendation is supported by evidence of the benefits of service learning summarized by Santrock (2008, p. 415). The benefits include (1) improvements in the grades of students who are more motivated and goal-oriented than their peers who do not participate in service learning; (2) self-esteem improves; (3) students have an improved sense of being able to make a difference for others in their community; (4) students become less alienated; and (5) these youths and students increasingly reflect on, and provide examples of, society's political organization and moral order. There are a range of service clubs throughout the Caribbean region and these include Boys Scouts, Girl Guides, YMCA, YWCA, Red Cross Rotary Clubs, and Four H Clubs.

Socio-emotional development: This phase of the lifespan is associated with increased efforts to understand one's self, the search for identity, and emotional fluctuations that, if left unchecked, can lead to anxiety and depression. Mention was previously made of self-esteem in early and middle childhood but research suggests that the high self-esteem of boys and girls in early and middle childhood declines in adolescence (Robin et al., 2002 as cited in Santrock, 2008, p. 423). The development of the self and self image is enhanced in adolescence to the extent that five different aspects of the self have been identified. (1) the psychological self (impulse control, emotional tone and body image); (2) the social self (social relationships, morals, vocational and educational aspirations); (3) the coping self (mastery of the world, psychological problems and adjustment); (4) the familial self (how adolescents feel about their parents); and (5) the sexual self (adolescents' feelings and attitudes about sexual matters). Issues of identity in adolescence relate to all or most of the following: career and work path, political views and party membership, spiritual beliefs or no spiritual beliefs, relationship identity associated with forming and sustaining stable relationships, sexual identity (heterosexual, homosexual or bi-sexual), ethnic identity and hobbies or interest. This list is not exhaustive and as you read the academic literature you can add to this list of markers that assist in identity formation. Friends, peers and relationships are important to adolescents as outlined in the video *Child and Adolescent Friendships* by Brett Laursen in mydevelopmentlab.com (Boyd & Bee, (2012, p. 256).

Personality and moral development: The challenges that youths face such as juvenile delinquency, truancy, youth violence and criminal gang membership to some extent reflect their maturity on moral reasoning, moral thinking and overall moral development. Increasingly, research findings reveal the interrelationship of problems so that youth indulgence in substance abuse is linked to early sexual activity either through choice or forced as in the case of rape or sexual abuse. Dropping out of school and teenage pregnancy are both linked to substance abuse (e.g. Blum, Halcon, Beuhring, Campell-Forrester & Venema, 2003). Therefore, intervention programs must also have a multi-pronged approach that provides intensive individual attention to at risk youths, community-wide and multi-agency co-operation, early identification of the problems and early intervention for treatment.

5. *Early Adulthood (from 20's and 30's).*

The emphasis in this section is on early adulthood but you are encouraged to read more about middle adulthood and late adulthood in the course text by Boyd and Bee (2012). Early adulthood is characterized by a desire to maximize creative talents and pursue a career. When does an adolescent become an adult? Developmentalists suggest adulthood can officially commence from the early 20's; however, in law the age of adulthood can range from 18 years (e.g. the legal age for purchasing alcohol) to over 21 years. For instance, upon a conviction for murder in Trinidad and Tobago the sentence is death by hanging. However, the death penalty cannot be imposed on a defendant younger than 21 years at the time of conviction or under 18 years at the time of the offence because this person is defined as a young offender in law. Instead, the sentence is life imprisonment (Hood & Seemungal, 2006, p. 27). There is a socio-cultural dimension to the transition to adulthood which can vary across cultures which is encapsulated in the following quotation. "It is said that adolescence begins with biology and ends in culture. That is, the transition from childhood to adolescence is determined by cultural standards and experiences." (Santrock, 2008, p. 458) Given that not all adolescents may feel that they have the skills, aptitude, resources and educational tools to participate as an adult in the world of work or to make a commitment to a relationship the term emerging adulthood was coined by Arnett to represent this period of transition. (Arnett 2000, 2004 and 2006 as cited in Santrock, 2008, p. 459). Arnett (2006) identified five characteristics of emerging adulthood.

1. Identity exploration, especially in love and work.
2. Instability – particularly in love, work and education.
3. Self-focused – young adults have little in the way of social obligations as more adults do in terms of family life. As a result emerging adults have a great deal of autonomy to manage their own life.
4. Feeling in-between – many emerging adults may not consider themselves adolescents or full-fledged adults.
5. It is the age of possibilities where opportunities exist for self gratification and the transformation of one's life.

Physical development: In terms of physical development many persons such as athletes reach peak physical performance between the ages of 19 and 26 years and before the age of 30 years. This is also the peak of good health. Muscle tone reduces from age 30 onwards so there is a greater tendency for sagging to occur and for fat to accumulate with reduced activity.

Cognitive development: During early adulthood the physical changes in the body extend to changes in the brain as well as in cognitive performance. Jean Piaget theorized that adolescents and young adults think qualitatively in the same way: logical, abstract and sometimes idealistic. However, young adults are more qualitative in their thinking than adolescents and the former group focuses their attention on specialist knowledge. For example, health care or medical professionals may focus interest on medical knowledge more than financial facts. Adults also switch from knowledge acquisition to the application of knowledge in the pursuit of long-term career goals and success in the market place.

Competencies in reflective and relativistic thinking increase. Adults switch from polarity in thinking to a view of the world that is more inclusive and accepting of diverse opinions and information. Creativity is also at a peak in the adult phase of the human lifespan. Do people become wiser as they age chronologically? Watch the video *Developing a Wiser Population* by Robert Sternberg on mydevelopmentlab.com (Boyd & Bee, 2012, p. 354)

Socio-emotional development: Adults crave stability, love and a daily routine that is emotionally satisfying. Socio-emotional maturity is linked to stability in an adult's temperament and the ability to form attachments. The importance of emotional regulation was discussed in Unit 4. You would recall that children who displayed good emotional regulation were more likely than children who were not emotional well regulated to obey moral rules and to think about right and wrong later on in their lifespan. This ability to form emotional bonds during the early stages of development such as in infancy, childhood or adolescence affects an adult's ability to form an attachment with a romantic partner. Santrock (2008) suggested that although relationships with romantic partners differ from those with parents, romantic partners fulfill some of the same needs for adults as parents do for their children. The example was given of securely attached infants who use their caregiver as a base to explore their environment. Adults display a similar pattern of behaviour when they count on their romantic partners to be the secure base that they turn to in times of stress. Adult attachment has been classified into two categories that reflect social relationships with others and well being. These categories were conceptualized by Brennan, Clark and Shaver (1998) and cited in Santrock (2008, p. 497). The first category is described as attachment related anxiety which involves the extent to which individuals feel secure or insecure about whether a partner will be available, responsive, and attentive. The second category is labeled attachment-related avoidance. This refers to the degree to which individuals feel secure or insecure in relying on others, opening up to them, and being intimate with them. In concluding this sub-section it is important to bear in mind that there will be a wide range of individual experiences in the timing and manifestation of the milestones and markers of achievement identified during the stage of infancy, childhood, adolescence and adulthood.

Reflect

You were presented with a lot of information in Session 6.1. In order to facilitate your understanding of the theoretical material examples of real world contemporary situations were provided using a multi-media format comprising YouTube videos and MyLab experiments which are contained in the e-resource that accompanies your course text (Boyd & Bee, 2012). After reading this unit you would also have your own thoughts and examples for the issues discussed. Please remember to post any questions that you may have in the relevant section of the Learning Exchange and you will receive a timely response from your e-tutor. Outlining the physical, cognitive, socio-emotional and moral milestones will enable you to develop the skills set and knowledge base to acquire and develop the competencies identified at the beginning of this Unit. The theories, concepts and principles documented in Session 6.1 collectively provided you with the framework to enable you to reflect on or to design targeted policies and interventions that could propel at risk and disadvantaged children and young persons out of their current situation and into more favourable circumstances.



SELF-ASSESSMENT EXERCISE

What response would you give to the following questions or statements? This can be the subject of your tutorial discussion.

1. What is meant by the concept of development? Why is the study of life span development or developmental psychology important?
2. How have your early experiences in life shaped the person that you are today?
3. What is a stage of development?
4. Why is the study of attachment important?
5. What are some of Jean Piaget's views on children's cognitive development?
6. What does the term temperament mean?
7. Explain how social contexts influence development in early childhood
8. What does it mean when psychologists refer to a slow-to-warm up child?
9. Explain how knowledge of childhood development can inform educational policies for this age group.
10. What is meant by the term emerging adulthood?



Key Points

1. There can be a wide range of individual experiences in the timing and manifestation of the milestones and markers of achievement identified during the stage of infancy, childhood, adolescence and adulthood.
2. Milestones were discussed in relation to changes and developments in the physical domain, cognitive domain, socio-economic domain and the moral domain.
3. Physical milestones are driven by biological, genetic and hormonal factors while cognitive, socio-emotional and moral milestones are subject to the influences of social factors in the environment such as culture, the media, parents and peers.
4. Understanding the milestones or markers of development that occur over the lifespan is critical to the design, implementation and evaluation of programs, policies and interventions to convert risky behaviour and attitudes into risk adverse ones.

Session 6.1 Summary

In Session 6.1 the discussion began by identifying the age ranges that are associated with the stages of development classified as infancy, early childhood, middle and late childhood, adolescence and adulthood. The discussion at each stage of development was sub-divided into physical, cognitive, socio-emotional and moral development as well as their related changes. Key theories and concepts associated with the five stages of the lifespan were documented in Unit 6 and expanded upon in the glossary of concepts located at the end of the unit. There is connectivity between the information presented in Session 6.1 and the policy directions and recommendation outlined in Session 6.2. In order to avoid too much emphasis on textual material all efforts were made to ensure that the discussion illustrated the realities of developmental psychology in action by incorporating a multi-media approach towards course delivery. YouTube video presentations, e-readings, newspaper articles, and most importantly the use of activities and videos in mydevelopmentlab.com in Boyd and Bee (2012) collectively provided a comprehensive knowledge of the developmental milestones over the lifespan. In Session 6.2 attention switches to the role of risk factors and protective factors as contributors to risky attitudes and behaviours as well as to risk-adverse attitudes and behaviour. The discussion in Unit 6 builds the case for the examination of theories of personality and the elaboration of the concepts of the self, identity and attitude change over the lifespan in Unit 7. Moral development is often tied to the discussion of personality hence Session 6.1 serves as critical foundational material for Session 6.2 and for Unit 7.

Session 6.2

Risk Factors and Protective Factors

Introduction

Session 6.1 identified the general physical, cognitive, socio-emotional and moral milestones that are experienced by infants, children, adolescents and adults. Session 6.2 will relate this theoretical knowledge to the evidence from scientific findings and to policy creation. We begin by distinguishing between risk factors and protective factors. This is followed by an analysis of the paper by Blum, Halcon, Beuhring, Campell-Forrester, and Venema (2003) titled Adolescent Health in the Caribbean: Risk and Protective Factors. The session concludes with consideration of the report by G. St. Bernard (2008) on Early Childhood Education and Human Development Prospects: Are some Children Disadvantaged? Analysis of this report will serve to illustrate how policies can be used to reverse disadvantageous conditions.

Session 6.2 Objectives

By the end of this unit learners would be able to:

1. Distinguish between risk factors and protective factors when reading the unit notes;
2. Develop an action plan to convert risky attitude and behaviour to risk-adverse ones and discuss it in your unit reflective activities;
3. Utilize the knowledge and psychological principles outlined in this unit to develop and evaluate relevant policies and programs to empower citizens and present your ideas in the discussion forum.

Risk factors and protective factors

What are risk factors and protective factors? Why is it important to take these factors into consideration? What has already been said in this course about risk factors and protective factors? In Session 6.1 it was mentioned that the stage of development that is associated with adolescence was one in which adolescents engage in risk-taking, thrill-seeking activities because they like intensity, excitement, and emotional arousal. Previous Units in this course hinted at the dimensions of risk and protective factors and noted that risk factors usually occur in clusters. For instance, teenagers who abuse drugs and alcohol may also indulge in gambling, dangerous driving, delinquency or criminal activity. The initiation and maintenance of risky behaviours can be reliable predictors of academic success or failure as well as the occupational trajectory or career pathway that these teenagers would take. It is the cluster effect of risky behaviour and the challenge

of finding workable solutions to mitigate these risks that policy makers must grapple with continuously. Let us now review some of the information relating to risk factors and protective factors previously documented in this course.

In Unit 1 special emphasis was placed on the factors that cause adolescents to become at risk. It was suggested that the cognitive approach can be applied to adolescents who are at risk and prone to drug abuse, teenage pregnancies, pornography or other addictions through the administration of cognitive interventions to re-shape their thinking (i.e. attitude change) which can in turn lead to positive and functional behaviour. The phase of youth has been associated with terms like innocent confusion, developing identity and identity crisis, risk taking, an overemphasis on peer influence as a validation of self, anxiety, anger, frustration, perceived isolation and loneliness. This group can be regarded as inexperienced young decision-makers. While some youths are able to successfully navigate through these difficult years largely due to protective factors —such as positive environmental factors, personal skills or attributes or self determination— many youths appear to be lost in the system and fall through the cracks of society. The role of the professional youth development worker and social worker is critical to national plans for improving the welfare and circumstances of young persons deemed to be at risk by providing support structures and services. In Unit 2 details were provided of a longitudinal study conducted by Sanson, Nicholson, Ungerer, Zubrick, Wilson, Ainley, Berthelsen, Bittman, Broom, Harrison, Rodgers, Sawyer, Silburn, Strazdins, Vimpani and Wake which was published in 2002. In that study Sanson et al. explored the developmental sequences that place children at risk and they investigators sought to illuminate the protective factors that could mitigate these risks.

In Unit 3 titled Motivation the role of motivation in risky behaviour was explained. In that unit it was argued that understanding the motives underlying criminal or deviant behaviour is usually the first step to be taken when designing targeted policies, plans, strategies and interventions to address this specific problem. For example, Andrews and Bonta (2006) posed the question about men who batter – Are they made from the same cloth as regular criminals? The authors cited data by Pan, Neidig and O’Leary (1994) which identified the risk factors or motives that lead to conflictual relationships. That study was conducted with 14,000 army personnel from 38 bases across the United States and the findings indicated that the drivers of marital conflict were marital stress, alcohol or drug abuse, depressive symptomatology, age (being younger) and income (lower). Andrews and Bonta stated that it is possible that the failure of treatment programs could be the result of inappropriate treatments. Andrews and Bonta also gave the example of the treatment used for managing sex offenders. “One approach to managing sexual recidivism involves decreasing deviant sexual arousal. Because high levels of the male hormone testosterone are assumed to be associated with high levels of sexual arousal, reducing testosterone levels has been targeted in biologically based treatments. There are two ways of doing this – through physical castration or through so-called chemical castrations.” (Andrews & Bonta, 2006, p. 435) In Unit 3 Johnson and Malow-Iroff (2008) identified risk taking factors that reside within the person (i.e. intrinsic factors) and those that are external to the person (extrinsic factors) that are present in the social environment.

The significance of protective factors and the mandate to provide protection was mentioned in Unit 4. The care and wellbeing of children is deemed to be very important and in 1959 the UN General Assembly adopted the Declaration of the Rights of the Child. The UN adopted the Convention on the Rights of the Child in 1989. The objectives of these protocols were to secure the protection of children; to promote child welfare; to preserve the rights of children; and to prevent child abuse. The Government of Trinidad and Tobago, like many of its regional counterparts, has pledged to enforce current legislation and to create new ones where there are gaps in the current legislation towards “strengthening of systems of care for children; and the creation of facilities for displaced youth and youth at risk. Specifically, one of the key initiatives undertaken by the Government is in the area of legislation. This is in keeping with Article 19 of the Convention on the Rights of the Child, which urges 1. State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. 2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.” (Glenn Ramadharsingh, Minister of the People and Social Development, 2010)¹

In Unit 4 it was noted that among the factors that place children at risk are their home environment and their domestic situation. Psychologist John Gottman (2001) spent decades investigating the transfer of marital discord to the developing child in the hope of identifying buffers that would serve as protective rather than as risk factors. Gottman aimed to find out what parents can do to protect their children if a relationship or marriage is failing. Some manifestations of marital discord can be anxiety and depression. Gottman’s answer was emotional coaching on the part of parents who are advised to engage in effective communication with their children in ways that are positive and nurturing. Critical protective factors include teaching children the value of empathy which encourages them to be more considerate of others in their environment. In addition, helping children to develop a sense of social awareness allows them to ‘psych out’ social situations and to act accordingly. Children who are emotionally coached are better able to resolve conflicts, to empathize with their peers, to discern when to disclose emotion and how much emotion should be disclosed which would prevent them from being the object of teasing and embarrassment later on in life. Gottman’s suggestions demonstrate that children can be empowered even if their domestic situation is not ideal.

Let us now look at what Blum et al. (2003) said about adolescent risk and protective factors. Their study on Adolescent Health in the Caribbean: Risk and Protective Factors sought to identify, among youths, factors associated with characteristics such as poor health status, substance use, and suicide risk. The investigators explored the extent to which the risk

¹ Address to the Nation by Minister of the People and Social Development Dr. Glenn Ramadharsingh in observance of Universal Children’s Day and the formal launch of Public Fora on the Issues of Domestic Violence and Child Abuse in Trinidad and Tobago, 19th November, 2010 <http://www.news.gov.tt/index.php?news=6110>

and protective factors identified in their study cut across health-compromising behaviors. Blum et al. identified two important protective factors against poor self-rated health. There were (1) connectedness with other adults and (2) trying hard in school or school connectedness. Having religious beliefs or attending religious functions was identified as a protective factor.

In Session 6.1 the stage of development labeled early childhood (2-5 years) was discussed and emphasis was placed on physical, cognitive, socio-emotional and moral milestones. In order to link theory and policy the report by St. Bernard (2008) on Early Childhood Education and Human Development Prospects: Are some Children Disadvantaged will be discussed. The report explained that some of the strategic objectives of the Trinidad and Tobago Government for improving the circumstances of at risk populations are linked to similar international objectives. One of these objectives is to “strengthen partnerships and increase efficiency in order to improve access and quality especially for at risk populations” ... via “greater access to early childhood care and education and improvements.” (St. Bernard, 2008, p.2) Mention was made of the Head Start Programme in the United States. St. Bernard noted that this programme constitutes a pre-school initiative that strives to positively impact the skill set of disadvantaged children so that they can begin school on a similar cognitive and intellectual platform as their more advantaged counterparts. Blum et al. (2003) reported that school connectedness was a protective factor for adolescents. Similarly, access to quality education early in the lifespan is deemed to be a protective risk to prevent risk-adverse behaviour. Specifically, St. Bernard noted,

“In the Report of the Multiple Indicator Cluster Survey (MICS) 2000 for Trinidad and Tobago, education was deemed to be a critical pre-requisite in order to combat poverty, empower women, protect children from hazardous situations whether in the labour market or in sexual relations, preserve the environment, and facilitate the promotion of human rights and democracy. To the extent that exposure to early childhood care and education bolster the potential gains in children’s educational experience, the overall benefits to the nation’s sustainable development thrust cannot be over-emphasized.” (St. Bernard, 2008, p.3)

The methodological discussion of the study reported by St. Bernard revealed that a total of 5,979 households were selected in the sample but successful interviews were obtained from 5,557 households resulting in a household response rate of 93%. Of the 1,149 children under 5 years in selected households, successful interviews were obtained from 1,117 resulting in a response rate of 97.2% although the overall response rate was 90.4% after considering children in all households that were selected in the sample. Three questionnaires permitted data collection in the context of the 2006 Trinidad and Tobago MICS. These included a household questionnaire enumerating all household members on a “de jure” basis, a women’s questionnaire targeting all women 15-49 years, and an under 5 years questionnaire targeting mother and caregivers of all children under 5 years in selected households. St. Bernard’s report documented the findings of the data collected using the questionnaire administered to households with children under 5 years. You would recall that Unit 2 focused on Scientific Methods: How Psychologists Do Research. St. Bernard’s report provides an example of how data related to developmental issues can be collected for use by policy makers and relevant stakeholders. This is the end of Session 6.2. You are strongly encouraged to read the report in its entirety in order to complete activity 6.3.



LEARNING ACTIVITY 6.3 • Tutorial Discussion

Read the article St. Bernard (2008) on Early Childhood Education and Human Development Prospects: Are some Children Disadvantaged. It is available in the Unit 6 reading folder in the Learning Exchange.

Use the information in Unit 6 along with the information documented in ONE other relevant published scientific paper not mentioned in the Unit but ones that you located from your own research, to comment on the following quotation.

“The Ministry of Education, in its thrust to improve service delivery in the context of early childhood care and education programmes, must embrace strategies targeting three year olds. Such strategies may be direct as well as indirect and are dependent upon underlying factors which have not been explored in the context of this paper though critical in informing initiatives to address outcomes associated with estimated age differences in exposure to early childhood care and education programmes. This hinges upon the need for further research addressing qualitative nuances akin to children’s participation in early childhood education relative to living conditions within children’s households, parental perceptions regarding options and alternatives in the context of early childhood care and education and parental knowledge about and motives associated with their children’s participation in such programmes.” (St. Bernard, 2008, p. 21-22)

Please post a commentary of your discussions (300 words) in the discussion forum in the course site. **Learning activity 6.3 is due by Week 7.**

Session 6.2 Summary

Reflect & Review

The key learning objective of Session 6.2 was to forge the link between theory and milestones in Session 6.1 and to relate this information to policy planning in Session 6.2. The emphasis was on the identification of risk factors and protective factors and elaboration of how protective factors can be deliberately introduced as strategic interventions and policies at all stages of the lifespan. The importance of turning around the circumstances of disadvantaged groups, particularly during early childhood, was the subject of a report by St. Bernard (2008). The key points from Session 6.2 are summarized below.



Key Points

1. Risk factors can be intrinsic (within the person) and extrinsic (external circumstances). The adolescence stage of development is associated with risk-taking and thrill-seeking attitudes and behaviour suggestive of intrinsic risk factors. Circumstances such as peer pressure constitute an extrinsic risk factor.
2. Risk factors usually occur in clusters and policy design and implementation must also be ‘clustered’ or multi-pronged.



Key Points

3. Protective factors are designed to provide some form of immunity to risky behaviour and attitudes. Empirical evidence suggests that protective factors include education, connectedness with parents as well as schools, emotional coaching, and to some extent inculcation of religious beliefs.
4. The report by St. Bernard (2008) revealed that the mandate to provide protective factors is linked to international protocols and agendas for sustainable human development.

Unit Summary

The discussion in Unit 6 highlighted selected theoretical and applied issues associated with developmental milestones over the lifespan. Emphasis was placed on physical, cognitive, socio-emotional, and moral changes in development during infancy, early childhood, middle and late childhood, adolescence and adulthood.

The main points to be remembered at each stage of development can be summarised as follows:

Infancy: birth to 18-24 months. Attention was placed on explaining the processing underlying how infants perceive, learn and remember stimuli in their environment. They are highly dependent on good quality care, love and security and these nurturing conditions help their socio-emotional development.

Early childhood: 2-5 years. The cognitive ideas offered by Jean Piaget describe a pre-operational stage in which children's cognitive competencies are limited. However, this soon blossoms into the symbolic function stage in which children can form concepts, symbols and they can reason. L.Vygotsky outlined a social constructivist approach in which children are believed to construct their knowledge from their social interactions. They can also monitor their own behaviour in early childhood.

Middle and late childhood: 6-11 years. Jean Piaget noted that children are in the concrete operational stage of development characterized by the ability to engage in reasoning of concrete problems. Meta-cognitive skills, intelligence and other competencies increase substantially in middle and late childhood. It is the phase of achievement and creativity. Emotional development includes increased understanding of complex emotions such as pride and shame. The internal self, the social self and the socially comparative self assume prominence in this stage of development.

Adolescence: 10-12 to 18-21 years. This stage of development is associated with puberty and the accompanying physical changes in boys and girls. There is a heightened awareness of the physique and heightened self consciousness termed adolescent egocentrism. With respect to the self and emotional development changes that relate to self-image, self-concept and self-esteem assume importance.

Adulthood: from 20's to 30's onward: This stage of development is sub-divided into early adulthood (mid 20's to mid 30's), middle adulthood from 35-45 to 60's, and late adulthood

– from 60 and 70's to death. Unit 6 focused on adulthood in general terms as the details that are associated with the sub-divisions in adulthood will be given the second year course PSYC 2015 'Developmental Psychology'.

The emphasis on developmental psychology was designed to support the competencies, skills and knowledge base of YDWCYP0263 'Enable young people to become active and responsible citizens', YDWCYP0323 'Assist young people with their personal development plans', YDWCYP0333 'Enable young people to develop their spiritual, ethical, moral values and beliefs' and YDWCYP0513 'Plan and implement programmes to promote healthy lifestyles among youth'. The issues examined in Unit 6 provided an introduction to, and the foundational for, your understanding of the material that will be expanded upon in the next unit. Unit 7 will address theories of personality, the self and identity in Session 6.1. In Session 6.2 attention will be placed on outlining the effects of actions on young people on the attitudes and behaviour of other groups in society. We will also explore the acquisition of attitudes, values and behavioural changes that one can expect over the lifespan. The activities were designed to help you to reflect on the material presented as a self-check measure of your understanding of the theories and concepts embedded in the framework of developmental psychology. Lifespan changes are embedded in society and reflect changes in society. Hence consideration was given to parenting in adoption cases as well as parenting by gays and lesbians.



Key Points

1. Psychologists who study lifespan development or developmental psychology identify the shared characteristics or milestones that are likely to occur at each stage of development but they also acknowledge the role of individual differences as well as social influence (e.g. society, culture, parents, peers and the media) in accounting for variability in the expected milestones.
2. One should recognize that human beings are plastic; that is, they possess the capacity for change. The nature of this change is lifelong, multi-directional and contextual. Changes are also classified as physical or biological, cognitive, socio-emotive and moral.
3. The human lifespan is commonly divided into stages or phases of development. These are infancy, early childhood, middle and late adulthood, adolescence and adulthood. Expectations of behaviour and attitudes for each stage were identified in Unit 6.

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Glossary of Terms Used in Unit 6

Source: A Dictionary of Psychology, Andrew M. Coleman, Oxford University Press, 2nd ed. 2006.

Other free access on-line psychology dictionaries are available at the following links <http://allpsych.com/dictionary/> and <http://www.merriam-webster.com/dictionary/psychology>

Adolescent Egocentrism	This refers to the heightened self-consciousness of adolescents.
Attachment	A close emotional bond between an infant and a caregiver.
Attention	The focusing of mental resources.
Attitude (n.)	An enduring pattern of evaluative responses towards a person, object, or issue. According to a frequently quoted classical definition, it is a more or less consistent pattern of affective, cognitive, and conative or behavioural responses.
Attitude Change	The process whereby an attitude towards a person, object, or issue becomes more or less favourable, usually as a consequence of persuasion.
Behaviour (n.)	The physical activity of an organism, including overt bodily movement and other physiological processes. The term also denotes the specific physical responses of an organism to particular stimuli or classes of stimuli.
Classical Conditioning	A basis form of learning in which one stimulus, initially neutral, acquires the capacity to evoke reactions through repeated pairing with another stimulus. In a sense, one stimulus becomes the signal for the presentation or occurrence of the other.
Creative Thinking	This refers to the ability to think in novel and unusual ways and to derive unique solutions to problems.
Critical Thinking	This means thinking reflectively and productively, as well as evaluating the evidence.
Cognition (n.)	The mental activities involved in acquiring and processing information. A cognition is also an item of knowledge or belief. The term describes the process people use for remembering, reasoning, understanding, and using judgment; the ability to think and make sense out of what is seen, heard, felt, and experienced, in order to solve problems.
Cognitive Domain	Changes in thinking, memory, problem solving, and other intellectual skills.

Context	The setting in which development occurs, which is influenced by historical, economic, social, and cultural factors.
Development	The pattern of change that begins at conception and continues through the lifespan. Most development involves growth, although it also includes decline brought on by aging and dying.
Egocentrism	The inability to distinguish between one's own perspective and someone else's.
Emerging Adulthood	The transition from adolescence to adulthood (approximately 18 to 25 years of age) that involves experimentation and exploration.
Emotion	This refers to feeling, or affect that occurs when a person is in a state or interaction that is important to them. Emotion is characterized by behaviour that reflects or expresses the pleasantness or unpleasantness of the state a person is in or the transactions being experienced.
Habituation	Decreased responsiveness to a stimulus after repeated presentation of the stimulus.
Life-Span Perspective	The perspective that development is lifelong, multidimensional, multidirectional, plastic, multidisciplinary, and contextual: involves growth, maintenance, and regulation; and is constructed through biological, socio cultural, and individual factors working together.
Nature	Nurture debate or controversy – the debate about the relative contributions of biological processes and experiential factors to development.
Operant Conditioning	Learning to repeat or stop behaviours because of their consequences.
Perception (n.)	The act, process, or product of perceiving; the ability or capacity to perceive. In psychology a distinction is made between sensation (the subjective experience or feeling that results from excitation of sensory receptors) and perception (sensory experience that has been interpreted with reference to its presumed external stimulus objective or event. In short, perception is the interpretation of what is sensed.
Psychoanalytic Theory of Gender	A theory deriving from Freud's view that the pre-school child develops a sexual attraction to the opposite sex parent, but by approximately 5 or 6 years of age renounces this feeling because of anxious feelings, and subsequently identifies with the same-sex parent, unconsciously adopting the same-sex parent's characteristics.

Reinforcement (n.)	In operant conditioning, any stimulus (1) that, if it is presented soon after a response , increases the relative frequency with which that response is emitted in the future; also the process whereby a response is strengthened in this way.
Self-Concept	The subjective perception of the self. It is literally the way we view ourselves. We may experience a sense of individuality (being different from others) as well as of interdependence (belonging and association with others). Different cultures tend to emphasize the importance of either individuality or interdependence within the individual. Individualist cultures such as the USA, UK, and Australia stress individualism in their socialization, where as more collectivist cultures such as China and Japan foster a sense of interdependence in their members. The self-concept has two related aspects, self-understanding and self-esteem.
Self-Efficacy	The belief that one can master a situation and produce favourable outcomes.
Self-Esteem	Reflects a person's overall evaluation or appraisal of his or her own worth. Self-esteem encompasses beliefs (for example, "I am competent/incompetent") and emotions (for example, triumph/despair, pride/shame). Behavior may reflect self-esteem (for example, assertiveness/timorousness, confidence/caution). Psychologists usually regard self-esteem as an enduring personality characteristic (trait self-esteem), though normal, short-term variations (state self-esteem) occur. Self-esteem can apply specifically to a particular dimension (for example, "I believe I am a good writer, and feel proud of that in particular") or have global extent (for example, "I believe I am a good person, and feel proud of myself in general").
Sensation	The product of the interaction between information and the sensory receptors - the eyes, ears, tongue, nostrils and skin.
Seriation	The concrete operation that involves ordering stimuli along a quantitative dimension (such as length).
Service Learning	A form of education that promotes social responsibility and service to the community.
Social Clock	A set of age norms defining a sequence of life experiences that is considered normal in a given culture and that all individuals in that culture are expected to follow.

Social Constructivist Approach	An approach that emphasises the social contexts of learning and that knowledge is mutually built and constructed.
Social Domain	Change in variables that are associated with the relationship of an individual to others.
Social Learning	The process through which we acquire new information, forms of behaviour, or attitudes from other people.
Social Policy	Is a government's course of action designed to promote the welfare of its citizens. Values, economics, and politics all shape a nation's social policy.
Social Referencing	This refers to 'reading' emotional cues in others to help determine how to act in a particular situation.
Social Role Theory	A theory that gender differences result from the contrasting roles of men and women.
Stages	The qualitatively distinct periods of development; a period of development that occurs at about the same time for each person. Developmental and Personality theories are often made up of a series of stages
Stimulus (n.)	Any event, agent or influence internal or external, that excites or is capable of causing a response in any organism. Behavioural psychologists such as Frederick Skinner (1904-1990) noted that a stimulus is an event, whether physical or mental, that evokes a response. Plural stimuli.
Symbolic Function Sub-Stage	Piaget's first stage of pre-operational thought in which the child gains the ability to mentally represent an object that is not present. This occurs between 2 and 4 years of age.
Temperament	An individual's behavioural style and characteristic way of emotionally responding.
Trait (n.)	A characteristic or quality distinguishing a person or (less commonly) a thing, especially a more or less consistent pattern of behaviour that a person possessing the characteristic would be likely to display in relevant circumstances.
Transitivity	This refers to the ability to logically combine relations to understand certain conclusions.
Variable (n.)	Anything that is subject to variation; in psychological research, any stimulus, response, or extraneous factor that is changeable and that may influence the results of the research.