

Definition of lifespan development or lifespan psychology



**ASSIGN
BUSTER**

The definition of 'lifespan development' or 'lifespan psychology' is implicit in the term itself. Lifespan developmental psychology or lifespan psychology deals with the study of individual development from conception into old age (Baltes et al 1980). This definition implies the notion that an individual progresses through various developmental stages or phases throughout his or her lifetime. The theories that present the development of an individual in stages is known as stage theories.

In analyzing the stages of an individual's lifespan, many theories have been posited by a number of psychologists who have studied particular aspects of the lifespan. Some of these theorists are Jean Piaget, who posited the cognitive developmental theory. During the 20th century, he was one of the most influential researchers in the area of developmental psychology, and posited that individuals progress through four stages of development in mental and reasoning capacities. There is also a psychosexual theory, posited by Sigmund Freud, the father of psychology. He believed that the individual progresses through five stages of sexual development, each of which has a relating psychological principle. Freud believed that if each stage of sexual development was handled well, the individual would evolve into a mature, well-adapted person. A few other theorists are Erik Erikson, who posited the psychosocial theory of development; Lawrence Kohlberg, who posited the theory of moral development; and James Fowler who posited the psycho spiritual theory of human development.

The study of Lifespan Development is of extreme relevance and importance to the Counselling and Consulting Psychologist. The theorists, through years of research, provide a sound basis for understanding the individual's

<https://assignbuster.com/definition-of-lifespan-development-or-lifespan-psychology/>

progression through the lifespan. As can be seen from the preceding paragraph, various theorists pay attention to specific aspects of human development, for example, Erikson primarily studied the psychosocial development of the individual. In this way, they were able to spend much time in observation and preparation, thus making the theory reliable. The theories provide a guide as to the developmental stages and expectation of each stage across the lifespan. Therefore, being aware of each theory and its basic tenets will arm the psychologist and give him a bird's eye view into the functioning and capabilities of the client. The theory will assist the psychologist to easier detect what may be the client's presenting problems.

As with all theories, the theories of Lifespan Development should not be accepted as laws, but simply as guides to the developmental stages through which an individual may progress. The constant nature-nurture debate is ever present in the study and practice of Lifespan Psychology. The individual's nature, that is, his or her genetic make-up and biological predispositions; as well as nurture, which is the environment in which he or she exists, (and there can be several environments, such as school, home, church) contribute to the individual's development. Because of this, the theories cannot be taken as rigid and inflexible boundaries in the psychologist's practice.

This paper, will discuss the application of lifespan psychology to two cases that may be faced by a counselling psychologist. I will also include discussions on how my own experiences and development would influence my counselling ability and technique in relation to the two scenarios. The first scenario describes a 16 year old girl whose biological mother migrated
<https://assignbuster.com/definition-of-lifespan-development-or-lifespan-psychology/>

to England when she was 5 years old. She is now living with her grandparents. Her father is unknown, and her mother has made contact three times since she migrated. There has been no visitation. The 16 year old is suffering from symptoms of withdrawal, tearfulness, and anxiety. Immediately, attachment issues spring to my mind.

Attachment may be defined as the strong affectional tie between infants and their caregivers (Baron, 2001). John Bowlby did much research on attachment in humans (1969, 1973, 1977, 1980). His theory holds that the early experiences of infants' attachment become cognitively represented in the form of internal "working models" of the self and others. These models take in expectations about self-worth, and the extent to which others are reachable and responsive in providing support and protection. These models continue to develop over time. He found that attachment does not emerge suddenly, but rather, develops over four phases. Based on this theory, Schaffer (1996; cited in Santrock, 2008) identified four stages of attachment:

Phase 1: Birth to 2 months. At this stage, infants instinctively turn their attachment to humans. Even strangers are likely to elicit crying or smiling from the infant.

Phase 2: 2 to 7 months. At this stage, attachment becomes focused on a single figure, which is usually the primary caregiver, and the baby gradually learns to distinguish between familiar and unfamiliar people.

Phase 3: 7 to 24 months: Here, specific attachments develop. With increased locomotor skills, babies actively seek contact with regular caregivers.

Phase 4: 24 months onward. Children become aware of the feelings of others, as well as others' goals and plans, and they begin to take these into account in forming their own actions.

In one research known as the Strange Situation done by Ainsworth (1979), based on Bowlby's attachment theory, she identified four types of attachment. Most infants show secure attachment, which means that they freely explore new environments, using the caregiver as a secure base. They may or may not cry when the caregiver leaves the room, and later when she returns, the babies actively seek contact with her, stop crying quickly, and soon return to previous activities. Another group of infants, based on Ainsworth's test, displayed insecure/avoidant attachment. These infants do not cry when caregivers leave the room, and react in much the same way to strangers as to their caregivers. They do not usually reestablish connection on her return. If contact is established, the infant usually leans or looks away. A third group of infants displays a pattern described as insecure/ambivalent attachment. These babies usually cling to the caregiver and then resist her by fighting against the closeness. In the research, these infants often cling anxiously to the caregiver, cry loudly when she leaves, and push away if she tries to comfort them on her return. The final group of babies was described as having insecure/disorganized attachment. These babies were shown to be disorganized and disoriented. They may also appear dazed, confused and fearful.

Early attachment to a caregiver is important and relates to a child's social behaviour in later development. In one study conducted by Alan Stroufe and his colleagues (2005; cited in Santrock, 2008), it was found that early secure <https://assignbuster.com/definition-of-lifespan-development-or-lifespan-psychology/>

attachment (occurring between 12 and 18 months) was linked with positive emotional health, high self-esteem, self confidence and socially competent interactions with peers, teachers, and romantic partners through adolescence. According to Santrock (2008), “ consistently positive parenting over a number of years is likely an important factor in connecting early attachment and the child’s functioning later in development”.

It can be assumed that the young lady in the presented case, whom we shall call Ana, had formed an insecure attachment to her mother in her infant years. Based on the research and the presented information, Ana would more likely be socially competent, had she formed a secure attachment. This is not to rule out other factors which may have been present in her environment. However, it could be argued that her mother was not sensitive to Ana’s signals as an infant, and so, Ana may have developed this insecure attachment. Further to that insecure attachment, is the fact that she was ‘ left’ with her grandparents at the tender age of five years. Along with all of that trauma, Ana’s father is unknown to her and the subsequent parent-child contact with her mother was woefully insufficient. It may be that Ana’s mother was busy trying to manage the stresses that come with single parenthood, including how to create a financially stable environment, in the years following childbirth. The result: Ana is now withdrawn and experiences tearfulness and anxiety which may mark the beginning of a depressive disorder.

Based on the information presented in this theory, the therapy session with Ana, , would lead me, the therapist, to ask questions about the relationship she had with her mother, prior to her leaving, and also that which she has

<https://assignbuster.com/definition-of-lifespan-development-or-lifespan-psychology/>

with her grandparents. Are the grandparents supportive? I would also like to know how Ana views herself now. What kinds of activities is she involved in? And how does she handle these activities, and even social relationships? These questions would give insight into her feelings of self-worth and self-esteem? As therapist I would ask what changes have occurred in Ana's recent life. It may be that a particular situation, such as a romantic relationship, (whether starting or ending) has brought on the feelings of anxiety and the reactions of tearfulness. Obviously, knowledge of Bowlby's theory of attachment would be helpful in managing this particular case.

Another theory which may be useful in assessing Ana's case is Erikson's psychosocial model. Erikson's theory is a cumulative stage theory. This means that successful completion of each stage is a prerequisite for completing the subsequent stages. Each stage is recognized as a psychological crisis which needs to be solved, with each of these crises having a positive and a negative outcome. A healthy resolution of each crisis, that is, where the outcome is positive, will lead to a mature, healthy, and emotional competent individual. For the purposes of responding to the case, I will focus only on the first and fifth stages.

Trust vs. mistrust is the first psychological crisis to be resolved by the individual and focuses on age zero to 1 year old. This first stage centers around the infant's basic needs being met by the parents as it depends on them, especially the mother for food, sustenance, and comfort. The infant's relative understanding of society comes from the parents and their interaction with the child. If the child is exposed to warmth, regularity, and dependable affection, the infant's view of the world will be one of trust. If this

<https://assignbuster.com/definition-of-lifespan-development-or-lifespan-psychology/>

does not happen, and the caregivers fail to provide a secure environment, a sense of mistrust will result. Erikson believed the major developmental task in infancy to be learning whether or not other people, especially primary caregivers, regularly satisfy basic needs. If caregivers are consistent sources of food, comfort, and affection, an infant learns trust – that others are dependable and reliable. If they are neglectful, or perhaps even abusive, the infant instead learns mistrust – that the world is in an undependable, unpredictable, and possibly dangerous place.

This early stage in development sets the pace for subsequent ‘victories’ in development across the lifespan. If Ana had learned trust

The fifth stage of Erikson’s theory is identity vs. role confusion which spans the adolescence years – about 10 to 20 years of age. It is at this stage, according to Erikson, that adolescents are faced with the task of deciding who they are and where they are going in life. These questions become especially important as the adolescence years are reached because adolescents face an overwhelming number of choices.

As a therapist, I cannot overlook the fact that there might be situations in therapy that would remind me of some of my own issues, and my own history. As I look at Ana’s case, I am concerned about what she has faced as a child in being left by her mother, not knowing her father, and now suffering from feelings of anxiety and tearfulness. It would be lovely if every mother could be like mine. I remember my mother saying to me years ago, when a serious issue arose with a child we know, that she had had the opportunity when her children were quite young to go abroad and ‘make a better life’.

However, as a young, (first child born at 16) unemployed mother, she understood the importance of mother being present and active in the lives of her children, and chose to stay.

As I ponder Ana's situation I would need to be mindful that not everyone will, or can make the choice that my mother did. Actually, there are many success stories involving a single parent living abroad, while their children live in Jamaica. I do know my strengths, though, and despite the fact that this case would arouse some memories for me, I would be able to maintain clarity of thought and principle. Good professional ethics would have to win out as I would be careful not to let my values overshadow the counselling relationship, so that Ana's situation can be dealt with as quickly and efficiently as possible.

In the second scenario, a 25 year old male has been referred because of three counts of sexual harassment in the workplace over a 6 month period. He has inappropriately touched three women, two on the breast and one on the bottom. He expresses no remorse and believes the women are overreacting. He is a university graduate and is still living at home with his parents.