Across the Lifespan

Developmental psychology: The study of how people change physically, mentally, and socially throughout the lifespan.

Questions Developmental Psychologists Ask

• What is the age range when infants develop motor skills such as rolling over, grasping a rattle, sitting without support, etc. (figure 10.10, page 380)?
• What is the age range when children comprehend and produce language (figure 8.1, page 285)?
• What factors influence attachment?
• What are the known relations between child care on attachment, social, cognitive, and physical development (page 393)?
• What are the characteristics of high-quality day-care? What are the associations to behavior? How can you apply this information to nursing homes?
• How does thinking change across a child’s (and adult’s) lifespan (Piaget)?
• How does moral reasoning change over the lifespan (Kohlberg)?
• According to Erikson, what conflicts do people have to resolve over the lifespan? How does the sense of identity change over the lifespan?
• What are myths we have about the elderly, young, parent/adolescent relations? How can these myths affect our behavior?
• What are the advantages and disadvantages of different parenting styles (authoritarian, permissive-indifferent, permissive indulgent, authoritative)? How can we apply this understanding to other areas besides parenting (page 395).
General Psychology 201  
Development Over the Lifespan

Major Issues and Methods

Prenatal Development
- Genetics and sex determination
- Environmental influences (eg. teratogens)

Infancy and Childhood
- The amazing newborn
- Physical development
- Cognitive development
- Social-emotional and personality development
- What do you think? Shy child, shy adult?
- Applying psychological science: Understanding how divorce and remarriage affect children
- Moral development

Adolescence
- Physical development
- Cognitive development
- Social-emotional and personality development
- Research up close: The ups and downs of adolescence: Does emotion change during the teen years

Adulthood
- Physical development
- Cognitive development
- Beneath the surface: Older but wiser?
- Social-emotional and personality development
- What do you think? Cohabitation as a “trial marriage” What does the scientific evidence tell us?
Teratogens

Teratogen: External agents that cause abnormal prenatal development in an embryo or fetus.

Known teratogens include:
- Exposure to radiation
- Toxic industrial chemicals, such as mercury and PCBs
- Diseases, such as rubella, syphilis, genital herpes, and AIDS
- Drugs taken by the mother, such as alcohol, cocaine, and heroin. Even common drugs such as aspirin (Has been associated with uterine bleeding and may have a connection with certain viral infections that can result in Reyes syndrome).

The placenta prevents many (but not all) dangerous substances from reaching the fetus.

Where do these teratogens come from?
Teratogens

Alcohol

- Maternal alcohol consumption is one of the leading preventable causes of birth defects and childhood disabilities. In addition to having cognitive deficits, babies born with fetal alcohol syndrome (FAS) may also have defects in their head size, hearts, limbs, joints and faces.
- Alcohol use among pregnant women dropped from 22.5 percent in 1988 to 9.5 in 1992, but rose to 15.3 percent in 1995.
- Frequent alcohol use (at least five drinks per occasion or several drinks per week) increased from 0.9 percent in 1992 to 3.5 percent in 1995.
Fetal Alcohol Syndrome

Fetal Alcohol Syndrome (FAS): a severe group of abnormalities that result from prenatal exposure to alcohol.

• A mother may be unaware that she is pregnant and harm her child by consuming alcohol.
• About 5,000 babies in the United States are born with FAS
• For more information, visit FASTAR (Fetal Alcohol Syndrome: Support, Training, Advocacy and Resources on the web at www.fasstar.com)

Fetal Alcohol Effects (FAE): Abnormal behavior that is consistent along the spectrum of FAS but does not meet the full criteria of FAS
Alcohol Exposure During Stages of Pregnancy:

1. During the **first trimester**, as shown by the research of Drs. Clarren and Streissguth, alcohol interferes with the migration and organization of brain cells. [Journal of Pediatrics, 92(1):64-67]

2. Heavy drinking during the **second trimester**, particularly from the 10th to 20th week after conception, seems to cause more clinical features of FAS than at other times during pregnancy, according to a study in England. [Early-Human-Development; 1983 Jul Vol. 8(2) 99-111]

3. During the **third trimester**, according to Dr. Claire D. Coles, the hippocampus is greatly affected, which leads to problems with encoding visual and auditory information (reading and math). [Neurotoxicology And Teratology, 13:357-367, 1991]

**Not all damage from alcohol exposure is seen on brain scans**, as lesions might be too small to be detected, yet large enough to cause significant disabilities.

**Children do not need to have full FAS to have significant difficulties due to prenatal exposure to alcohol.** According to research done by Drs. Joanne L. Gusella and P.A. Fried, even light drinking (average one-quarter ounce of absolute alcohol daily) can have adverse affects on the child's verbal language and comprehension skills. [Neurobehavioral Toxicology and Teratology, Vol. 6:13-17, 1984]
What kind of behavioral and cognitive problems may arise with FAS and FAE babies?

- Immature social development: overly friendly to strangers
- Inappropriate social interactions such as controlling sexual impulses
- Emotional instability
- Poorly developed conscience
- Vulnerability and naivete
- Lack of consistent impulse control

- Attention deficits: not always hyperactive, but easily distracted by external stimuli
- Short-term memory deficits
- Inability to learn from consequences
- Difficulties managing money

- Poor concept of time
- Poor judgment
- Grandiose ideas and unrealistic life goals, distorted perceptions

Why learn about FAS?
National Energy policy (or lack of it)

Chapter 10: Development over the Lifespan

Coal Power Plants
Mercury Emissions

Heavy Metals such as Mercury

Nuclear Power
Radiation

War: (such as in Kosovo, Iraq, Afghanistan)

Depleted Uranium
Sometimes the person's behavior is misinterpreted as willful misconduct (Debra Evensen, www.fasalaska.com), but for the most part, maintaining good behavior is outside of the child's control, especially in stressful or stimulating situations. Behavior problems in children with FAS are often blamed on poor parenting skills. While good parenting skills are required, even alcohol exposed children raised in stable, healthy homes can exhibit unruly behavior. The most difficult behaviors are seen in children who were prenatally exposed to alcohol and who also suffer from Reactive Attachment Disorder.

Most children with FAS disorders have some attachment issues, may display inappropriate sexual behaviors, show poor judgment, have difficulty controlling their impulses, are emotionally immature, and need frequent reminders of rules. As a result, many will require the protection of close supervision for the rest of their lives.