**III. EARLY CHILDHOOD (PRESCHOOL YEARS) (2-6 YEARS)**

1. **PHYSICAL DEVELOPMENT**

The rapid increase in body size in infancy slows down during early childhood. In this period an avarage child grows around 5 cm. in height and around 2-2.5 kg. every year.Both boys and girls slim down. Although their haeds are still large, most children have lost their top-heavy look.. Generally boys are more muscular, less and slightly taller and heavier than girls. Variation in growth is caused primarily by genes, nutrition and socioeconomic status. For example, there might be dramatic differences between children indevelopped and developping countries. By age 6, the proportions of the child’s body is not different from those of the adults.

**Skeletal growth:** The skelatal age of girls is around 1 year further than boys. In both girls and boys the bones are not hardened but cartilaginous. That is why , the bones might be reistant in times of trauma, stroke; but might be loosing their shapes. X rays of growth centers enables doctors to determine skelatal age which might be helpful in diagnosinsig growth disorders.

Around, 6-7 months babies begin to have their primary teeth or “baby teeth”. Some children might be having one or two teeth at birth. Around 2-2.5 years children have around 20 “baby teeth”. These teeth help children to chew and digest nourishment till 6 years, than permenant teeth begin to develop. Even though baby teeth is temporary, dental care is important. Environmental influences, maltnutrition, low socioeconomic status can delay the appearence of permenant teeth.

**Brain development:** There is a rapid pattern of brain development in this period. The weight of the brain of 2 years old child is 75 % and of 5 years old is 90% of the adult brain. Connections are established between different brain sturctures. For example, links between cerebellum and cerebral cortex myelinate which enhances balance and motor control. Hand preference strenghents during early and middle childhood, indicating that lateralizatin strenghents. Handedness indicates an individual’s dominant cerebral hemiphere.

**Motor developmet:** Body builds up, balance and coordination improves. Preschoolers may run, jump, skip, catch. Increasing control of hands and fingers leads to dramatic improvements in fine motor skills. Boys are more skillful in activities requiring force and power whereas girls are mor skillful in activities requiring good balance and fine moevements.

**Changes in Gross and Fine Motor Skills During Early Childhood**

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| **Age** | **Gross Motor Skills** | **Fine Motor Skills** |
| **2-3 years** | Runs, jumps throws, catches, wals more rhythmically, can walk backwards | Zips and unzips large zippers, uses spoon, can build up a tower with 5-6 cubes, can fold the paper into two, can turn the pages of the book |
| **3-4 years** | Walks up stairs alternating feet, may pedal tricycle, catches the ball by chest, can walk on tiptoe, can jump over 20 cm height, can somersault forward, | Fastens and unfastens large buttons, uses scissors, draws circle, serves food without assistance |
| **4-5 years** | Walks downstairs alternating feet, skips on one foot, catches the ball with hands, can stand one one foot aroun 4-8 seconds, can jump 5 times on one foot | Uses fork effectively, copies triangle and some letters. Draws the picture of a hause, man, tree, cuts with scissors following line. |
| **5-6 years** | Increases running speed, rides bicycle, can stand on one foot around 10 seconds, can catch the ball with two hands | Ties shoes, draws person with six parts, copies numbers and simple words, can write her own name |

**II. COGNITIVE DEVELOPMENT**

Preschoolers’ mental grasp of world improves, their cognitive world become more creative and fanciful.

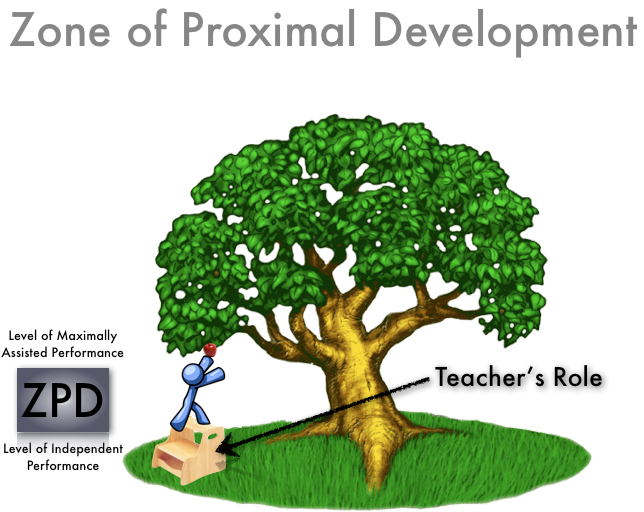
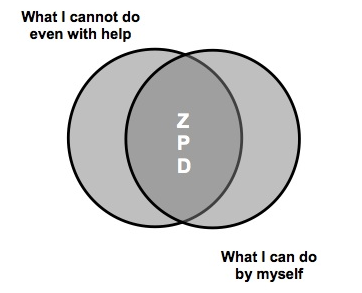
**Paiget’s Theory:** The preoperational stage lasts between 2 and 7 years. Children begin to represent the world with words, images, drawings. They begin to reason. Piaget divided this period into two:

**a.** Symbolic Function Substage (2-4 years): The child gains the ability to represent the objects which are not present (e.g using the spoon as microphone), they begin to use language and engage in parallel play. Their though and speech is egocentric, animalism is seen.

**b.** The Intuitive Thought Substage (4-7 years): They begin to use primitive reasoning, they want to know the answers of all sort of question. Egocentricism decrease, they can express themselves with better and longer seentences. Conservation is not developped yet.

**Vygotsky’s Theory:** Like Piaget, Vygotsky emphasized that children actively construct their world and understanding. In Piaget’s theory, children develop ways of thinking and understanding by their actions and understanding by their interaction with the physical world. In Vygotsy’s theory, children are more often descibed as social creatures. They develop their ways through social intercation. Their cognitive development depends on opportunities provided by the society, the culture that the individual lives in determines the quality of the stimuli and their minds are shaped by the cultural context. Excessive independence slos down the cognitive development. Parents and techers should systematically have the child confront with more complex situation, decrease outer control and support inner control.

In contrast to Piaget, Vygotsy regarded language as the foundation of all higher cognitive processes. He crticized Piaget’s theory of egocentric speech and argued that children use private speech , a speech used for self guidance. Vygotsky developped the concept of **Zone of Proximal Development (ZPD)** refers to tasks too difficult for children to master alone but can be mastered with the assistance of adults or more skilled peers. This concept led to the study of scaffolding, a instructional process in which the parents or theachers adjust amount and type of support to the child’s abilities and withdrawing as the child becomes more skillful. It is a form of social interaction that promotoes the transfer cognitive processes to children.



**Information Processing:** Attention gradually becomes more sustained, planning improves. However, they spend short periods involves in tasks and are less systematic in planning, they use memory strategies less efectively but their recognition memory is more accurate

**Language Development:** Preschoolers’ learn and apply rules of syntax, word order. Vocabulary dramatically increases and conversational skills develop. They can change their speech style to suit the situtation. Parents and teachers need to provide young children a supportive environment for them to develop language skills. Conversational give-and-take with adults contributes to language development.

**Early Childhood Education:** Recently, the number of children enrolled in preschool or child care has increased because of the increase in women’s participation in labor force. A preschool program is a program with planned educational experiences aimed at enhancing the development of children between 2-5 years. In contrast, child care includes arrangements for children of employed parents, ranging from care in one’s own house or to some type of care program. In child centered preschool and kindergarten program much leraning takes place through play. In academic programs, teachers teach academic lessons through formal lessons

* **Head Start Project**: It is program that is desgined to provide children from low income families with the opportunity to acquire skills and experiences important for school success.
* **The Montessori Approach:** Maria Montessori is the first female medical doctor in Italy. She created an evolutionary approach to young children’s education. The Montessori approach is a philosophy of eductaion in which children are given considerable freedom in choosing activities and are allowed to move from one activity to another as they desire. The teacher shows the child how to perform intellectual activities and offers help when the child reuires. The child is encouraged to make decisions from an early age

**The Effect of TV:** Children pick up many cognitive skills from educational TV programs like Sesame Street. Programs with slow action and easy to follow story lines may contribute to development of the child. However, heavy viewing of TV, especially shows and cartoons, takes children away from reading and interacting with others and is related to weaker skills. TV also can have a positive influence on motivating learning, increase information about world and provides models of prosocial behavior. TV can have a negative effect on children by making them passive learners, distracting them from doing homeworks, teaching them stereotypes, providing them with models of aggression and presenting them unrealistic view of world.

**III. EMOTIOANL AND SOCIAL DEVELOPMENT**

**Personality development:** According to Erikson , the crises of this age is initiative versus guilt. When preschoolers’ effort result in criticism and and failure, they will feel guilty. Their readiness to take the initiative reflects preschoolers’ desire to accomplish things. Preschoolers’ self-esteem increases and contributes to their mastery-oriented approach. But, even a little adult disapproval can negatively effect child’s self-esteem and enthusiasm for learning.

**Development of gender identity:** The word **gender** has been used to refer to cognitive and social differences between males and females, involves gender identity and gender roles. **Sex** refers to biological and physiological differences**.** Learning theories think that children learn expected gender role behaviors from the reinforcement they receive for acting appropriately and form punishment they get for behaving inappropriately.According To Freud, children go through phallic stage and increase in sexual urges arouses curiosity and alerts children to gender differences. The fears and fantasies produced by Oedipus and Electra complex lead to adoption of gender –appropriate behavior and development of superego. This period is critical fot the formation of gender identity.

**Gender identity** is the perception oneself as either feminine or masculine and have characteristics and interests that are appropriate for them. It is the psychological dimension of gender. The social perspecive of gender refers to **gender role** which refers to the distinctive behaviors that male and females in a culture exhibit and reflects the gender stereotypes of the culture.

**Development of Gender**

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| 1 year | Children may recognize male and female faces as seperate categories |
| 2 years | They begin to acquire basic gender identity, can recognize they are either boy or a girl |
| 3 years | They are more gender stereotyped than adults |
| 4-5 years | They begin to understand gender stability (gender does not change, female remains female; male remains male), they mostly play with same-sex playmates |
| 6-7 years | They now can understand gender stability and gender constancy ( changes in apperance or activities do not alter gender) |
| 7-11 years | They engage in activities that are consistent with culturel gender stereotypes |

**Parenting:** Parent-child interaction is complex, with no simple answers about the best way to raise a child. Good parenting takes time and effort. Baumrind gathered information on parental interviews and by watching parents interact with their preschool age children. She identified 4 types of parenting styles:

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| **Parenting Style** | **Parents** | **Children** |
| Authoritative Parenting | Warms , responsive, involved, but unintrusive; parents set limits and expect appropirately mature behaviour from child. Verbal give-and-take is allowed. They expect mature, idependent and age-appropriate behavior from the child. They might comfor the child by saying “ You know you should not have done that. Let’s talk about how you handle the situation better next time” | They become self-controlled, selff-reliant, achievement orientes, they have friendly relationships with peers, cooperate with adults, cope well with stress |
| Authoritarian Parenting | A restrictive , punitive style, parents demad the child to follow their instruction and place firm limits. They might say “you will do it may way or else”. They might show agression and rage to the child, allows little verbal exchange | Often unhappy, fearful, anxious about compairing themselves with others, fail to initiate activity, have weak communication skills |
| Uninvolved (Neglectful) Parenting | Uninvolved with the child’s life. Emotionally detached and withdrawn. Makes few or no demands | Children develop the sense that they are not important for the family, become socially incompetent, poor self-control, cannot handel independence, alienated from the family. In adolescence they may show patterns of delinquincy |
| Permessive (Indulgent) Parenting | Highly involved with the children, warm but have few demads or controls on them. Let their children what they want | They cannot learn self-control, they expect their own way. They might be domineering, egocentric, difficulties in peer relationships. |

**Emotional Development:** By 2-4 years children use a number of terms to describe their feelings, and by 4-5 years, they show an increased ability to show emotions and undertsand what others feel. They begin to manage emotions to meet the social standards. The common behavioral problems in preschool period are:

* **Nail biting:** It is a habit disorder. Common in children and in adolescents.The main causes are insecurity in the infant, early weaning or long hours of absence of the mother from the child's sight., adaptation problems, school failure, peer rejection, parental conflicts. Nail biting also signifies anxiety, and later on in life it may turn into an uncontrollable habit. In extreme cases, fingers can also start bleeding. Child should be given something to occupy his hands with, give him cotton gloves or finger puppets to wear during stressful times. The child should be told about all the germs and filth in his nails and about how harmful nail-biting can be to his health. Warning the child about his habit may not help as it the way of the child's reaction to stress situations. Child's nails should be cut at regular intervals. A warm, loving home environment should be provided. Child should be observed, stressors should be searched.
* **Thumb sucking:** Majory of infants suck their thumbs or fingers through the first year of life. During the first year it is accepted as normal as babies meet their needs by sucking, it also allows them to sooth and entertain themselves. A child usually turns to his thumb when he is tired, upset or bored. Children shouldn't be pressured to stop. The majority of children give up such habits on their own before they enter kindergarten. Even when the habit continues after infancy, thumb sucking is rarely something to be concerned about. It does not indicate that a child has emotional problems or that he will still be sucking his finger when he's a teenager.

Prolonged thumb sucking can cause minor physical problems, such as chapped lips or cracked skin, dental problems. It might be due to lack of basic trust, neglect or parental conflicts. If the behavior continues after infancy and turns out to be a habbit, parents should be patient and undertsanding; should avaid continous warning, or punitive phrases such as “I will cut your finger”. This behavior might be pointing out stressors which must be searched and solved.

* **Lying:** Children might be lying due to fright, to be liked and accepted by others, to attract attention or to get rid of punishment. But lies before 7 year old should not be regarded like lies of adults as it might be the result of child’s active imagination. The child may have thoughts that a particular thing had happened even though this is not actually the case, but this does not necessarily mean that he is lying. He could have even had a realistic dream that he believes to be true like a robber coming into his bedroom or maybe even a dog or a cat. Sometimes they can exaggerate a story , this kind of lying seems harmless to start with, but if not corrected it could become a and lead the child to lose trust not only in himself but in everyone else as well. Parents should not label the child as liar immediately and punish; instead the reasons underlying it should be understood and solved. Parents also act as poistive role models, should not lie to each other and to the child. The child should be rewarded when telling the truth.
* **Stealing:** It might be due to insufficiency of the parents about acquiring their children how and wht one should be respectful others’ possesions. Children may just like any object they have seen around, just take it without permission and start using. Sometimes it might be a means of getting attention or to overcome loneliness, or sometimes children might involve in such activities for just experiencing an adventure. This behavior is particularly might be considered after 7 years old at which children should have an undertsanding of posession. The materials should be given back, the needs of the chhild should be met. The parent can help the child out by accompanying him to the shop or to the person to which the object belongs when the child goes to apologize, return the object or pay for it if he has taken it from a shop. Ithe child should not be humiliated or scared and shoud not be accused for no reason, the parents should try to undertsand the cause.
* **Aggresion:** It is the pattern of behavior that intentionally harms other people by causin pain or injury on them. During infancy children may exhibit agression by pushinhg or shoving. Preschoolers, particularly boys, may exhibit serious aggressive behaviors, if encouraged by parents and traditional gender roles. Girls exhibit more verbal and relational aggression and gossip about others whereas boys are more physical. During middle and late childhood, children may display hostile aggression, criticism, bullying, name calling. Verbal agression increases while pyhsical aggression decreases. Ordinary misbehaviours, fights, push and shoves of children should not be considered as aggressive behavior.

Inconsistent and hursh disciplinary practices, especially use of physical punishment, domestic violence or violence on TV or sometimes excessively permessive parenting might be causing aggression in children. During adolescence peer groups, parental conflicts, hormonal changes, use of guns and high crime neighbourhood, poverty, low socioeconomic status might be causing aggression. Parents should not be paying excessive attention on child’s crises, but must limits and rules. Instead of punshing the unwanted behavior, the desired and positive behaviours should be rewarded. Children should be provided opportunities for social interaction, so that he can develop empathy and understand others’ feelings. Physical activities may reduce child’s energy while dramatic plays, drawing , painting may help the child to release stress.

* **Excessive shyness:** Most shy children are quiet when they are surrounded by people they don't know, but after some time they get comfortable. However, excessively shy children will try to avoid social situations. This may manifest into social phobia in adult life. They then start avoiding socializing as it brings them extreme discomfort, and they may not be able to talk at all. Although avoiding social events may be the easier way, such action is definitely not recommended, as the person will keep avoiding one activity after another, until he feels completely isolated. Such children cannot join peer groups and make freinds, cannot express their desires, they are usually excessively dependent to their mothers and they react oversensitive to jokes. Such behaviours might be resulting from the excessively protective parenting or conflicts in the family.

Such children must be given resposniilities and be rewarded when reacts extrovert. Parents should be first accepting that the child is having difficulty to come out his shell and be patient. But they should not be forcing the child to participate in activities, for a while the child could be let just to stay as an examiner. Opportunities for social interaction with peers and teachers should be provided. A friend of a child of the same age can invited and let them play together. The child will be more comfortable in his home environment. A few games can be organized so the child does not feel strained with the burden of keeping his new 'friend' entertained. In some cases it could be that the child feels inadequate in comparison to a sibling who might be smarter or better looking than him or her and it could result in sibling rivalry and further problems of growth of the child. If the parents believe that the two children are completely different from each other, putting them in different schools might be considered. The underlying reasons of excessive shyness should be searched. Dramatic plays; activities involving clay, paint, water, sand may help child to release stress.

* **Masturbation:** Masturbation behaviour seen in children, in the form of touching the genitals, causes fear and anxiety in the parents. Besides, the parents might be having some wrong information and myths about masturbation and believe it to be harmful to the sexual development of the child. Masturbation has no physical or mental side effects until taken to an extreme. But the child definitely goes through the fear of being caught with his pants down and brought to shame. The masturbation in childhood is different than in adults and does not engage in fantasies as in adults. It is just a basic motor stimulation that gives a different and unknown experience to the child. It also helps them to examine and discover their bodies. Masturbation in young children should be ignored and not made much of as that would only serve to make them more conscious of what they are doing. It would also make them feel unnecessarily guilty of something that comes very naturally at that age. If the parents do not overeact to the situation, this behavior will diseppear by time. If the parents overreact, the child will continue to do it secretly, take pleasure and feel guilty.

It is only when the masturbation is taken to an extreme degree and the child tries to derive pleasure by stimulating his sexual organs excessively. This kind of behavioral generally affects those who come from broken homes and are totally neglected by their parents who have absolutely no time for them. These children are not only very insecure but crave any kind of attention or company. If they do not get it from others they give it to themselves. In some cases poor housing facilities combined with inadequate sleeping arrangements or child abuse might be the cause.

Sometimes the child discovers this pleasure giving activity tottaly by chance (e.g. observation of other children, itches due to parasites). Children might be masturbating while they are about to fall asleep, watching TV, or listening to their parents reading stories. Parents should provide opportunities for physical activities to child to release their extra energy; they might be distracted with toys, plays,games. The duration of falling asleep might be shortened. Certain stressors might be underlying excessive masturbation which must be serched through. Parents should avoid playing jokes on this subject, teasing or humiliating the child.

* **Bedwetting:** It is a [common problem](http://life.familyeducation.com/bedwetting/sleep/64875.html) among preschoolers. It should not even be considered as a probleem before 4-5 years old, because the child cannot control it. Most children grow out of it during the early years of school mostly around 2-3 years old they become capable of controling it.But habitual bedwetting (enuresis) is a cause for concern. In nine out of ten cases, enuresis results from a delay or slowness in development. Sometimes it might result from an emotional cause (e.g. pressure from parents to [toilet train too early](http://life.familyeducation.com/potty-training/toddler/53237.html), expecting the child to quit bedwetting as soon as they start toilet training, punishing the child, not considering the bedwetting as a porblem despite the older age of the child ) or a physical cause (a urinary infection or a [bladder abnormality](http://life.familyeducation.com/illness/infections/40650.html)). The stressors such as the [arrival of a new baby](http://life.familyeducation.com/rivalry/siblings/53547.html), starting school, an extended or unanticipated seperation/divorce from partner, getting lost in the department store, an illness or hospital stay, a [death in the family](http://life.familyeducation.com/death-and-dying/toddler/53840.html) might be among the causes, as well.

Strong parental disapproval only makes the problem worse, the child should not be blamed or made fun of for bedwetting. Without pampering, the child should be encouraged to use the toilet right before going to sleep at night. Child's fluid intake before bed should be cut down (Although this may achieve some short-term success, it may have little or no long-term impact) The child maight be praised wakes up dry in the morning. The underliying physical or psychological reasons should be searched.

* **Tics:** A tic is a sudden, repetitive sound or movement that is difficult to control. Most tics, temporary and usually last less than three months. Rarely do children have chronic tic disorder which lasts for more than a year. Simple motor tics include shoulder shrugging, which is the most common, nose wrinkling, eye blinking, lip biting, head twitching or finger flexing. Complex motor tics include touching other people, smelling objects, obscene gestures, flapping the arms, jumping, kicking or hopping. Tics mostly result from harsh, punitive parental discipline and usully occur in times of stress. Children who become nervous about a test or are in a stressful environment may develop a tic. Mostly, tics are temporary, rapid, purposeless, repetitive, and in most children, resolve without therapy. If the parents pamper and continously warn the child , they may continue over time, they may become severe and complicated.

**Peer Relations, Siblings and Play:**

**Peers:** Peers are powerful socialisation agents and provide a source of information and comparison about the world outside the family. Children receive feedback about their abilities from their peer group. Children evaluate what and how they do as good as or worse than other cildren do, it is hard to make these judgement at home because siblings are usually older and younger. For the preschooler, a friend is somebody to play with and they mostly spend with same sex playmates. Withdrawn children who are rejected by peers or are victimized, bullied and feel lonely are at risk of depression.

**Siblings and birth order:** Parents can help prepare their children for the arrival of the new sibling. For example, bringing the older sibling to hospital may help the child accepting and acquiring a positive attitude to the younger sibling. If a mother continues to be responsive to the needs of the older child and help him tu understand the feelings of the younger child, sibling rivalry may not occur. If parents become increasingly involved with their first born child, this can also avoid the feelings of displacement and jealousy. Birth order also affects the child’s interaction with the sibling. The oldest child is often expected to assume responsibility for the young one. Older siblings may function as supervisors of their young siblings. Eldest children focus on parents for social learning, whereas younger ones use both children ad older sibling as models and teachers.

**Child maltreatment:** Maltreatment may take the form of pyhsical abuse (beating, kicking, biting, burning, harming the child) , child neglect ( the most common type of maltreatment involving abandonment, inattention), sexual abuse (touching child’s genitals, intercourse, rape, exhibitionism) and emotional abuse (verbal abuse, mental injury) . These forms of maltreatment can be seen in combination, as well. Emotional abuse is almost always present with other forms. Child maltreatment increases the risk for academic, social problems, poor emotional regulation, attachment problems, difficulty in adopting school, poor social realtionships with peers, depression, anxiety. As adults, they have difficulty in intimate relationships and they are more disposed in violent behaviours towrd other people.

**Play:** Play is a pleasurable activity in which children engage for its own sake, and its functions and forms vary. Functions of the play are:

1. Play makes important contributions to child’s cognitive and socioemotional development. Play contributes to motor development of children**.**
2. According to Freud and Erikson, play helps children master anxieties and conflicts. Tensions are relieved in play and children learn to cope with the environment.
3. Play permits children to work off excessive energy
4. Therapists use play therapy both to allow children to work off frustrations and to analyze conflicts and ways of coping with them. Children may feel less threatened and be more likely to express their feelings in the context of play.
5. Both Piaget and Vygotsky argued that “the play is a child’s work”.Piaget argued that the way the child plays is parallel to the cognitive development. He argued that cognitive sturctures need to be exercised and play provides opportunity for this. Vygotsky argued that parents should encourage imaginery play as it develops creative thought.
6. Berylne argued that play is exciting beacuse it satisfies our exploratory drive
7. Language and communication skills may be enhanced through discussions regarding roles and rules in a play as children practice words and phrases. It provides opportunity for social interaction.

**Forms of play:**

**1. Solitary Play**: Babies usually like to spend much of their time playing on their own. They are exploring all aspects of their environment from the sound of their own voice and the feel of their own body parts to those of others. They may spend hours making up stories with their GI Joes or Barbie Dolls. They like to build, draw, paint, invent and explore by themselves.

**2. Parallel Play** : Around 2-3 years, children move to playing alongside other children without much interaction with each other. They may be engaged in similar activities or totally different activities but they like being around others their own age.

**3. Group Play**: By the age of 3, children are ready for preschool. They are able to communicate and socialize with others and able to share ideas and toys. Through interactive play they begin to learn social skills such as sharing and taking turns. Adults should only intervene when children exhibit the need for coaching on social and problem solving skills. Finally, children also like to play with adults. This can be one to one or in a group.

**Types of Play:**

1. Sensorimotor and practice play: Sensorimotor play is behavior by infants to take pleasure from exercising their sensorimotor experiences. Practice play involves repetition of behavior when new skills are being learned. During preschool years children mostly engage in practice play.
2. Pretence/Symbolic play: Play in which the child transforms the physical environment into a symbol (e.g. using the table as car and say that “ I am fixing the car”). These make- believe play are very common between 2-6 years. Children act out every day and imaginary roles such as playing house, shool, doctor, acting out as TV characters.
3. Constructive play: Plays that create or construct something, common between 3-6 years.(e.g. making a house by using blocks, drawing a picture, puzzle)
4. Game: Joyful activities that have rules, often involve competition. Preschoolers can take part in social game that have simple rules. Games are most common around 10-12.
5. Social play: Play that involves interaction with peers. By interacting with others in play settings, children learn social rules such as, give and take, reciprocity, cooperation, and sharing.

**IV. MIDDLE AND LATE CHILDHOOD (SCHOOL YEARS) (6-12 YEARS)**

1. **PHYSICAL DEVELOPMENT**

Physical development is slower in this stage than early childhood and adolescence. In this period, an avarage child grows around 5.5 cm. in height and around 3-3.5 kg. every year. Around 10 years, avarge height of the child is 145 cm. and avarage weight is 32 kg. Only in this period, girls are taller than boys, as they enter adolescence earlier than boys.. During these years both boys and girls become slimmer and taller. Genetic factors, nutrition and socioeconomic factors cause variations in physique. Muscle mass and strength increase during these years as “baby fat” decreases.

Children double their strength during these years. Bones continue to lengthen andbroaden. But not all parts parst skeletal system grow at the same size or proportion as skull and and hands grow initially, the growth feet bones continue till the end of adolescence. As growth of bones and are further than muscles, some pains of growth might be seen. Since the finger bones are not mature enough, they might have difficulty in achieving tasks and homework requiring fineness. Besides heavy loads on arms, legs and spine may cause deformations and developmental problems. By this period, all 20 primary teeth are replaced by permenant ones.

**Brain development:** Activation of some brain ares increase while others decrease. These activations lead to cognitive control, reducing interfering thoughts, inhibiting motor actions. The ability to sustain their attention, to process visual information develop and they become ready to focus on reading and writing skills. By the time they acquire new abilities and skills, the synaptic connections among neurons increase while the unused ones disappear. Hence, they become capable of effective and flexible thinking.

**Motor development:** School age children can perform almost any motor skill, as long as it does not require much strength or speed. Motor development becomes more coordinate. Children gain greater control over their bodies can sit and attend for longer periods although their lives become very activity oriented. Improved fine motor skills appear in the form handwriting development. Boys are usually better at gross motor skills while girls are better at fine motor skills. Around 7-8 years, they begin to have more complex and corrdinated skills. They do not feel themselves limmited physically, so their interest in sport branches might be very short term and changing a lot. One day they show interest in swmming, the other day in basketball, for instance. It is not appropriate to have the child to focus on only one branch of sports in this period. Instead , parents should provide pyhysical activity opportunities to the child. Around 11-13 years, children begin to become aware of their physical limitations and experince distress as performance is also important. Frequent, high-quality physical education classes help ensure that all children have access to the benefits of regular exercise and play.

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| **Branch of Sport** | **Starting Age** | **Practice and Proficiency Age** |
| **Gymnastic, canoe, springboard, artistic skating, etc.** | 7,12,13,16 | From 17 years on |
| **Branches that require speed (e.g running, cycling, weights)** | 10-12 | From 18 years on |
| **Branches that require stregnth (e.g rowing, cycling, long distance running)** | 12-15 | From 18 years on |
| **Complex branches that require competition and strength** | 10-13 | From 18 years on |

**Health, illness and disease:** Most middle and late childhood is a time of excellent health. The most common cause of severe injuriy abd death in this period is motor vechile and bicycle accidents. Cancer is the second leading cause of death in children. Most common cancer type in children is leukemia , a cancer type in which there are abnormally high amounts of white blood cells, making the child susceptible to infection. Cancers in childhood have different profiles than adults which mainly attack the lungs, colon, prostate, breast, pancreas. The most common vision problem in this period is myopia. Children experience more ilnesses during the first two years of elementary school than later because of exposure to sick children and immune system that is not yet mature. The most common cause of school absence and hopsitalisation is asthma.

**Obesity:** Obesity and being overweight is an increasing child health problem. Obesity is defined as body weight that is more than 20% greater than avarage for one’s age, sex and body size. According to this criterion around 10% of the population is obese. Obesity is a medical and physical problem at any age of life. In children, orthopedic and respiratory problems are especially associated to obesity. These children are also teased and rejected. They are more likely to to expereience depression and low self-esteem. This may in turn lead to isolation, inactivity and oveareating. Peer rejection may lead persistence of obesity in children. Causes of obesity are:

* 1. Heredity: Amount and type of fat, as well as bone structıre and body type is inherited.
  2. Activity level: Inactive and sedentray life style lead to burning fewer calories. It might be sometimes due to the lack safe places to play.
  3. Quantity of the food eaten and overfeeding in childhood: In some families, parents take satisfaction in watching their children eat, that is, afather’s love is measured by how much food he can provide and a mother’s love by how ell she can cook and a child’s love by how much she/he can eat. Besides, malnutrition slows down the rate of cell multiplication and overfeeding speeds it up. That is why fat children want more and more food and gain wieght than people who are not overfed as children.
  4. Types of food eaten: Junk food that some parents regularly give their children might lead lifelong weight problems.
  5. TV watching: While watching TV, children are exposed to commercials and eat junk food, burn less calory.
  6. Repetaed dieting: People who make sever diets may gain weight quickly afterwards as the body reacts to protect itself during severe dieting. The metabolism comes slower.
  7. Pyhsiological problems: In some cases, abnormality of growth process or in metabolism might be the cause. However, this case is less than 1 % of all cases of obesity in childhood.

To help overweight and obese children changing family patterns as well as the child’s food intake are important. Dieting may make the children irritable, restless and even sick. Unless the child is seriously obese, inwhich careful weight lose is necesessary, stabilizing the weight and grow out of fat is preferable. The best way to get the children to lose weight is to increase physical activity. However it is difficult for children as they will be teased by others. Parents and teachers can help the children to walk to school or doing sit-ups at home. Parents can participate in exercising.

**II. COGNITIVE DEVELOPMENT**

**Piaget’s Theory:** According to Paiget, children go through concrete operational stage in this period and they become capable of concerete operations, conservation, classification and seriation. However, it is argued that some abilities develop earlier than Piaget suggested as education and culture have moe influence on development.

**Information Processing Theory:** Long term memory increase by making new information easier to store and retrieve. Attention becomes more selective and planful; memory strategies like rehearsal and organization improve. The serious attentional difficulties and learning problems may lead to academic and social problems.

* **Learning Disabilities:** Describes a child who has difficulty in learning that involves undertsanding or using spoken or written language, and the difficulty can appear in listening, thinking, reading, writing, spelling or mathematics. The learning problem is not primarily the result of visual, hearing or motor disabilities; mental retardation or emotional disorders. Dyslexia involves a severe impairment in the ability to read and spell. Dysgraphia is a learning disability od difficulty in handwritig and dyscalculia , which is also known as arithmetic disorder, involves difficulty in math computation.
* **Attention Deficit Hyperactivity Disorder (ADHD):** It is a disability in which individuals consistently show problems in one or more of these areas: Inattention, hyperactivity and impulsivity. Problems involving relationships, aggression, depression, low academic achievement may occur.
* **Autism Spectrum Disorders (ASD):** Also named as pervasive developmental disorders, range from autistic disorder (severe) to Asperger Syndrome (relatively mild). It is a brain dysfunction with abnormalities in brain structure and neurotransmitters. Problems with social interaction, verbal and nonverbal communiation and repetitive behaviors occur.
* **Mental Retardation:** Intelligence can be defined as problem solving skills and the ability to learn from and adopt to the changing environment. Gardner developped multiple intelligence theory and suggested that there 8 types intelligence (“frames of mind”): Verbal, Mathematical, Spatial, Bodily-Kinesthetic, Musical, Interpersonal, Intrapersonal, Naturalist. The IQ scores that result from tests such as Stanford-Binet and Weschler scales provide information about children’s mental abilities. According to WHO , IQ is classified as follows:

|  |  |
| --- | --- |
| **Range** | **Classification** |
| 130 and above | Very Superior |
| 120-129 | Superior |
| 110-119 | Above Average |
| 90-109 | Average |
| 80-89 | Below Average |
| 70-79 | Borderline Mental Deficiency |
| 70-50/55 | Mild Mental Deficiency |
| 50/55-35/40 | Moderate Mental Deficiency |
| 35/40-20/25 | Severe Mental Deficiency |
| 20/25-0 | Profound Mental Deficiency |

Mental retardation is a condition of limited mental ability in which an individual has a low IQ, usually below 70 on a traditional test of intelligence and has difficulty of adapting everday life. Around 85 % of all mental retardation cases fall into mild mental retardation category, most of whom can live independently as adults and work at various jobs. It is difficult to identify them untill school years. People with moderate mental retardation are usually noticed during preschool years. They can attend simple skills and support themselves at labour. People with severe and profound retardation constantly need care and supervision. On the other hand, giftedness can be described as having above-average intelligence (An IQ of 30 or higher) and superior talents.

**Language Development:** Children become logical in their approach to words and grammer. They can now better undersatnd subjectives and comperatives and can use complex grammer. **Metalinguistic awarenes** , the knowledge about language (e.g. what is a preoposition, what are the coreect sounds of languge) develop. They can also use different forms of language in different social contexts (e.g. language in classsroom, or language in the playground).

As with biligual development, children can become bilingual in two ways: By acquiring both languages at the same time in early childhood or learning the second one after learning the first. Children of bilingual parents who teach them both languages in early childhood show no special problem with language development. When children acquire a second language after they already learn the first language, it takes usually few years to talk the second language fluently. A major controversion has been going about the onset of second language learning, 12 years, 7 years, or even earlier? Reaserchers found that bilingualism does not interfere with performance in either language and bilingualism has positive effects for development. It is suggested that bilingual children are better on tests of selective attention, reasoning, concept formation, they are better in understanding cultural differences, cognitively flexible and more creative.

**III. EMOTIONAL AND SOCIAL DEVELOPMENT**

**Personality Development and the Self:** Freud believed that, during middle childhood , most the of the child’s emotions are quite or latent, especially their sexual and agressive urges. Erikson suggested that, children who sucessfully resolve the psychological conflict of industry versus infreiority develop capacity for work, learn the value of division of labour and develop a sense of commitment and responsibility. Self-esteem, global evaluation of the self, also referred to as self-worth or self image may decline during early school years. Children adjust their self-worth to feed back from environment.

During school yeras, children show an increase in perspective taking, the ability to assume other people’s perspectives and understand their thoughts and feelings. Perspective taking is particularly important whether the children develop prosocial or antisocial attitudes and behaviours.

**Emotional Development:** They have increased ability in undertsanding complex emotions such as pride and shame. Experiencing intense shame can shatter children’s sense of self-estemm. But in latter periods, emotions become less tied to to reactions of others. A fourth grader might feels empathy for a distressed person and might feel sorry. A fifth grader has the ability to supress anger when one his classmates irritates her.

**Moral Development:** Piaget argued that the mutual give-and-take or peer relations is more important than parenting in children’s moral development. Kohlberg also emphasized that peer interaction and perspective taking are critical aspects of moral reasoning. By the first three years, sharing is not done for empathy, but about 4 years of age empathy contributes to sharing. In this period, children believe equality can mean that others with special needs deserve special treatment. They can also judge the rule violations according to the purpose of intention and the rule.

**Family:** Parents spend less time with children during middle and late childhood than in early childhood, they especially play a role in supporting and stimulating children’s academic achievement. Mothers are more likely to to function in such parental roles than fathers. Most researches agree that children from divorced families show poorer adjustment agree that in children from divorced families. They are more likely to have academic prblems, anxiety and depressionto drop out of school, to be less social, to associate with antisocial friends or to take drugs. However, majority of children in divorced families do not have significant adjustment problems. If distress, conflict, unhappiness might be reduced by divorce, it might be even adventageous. On the other hand, diminished resources and increased risks with divorce might be the disadvantages. When divorced parents enter new relationship children may display adjustment problems. Stepparents may form a “**parenting coalition**” to help children. First, a warm relationship must be formed with child and consistency must be provided in child rearing.

Family functioning is far more important to children’s wellbeing than family structure is. Whether the child lives in a two-parents, single parents or blended family is less important than whether the child’s home situation is relatively stable, conflict-free and supportive. In order to help children to adjust to their parents’ divorce:

1. Protect the children from conflict: Witnessing conflicting parents is very damaging to children

2. Provide children familiarity and continuity: During divorce process school, bedroom, playmatesi daily schedules should not be changed.

3. Explain the seperation and emphasize that this is decision is permenant: As soon as daily activities in the home make the siutaion obvious, the children should be told about it. If possible both parents should be present. The child should be told about who is going to look after her and the specific arrangements. Parents should not lie to the child about the causes and the latter arrangements. The parents should avoid the child’s fantasies about bringing the parents together and tell that the divorce is the final and there is nothing that the child can do to reverse it

4. Explain that the seperation is not child’s fault

5. Explain that it may take time to feel better: Tell the child that it is normal to feel not good and many other children the same way. Their painful emotions should be shared, not denied ( “ I am having hard time since seperation like you, but I know it is going to get better after a while”). Let the children to express their emotions.

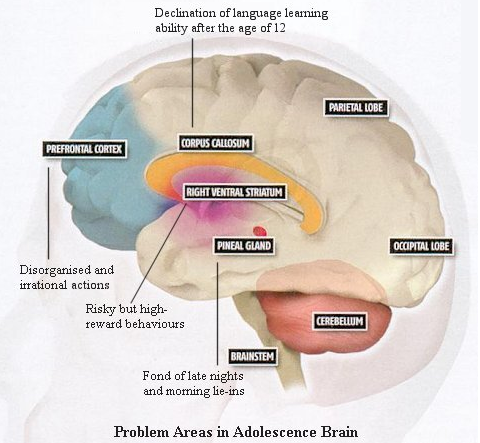
6. Promote continuing relationship with both parents: With the continuity of the relationship with other paren, children adjust well. Grandparents and other addults should not take sides.

**V. ADOLESCENCE (12-19 YEARS)**

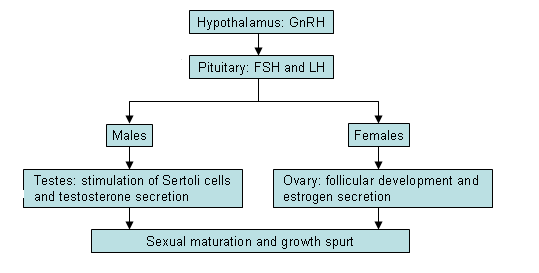
* 1. **PHYSICAL DEVELOPMENT**

Adolescence is initiated by puberty and it is the period of transition between childhood and and adulthood. The beginning of adolescence is marked by puberty which is not the same as adolescence. It is the physical transition to adulthood including rapid physical maturation, hormonal and bodily changes that lead to an adult sized body and sexual maturation. Girls reach to puberty earlier than boys. The onset of puberty is marked by menarche , first mestruation in girls and spermarche , first nighttime ejaculation in boys. The timing of puberty may vary not only according to gender but also to genes, nutrition, environmental factors. For example, the onset of puberty might be delayed due to chronic illness, malnutrition. It is argued the onset of puberty is delayed in children who are involved in intense sport practices or living in places with higher altitudes.

**Precocious puberty** is the onset of signs of puberty before 9 in boys and grils. It can be physically and emotionally difficult for youngsters and can sometimes be the sign of an underlying health problem, particularly neurological issues.



**Hormonal changes:** The entire process begins with hormone production in the brain. Before few years of the onset of adolescence, the hypthalamus tiggers hormone production in the pituitary gland, located at the back of the skull, by sending pulsatile (a flow with periodic variations ) stimulations. Pituitary gland triggers increased hormone production by the adrenal glands and by the gonads (sex glands which are the the testes in males and ovaries in females). A number of hormones are involved in puberty. The most important are growth hormone (in both sexes), testosterone (more in boys, less in girls) and estrogens (more in girls , less in boys).



During this period three major changes occur:

1. **Primary sex characteristics (Sexual maturation) :** It involves the maturation of sex organs that are directly involved in reproduction, which are ovaries, uterus and vagina in females and penis scrotum and testes in males.

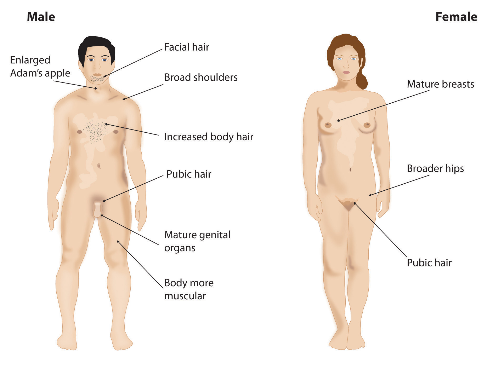
* For girls: The ovaries are about 0.5 gr. at birth become around 4-5 gr. at the beginning of adolescence. They reach to their normal adult size around 20-21 years old.The specific event to indicate fertility is **menarche**, the first menstrual period. However, the first menstrual cycles are without ovulation, girls are still infertile. Ovulation is irregular during the first year . The first menstrual experience might be traumatic for most girls involving a complicated mixture of feelings such as pride, shame and fear. Sexual education focusing on these biological changes, prior to the process is essential.

**Menstruation**, or period, is a woman's monthly bleeding. Every month, the body prepares for pregnancy. The menstrual blood is partly blood and partly tissue from inside the uterus, or womb. It passes out of the body through the vagina. Periods usually start around age 12 and continue until [menopause](http://www.nlm.nih.gov/medlineplus/menopause.html), at about age around 50. Most periods last from three to five days

* For boys: The diameter of testes becoming around 2.5 cm is one of the signs of sexual maturation in boys. They reach to their normal adult size around 20-21 years old. Testes have two functions: Reproduction of sperms and reproduction of hormones. **Spermarche** which is the first ejaculation of seminal fluid containing sperm, is the indicater of reproductuve potential. The first conscious ejaculation occurs around 13-14 years. Ejaculation can be seen during night (wet dreams) due to sexual dreams, tight clothes or full urinary bladder.

1. **Secondary sex characteristics:** The changes that are observable outside the body and serve as the additional signs of sexual maturation.

* For girls: Hips become wider, fat deposity occurs, breasts develop, pubic hair and some facial hair appears, a lower throaty femenine voice appear
* For boys: Shoulders become wider, facial hair and pubic hair grow, larynx grow, voice deepen, muscle aches can be seen



1. **Physical growth:** The first signs of **growth spurt** is increased bone length and and density. The development proceeds top to feet, inwards to outwards but in adolescence it is just the opposite way. Adolescents fingers and feet develop before their arms and legs do. The body (torso) is the last part of the body to grow, making many adolescents temporarily big-footed, long-legged, short- waisted. Muscle tissue is more in males whereas it is fat tissue growing more in females. But both sexes gain weight rapidly, fat begings to accumulate. Parents typically notice that youngsters are emptying their plates, cleaning out of refrigerator and their clothes no more fit on them.

**Early and late adolescence:** The physiological changes of puberty needs a revision of adolescents’ **body image** which refers to their mental conception and attitudes towards their physical appearence. Few adolescents are happy with their appearence, assuming that their bodies are not perfect. They spend hours examing themselves in front of the mirror, worrying about their body shape, unfit clothes or hair styles. Some exercise or diet intensely. Peer culture, messages of the macrosystem about the importance of being handsome or beautiful, parental feedbacks (“you are like a cow”, “you are so fat”) might also lead to adolescents preoccupation with their looks.

Early maturing boys and late maturing girls, whose appearence matches to cultural standards have more positive body image and usually adjust well in adolescence. In contrast, early maturing girls and late maturing boys may experience socioemotional difficulties. Shyness, introversion, sexual abuse, teenage pregnancy are some of risk factors for early maturing girls. However, early maturing boys, fitting in more masculine standards of society, become more populer than girls who early mature. Late maturing boys, in contrast may feel inferior, and have lower self-esteem.

**Adolescent sexuality:** Adolescence is time of sexual exploration and experimentation about sexual fantasies. They have intense curiosity about about sexuality, how to do sex, whether they are sexually attractive or not. A research has found out that adolescents who review more sexual content on TV are more likely to have sexual intercourse than their peers. Another research has shown the lin between watching sexual content on TV and and higher risk of teenage pregnancy. Early sexual activity is linked to personal, family, peer and educational characteristics, parental divorce, large family size, sexually active friends or siblings, tendency in norm violating acts such as drug use and delinquincy, low socioeconomic status and culture.

* Risk factors in adolescent sexual behaviours: Youngsters particularly encounter with two kinds of risks; unwanted pregnancy and sexually transmitted diseases (STD). Early sexual activities , when combined with incosistent use or lack of contraception, results in high rates of STD. Many young adults with AIDS contracted the virus when they are teenagers. About one in four sexually experienced adolescents acquires STD. Teenage pregnancy rates in industrialized societies are relatively high, in a slowin down trend. Adolescent pregnancy creates health risks for both the baby and the mother. Infants born with low birth wieghts, a factoor in infant mortality, as well as many pathologies, disabilities. For instance, pregnancy under 18 years old increases the risk of mental retardation. Adolescent parenthood is associated with school dropout, reduced chance of getting married, likelihood of divorce, poverty aand health problems (e.g. abnormal pap smear). Children born to teenage mothers are less likely to receive proper nutrition, health care, and cognitive and social stimulation. As a result, they are at risk for lower academic achievement.Girls born to teenage mothers are more likely to become teenage mothers themselves.
* Sexual education: Sexual interest is normal and even essential for adlosecent development. However, their minds are not just ready as their bodies. Due to egocentric thinking and faulty risk assessment, they tend to focus on immediate needs rather than the consequences. For example, they may fail to undertsand the risks of early sexual experience, inconvenience of pregnancy, or the necessity to use contraceptions against pregnancy and STD. Sex and contraceptive education may be the most effective way to reduce teen pregnancy and STD.Teens must be educated and informed about how to avoid early sexual behavior . They need basic information about how to protect themselves, the ability to say “no” and their reproductive health. Teenagers must be made aware of the consequences of having more than one child at a young age.

**Issues in Adolescence Health:** The major reasons of death are accidents (e.g. dangerous and speedy drivng, driving under the influence of alcohol or drugs) and suicide. Two eating disorders that may emerge in adolescence is **anorexia nervosa** (typically starts in adolescence, following a diet and pursuit of thinnes through starving) **blumia nervosa** (involves binge and puge pattern, but unlike anorexia they have normal weight). Alcohol and substance abuse, and smoking are also major problems in this stage. Peers, social and parental support, school success are important factors in whether adolescents take drugs.

**II. COGNITIVE DEVELOPMENT**

**Piaget’s Theory:** During formal operational stage, abstract thinking happen. Adolescents begin to think more idealisticly and more logically. Children try to solve problems by trial and error whereas adolescents begin to use more scientific ways to solve a problem, they systematically test solutions. This type of problem solving is called **hypothetical-deductive reasoning.** They can now begin think about matters of life, world; begin to construct their own moralities. As a result of these new abilities, they start to think more about themselves.

Adolescent egocentricism, the hightened self consciousness of adolescents, leaves its place to sociocentrism by late adolescence. David Elkind pointed out two compopnent of adolescent egocentricism:

* Imaginary audience: Involves beliefs that other are interested in them they themselves are, as well as attention getting behavior motivated by a desire to be noticed, visible “on stage”.
* Personal Fabl: Involves and adolescent’s sense of uniqueness and invincibility. They may craft stories about onself full of fantasy and far from reality. It particularly show up in adolescent diaries

**Information Processing:** Changes in information processing in adolescence are mainly reflected in improved executive functioning, which includes adnvances in decision making (which friends to choose? which friend to date? whether to go university?), reasoning and critical thinking. If fundamental skills such as math and literacy, are not developped during childhhod, critical thinking skills are unlikely to mature in adolescence.

**Education:** Transition from primary school to middle or high school includes many social, familial and individual changes in adolescent’s life and this transition is often stressful. One reason for this is the **top-dog phenomenon**. They move from being the oldest, biggest and most powerful student in the elementary school to being youngest, smallest and least powerful students in middle or high school.

**III. EMOTIONAL AND SOCIAL DEVELOPMENT**

**Personality:** Erikson’s theory regards identity as the major personality achievement of adolescence and a crucial step for being a productive happy adult. Identity is a self portrait including definition of who you are, the directions you will choose in life, political identity , religious identity, sexual and gender identity, body image etc. Adolescents who do not succesfully resolves the identity crisis suffer identity confusion: Individual withdraws, isolate themselves and lose their identity in crowd.

Eriksonian researcher James Marcia suggested that Erikson’s theory contains four status of identity or ways of resolving identity crisis. **Crisis** is defined as a period of identity development during which the individual explores alternatives and commitment is personal investment in identity. The four status of identity are:

**1. Identity diffusion:** Adolescents who are in this status have not experienced an identity crisis. They have not made any commitments regarding religion, sex roles, a political standing, or an occupation. Many young adolescents characterize this status.

**2. Identity foreclosure:** Adolescents in this phase of development are most likely have not experienced a crisis. However, they may have already made commitments to occupations and ideologies that have been enforced by parents, society, or any other outside force other than their own. An example of an individual in this phase might say that they want to become a teacher because their mother is a teacher.

**3. Moratorium:** Adolescents in this phase are experiencing crisis, but many at once without making commitments. Consequently, they often feel unbalanced and dissatisfied. These adolescents often act out in rebellious ways and are uncooperative.

**4. Identity Achievement:** These individuals have experienced and resolved crisis carefully and have evaluated all the their options. They have come to these conclusions and made decisions on their own.

**Gender Identity and Sexual Identity:** The teen years are also a time when a person begins to discover his or her gender identity. Gender roles determine how "masculine" or "feminine" a teen seems. During early to mid-adolescence, youths' understanding of gender is quite rigid and stereotyped. As a result, younger adolescents will typically participate in more gender-stereotyped behaviors than do older adolescents. This means that girls will gravitate toward more "girly" activities and present an ultra-feminine appearance, while guys will lean toward more "guy" activities and present an über-masculine appearance. Teens are exposed to gender roles from birth through parents, the media, and society, but during the teen years, teens begin to question and choose various gender roles.Though these are traditional "masculine" and "feminine" roles, teen boys may find that they enjoy cooking or art, and teen girls may excel in science or sports. Teens who feel pressured to conform to gender roles are more likely to suffer from depression and low self-esteem. Teens of both sexes often experiment with their appearance and may try styles that question traditional gender roles.

Adopting "masculine" or "feminine" gender roles does not determine or indicate a teen's sexual orientation. Adolescent sexual identity involves activities, interests, styles of behaviors and indication of sexual orientation. Sexual orientation is determined by a variety of genetic, environmental, and emotional factors, but not by a teen's appearance or activities. Being curious or having thoughts about members of the same sex is common among teens, and does not always mean a teen is homosexual. Teens who are confused about their sexual orientation should not use sexual activities to help them determine their sexual preference. Homosexual or bisexual teens may be at greater risk for depression, suicide, or other mental health problems, especially if they face a strong prejudice against them from peers or family. Teens who are struggling with gender issues, and their parents, may benefit from talking to a school counselor or mental health professional.

**Parent-Adolescent Conflict:** Effective parenting involves effectively monitoring that adolescent’s development that provides balance between connection and seperation as dependence-independence is one of the major issues of this stage. As teenagers de-idealize their parents, they often question parental authority. Both adolescents and parents are going through a life transition, they aprroach to the situation from their perspective. Adolescents, asking for more independence, disclose to their parents about their whereabouts is linked to positive parental support. On the other hand, parents go through such dilemma as they push their children to be more “adults”, work and earn their life or make important decisions, for instance while they place restrictions on the youngster. These dilemmas rises conflict in adolescence. However, the conflict is moderate rather than serve poistive developmental funcion of promoting autonomy and identity, when it is severe it may lead positive outcomes.

**Peers:** H. S. Sullivan was the most important theorist to discuss the importance of adolescent friendships. Friends become very important in meeting social needs. The need for intimacy increases and it motivates teenagers to seek foe closer friendships. Peer groups become extremely important during adolescence. During early teenage years , they are organized as **cliques**, small groups of 5-7 members who are good friends and resemble to each other. At first, they are same sex, than they become unisex. Often several cliques with similar values larger, more loosely organized group called **crowd** which based on reputation and stereotype. It grants the teen an identity.

**Dating**: Although sexual interest is affected by the hormonal changes of puberty, dating is regulated by culture. As communication between girls and boys remain very stereotypical during early and middle adolescence, early dating is most short, stormy and immature. By late adolescence, youngsters become ready for greater psychological intimacy, ability to make commitments and establish long term relationships.

**Depression:** It is the most common psychological problem of the teenage years. Adolescents who are severely depressed mostly remain so in adulthood. Profound depressin leads to suicidal thoughts. The suicide rates increases in adolescence.

**Juvenile Delinquency:** A juvenile delinquent is an adult who breaks the laws or engages in conduct that is considered as illegal. Low socioeconomic status, nagative family experiences (especially a low level parental monitoring abd having a sibling who is delinquent), societal conflicts and inequalities, negative peer influences have been linked to delinquency. Stealing, aggression, runningaway, offenes should be carefully monitored and precautions should be taken before these behaviours become problematic. 14 is the age that juvenile delinquency usually starts and it has been reported that the onset age is reducing.

**VI. EARLY ADULTHOOD (20-40 YEARS)**

**I. PHYSICAL DEVELOPMENT**

Once body reaches maximun capacity, biological aging starts. **Biological aging** is influenced by number of factors such as genetic make up, lifestyle and living environment. It is the combined result of many causes some operating in the level of cells and others at the level of tissues, organs and the whole organism.

Explanation at the level of DNA and cells involves the programmed effects of specific genes which control certain age related changes. The aging genes control changes such as menapouse, gray hair or deterioration of body cells. Release of **free radicals** is a likley cause of DNA and cell damage. Free radicals are organic molecules, an atom or group of atoms, responsible for aging, tissue damage, and possibly some diseases.

Gradual pyhsical changes occur in early adulthood. Emerging adulthood, between 18 and 25, is the term given to the transition from adolescence to adulthood and peak physical performance is reached between these ages. Toward the latter part of early adulthood, a slowdown in physical performance occurs. Declines in heart and lung performance show up only duing exercise. Athletic skills requiring speed, strength and gross body coordination peak in late twenties. The immune system strengthens through adolescence and declines after 20.

**Reproductive Capacity and Infertility:** Emerging adulthood is a time during which most individuals are sexually active and become married. Emerging adults have sexual intercourse with more indiviuals than young adults, but they have sex less frequently. Also casual sex emerges in this period. Adults in commited relationships report high satisfaction with their lives with one partner. Only a minority of adults report persistent sexual problems, linked to low SES, stress, having many partners, history of sxeal abuse or sexual coercion..

As middle age approaches, the speed of sexual responses slows down in men, but not in women. When adults reach their early 30s, about 15% of all couples have **infertility** problems. One common reason is that man’s sperm are insuffiecient in quantity or motility. Another common problem is that the woman’s ova do not reach the uterus veacuse the fallopian tubes are blocked or because ovulation do not occur. After age 35 women’s reproductive capacity declines dramatically due to reduced quality and quantity of ova. Men show a gradual decrease in amount of semen and concentration of sperm after age 40.

The menstrual cycle is central to women’s lifes and it presents qunique health concerns. **Premenstrual syndrome (PMS)** refers to an array of physical and psychological symptoms that usually appear 6 to 10 days prio to menstruation. The most common are abdominal cramps, fluid retention, diarrhea, bacache, headache, fatigue, tension, irrittability. PMS is usually experienced for the first time after age 20. Nearly 40 % percent of women have some form of it.

**Health Issues:** Obesity is a serious problem. Some gain weight between 25-50 ages due to basal metabolic rate. Regular exercise reduces body fat, builds muscle, help prevent illness and enhances psychologial well-being. Pyhsical activity is associated to lower death rates from all causes. Cigarette smoking and alcohol consumption are the two common adult substance disorder. Most adults begin smoking before age 21. They are at increased risk of heart attack, stroke, numerous acncers and preamture death. Also binge drinking and alcoholism impairs young adults’ academic achievement, cause commoting offences, unprotected sex, liver and cardiovascular diseases.

**II. COGNITIVE DEVELOPMENT**

**Piaget’s Theory:** Formal operational stage is Piaget’s final stage and is characterized by ability to solve problems logically and systematically. Cognitive development beyond Piaget’s formal operational thought is known as post-formal thought which is better to solve problems that may have no correct solutions, integrating thinking and experiences, involves dialectic thinking. Creativity peaks in adulthood , often in the 40s and then declines.

**Perry’s Theory:** William Perry developed a classic model for intellectual development among college students. Students progress through three major stages.

* + 1. **Dualism**: Students in this stage believe there is a single right answer to all questions. Knowledge is delivered by professors. Dualistic thinkers resist thinking independently.
    2. **Multiplicity** (subjective knowledge). Students in this stage believe that knowledge is just an opinion, and students and faculty are equally entitled to believe in the veracity of their own opinions. They may rebel at faculty criticism of their work.
    3. **Relativism** (constructed knowledge). Students at this level recognize that opinions are based on values, experiences, and knowledge. They can argue their perspective and consider the relative merit of alternative arguments by evaluating the quality of the evidence. Knowledge is through experience and reflection.

**Vocational Choice:**

* According to Gingzberg voctaional choice move through 3 phases

1. Fantasy stage: Children explore career options through play.
2. Tentative stage: Teenagers weigh different carreers against their ineterests, abilities and values.
3. Realistic choice: The age above 17 is known as the age of realistic choice. The child decides about his likings, after exploring various vocations, decides in which path he is to move and settle on a specific category.

* According to Holland’s Theory of Career Choice people prefer jobs where they can be around others who are like them. They search for environments that will let them use their skills and abilities, and express their attitudes and values, while taking on enjoyable problems and roles. Behaviour is determined by an interaction between personality and environment. Holland’s theory is centred on the notion that most people fit into one of six personality types: Realistic, Investigative, Artistic, Social, Enterprising. Conventional.

**III. EMOTIONAL AND SOCIAL DEVELOPMENT**

**Personality:** Erikson argued that young adults must resolve their conflicts through intimacy versus isoltaion, balancing independence and intimavy as they form a closed relationship with a partner.

**Life Cycle and Social Clock:**

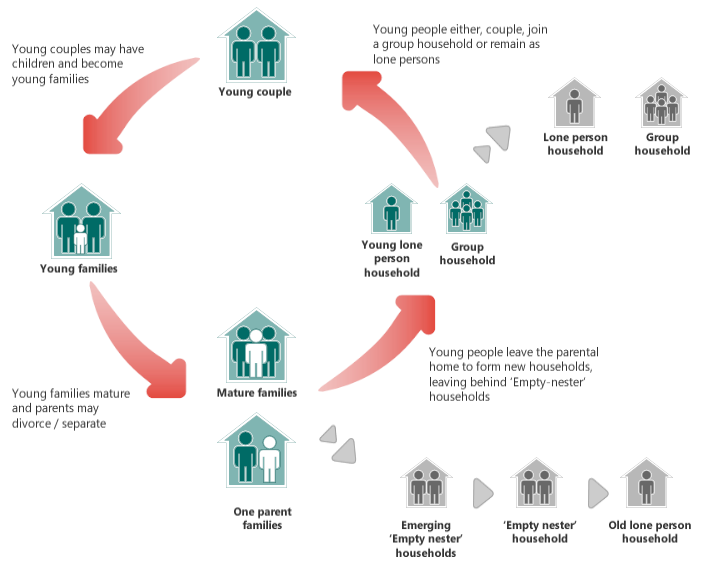
* **Levinson’s Theory:** At the center of Daniel Levinson's theory is the **life structure.**  This is an underlying pattern of an individual's life at any given point in time. Adulthood is a sequence of distinct eras or seasons each begins with a transition, lasting about 5 years.  A person's life structure is shaped mainly by their social and physical environment, and it primarily involves family and work.
* **Neugraten’s Theory:** The social clock theory of Bernice Neugraten describes how major life changes are expected to take place at a certain time during a person's lifetime. **Social clock** refers to age graded expectations for life events such as beginning a first job, getting married, buying a home and retiring. Societal expectations regarding when these changes should occur make up the social clock timeline. This clock provides a way of determining a person's progress within his particular age range. Most people often ask “How am I doing for my age?”. All societies have timetables for accomplishing major developmental tasks.

**Intimacy:** To establish an intimate tie to another person, people must find a partner, built an emotional bond and sustain it over time. There are three types of love. Romantic love, also called as passionate love, includes passion, sexuality, a mixture of all emotions, which are not always poisitive. Affectionate love, also called as companşate love, is warm , trusting and caregiving. Usually it becomes more important as relations mature. Consummate love involves three dimensions of love passion, intimacy and commtiment.

**The Family Life Cycle:** Leaving home is a major step in assuming adult responsibilities. Mostly teenagers leave home when they go to university/college. SES and culture influenc the likelihood that a young person will live independently before marriage. Returning home for a period of time is common among unmarried young adults. Family life cycle refers to a sequence of phases that characterizes the development of most families in many cultures:

**The Family Life Cycle**

living on one’s own 🡪 marrying 🡪 bearing children 🡪kids leave home 🡪 retirement 🡪old age 🡪 death of spouse 🡪 death



**Marriage and Divorce:** Singlehood has risen in recent years because of a trend toward later marriage and a high divorce rate as well as individualşst life styles of industrialized cultures. Women with higher education and SES remain single. Cohabitation has risen also, especially among well educated young adults. Cohabitation rates are high especially among seperated and divorced adults. The age that individuals marry increase, recently. It is claimed that the benefits of marriage include better physical and mental health and a longer life.

The divorce rates are getting increased in many socities. Divorce is a complex and emotional process which effect every individual in the family. Both men and women can expereince loneliness, anxiety and difficulty in forming relationships. Remarriage involves some benefits ,such improving financial status, but also involves some problems. Remarried families are les stable than first marriages and remarried adults are suggested to have lower levels of mental health.

**VII. MIDDLE ADULTHOOD (40-60 YEARS)**

**I. PHYSICAL CHANGES**

Middle adulthhod is the age period in which gains and losses as well as biological and sociocultural factors balance each other. The gradual physical changes begun in early adultdhood continue in midlife, leading a revised self-image. External changes such as gray and thinning hair, wrinkles, the need for reading and bifocal eyeglasses, and some hearing loss occur. Internally, changes are taking place as well, with some decline in the major organs, including the lungs, heart and digestive system. Also unhealthy behaviors, such as smoking, drug use, unhealthy eating, alcohol abuse, obesity and lack of exercise lead to these physiological changes. Muscle mass declines and fat deposits increase in both sexes.

**Health Issues:** Death rates for this age group remain relatively low, although the two major illnesses that do affect the health and mortality of this age group are heart disease and cancer: Chronic disoders rarely appear in early adulthood but increase during middle adulthood. Arthritis is most common, followed by hypertension. Vision loss and hearing loss occurs.

**Sexuality:** Fertility declines and women undergo menopause between the ages of 40 and 50. **Menopause** is the permanent end of menstruation and fertility, defined as occurring 12 months after your last menstrual period. It is a natural biological process. Although it ends fertility, women can stay healthy and sexual. Rarely, a woman's ovaries stop working at a very early age, ranging anywhere from the age of [puberty](http://en.wikipedia.org/wiki/Puberty) to age 40, and this is known as [premature ovarian failure](http://en.wikipedia.org/wiki/Premature_ovarian_failure). Menopause involves symptoms such as: Irregular period, vaginal dryness, night sweats, sleep problems, mood changes, weight gain and slowed metabolism, thinning hair and dry skin, loss of breast fullness. Bone density declines in women after menopouse (osteoporosis). Hormone replacement therapy is reccomended to reduce the discomforts of this period. Men’s reproductive capacity declines rather than ends. Therefore, episodes of impotance (erectile dysfunction) are more common.

**II. COGNITIVE DEVELOPMENT**

It was previously thought that intelligence peaked in adolescence and then began to decline in a person's life. However, Schaie has proven that hypothesis is incorrect, proving that some aspects of intelligence, such as vocabulary skills, actually increase until about age 60. The highest level of four intellectual abilities ( vocabulary, verbal memory, reasoning and spatial orientation ) occurs in middle age.

Horn, identified two categories of intelligence, crystallized and fluid intelligence. Horn argued that **fluid intelligence**, or the ability to process new concepts and facts quickly and creatively, including abstract reasoning problems, independent of previous education or learning, peaks in adolescence and then starts a gradual decline between the ages of 30 and 40. On the other hand, **crystallized intelligence,** or the stored knowledge gained from experience and education, becomes higher as people age. Facts like mathematical or chemical formulas, vocabulary size and history dates are all examples of crystallized intelligence.

**Information Processing:** Speed of cognitive processing slows down which makes it harder to focus, divide their attention, switch from one task to another. But they become good at practical problem solving.

**III. SOCIAL AND EMOTIONAL DEVELOPMENT**

Midlife is often thought of crisis, during which self-doubt and unhappiness lead to radical changes. Midlife changes reflect growing awareness of a finite lifespan, longer life experience and generative concerns. But certain aspects of personality remain stable



**Erikson’s Theory:** Individuals experience generativity versus stagnation conflict. Generative people find fullfilment as they make contributions to sociaety through parenthood, family, workplace and take responsibility to raise the next generations. Such individuals are highly adjusted.

**Levinson’s Theory:** Developmental tasks must be mastered at different points. Changes in this stage includes 4 conflicts: Being young versus being old, being masculine versus being feminine, being destructive versus being constructive, being attached to others versus being seperated to them. He argued that majority of people in this stage , especially men experience **midlife crisis**. Reasons for such a crisis inculde shifts in family and work responsibilities as well as growing awarness of the limmited lifetime.

Reseraches indicate that midlife crisis is not pervasive. However, due to the double standards of aging, women have more trouble than men accepting being older. Men may adopt feminine traits of nurturing and caring whereas many women may take on masculine traits of autonomy, dominance and assertiveness. Women who have devoted themselves to child rearing or an unfulfilling job typically increase their involvement in work and community.

**Family:** Family often improves in middle age as parents become free of children and have more time and money for themselves. Middle age is also a time for becoming grandparents. However, sometimes, family ties can be particularly burdensome, making adults feel like the **sandwich generation**, squeezed by the financial and emotional needs of both their parents and their adult children.

**Empty Nest Syndrome:** Empty nest syndrome is a phenomenon in which parents experience feelings of sadness and loss when the last child leaves home. Researches suggested that parents dealing with empty nest syndrome experienced a profound sense of loss that might make them vulnerable to depression, alcoholism, identity crisis and marital conflicts. However, when the last child leaves home, parents have a new opportunity to reconnect with each other, improve the quality of their marriage and rekindle interests for which they previously might not have had time.

**VIII. LATE ADULTHOOD ( 60 YEARS AND ON )**

**I. PHYSICAL DEVELOPMENT**

**Life expectancy** refers to the number of yeras that will probably be lived by an avarage person born in a paricular year. Life span is the maximum number of years an individual can live. Life expectancy has increased dramatically; life span has not. Females live approximately about 6 years longer than males. Apart from the chronological age, experts also emphasize functional age which refers to person’s ability to function. According to this perspective some 85 year olds are more fir than 65 year old. **Ageism** may be defined as the prejudice or discrimination that occurs on the basis of age. Contrary to the stereotype most of the aged are happy, healthy and active.

In later adulthood, a variety of physiological changes may occur, including some degree of atrophy of the brain and a decrease in the rate of neural processes. The respiratory and circulatory systems are less efficient, and changes in the gastrointestinal tract may lead to increased constipation. Bone mass diminishes, especially among women, leading to bone density disorders such as osteoporosis. Muscles become weaker unless exercise programs are followed. The skin dries and becomes less flexible. Hair loss occurs in both sexes. There is also decreased sensitivity in all of the sensory modalities, including olfaction, taste, touch, hearing, and vision. Sleep patterns are quite different from those in early adulthood. Older adults get much lighter but less sleep. Aging include some changes in sexual performance for men more then women. However, there is no known liit for sexual activity.

**Health Issues: Primary aging,** or inevitable changes in the body, occurs regardless of human behavior. Gray hair, wrinkles, visible blood vessels on the skin, and fat deposits on your chin or abdomen affect those in this age group. It's **secondary aging** , unhealthy behaviors such as smoking, obesity or drug use , in combination with primary aging that causes the illnesses that typically affect older adults.

Cardiovascular diseases increase while immune system functioning decline. Consistent high blood pressure increases the risk of heart attack, stroke and kidney disease. Nearly three-fourts of older adults die of cancer, heart disease or stroke. Osteoporosis make it difficult for old people to walk.

Brain becomes smaller and starts works slower, as a reult of cell death and circulatory slowdown.. On the avarage it looses 5-10 % of its wieght between 20-90 years. Prefrontal cortex shrinks with aging.

Vision and hearing impair in late adulthood, they may need eye glasses or hearing aid. Hearing impairment is more common in men then women. Taste and odor insensitivity decline, making food less appealing. Such perceptual deficits affects elders’s self-esteem, cause isolation and increase in life satisfaction.

**II. COGNITIVE DEVELOPMENT**

The type of memory most likely to decline with age is working memory, or short-term memory. Long-term memory remains strong. For example, professional musicians or novelists often work well into their 80s and even 90s. One of the central concerns as people age is dementia, which includes many diseases and syndromes, including Alzheimer's, Parkinson's, multiple sclerosis, and vascular dementia, which is caused by strokes. **Dementia** refers to a set of disorders occuring almost in old age in which many aspects of thought and behaviour are immpaired that everyday activities are disrupted. **Alzheimer’s disease**, the most common form of dementia, in which structural and chemical brain detoriaration is associated with loss of thought and behavior.

As with the language development, two aspects of the language production (finding the right word and planning to what and how to say) show age related losses. Traditional problem solving declines in late adulthood. However, **wisdom** involves practical knowledge, ability to apply the knowledge in ways that make life more bearable, emotional maturity and altruism.

**III. SOCIAL AND EMOTIONAL DEVELOPMENT**

**Erikson’s Theory:** The final psychological conflict, ego integrity versus despair, involves coming to terms with one’s life. Adults who arrive at a sense of integrity feel whole and satisfied with their achievements. Despair occurs when elders feel they may have made wrong decisions and it is too late for change.

**Changing Social World:** Emotions and stability vary widely in late adulthood. Developmentalists emphasize the need for those in late adulthood to stay active and interested in many activities, to take classes, volunteer, and participate in the arts. Elders who stay active and connected to others report more enjoyment of life, less hopelessness, and overall, keep a sense of vitality in their lives. And by maintaining close friendships, the elderly also cope better when a spouse dies, which is a major stressor in later adulthood. Although elders are at high risk of negative life changes, these events actually evoke less stress and depression than in younger adults. Many seniors have learned to cope with hard times.

**Housing arrangements:** In late adulthood, social support reduces stress and promote physiological and psychological well-being. The housing arrangement that offers sensiors personal control is their home. But when health and mobility problems appear, independent living may brin risks. Many older adults who live alone suffer from povert and unmet needs. Rest homes, retirement villages may offer nursing, housing and assisted living arrangements.

**Retirement: The decision to retire depends on affordability, health status, societal factors, opportunity to find meaningful leaisure activities. Women mostly get retired earlier than man.** People have been found to be happier in retirement if they are not forced to retire before they are ready and if they have enough income to maintain an adequate living standard.

**Widowhood.** Women tend to marry men older than they are and, on average, live 5 to 7 years longer than men. One study found ten times as many widows as widowers. Widowhood is particularly stressful if the death of the spouse occurs early in life; close support of friends, particularly other widows, can be very helpful.

**DEVELOPMENTAL PSYCHOLOGY (II)**

**PSY 222**