Chapter 5

Theories of Growth and Development

Definitions

**Growth:** an increase in physical size

**Development:** the acquisition of skills and function

**Maturation:** total process in which skills and potential emerge regardless of practice or training

Definitions (continued)

**Cephalocaudal:** growth and development beginning at the
head and progressing downward toward the feet

- **Proximodistal:** growth and development progressing from the center of the body toward the extremities

- **Characteristics of Growth and Development**
  - Occur in an orderly pattern from simple to complex
  - Continuous processes characterized by spurts of growth and periods of slow, steady growth
  - Progress at highly individualized rates that vary from child to child
  - Affect all body systems, but at different times for specific structures
- Form a total process that affects a person physically, mentally, and socially
- **Personality**
- Consists of the behavior patterns that distinguish one person from another
- Several major theories provide key frameworks that help nurses understand different aspects of personality development
  - Sigmund Freud’s psychoanalytical theory
  - Erik Erikson’s psychosocial theory
  - Jean Piaget’s cognitive theory
  - Abraham Maslow’s human needs theory
  - Lawrence Kohlberg’s theory of moral development
- **Freud’s Psychoanalytical Theory**
- Three levels of awareness
- **Conscious**: within one’s immediate awareness
- **Subconscious**: stores memories, thoughts, and feelings
- **Unconscious**: the part of the mind that is closed to one’s awareness

- Levels of Awareness
- Freud’s Three Functional Components of the Mind

  - **The id**: the pleasure principle, or libido. The id demands immediate satisfaction.
  - **The ego**: the “executive of the mind.” It is the part that is most closely related to reality. The ego may delay satisfaction.
  - **The superego**: a further development of the ego. It judges, controls, and
punishes, and is thought of as a conscience.

- **Freud’s Defense Mechanisms**
- **Defense mechanisms** are techniques used at all stages of the life cycle to help individuals cope with the threat of anxiety
- They are used to protect the ego
- On a short-term basis, they may be helpful
- Overuse or maladaptive use prevents the individual from achieving personal growth and satisfaction

- **Freud’s Defense Mechanisms (continued)**
- Suppression
- Rationalization
- Identification
- Sublimation

- Freud’s Defense Mechanisms (continued)
  - Regression
  - Denial
  - Displacement
  - Projection

- Freud’s Defense Mechanisms (continued)
  - Compensation
  - Undoing
  - Reaction formation
  - Conversion
- Freud’s Stages of Psychosocial Development

- Oral stage
  - Birth to the end of the first year of life
  - Mouth is the source of all comfort and pleasure
  - Sucking and biting, using the mouth as the center of gratification

- Freud’s Stages of Psychosocial Development (continued)

- Anal stage
  - The end of the first year of life to the third year
  - The second year, the center of pleasure is shared between the mouth and the organs of elimination
Toilet training gives the child a sense of self-control and independence

- **Freud’s Stages of Psychosocial Development** (continued)
  - **Phallic stage**
    - Ages 3 to 6
    - The child associates both pleasurable and conflicting feelings with the genital organs
    - Masturbation and interest in sexual organs are normal
    - Parental disapproval of the child’s preoccupation with the genitals can result in feelings of confusion and shame

- **Freud’s Stages of Psychosocial Development** (continued)
  - Latency
- Ages 6 to about 12
- Child’s sexual urges are dormant
- Sexual energies are being channeled into more socially acceptable means of expression
- Focus is mainly on intellectual pursuits
- Peer relationships intensify between same sex

**Freud’s Stages of Psychosocial Development (continued)**

- **Genital stage**
  - Begins with the onset of puberty
  - Physical changes prepare the body for reproduction
  - Awakening of sexual attraction and interest in heterosexual relationships
  - Child struggles for independence yet needs parental supervision

**Erikson’s Psychosocial Theory**
- Broadens Freud’s theory, with eight stages that span the full life cycle from infancy to old age
  - Trust vs. mistrust
  - Autonomy vs. shame and doubt
  - Initiative vs. guilt
  - Industry vs. inferiority
  - Identity vs. role confusion
  - Intimacy vs. isolation
  - Generativity vs. stagnation
  - Ego integrity vs. despair
- Piaget’s Cognitive Theory
- Concerned with development of intellect and thought processes
- Four stages
  - Sensorimotor stage
  - Preoperational stage
  - Concrete operational stage
  - Formal operational stage
- Maslow’s Human Needs Theory
  - Self-actualization
  - Self-esteem
  - Love and belonging
  - Safety and security
  - Physiological needs

- Kohlberg’s Theory of Moral Development
  - Level I: Preconventional Thinking (4 to 10 years): the child learns reasoning through the parents’ demand for obedience
  - Level II: Conventional Thinking (10 to 13 years): the school-age child begins to seek approval from society
  - Level III: Postconventional Thinking (postadolescence): adolescents develop their own moral codes based on the individual’s principles
Gilligan’s Critique of Kohlberg’s Theory
- Carol Gilligan, a critic of Kohlberg’s theory, expresses concern that Kohlberg failed to explore unique female experiences as they pertained to morality.
- Gilligan believes males make moral decisions based on abstract reasoning and principles, whereas females are more concerned with how their decisions affect others.

Chapter Challenge
- Name five common characteristics of growth and development.
- List Erikson’s psychosocial theory of development.
- Explain Maslow’s hierarchy of human needs