

CHAPTER FIVE

Overview: Theories Related to Human Development

OBJECTIVES

STUDY OF THIS CHAPTER WILL ENABLE STUDENTS TO:

1. Examine major theoretic perspectives for understanding the developing person.
2. Describe selected biological and evolutionary theories about aspects of the developing person.
3. Discuss ecologic and systems theory as they apply to the developing person.
4. Analyze the work of major psychological developmental theorists, according to their views about the developing person.
5. Compare and contrast major concepts of behavioural, psychoanalytic and neo-analytic, cognitive, existential, and humanistic theories.
6. Discuss the importance of eclecticism in the study of human development.
7. Differentiate major concepts between stress and crisis theories.
8. Apply concepts from at least three theories of development in promoting health of the client and family.

TEACHING–LEARNING STRATEGIES

Teaching–Learning Strategy 1. Discuss with students the theoretical frameworks pertinent to health promotion. Discuss with the class the major theoretical perspectives for understanding the developing person: biological, evolutionary, ecological, systems, behavioural, psychoanalytic, neo-analytic, cognitive, information processing, moral, existential, humanistic, stress, and crisis.

Teaching–Learning Strategies 2–5. Have students volunteer to be on panels to present the following information:

- a. biological–evolutionary concepts that explain development and behaviour and their application to health promotion (see Table 5-1).
- b. systems theory and how it applies to health promotion of the client and the health care system (see Table 5-2)
- c. behavioural theorists and concepts that explain development and behaviour and their application to health promotion (refer to Table 5-3 and Figure 5-1)
- d. psychoanalytic and neo-analytic theorists and their concepts for explaining development and behaviour (refer to Tables 5-4, 5-5, and 5-6, and Figure 5-2).
For example, one student could present Freud, another Sullivan, and another Erikson. Or, one student could describe how those psychoanalytic theorists present developmental eras, another student could describe these same theorists' concepts about behaviour, and another student could explain how these theorists describe influences on the developing person. Apply the theoretical concepts to situations that reflect human development. Discuss applications to health promotion.
- e. cognitive theorists and their concepts about stages of cognitive development and how to apply them in health promotion (see Tables 5-7 and 5-8 and Figure 5-3).
- f. moral development theorists and theories/concepts that explain development and behaviour and their application to health promotion (see Tables 5-9 and 5-10)
- g. existential and humanistic theorists and concepts that explain development and behaviour and their application to health promotion (see Table 5-11)
- h. a comparison of the main concepts about development as formulated by each theory. One or two theorists from each group could be presented as a prototype. Discuss applications to health promotion.
- J. an explanation of eclecticism for the study of human development

To help students apply theoretical concepts to their own development, consider the following assignments:

- a. Have each student write a paper outlining his/her development and applying the concepts from a humanistic theorist to explain this development.
- b. Have each student write a paper about some event or episode in a specific stage of the family life cycle and discuss which theory described in this chapter would explain the event or episode.
- c. Have each student outline a brief situation in which he/she was disciplined by a parent. Describe the parental discipline from the perspective of a behavioural or existential/humanistic theorist as described in the chapter.
- d. Have each student give an example of an adaptive mechanism he/she observed in another person (see Table 5-5). Refer the student to the following examples.

Examples of Adaptive Mechanisms:

1. **Compartmentalization**—The man is a gentle, caring counsellor who uses a humanistic approach; however, at home he is authoritarian and expects everyone to listen to his orders.
2. **Compensation**—*Adolescent*: The freshman in high school who is not skilled in sports gains recognition in the debate club. *Adult*: The nurse who became blind pursues a master's degree in psychiatric/mental health nursing and does counselling.
3. **Condensation**—The person's dreams covered childhood, dating, and marriage; the last scene before awakening gave answer to a current problem.
4. **Conversion**—The person with overwhelming mental stress at work develops migraine headaches frequently.

5. **Denial**—*Child*: The ten-year-old who is getting progressively worse in the hospital says he's going back to school next week. *Adult*: The woman who has been told her mammogram shows some nodules says she thinks she has fibrocystic disease.
6. **Displacement**—*Child*: The five-year-old who has just been punished for eating cookies before dinner goes outdoors and plays, using sticks for a gun to shoot imaginary enemies. *Adult*: The father is very angry at his son's behaviour, says nothing, and plays a rigorous game of volleyball with him.
7. **Dissociation**—The person insists that behaviour ascribed to him- or herself by others does not occur.
8. **Identification**—Two 15-year-olds walking to school look and act exactly like the rock stars at the recent concert.
9. **Introjection**—The aspiring mayor of a small town looks, dresses, and acts like the prime minister of Canada.
10. **Isolation (emotional)**—A woman discusses being recently divorced by her husband without any expression of feeling.
11. **Projection**—*Child*: The school child, envious of his sister's high academic achievement, accuses his sister of being envious of him. *Adult*: Nurse states the patient resists learning about his diet; the nurse has avoided learning new procedures taught by the supervisor.
12. **Rationalization**—*Adolescent*: A 14-year-old not picked for the hockey team explains to his friends that the coach felt he should try out for a more senior team. *Adult*: A young woman fails her driving test after going through a stop sign and says that the driving instructor was biased against women drivers.
13. **Reaction Formation**—*Adolescent*: The girl is angry at her mother for not letting her watch television; she goes into the kitchen to help her mother with dinner preparation, acting happy. *Adult*: A person with strong antisocial impulses becomes involved in a campaign against crime.

14. **Regression**—*Child*: The four-year-old begins to wet her pants when admitted to the hospital. *Adult*: Whenever the person encounters a stressful situation, she throws a tantrum similar to when she was a young child at home.
15. **Repression**—A friend talks to a woman about a stressful time they both shared; the woman remembers nothing about it.
16. **Sublimation**—*Child*: The four-year-old with urges to be messy enjoys finger-painting. *Adult*: The single health care worker no longer hopes for marriage and children but finds satisfaction in the caring role of the profession.
17. **Suppression**—The person puts off an assignment until one day before it is due, saying she “forgot all about it.”
18. **Symbolization**—The husband sends roses and candy to his wife (both symbolize love).
19. **Undoing**—*Child*: The seven-year-old gives mother a hug after being scolded for misbehaviour. *Adult*: The person offers to shop for the elderly neighbour after being very critical about her behaviour.

Teaching–Learning Strategy 6. In class discussion, have the students give examples of stress influenced by various environmental, psychological, and social factors. Have the students observe how others experience stress (see Table 5-12 and Figure 5-4). In what ways do individuals from different cultures respond to stress?

Divide students into four groups. Assign each group to role-play physical, emotional, cognitive, and behavioural manifestations of stress throughout the family life cycle. Have the students compare ways in which a school-aged child, compared to an adolescent, might relate to a failed grade. Another similar exercise could be to compare the stress of losing a job from the viewpoint of a young adult versus that of a middle-aged adult. Discuss examples of stress response and positive coping strategies (see Table 5-13).

Discuss types of crises, including the phases of crisis and the manifestations of each phase. Have the student plan a few health promoting strategies that a nurse would be able to implement to assist a client and/or family to resolve a particular crisis.

Have each student to write a paper about a recent crisis he/she experienced. Below is a list of suggested topics:

- a. Have the student identify the type of crisis and recall feelings and behaviours manifested in each phase. Does the student recall grief/mourning behaviours? (See Tables 5-14 and 5-15.)
- b. Explore the stressors in the crisis, and consider various factors that might influence the crisis situation and its outcome (see Table 5-16).
- c. Explore the therapeutic communication principles that the student remembers being used, either by the nurse or by other health care professionals.
- d. Have the student write down the interventions used and identify other options that might have been helpful.
- e. Examine the factors influencing the outcome of the crisis.

Teaching–Learning Strategy 7. Have the students respond to the possibility of a bioterrorist attack. Have them plan emergency interventions for a community experiencing a flood.

Teaching–Learning Strategy 8. Discuss with the students how various theories can be applied to client care (see Table 5-18).

ADDITIONAL INFORMATION

The following references will be particularly relevant for this chapter:

1. Best, Allan, Daniel Stokols, Lawrence W. Green, Scott Leischow, Bev Holmes, and Kaye Bucholz. “An integrative framework for community partnering to translate theory into effective health promotion strategy.” *The Science of Health Promotion* 18, no.2 (2003): 168–176.
2. Canadian Nurses Association. *Position Statement, The Role of the Nurse in Reproductive and Genetic Technologies*. Website: www.cna-nurses.ca, accessed November 2008. Site navigation: Home Page, Position Statements, Practice, PS58.

3. Bottorff, J. L., M. McCullum, L. Balneaves, M. Esplen, J. Carroll, M. Kelly, and S. Kieffer. "Nursing and Genetics." *Canadian Nurse*, 100 no. 8 (2004): 24–28.
4. Genome Canada, *About Genome Canada*, 2008. Website: www.genomecanada.ca, accessed November 2008.
5. Genome Canada. *Media*. 2008. Website: www.genomecanada.ca, accessed November 2008.
6. Wright, L. M. and M. Leahey, *Nurses and Families: A Guide to Family Assessment and Intervention* (Fourth Edition). Philadelphia: F. A. Davis, 2005.
7. Public Health Agency of Canada, *Canada's Report on HIV/AIDS*. Website: www.phac-aspc.gc.ca/, accessed November 2008. Site navigation: Home Page, Search: HIV-AIDS.
8. Sierchio, G. P. "A Multidisciplinary Approach for Improving Outcomes." *Journal of Infusion Nursing*, 26 no. 1 (2003): 34–43.
9. Hockenberry, Marilyn J., David Wilson, Marilyn L. Winkelstein, and Nancy E. Kline. *Wong's Nursing Care of Infants and Children, 7th Edition*. Mosby: St. Louis, 2003.
10. Kelleher, K. "The Afternoon of Life: Jung's View of The Tasks of the Second Half of Life." *Perspectives in Psychiatric Care* 28, no. 2 (1992): 25–28.
11. Best, A., D. Stokols, L. W. Green, S. Leischow, B. Holmes, and K. Bucholz. "An Integrative Framework for Community Partnering to Translate Theory into Effective Health Promotion Strategy." *The Science of Health Promotion*, 18, no. 2 (2003): 168–176.
12. Townsend, M. C. *Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice* (Fifth Edition). Philadelphia: F. A. Davis, 2006.
13. Nutbeam, Don and Elizabeth Harris. *Theory in a Nutshell, Second Edition*. Toronto: The McGraw-Hill Companies, 2004.
14. Ontario Report to Premiers. *Genetics and Gene Patenting: Charting New Territory in Healthcare*. Website: www.health.gov.on.ca/english/public/pub/ministry_reports/geneticsrep02/report_e.pdf, accessed November 2008.

15. Parke, R. "The Society for Research in Child Development at 70: Progress and Promise." *Child Development*, 75(1), (2004): 1–24.
16. Iwasaki, Y., J. Bartlett, and J. O'Neil. "Coping with Stress among Aboriginal Women and Men with Diabetes in Winnipeg, Canada." *Social Science & Medicine*, 60 (2005): 977–988.
17. Young, T. Kue, Jeff Reading, Brenda Elias, and John D. O'Neil. "Type 2 diabetes mellitus in Canada's First Nations: status of an epidemic in progress." *Canadian Medical Association Journal* 163, no. 5 (2000): 561–566.

CHAPTER 5 TEST QUESTIONS

The correct answer to each test question is filled in or indicated by an asterisk (*).

Matching: Place the letter from Column B to the left of the appropriate term in Column A.

Column A		Column B	
<u>B</u>	1. Psychology	A. Response is made more probable by its reinforcement.	L. A cognitive or mental structure by which individuals intellectually adapt to and organize the environment.
<u>A</u>	2. Behaviourist	B. The study of human behaviour.	M. Person's reason for actions is the major determiner of level of moral development.
<u>D</u>	3. Bandura's Social Learning Theory	C. Theory emphasizes that the organism consists of interrelated, interdependent parts that communicate with each other.	N. Theory defines moral development in terms of relationships with others.
<u>C</u>	4. Systems theory	D. Much learning is accomplished through observation, imitation, and modeling.	O. The use of multiple perspectives in the study of human development.
<u>E</u>	5. Humanistic theory	E. Theory emphasizes that the person's behaviour is influenced considerably by perception of events.	P. Theory emphasizes reinforcement as a main influence for shaping behaviour.
<u>P</u>	6. Behavioural theory	F. An unexpected event that creates change and loss.	Q. Theory emphasizes study of the intrapsychic component of the person and effects of interpersonal relationships and societal norms.
<u>Q</u>	7. Psychodynamic theory	G. The person is unable to handle a situation with the usual coping mechanisms, resulting in disorganized behaviour.	R. Theory emphasizes that the person continues psychosexual development throughout the life span and the effects of biology and culture on the person.
<u>R</u>	8. Erikson's Epigenetic Theory	H. A time of role shifts.	S. Cognitive development depends on neuromuscular maturation and environmental opportunity.
<u>S</u>	9. Piaget's Theory of Cognitive Development	I. Everyday rate of wear and tear emotionally and physically.	T. Increased complexity between the relationship of emotional, social, cognitive, and physical maturity.
<u>J</u>	10. Maslow's Hierarchy of Needs Theory	J. Physiological and safety needs are dominant, higher-level needs that may never be fully met but contribute to lifetime maturing.	
<u>L</u>	11. Schema	K. Tension or dread in response to perceived stress, danger, or conflict.	
<u>K</u>	12. Anxiety		
<u>O</u>	13. Eclecticism		
<u>M</u>	14. Kohlberg's Theory of Moral Development		
<u>N</u>	15. Gilligan's Theory of Moral Development		
<u>G</u>	16. Crisis		
<u>I</u>	17. Stress		
<u>H</u>	18. Developmental crisis		
<u>F</u>	19. Situational crisis		
<u>T</u>	20. Development		

Multiple Choice: Select the *best* answer. The asterisk (*) indicates the *best* answer.

1. Theoretical knowledge of human development is important because it serves to:
 - A. establish definite norms from which we can generalize to many people in a variety of cultures
 - *B. give us a sound, rational base to guide our study of development and our interaction with adults and children
 - C. give us a means of manipulating the behaviour of individuals to suit society's needs
 - D. give us a basis for accurate predictions of the long-range effect of specific child-rearing practices

2. The effects of genetic endowment may be enhanced or diminished by:
 - A. health
 - B. parental attitudes
 - C. motivational drive
 - D. phenotypes

a. A and B b. C and D *c. A, B, and C d. A, B, C, and D

3. The developmental theories of Freud, Erikson, Sullivan, Kohlberg, and Piaget have in common a single set of characteristics. Which characteristic do these theories have in common?
 - A. Anxiety interferes with learning and behaviour.
 - *B. Certain tasks or behaviours must be accomplished before the next stage of development can be reached.
 - C. Physical, emotional, social, cognitive, and moral development are considered by each theorist.
 - D. Family interaction is considered crucial to development by each of the theorists.
4. If straight hair is recessive and designated as “s” and curly hair is dominant and designated as “C,” according to the Mendelian Law of Inheritance, who, of the following, would be most likely to have straight hair?
 - *A. Kay, who is “ss”
 - B. Susan, who is “sC”
 - C. Billy, who is “Cs”
 - D. Penny, who is “CC”
5. In using Maslow’s hierarchy of needs to care for a client in Emergency, which one of the following statements, made by a nurse, best reflects the maintenance of homeostasis?
 - A. You must feel uncomfortable lying on the stretcher.
 - *B. Have you been getting sufficient sleep?
 - C. Does the environment meet your basic needs?
 - D. You look well today.

6. According to Piaget, which one of the following is an example of a tertiary circular reaction?
- *A. A child repeatedly throws food on the floor to see what will happen.
 - B. The child no longer needs a toy to be comforted.
 - C. The child verbally imitates the actions of others.
 - D. The child turns his/her cheek in the opposite direction when touched.
7. Which one of the following is the goal of information processing theory?
- *A. to explain how the mind manages information
 - B. to uncover the hidden meaning of dreams
 - C. to trace the stages of how thinking develops
 - D. to distinguish the impact of nature versus nurture
8. Which of the following statements would concur with Erikson's developmental theory?
- A. Environment is incidental; it is the child's innate capacity to develop that is important.
 - B. Environmental stimulus is the key factor in the development of the individual.
 - C. Psychosocial development and psychosexual development are related.
 - D. Each aspect of the healthy personality is related to all others and depends on the proper development of all others.
- a. B b. A and C *c. C and D d. A, B, C, and D

9. “You scratch my back and I’ll scratch yours.” A person with this philosophy is in which of Kohlberg’s levels of moral development?

*A. preconventional

B. conventional

C. postconventional

D. autonomous
10. Which of the following characterizes a systems theory approach to a situation?

A. assuming commonalties among people

B. seeking functional explanations for behaviour

C. seeking hereditary explanations for behaviour

*D. subscribing to “the whole being is greater than the sum of its parts”
11. Which statements are indicative that systems theory is useful in nursing? It:

A. primarily analyzes reactions to events

B. is used by many disciplines and may aid communication

C. helps nurses predict events that might occur

D. recognizes adaptation is possible

a. A and B b. C and D c. A, B, and C *d. B, C, and D

12. If the nurse intervenes through communication methods and teaching to support a client's endeavours toward self-actualization, the nurse is basing practice on which of the following group of theorists?
- A. behaviour theorists
 - B. psychodynamic theorists
 - *C. humanistic theorists
 - D. cognitive theorists
13. A client with emotional problems has very poor grooming habits. Which nursing intervention reflects the use of Skinner's Behavioural Theory?
- A. Encourage the client to verbalize the reason for his poor grooming.
 - B. Involve the client in a group discussion on ways to improve his grooming.
 - *C. Provide the client with an immediate reward if he improves his grooming.
 - D. Suggest specific ways the client could improve his grooming.
14. Which one of the following intervention reflects a nursing implication related to Carl Rogers's theory?
- A. Assist the client in analyzing maladaptive behaviour.
 - B. Inform the client of specific behaviours that are expected.
 - C. Help the client to use behaviour that will attain positive strokes.
 - *D. Promote positive experiences for the client to improve self-concept.

15. Jill, a community health nurse, has been invited to speak at a the community centre to a group of adolescents on the topic of smoking. To apply the principles of social learning theory, what is the best action that Jill can take?
 - *A. Make sure she, herself, does not smoke.
 - B. Ensure that the adolescents know the consequences of smoking.
 - C. Bring pictures of adolescents not smoking.
 - D. Give each adolescent a treat for attending the presentation.
16. The nurse observes a client who has recently been informed that she has breast cancer. The client is screaming at the doctor and crying out, “This is all your fault! You should have found this lump earlier!” The nurse interprets the client’s behaviour as indicating the use of which one of the following defence mechanisms?
 - A. reaction–formation
 - *B. displacement
 - C. rationalization
 - D. dissociation
17. Strategies that utilize responsive (or active) listening techniques and focus on the development of a genuine, empathic relationship with the client:
 - A. provide a social relationship for the client
 - B. decrease the probability of transference of this type of relating to other relationships
 - *C. promote positive self-concept change in the client
 - D. are inappropriate for short-term relationships

18. Mas, age 18, has been accepted into the four colleges to which he applied. Although he is overjoyed, he is a bit stymied over which one to attend, and he is becoming increasingly nervous and irritable as the deadline approaches. Which one of the following would be most appropriate in this case?
- *A. cognitive therapy
 - B. assertiveness training
 - C. rational–emotive therapy
 - D. client-centred therapy
19. What are the primary factors that influence the outcome of a crisis?
- A. physical and emotional state of a person
 - B. present event as it is linked to the past
 - C. availability of resources and communication system
 - D. influence of professional workers in promoting problem-solving
- a. C and D b. A, B, and C c. B, C, and D *d. A, B, C, and D
20. Principles of crisis intervention include which of the following?
- A. assessing accurately the crisis event
 - B. clarifying psychodynamics of the person's behaviour
 - C. exploring feelings related to earlier crises
 - D. exploring coping mechanisms and realistic problem-solving by client
- a. A and C b. A and D *c. A, B, and C d. A, C, and D