



# Handbook of Human Development *for Health Care Professionals*

Kathleen M. Thies and John F. Travers

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# Handbook of Human Development for Health Care Professionals

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*For my children Evan and Julia, who taught  
me most of what I know about human  
development.*

*—Kathleen Thies*

*To my children Elizabeth, Ellen, John, and  
Jane who have been a source of inspiration,  
love, and happiness through the years.*

*—John Travers*

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# Introduction

In recent years, health care has seen a shift in focus from curing acute illness to managing chronic illness and disability, from institution-based care to community-based care, and from care that is provider and disease oriented to care that is individual and family centered. People are surviving diseases that once would have killed them and are living longer with chronic health issues. In these emerging models of care, the health professional is a partner, a resource, a guide. We do not so much “do to” our patients as “do with” them. Being a health professional means entering into a relationship with patients that is designed for their benefit.

Traditionally, physicians, nurse practitioners, nurses, physical therapists, occupational therapists, and nutritionists have focused on the diagnosis and treatment of disease and illness, on human response to disease and illness, on restoring health, and more recently, on preventing future occurrences of poor health as well as facilitating a peaceful death. We have conveniently divided growth, development, and behavior into the normal and abnormal, as if they are two distinctly different paths; the former seems to occur naturally and thus does not require our attention, whereas the latter presents as a problem requiring our expertise. We have been content to know surprisingly little about “normal” because it is not a problem for us to solve.

A developmental perspective shows us that the difference between “normal” and “abnormal” is not so clear and that even normal development cannot occur without an appropriate relationship with the environment. A developmental perspective tells us that human development occurs in the context of the relationship between the individual and his/her environment and within the context of historical time for that individual. Health professionals are players in the environment of the people we see as patients. Because we are part of the relationship with the environment, we contribute to human development and are able to influence people’s life trajectories in ways both positive and negative. Because the relationship is for their benefit, we must become stewards of our influence. We must learn more about developmental processes so that we can help people to manage their own health in the context of their lives and promote optimal development as a condition for optimal health.

The *Handbook of Human Development for Health Care Professionals* is intended to provide health care professionals with a current and practical overview of human development. In writing this book, the most critical question we faced was: *What is the most efficient way to provide access to the vast amount of*

*developmental theory and research now available?* We knew we could not produce a comprehensive review in one volume. *Where to begin?*

First, we needed to establish a theoretical perspective on human development. Given the emphasis on pathology in most of health care, we wanted to focus on normative developmental processes. We chose exemplars of those processes based on a survey of colleagues.

Second, a theoretical perspective would allow us to address some alternative routes along the developmental path in the context of normative processes rather than as pathologies in and of themselves. For example, anxiety and aggression are normative and even healthy aspects of human development that can become pathological under certain conditions. In another example, different ways of learning are a problem only if the environment cannot support them.

Third, we wanted to cover issues that are of concern or interest to health professionals but that are usually not addressed in depth in the health-related literature. For example, there is a large collection of literature on aging directed toward health professionals, but there is less focus on middle adulthood. We chose authors who work within a developmental perspective but are not necessarily health care providers, and asked them to review the literature with an eye toward applications for health care.

Finally, and most importantly, a developmental perspective provides a theoretical framework within which to study human development and the implications for health that goes beyond the age-related stages approach.

## Organization of the Handbook

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Most books on human development are textbooks that are organized sequentially, birth to old age. For the novice, the lifespan approach is easy to learn because of its familiarity: development appears to occur in predictable stages, one after the other. In this approach to studying human development, age is the organizing factor.

We assume that our readers are no longer novices. Your professional education and clinical experience tells you that age-related stages are not a sufficient explanation for human growth, development, and behavior. You know how to think in systems and processes related to the human body—everything is interconnected. For example, you know that diabetes isn't simply a lack of insulin that can be corrected with injections. Its effects are pervasive and complex, and they tend to worsen with time even with optimal management. As a complex systems thinker, you are ready to move beyond a more concrete stage-and-age approach to development and begin to think like a developmentalist.

We believe the present volume will be a rich source of developmental knowledge for those professionals who wish to enhance their expertise as they seek to improve the health and welfare of their clients.

### *Introduction to Part One: Theoretical Foundations in Development*

In Chapter One, Travers, who is the author of several textbooks on human development, reviews the major theories in developmental psychology. Many are familiar to you, such as Piaget, but he also introduces some of the more recent literature that both supports and challenges traditionally held notions about development. In Chapter Two, Margolis—who writes on women's issues—points out that although gender is genetic, it is also a social construction. How different are males and females, and how much of that difference is inherent in what the individual brings to his/her relationship with the environment and how much in the environment? She reviews the major theories of gender develop-



ment—social learning, gender schema, and role socialization, as well as the all-pervasive psychoanalytic approach—and discusses the possible implications for health care.

In Chapter Three, Lerner—known for her work on the influences of culture and society on development—and Ashman discuss culture in Bronfenbrenner's biopsychosocial framework of development. The relationship between children and parents is embedded in broader social systems. Culture is not so much a factor in human development as the very context for it. In Chapter Four, Thies—a developmentalist and a nurse who has written on the development of children with chronic illness—addresses the question, *Are children naturally resilient?* She uses the developmental perspective to demonstrate that resilience is a product of the relationship between a child and—usually—her environment. The child is able to take advantage of intrapersonal and interpersonal resources to stay the developmental path in circumstances that common wisdom suggest would lead to less optimal outcomes.

### *Introduction to Part Two: Normative Processes of Development*

Development is not a matter of passing through age-related stages; it is an integrative process across the lifespan. We chose some physical and social exemplars of normative developmental processes: responding, relating, thinking, eating, moving, reproducing, and maturing.

Chapters Five and Six lay the early foundations for later development. In Chapter Five, Nugent—a developmental psychologist well known for his work with the Brazelton Newborn Assessment Scale—and Blanchard explain that human behavior is organized from birth and that it can be assessed objectively to identify potentially problematic patterns in its organization. Organization of behavior is key to understanding the process of attachment in human relationships, addressed in Chapter Six. McCartney—a Harvard researcher widely acclaimed for her work on the implications of nonmaternal child care for healthy attachment between mother and child—and O'Connor review the literature on this fundamental process in human development. The quality of the early attachment relationship shapes the developmental trajectory for other relationships later in life.

In Chapter Seven, Travers reviews theories of cognitive development, including recent developments in Piagetian stage theories as well as theories that focus on information processing. In Chapter Eight, our nutrition experts—Metallinos-Katsaras and Gorman—remind us that we are what we eat. Or maybe not. Although most health care providers are familiar with concerns about obesity, the authors look at the relationship between behavior and food in children. Is there such a thing as a “sugar high”? It is not so simple. In keeping with the developmental perspective, exercise physiologists Eckrich and Strohmeier remind us in Chapter Nine that physical development is hierarchically organized over time, with more variation among adults and elders than among children. In Chapter Ten, Dacey and Margolis look at how sexual identity and expression emerge during adolescence in ways that reflect earlier patterns of relationships and sense of self. The choices adolescents make during this time can have a dramatic and lasting affect on their developmental trajectory. Finally, in Chapter Eleven, Dacey—who has authored several books on adult development—and Fiori address the common developmental tasks of mature adulthood.

### *Introduction to Part Three: Alternative Routes Along the Development Path*

Sometimes the developmental path is not typical. The normative processes associated with thinking, feeling, and relating are organized differently, yielding a clinical picture that can be construed as

simply different or as problematic. In Chapter 12, Connor and Huggins demonstrate that when the prenatal uterine environment contains alcohol, the developmental trajectory of the fetus is altered irrevocably throughout the lifespan. In Chapter 13, Singer presents the philosophy that developmental disabilities are differences in the organization of development rather than medical diagnoses. In Chapter 14, Hauser-Cram—a researcher in early intervention—makes the case for the role of the early educational environment in keeping children who learn differently on the developmental path. As Scanlon points out in Chapter 15, not everyone who learns differently is a youngster in school. He looks at the implications of learning disabilities for generative development in adulthood. In Chapter 16, Ladd reminds us that anxiety shapes our awareness of our relationship with the environment in ways that are normal and healthy, but that can also undermine our ability to form effective relationships. Similarly, Walsh and Barrett make the point in Chapter 17 that normal aggression and violent behavior have common roots in physiology and in relationships, but are organized toward very different ends.

### *Introduction to Part Four: Toward Developmentally Appropriate Care*

In this section, we take the next step: applying developmental theory to health-related interventions. In Chapter 18, Thies makes the case that if development is not simply a matter of age-related stages, then health care providers cannot use age-specific care as a theoretical framework for what is appropriate for the individual. She reviews the literature on the normative development of thinking, feeling, relating, and sense of self through adolescence, and poses implications for the developmental trajectory of children with chronic illness. In Chapter 19, Nansel—a researcher with the National Institute of Child Health Development—presents a developmental model of adherence to health care regimens that includes cognitive development, self-knowledge, and appraisal of environmental challenges. In Chapter 20, DiMattia and Gips demonstrate that technology can enable individuals who require assistance with communication to stay the developmental path. Finally, Kazanowski and Sheehan examine the experience of pain across the lifespan in Chapter 21.

### *Introduction to Part Five: Philosophical Perspectives on Human Development*

Our last chapter takes us outside of the realm of theories of human development and their application to health care and to a more philosophical plane. Whereas most developmental textbooks end with chapters on death and dying—topics broadly covered in the health care literature—we chose to focus instead on the uniquely human condition called hope. Brabeck challenges us to look at the human condition as hopeful, not in spite of our problems or differences but because of them.

## About the Editors

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# Part One

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## **THEORETICAL FOUNDATIONS IN DEVELOPMENT**

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- CHAPTER 3     Culture and Life Span  
                    Development
- CHAPTER 4     Resilience





# Current Views of Life Span Development

John Travers

## Introduction

In preparing the first of what is hoped will be many editions of a handbook intended for health care professionals, we addressed several important and interesting issues, among which were the following:

1. We asked our authors, all acknowledged specialists in their fields, to focus on the latest theory and research and how it supports or challenges present data, and to draw relevant and constructive conclusions for health care professionals.
2. We emphasized that developmental psychology is experiencing significant changes in its theoretical structure—changes that have unavoidable implications for understanding the psychological mechanisms that underlie the behavior of your clients.
3. We attempted to present developmental theories and research, which are general by nature, in a context that simultaneously retains the concept of individuality. Two clients presenting with similar symptoms may have totally different reactions de-

pending on cognitive level, emotions, and social support.

4. Finally, we have been guided by one principle: health care professionals who possess knowledge of human development—the characteristics, problems, and needs of people of various ages—can utilize this knowledge and their personal expertise to bring comfort to their clients.

## Our Point of View

As readers of this text you have every right to know the perspective from which this book is written. We are NOT advocating an overly simplistic interaction model between heredity and environment, but one that recognizes the complexity of a multi-layered organism interacting with multilayered environmental systems. (For an excellent discussion of this topic, see Rutter 2002 and Pinker 2002.)

The following two quotations reflect the enormous power of heredity and environment as they act in concert to shape the direction of human development. The first quotation that follows (Dacey & Travers 2005, p. 66) addresses the impact of our inheritance.