The life cycle, until recently, has been neither descriptive nor conceptual but metaphorical, suggesting an underlying sequence of events that everyone experiences rather than clear external milestones of development, although every life, of course, is acknowledged to be unique. The awareness that individuals go through several major life phases dates back to the ancient Talmudic writings, the Chinese sage Confucius, and the Greek lawyer and poet Solon (Levinson and Gooden 1985:2). These writings differ with regard to religious and cultural context, but they all identify several life stages: a formative pre-adult period up to the ages of fifteen to twenty; an early adult phase from age twenty to forty, when the person marries, establishes a family, and has an occupation; middle adulthood, from age forty to sixty, when individuals most fully realize their intellectual and moral powers; and late adulthood, starting at age sixty. All these texts see the phases in terms of men, differing chiefly in their view of old age. Solon views this period as one of decline, with the age of seventy representing the “ebb tide of Death.” The Talmud and Confucius both see old age as a time of new growth and freedom, as the person becomes a wise elder with new understandings of his origin, his end, and the self (Levinson and Gooden 1985:3).

The life phases identified in the Talmud include the following:
beginning to read scriptures
bar mitzvah commandments; more responsibility
marriage, occupation; period of strength; ability to understand and provide counseling
becomes an elder
“Gevurah”—gains special strength as he approaches the boundary between life and death
person bends under the weight of years

Confucius identifies the following phases:

the age of learning
planting one’s feet on the ground
no longer suffering from perplexities
knowing the biddings of heaven
hearing the biddings of heaven with a docile ear
following the dictates of the heart and no longer overstepping the boundaries of right

Solon recognizes these ages of man:

unripe
approaching manhood
ripening to greatest completeness of powers, clearly recognizing one’s worth
marriage and children
broadening of the mind
man at his best
losing ability of speech and wit
time to depart on the ebb tide of death

Notably, these early views of the life cycle concentrate on adulthood, the phase of life somewhat neglected by modern theorists until the 1960s.

When considering psychological development within the life cycle, it is important to note that, just as physical development begins at conception, so, too, does psychological development. Maternal use of drugs and alcohol, poor nutrition, diseases such as diabetes, cardiac problems, and anemia, as well as maternal stress all may damage the fetus. Exposure to radiation or chemicals may affect a woman’s chromosomes, and genetic problems may result. Oxygen deprivation at birth may cause minimal brain damage, retardation, or cerebral palsy. The baby’s
organs continue to grow rapidly during the first three months of life, and a poor physical environment can adversely affect biological development.

The greatest neurophysiological development occurs from the end of gestation through the early weeks of postnatal life, with rapid structural and developmental changes only slowing down at approximately the age of three. Traits such as gender, body type, and intelligence depend, at least in part, on genetic endowment; the same genetic endowment, however, can result in a range of outcomes depending on environmental factors. On April 14, 2003, the Human Genome Project documented the comprehensive sequence of the human genome, which will lead to a greater understanding of human biology and disease (Collins et al. 2003). The research framework of the project was to study the impact of genes on three major factors: biology, health, and society (Bonham et al. 2005:11). Mental health professionals should take the lead in working with geneticists to understand the impact of genes on the development of behavioral traits. Although we have established genetic links for some mental disorders such as schizophrenia and alcoholism, research into behavioral characteristics is only beginning.

The passage from infancy to adolescence involves striking behavioral, emotional, and cognitive changes culminating in a fairly well established personality. Each developmental stage has its own special challenges, organizing properties, and unique meanings. While clearly there is continuity throughout the stages, opportunity, temperament, cognitive abilities, culture, and special talents are influential factors. Psychosocial change occurs at different rates at various periods of life; an individual may change quickly or slowly or even, at times, seem to stay in one place.

Although chronological age is often associated with the stage of development, there is no established one-to-one relationship between age and developmental phase, which may be determined as much by culture as by biology. While certain tasks and crises are commonly associated with chronological age, they do not always identify cognitive, emotional, and social changes. Structured social roles and status are generally more associated with chronological age. Psychologically, there are expectations about how people at different ages should feel about themselves, regard the future, recognize their abilities, and acquire knowledge of how to behave. Throughout the life cycle, people need love, social contact and attachment, outlets for aggression, and opportunities to develop mastery and competence. Environmental influences such as child-rearing practices and cultural concerns may result in different patterns of expectations and development. Spitz (1965:5) defines development as “the emergence of forms, of functions and of behaviors which are outcomes of exchanges between
the organism [body] on the one hand, the inner [mind] and outer [external influences] on the other.”

Theories of normal development provide parameters to help make sense of personal lives, showing what we might generally expect at different stages of life and anticipating potential crises. Initially theorists were chiefly concerned with early development and adolescence. They viewed “latency,” approximately ages five through twelve, as a time when little occurred developmentally. Since the 1960s, theorists have devoted much more attention to adult development and aging, for the population is living and working longer. Developmental theories provide a baseline against which children and adults can be measured, as well as background knowledge that does not necessary inform mental health professionals on how to intervene but rather on whether intervention is even needed. Theories are concerned with cognitive, affective, biological, and interpersonal variables that result in what we view as normal behavior at different life stages; simply put, they suggest how people grow and develop.

Three interacting forces influence the process of human development: biopsychosocial endowment, special talents, and temperament. Mental health professionals need to understand normal development. Constantly called upon to make decisions affecting their clients, they must be cognizant of which behaviors are socially and culturally acceptable and which are not. Milestones in normal development involve mastering various biological, psychological, and social tasks at predictable periods throughout the life cycle.

The theories presented in this book reflect the culture and life experience of the theorists who transformed observable data into theoretical constructs in order to understand, predict, and control development and behavior within an average, predictable environment.

Concepts of normality are clearly influenced by the value patterns of the larger cultural community, and these are determined by philosophical, historical, and religious factors. Over the centuries, the thinking of philosophers, historians, and writers, as well as mental health professionals, has reflected changing attitudes. Normality is, in part, a cultural construct based on social norms that change from one setting to another as well as over time. Clearly social, political, economic, and biological forces affect all phases of the life cycle. Developmental theorists thus have difficulty predicting human development, for it is impossible to anticipate the impact of these variables in the future and a shift in one will affect the others. Cultures may vary significantly with respect to what is age-appropriate as an independent variable, especially in adolescence. Thus, development can only be understood in the context of the society and culture in which the individual has been raised and lives.
The term “normal” was coined by the ancient Romans and derives from the word *normalis*, which may be defined as “made according to rule” and “conforming to the standard or the common type: regular, usual, natural” (Offer and Sabshin 1984:364). Earlier, in ancient Greece, concepts of good health were central to philosophical issues: “health” was synonymous with “happiness.” Plato saw this as a hierarchical concept, only attainable by those who had climbed the ladder of knowledge—the philosopher-kings. His perspective was a Utopian one. Aristotle also viewed happiness as hierarchical, with three levels: (1) the common level, that of sensual pleasure; (2) the superior level, at which happiness was equated with honor or political life; and (3) the level of true happiness, at which people led a contemplative life (Offer and Sabshin 1984:366–367). Although the concept was not named until later, theorists have always been concerned about defining normality, understanding that such major factors as for whom, under what circumstances, and in what context must be considered.

Psychoanalytic theory views normality, or health, as flexibility and harmony among the parts of the psychic apparatus. Beginning with Freud, attention was paid less to external causes of psychopathology and more to the internal childhood processes that predisposed a person toward mental illness. Development was viewed as sequential, determined by biological givens, the results of earlier stages and the experiences occurring at a given stage. The Oedipal stage was believed to be the last important transforming phase in child development (Michels 1984:295). Normality and pathology were seen as different at each level. In infancy, normal means having the biological capacity for healthy psychological development, but as development proceeds, this quality interacts with experiences that lead to a narrower range of potential outcomes. Pathology results from an inability to integrate what has gone before; normality refers to an individual relatively free of symptoms, flexible in the face of stress, and capable of personal and social happiness and creativity (Michels 1984:299).

Psychoanalytic theory, in the earliest stages, was linear. Erik Erikson was heavily influenced by it but also introduced a more psychosocial perspective on development, which has clearly shaped the work of most subsequent theorists. Erikson first demonstrated the importance of identifying and understanding the social and cultural variables affecting development, moving theory away from a psychoanalytic orientation.

This book considers some of the major theories concerning different stages of the life cycle. No one theory encompasses all aspects of human development, and thus the partial theories are all age- or domain-specific. Although there are differences in how the developmental process is conceptualized, there are several universal needs: (1) survival of the infant; (2) separation and individuation;
(3) capacity for relatedness; (4) gender identification; (5) capacity for intimacy; and (6) adaptation to sociocultural demands. The chapters follow the accepted stages of the life cycle. Infants, toddlers, and preschool children are considered as one stage, as these three ages tend to overlap theoretically more than the others do. The authors have chosen the theories they regard as most important for understanding a particular phase, while recognizing that many other theories deserve consideration but are beyond the scope of this book. The book concludes with a chapter on attachment theory and its implications across the life span.

BIBLIOGRAPHY