

Human Development

Chapter 13 – Young Adulthood: Physical and Cognitive Development

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The development process differs in adulthood from that found in childhood and adolescence.

Changes are less biological and chronological and more social, personal and cultural forces and events.

A hallmark of maturity is the ability to adapt new conditions and respond to change.

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Adults progress at different rates, different ways, and therefore have less in common with each other than children.

Stages are more defined by social milestones (marriage, parenting, career) and idiosyncratic events (lay-off, loss of loved one, illness, winning lottery)

Social and emotional development is blended with the gradual physical changes, growing knowledge, skills and experience.

Perspectives on Adult Development

Age Clock norms

- 20s & 30s – Young Adulthood
- 40s & 50s – Middle Adulthood
- 60 or 65+ - Later Adulthood

Age Clocks and Social Norms

Age clocks are comparisons of individual events to societal norms.

Our culture is becoming age-irrelevant.

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Three Components of age that compare to chronological age

Chronological age – calendar years (by itself, relative meaningless)

- *Biological age* – position with regard to the individuals expected lifespan
- *Social age* – a person's current status compared to cultural norms
- *Psychological age* – how a person can adapt to social and other environmental demands. (Emotional maturity)

Maturity – no universal definition – includes autonomy, independence, decision making, wisdom, stability, reliability, integrity, motives, feelings, and attitudes.

Contextual Paradigms or Approaches

Contextual paradigms for human development seek to describe and organize the effects of different kinds of forces on development.

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Context is a framework of how we look at things

Environmental context

Psychological context

Social context

Historical context

all influence development

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General Physical Development

Young adulthood is the peak for most people in vitality, health, fitness, strength and stamina.

Strength and Stamina

Most cultures capitalize on this by requiring and expecting more.

Physical, sensory and other abilities decline after young adulthood but not as much as most people imagine.

Physical performance peaks

- Swimmers Adolescence
- Runners/tennis early 20s
- Baseball/golf late 20s & early 30s

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Fitness and Health

This is a healthy period

Habits and patterns developed here can have benefits later on.

Physical fitness

People tend to peak in their mid to late 20s depending on the sport but better eating and training programs have made performance of older adults equal or better than younger adults of the late 1800s.

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Death Rates Among Young Adults

Death rates for young adults are lower than for any other age group.

1. Leading preventable cause of death for young adults (25-44) is accidents.
2. The second cause of death is HIV/AIDS (4 times greater for males than females)
3. Homicide

Disease, Disability, and Physical Limitations

Many diseases that cause death later begin in young adulthood.

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Lung, heart, kidney, arthritis, joint & bone problems, arteriosclerosis, and cirrhosis may not be detected but begin in young adults.

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Sex and Sexuality

Men and women are more fertile than they have ever been or will ever be.

They are more sexually active and responsive and have a clear sense of sexual identity.

Sexual Attitudes and Behavior

Majority of people are monogamous (80%)

1/3 have sex at least twice a week

1/3 have sex several times a month

1/3 a few times a year or not at all

¼ single people have sex week

2/5 married people have sex week

Only minor variations across ethnic groups

Changes in US sex behavior have occurred

Median duration has increased

Couples seek to maximize pleasure of entire act rather than reach orgasm quickly.

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Trends in sex practice have changed over the past several decades 1937 and 1959, only 22% of US population condoned premarital sex 1975, 75% condoned premarital sex for men; 50% for women

Sexual activity in colleges has declined from the 1978s to the 1980s

Fertility

Women are born with their lifetime supply of ova (400,000)

Men produce sperm from puberty on, but fewer and less viable in later years.

Only in adolescence and young adulthood are both men and women most fertile.

Sexual Responsiveness

Sexual intimacy in the 1990s appeared to be of increased communication and mutual satisfaction.

Sexual Orientation

Sexual orientation refers to which sex you are physically attracted to as well as who you are sexually attracted to.

Majority orientation (opposite sex)

Minority orientation (same sex)

Lesbian – (from the Greek Isle of Lesbos where the author Sappho lived) female with same sex orientation.

Gay – male with same sex orientation.

Homophobia is not a true phobia and is perhaps better called a sexual prejudice.

Homophobia can make adolescence and young adulthood a difficult time for minority orientated individuals resulting in increased incidence of stress, depression, substance abuse, and suicide.

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They may feel isolated and unable to discuss their problems.

It is more important to understand what it means to be a member of the homosexual minority than to understand where it comes from.

Sexually Transmitted Diseases and Social Change

HIV/AIDS is the second leading cause of death in males (25-44)

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In 1980, people started taking the AIDS epidemic seriously.

Transmission of AIDS is primarily through sexual contact, IV drug use, and transfusions.

Other STDs

- *Chlamydia* – 500,000 new cases each year; infections in urinary track, testes, cervix, fallopian tubes.
- *Gonorrhea* – 300,000 new cases each year; sterility, other chronic problems
- *Herpes* – 500,000 new cases each year; NO cure.
- *Syphilis* – 47,000 new cases each year, severe health problems, sterility, death

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Cognitive Continuity and Change

Cognitive ability is at its peak but intellectual abilities continue to increase.

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- Greater understanding and use of strategies
- Broader experience and knowledge
- Specific areas of expertise develop and continue to increase

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Beyond Formal Operations

Beyond Piaget – The fifth stage of thinking Riegel called *dialectic thinking* – thought that seek to integrate opposing or conflicting ideas and observations.

Dialectic Thinking

- Integration of ideal and real
- Integration of opposing and conflicting information
- Self regulation increases
- Flexibility increases
- Capacity increases with use; decreases with disuse

Flexibility in Intelligence

Not all researchers believe that there is a 5th stage of cognitive development

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Selected Theorist's views of the Major Tasks of Adulthood

- *Erikson* – Continuing to develop a sense of identity; resolving intimacy vs. isolation
- *Gould* – Casting off erroneous assumptions about dependency and accepting responsibility for one's life; developing competence and acknowledging personal limitations
- *Havinghurst* – Starting a family and having a career
- *Kegan* – Structuring and restructuring personal systems of meanings
- *Labouvie-Vief* – Developing autonomy and independent decision making
- *Levinson* – Developing an early life structure and making the age-30 and other transitions; includes defining a dream, finding a mentor, developing a career, and establishing intimacy with a special partner
- *Perry* – Progressing from dualistic thinking to relativistic thinking
- *Riegel* – Achieving dialectic thinking
- *Sshaie* – Flexibility applying intellectual abilities to accomplishing personal and career goals – the achieving period