DEVELOPMENTAL PSYCHOLOGY II

Core Course of
BSc Counselling Psychology
Semester IV

CUCBCSS
2014 Admn. onwards

UNIVERSITY OF CALICUT
SCHOOL OF DISTANCE EDUCATION
Calicut University PO, Malappuram, Kerala,
India 673 635
SCHOOL OF DISTANCE EDUCATION
UNIVERSITY OF CALICUT

STUDY MATERIAL

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Prepared by:
Mohammed Junaid. A
Research Scholar
Dept. of Psychology,
University of Calicut

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Computer Section, SDE

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Unit 1

Introduction

Lifespan psychology or development are relatively new terms. Psychologists used to refer to developmental rather than lifespan psychology, but the former term became equated with childhood development and so a new name was coined to include our psychological development throughout life. This is important, as it would be entirely wrong to imply that our personal, psychological development ceases at some point in the teens. We are dynamic individuals, and can and do continue to develop psychologically throughout life. Our environment and experiences continue to influence and perhaps shape us throughout adulthood.

The Concept of Adulthood

The concept of adulthood does not seem a difficult one until we try and define what we mean! It can be the time or age when a person has to take on legal responsibility for themselves – currently in most of the countries that would be on their eighteenth birthday. Or it can be considered as reaching a state of maturity (Whitbourne and Weinstock 1979) – another term which is difficult to define! Whitbourne and Weinstock saw this as being happy to act responsibly, accept one’s own social role, think logically, be emotionally aware, and cope reasonably well with life’s smaller frustrations. Ten years later, Turner and Helms (1989) developed this particular theme further, adding that the mature/adult state promotes physical and psychological well-being by the person having sorted out their values, achieved a realistic self-concept, being stable emotionally and in relationships, and so on. Both these sets of ideas look very idealistic!

Further difficulties are to do with the completely normal individual differences between people. Puberty itself is a moveable feast, and it is normal for this to start any time between the ages of 10 and 15 – or maybe in an even wider age range. If the biological clocks controlling this side of development vary so much, then it is not unlikely that psychological development also varies considerably and normally in its timing. Another focus of individual differences is on the two sexes. It is true that most of the classic research, done in the twentieth century, focused on male psychological development. This is of course no surprise to anyone with knowledge of psychology. But we now acknowledge that we cannot just assume that because something has been researched in males we can apply the findings to females. There are similarities between the two sexes but there are also very important gender differences, and a great plus of current lifespan development research is that many researchers are clearly aware of this. When psychologists research lifespan development they are today making several assumptions, as Sugarman (1986) has pointed out. We are individuals, with individual thoughts and individual choices – what he calls active agents in our own development – but we are also members of social groups such as our families, friends, school/college/ work colleagues, neighbourhood. We have an impact on them and they have on us, it’s a reciprocal influence, and it’s a dynamic one as well since relationships of any sort are rarely static. We are also, as human beings, highly complex creatures with highly complex brains and behaviours. No simple line of research and no
simple set of explanations are ever going to be able to explain our development through life, even in distant years when lifespan development is no longer a new discipline. Several classic theories have viewed our psychological development as a series of stages. These stages may be seen as crises, challenges, conflicts, seasons, transitions or transformations. Although this sounds somewhat uninviting, daunting even, people manage to get through adulthood and most of us even enjoy ourselves much of the time!

**Erikson’s theory**

This theory is often known as the ‘eight ages of man’. Erikson was originally a follower of Freud, i.e. he came from a psychodynamic background, but he did not agree with Freud’s theory that the psychological development of the personality is complete when we become adult.

Erikson proposed that development is life-long and is not so much powered by sexual forces as by social ones, which is why this theory is sometimes called Erikson’s theory of psychosocial development. He produced a plan of eight psychosocial stages which he believed we work through during our lifetime. Moving on from one stage to the next was, he suggested, dependent on the individual resolving a personal, developmental crisis. Each crisis is based on a personal conflict such as a young adult’s dilemma over resolving his/her desire for a close relationship with the fear of losing his/her own identity, which needs to be worked through and resolved before the individual person can proceed further, psychologically speaking.

**Adolescence and adult identity**

Erikson suggested that the adolescent years would, if completed successfully from the psychological point of view, end with having developed the ability to see oneself as having a strong personal identity, in other words feeling confident about who and what one is. The person would have sorted out the adolescent confusions, and would be able to see themselves as having a consistent and integrated identity. This illustrates the crisis of adolescence, the resolution of which is the step into the identity of early adulthood.

**Early adulthood: intimacy versus isolation**

The first crisis of early adulthood which needs solving is the conflict between intimacy and isolation. What this is all about is friendship and other close relationships – deep and lasting friendships where we trust others and reveal to them our true thoughts and feelings. Some of these friendships may develop from those of our teenage or childhood years, some may be new. One or more of these friendships may develop still more and become romantic relationships, and/or erotic ones too. Erikson believed that as real intimacy involves sacrificing something of our own self we must have a strong or firm identity in order to be able to do this. Of course, this stage can only happen if the previous conflicts of adolescence have been resolved and the person’s sense of identity established. People need to have learned to give as well as take; to hold on to some things and to let go of others; to take initiative, to go for something or to play at it; to compete and to cooperate. What is well known from painful, personal experience is that even surface friendships or relationships may bring us conflicts and negative emotions. We must all have had the unhappy experience of telling someone we thought of as a friend something...
personal, maybe something over which we felt vulnerable. And they go and spill the beans around – and we are hurt. This can happen at any stage of life, but in early adulthood Erikson suggests we explore our own ability to commit ourselves to others, to estimate and risk this disappointment and hurt, while coming to terms with having to make compromises of various sorts.

In early adulthood people become more realistic about themselves, their own abilities, their charms! Most realise that the chances of becoming a rock or film star are receding fast (if indeed those chances ever existed), and that taking over the world or becoming a millionaire are just pipe-dreams. People also cease to think that they may meet and become romantically involved with their icons – they acknowledge the harsh light of the adult day. They also become much more realistic, and adapt to knowing that they cannot have things always their way. As you know, if we want to be friends with others, if we want to be loved, we have to consider the wants, needs and feelings of others, and compromise. The estate agents’ mantra may be ‘location, location, location’ but for the young adult the chant should really be compromise, compromise, compromise’ if relationships of most kinds are to progress and be rewarding. What this tendency also tells us is that the desire for an intimate relationship must be a basic one, a need as well as a want, for us to risk so much in its pursuit.

**Middle adulthood: generativity versus stagnation**

The main focus of development here, according to Erikson, is the personal determination of what life is all about – what goals one has, what aims can be achieved, and how one can contribute to one’s bit of the world. Erikson called this concept **generativity**. True generativity looks outside the family circle and considers our society and even world society, and how our descendants, the future generations, will live. This means generativity is not restricted to people in middle adulthood but is shown by anyone working for the future and the future good. Environmentalists as well as parents; child psychologists as well as some political or business people; these show generativity because they are working for a better future for the community. Erikson suggests that if this generativity is achieved, the person will find they can build clear guidelines for life, clear standards as to what should and should not be done, and that this will make that person not only happier but also able to live a productive life. This may all sound very idealistic, but perhaps humans do actually have ideals though we may not always talk about them openly. It may be a rosy idealised image of humanity, or it may surely be true that we want something better, want to make our bit of the world better too– and even leave it, eventually, a slightly better place. Most people with families also want to hand on better things to the children, whether better in a material way or in other senses.

The alternative, if generativity is not achieved, is stagnation. Stagnation is the state of acting like a child, self-centredly, selfishly, demandingly, in a refusal to ‘grow up’ and accept adult life and its responsibilities. This can seem amusing as a fantasy – adults on skateboards, at pop festivals, 30-somethings (or older!) still experimenting with relationships, sex, alcohol, and so on – but in reality it could perhaps be not so amusing, and seems actually to be happening to
sections of the community, and is known psychologically as perpetual adolescence. Sheehy (1996) suggests that for many who can afford it early adulthood is now delayed till the 30s or 40s. This lengthening of an early stage need not be a disaster, need not be actual stagnation, and could be an example of the effects of changing social norms. But both psychologists and sociologists have predicted problems. For instance, when such ‘Peter Pans’ do produce families they may still think of themselves in an adolescent way and therefore still challenge instead of provide authority. This could mean they find themselves emotionally at a loss in their guiding role as a parent, and they may even look to their own children for stability and structure in life instead of providing this.

**Late Adulthood: Integrity vs. Despair.**

Erik Erikson, who took a special interest in this final stage of life, concluded that the primary psychosocial task of late adulthood (65 and beyond) is to maintain **ego integrity** (holding on to one’s sense of wholeness), while avoiding **despair** (fearing there is too little time to begin a new life course). Those who succeed at this final task also develop wisdom, which includes accepting without major regrets the life that one has lived, as well as the inescapability of death. However, even older adults who achieve a high degree of integrity may feel some despair at this stage as they contemplate their past. No one makes it through life without wondering if another path may have been happier and more productive. Erik Erikson suggests that at this time it is important to find meaning and satisfaction in life rather than to become bitter and disillusioned, that is, to resolve the conflict of integrity vs. despair.

**Evaluation of Erikson’s theory**

One important advance in Erikson’s thinking in comparison to Freud was that he believed that personality continues to develop throughout life and is not set for ever by the late teens, as Freud suggested. A second advance is that he saw people as driven by more needs than just the physical/sexual ones – powerful though these may be.

**Physical Changes during Early Adulthood**

In this stage, a person may continue to add a bit of height and weight to her teenage frame. The body continues to undergo significant hormonal changes. These changes may make beards grow a bit thicker and the voice to become a slightly deeper and richer. This is the period in which women usually have children so it is the time in which women gain a little weight and finish their full breast development.

**The Transition from Adolescence to Adulthood**

The age period from 18 to 25 years has been labeled as “emerging adulthood” as individuals have often left dependency of childhood but have not yet assumed adult responsibilities. Females reach their adult heights by age 18, and, except for some males who continue to grow in their early 20s, most have reached their adult heights by the age of 21. However, muscles
continue to gain mass—especially among males, and both genders continue to add body fat. Average weight gain for both men and women is about 15 pounds.

Physical Changes during Middle Adulthood

Individuals vary in the rate at which the changes occur, all middle aged people notice signs of deterioration in some aspects of their physical functioning. Very often, during the early thirties individuals make a reappraisal of their choices and seek to make specific changes in their career choices as well as their social relations. These experiences are described as “age thirty transition”. In the 40s, for example, there is usually a decline in near vision a condition known as presbyopia. The lens of the eyes become less elastic and loses its ability to accommodate to objects at dose range. Reading glasses or bifocal may be required for the first time. The individual may also notice increased sensitivity to glared-on the windshield of the car, for example, or in brightly lit stores. In their 50s people often find that it takes their eyes longer to adapt to the change in illumination when they enter a darkened theater or when they go outside on a bright sunny day. Some degrees of hearing loss is also found in many people over 50. Middle adulthood is the second stage of adulthood in which one of the most noticeable change is loss of elasticity in the skin, especially in the face. This results in lines and wrinkles that are seen as one of the first signs of ageing. Most individuals get a little shorter through the years. Hair starts graying, skin is wrinkling, bodies are sagging and teeth are yellowing. Some adults strive to make themselves look younger by having plastic surgery, dying their hairs, wearing wigs, joining exercise programs or taking heavy vitamin doses. Men usually gain weight in the abdominal region, while women gain weight in the hips and thighs. Strength and flexibility in both genders wane. Men during this period show greater concern towards their health, strength, power and sexual potency. For women, menopause occurs between the ages of forty-five and fifty. Women usually experience hormonal changes during this period that result in the loss of the ability to reproduce, a process called menopause. Menopause is supposed to be accompanied by some distressing physical and psychological symptoms in women. Both genders may experience graying of the hair or hair may be thin.

Physical Changes during Late Adulthood

As an individual moves towards their old age, there are changes which occurs naturally and not due to any disease. These changes include sensory changes, digestion, circulation and sexuality. The physical changes that occur in the bodies of the individuals can be divided into two main categories – external changes and internal changes. These changes are the outward signs of ageing, and are quiet obvious to notice. They consists of changes in hair, skin, posture, etc. most people’s hair becomes distinctly gray and eventually turns white, and it may also thin out. The skin becomes less elastic, more wrinkled, dry and thin. The wrinkles are formed partly because of loss fatty tissue under the skin. Functional age is the actual competence and performance a person displays, regardless of chronological age. People age biologically at different rates:
Young-old elderly appear physically young for their years. Old-old elderly appear frail and show signs of decline.

**Sensory Changes**

Human receives and process information from the environment through hearing, vision, taste, smell and touch. With ageing, these senses are often diminished and incoming information may be distorted or difficult to understand. As a result, the older person may give up some enjoyable activities or lose contact with friends and family who are important sources of support.

**Hearing**

Hearing loss affects the older persons ability to talk easily with others. According to studies, about 30% of people over 60 have a hearing impairment, but about 33% of those 75 to 84, and about half of those over 85, have hearing loss. For example, older people have trouble hearing higher pitched tones. They also may not be able to make out sounds or words when there is background interference.

Older persons may be frustrated or embarrassed about not being able to understand what is being said. They may have to ask people to repeat themselves, or endure shouting when a speaker tries to be heard. Older persons may hold back from conversation out of a fear of making inappropriate comments. They may tire from concentrating and straining to hear. As a result, the older person may withdraw from friends and family and outside activities.

**Vision**

Even though changes to the eye take place as a person ages, many older people have good-to-adequate vision. Nevertheless, beginning in the late 30s and early 40s, an individual may begin to notice some changes. She or he may have to hold the paper farther away to read it due to changes in the ability of the lens to change its shape to accommodate to distance.

With ageing, peripheral vision is reduced. A person may need to turn her or his head to see to the sides. The flexibility of the eye decreases and it takes an older person more time to accommodate to changes in light. Adaptations in lifestyle and behaviours must be made to cope with this change. An individual might give up driving at night. Placing more lights evenly around the room so that the entire room is lit is also helpful.

Degeneration of eye muscles and clouding of the lens are associated with ageing. Several changes in vision result from this. Older people tend to have trouble focusing on near objects, but eyeglasses may correct this problem. In addition, the ability to see colors changes with age as the lens yellows. Red, yellow, and orange are easier to see than blue and green. This is why fabrics in warmer shades may be more appealing to the older person.

i) Cataracts are cloudy areas in the lens which blur vision and can cause blindness if there is no surgery. There is poorer dark adaptation when coming in from the light. Depth perception is also compromised since binocular vision declines, as well as visual acuity.

ii) Macular degeneration occurs when light-sensitive cells in the macula, the central region of the retina break down, resulting in blurry central vision, and eventual blindness. A diet high in anti-
oxidants can delay this condition. Driving may need to be curtailed at a certain point, as the older driver has a harder time discriminating the road distractions and signs. This is a hard thing to give up, since it signals physical dependence on others. Elders also are at higher risk of stumbling and serious falls at this point, as they don’t see changes in the floor and accommodate smoothly.

**Taste and Smell**

Some loss in taste sensitivity takes place with ageing. However, the loss is minor and does not seem to occur in most people until well after 70. There is also a loss of smell, but this is not severe.

Nevertheless, older people often complain that their meals are tasteless or that they no longer like their favorite foods. Most experts feel that these complaints are caused by a sense of loneliness at meals, or an unwillingness or inability to cook. Also, older persons may not buy more enjoyable foods when they have difficulty chewing due to poor dentures or dental problems, or are stretching their food dollars due to a limited budget.

**Touch**

The skin serves a protective function by buffering us from the environment. Skin changes leave the older person vulnerable to discomfort and harm. Due to reduced sensitivity, heat sources such as heating pads, hot water bottles, and pot handles can hurt the skin before the elder realizes that damage is occurring.

An older person may develop a greater sensitivity to cool temperatures and drafts. This is caused by a decline in sweat gland activity, a decrease in the ability to maintain a normal body temperature due to poorer circulation, and a thinning of the skin. Wrinkling, drying, and scaling also occur. The skin tears and breaks more easily, increasing the chance of injury and infection.

The sensation of touch connects us with others no matter what our age. Thus, touch is important in maintaining the elder’s emotional well-being. Use of touch during communication should be practiced to show that you are there for support and that you care.

**Changes in Bones and Muscles**

Ageing adults, especially the very old, are vulnerable to broken bones. In addition, joints stiffen and connecting ligaments between bones lose their elasticity. Hand and foot pain may result.

Although there is no known way to prevent sometimes painful changes in ageing muscles, bones, and ligaments, regular exercise helps to assure continuing mobility in old age. Most physicians feel that walking, along with adequate rest and a nutritious diet, are tremendously valuable for maintaining mobility and fitness in the later years. It is very important to prevent falls. Due to changes in bone mass and strength, falls often result in injury, hospitalisation, and continued declines in health.
Teeth and Mouth

Older adults are more likely to lose teeth to gum disease than to problems with the teeth themselves. However, with proper personal care, regular checkups, and improved dentistry methods, older people are more able to retain their natural teeth throughout their lives. Older people who do lose their teeth may now expect and demand comfortable, well-fitting, and durable dentures.

Digestion

The digestive system is very sensitive to emotions. An older person may experience an upset stomach or lack of appetite when lonely, depressed, or worried. Regular contact with friends and relatives, through visits and telephone calls, can help prevent these problems. It is fairly common for older people to have less frequent bowel movements and to suffer from constipation. This is due to changes in tissue and muscles and reduced thirst. Regular exercise, such as a daily walk, can prevent constipation. A well-balanced diet that includes adequate fiber and fluid intake also encourages normal bowel function and minimises the need for laxatives. In contrast, self-prescribed laxatives are an expensive substitute for foods that naturally keep the gastrointestinal system running smoothly, such as bran cereals, fruits, and vegetables. Overuse of laxatives can interfere with the availability of nutrients for healthy body functioning.

Adequate fluid intake is essential for maintaining proper body temperature and functioning of the digestive system. However, some older people make the mistake of limiting their fluid intake in order to avoid frequent urination. Dehydration is a serious problem for the elderly. This is due to their decreased sense of thirst and reduced capacity to conserve water. In addition, laxative abuse, diuretic therapies, infections, immobility, or excessive use of alcohol or caffeine tend to promote dehydration.

Circulation

The older heart slows down and is less able to pump blood through the body than the younger heart. This results in older people having less energy and stamina for physical work. Decreased circulation also contributes to cold sensitivity, particularly in the hands and feet. Because oxygen necessary for proper physical and cognitive functioning is carried through the blood, the elder with poor circulation may experience forgetfulness and other symptoms of poor cognition.

Blood vessels, which play an important role in the circulation of blood throughout the body, lose elasticity as we age. This causes blood to tend to “pool” in the feet and legs. This means that swelling (edema) may occur in the extremities. Consequently, the heart, which undergoes muscle changes as we age, must pump harder in order to carry the blood to all parts of the body.

Changes in circulation make the older person more susceptible to the development of “little strokes” (TIAs) than when younger. Symptoms of such episodes include headache, vision disturbances, loss of balance, confusion, and dizziness when standing quickly from a sitting or
reclining position. Because “little strokes” can be harbingers of a larger stroke, consult with the older person’s primary health care provider, should these occur.

Many older people are on medications that impact circulation. Be familiar with these medications, and their side effects. This may prevent complications, which may arise from their use.

Pressure ulcers, a skin problem found in people with limited mobility, are due to impaired circulation. When an older person is unable to move about, tissue may die due to lack of an adequate blood supply to the skin. Areas particularly susceptible to these ulcers are those over bony prominences such as hips, shoulders, elbows, knees, ankles, and the heels of the feet.

Cardiovascular and Respiratory Systems

They are affected by ageing as the heart muscle becomes more rigid and some cells enlarge, thickening the left ventricle. Arteries stiffen and accumulate plaque. So the heart pumps with less force, and blood flow slows. So during activity, sufficient oxygen may not be delivered to critical tissues. Lung tissue also loses elasticity and capacity is reduced by half. The blood absorbs less oxygen and expels less carbon dioxide. People feel more out of breath when exercising. This is more of a problem for people who have smoked, had a high-fat diet, or been exposed to pollutants. Exercise facilitates respiratory function.

Immune system declines as T cells become less effective.

Auto-immune response is a problem when the immune system turns against normal body tissues. This puts elders at risk of infectious diseases, CVD, cancers, rheumatoid arthritis, or diabetes. The more impaired the immune system is, the more at risk the person is to a variety of agents.

Sleep is essential for healthy functioning all one’s life, but as we age, sleep is harder to come by, as elders sleep less, more lightly, and have more trouble going to sleep. Men seem to have more sleep problems than women, due to the enlargement of the prostate gland and the need to urinate more often at night.

Sleep apnea is a condition where breathing ceases for 10 sec. or more, causing the person to awaken with a start to breathe again. This afflicts more men than women, but overweight people have problems with this condition, as more weight is pressing on the lungs, requiring more effort to keep breathing. Legs also move rapidly during the night- “restless legs” and this can disrupt sleep, too. Unfortunately poor sleep can afflict daytime energy, resulting in a cycle of downward energy, even depression.

More prescriptions for sleep aids are given to older adults, but they can have rebound effects later with greater insomnia.

Sexuality

Sexual desires and the physical capacity to engage in sex continue throughout life. Loss of interest in sex is usually due to emotional causes, drug use, or disease, and not necessarily to
ageing. Changes in sexual response and in the sex organs lead to changes in frequency and pattern of performance. However, the older person’s own health and a healthy and willing partner are important factors in sexual expression. Sharing feelings and closeness with another person are very important to sustaining emotional and physical intimacy.

Physical Disabilities

They do increase toward the end of the lifespan, especially illnesses such as CVD and cancer. Respiratory diseases also climb in late adulthood – emphysema is caused by loss of elasticity in lung tissue – most result from smoking. As the immune system declines, more people are at risk of pneumonia, severe lung inflammation. Stroke is 4th most common killer in the elderly. There is a blockage of blood flow in the brain which leads to death of neural tissue and accompanying loss of function. Osteoporosis rises in late adulthood, as well as arthritis. Adult-onset diabetes and unintentional injuries also increase in late adulthood. These illnesses are not caused by ageing, but are related to age – they occur more often in the aged.

*Primary ageing* – biological ageing that occurs even in the context of good health.

*Secondary ageing* – is declines in function due to hereditary defects and negative environmental influences, poor diet, lack of exercise, disease, substance abuse, environmental pollution, and stress.

*Arthritis* is a condition of inflamed, painful, stiff or swollen joints and muscles. There are two forms:

*Osteo-arthritis* is the most common type – due to deteriorating cartilage on the ends of bones – “degenerative joint disease”. Cartilage that cushions the bones in joints deteriorates, so there is more discomfort with movement. Obesity can place abnormal pressure on joints and damages cartilage, too.

*Rheumatoid arthritis* is an autoimmune disease that involves the whole body. There is inflammation of connective tissue, there is stiffness, inflammation, and aching. Deformed joints develop, reducing mobility.

*Adult-onset diabetes* occurs when the insulin output of the pancreas can’t control blood sugar after a meal. High blood sugar damages the blood vessels, increases risk of stroke, heart attack, circulatory problems in the legs, and injury to the eyes, kidneys, and nerves. If there is severe loss of blood flow, it can result in amputations and blindness. It may require oral insulin or even shots to maintain blood sugar in the healthy range.

*Unintentional injuries* - death rate from injuries increases after age 65- mostly due to car collisions and falls.

*Motor vehicle accidents* are responsible for ¼ of injury mortality later in life. But older adults have higher rates of traffic tickets, accidents, and fatalities per mile driven than any other age group, except for teens. Deaths due to injury are greater for men than women in late life. Driving
is especially impaired as vision is impaired. They also have a slower reaction time, and don’t always read and interpret road signs effectively. They are also at risk on foot at intersections when they can’t determine when to walk.

Falls – 30% of those over 65, and 40% of those over 80 have had a fall within the past year. Serious injury results about 10% of the time- most commonly a hip fracture. This type of break increases 20% from 65 to 85. It associates with a 12 – 20% increase in mortality. Half never regain the ability to walk without assistance again. Unfortunately, once someone falls, s/he will tend to avoid activities that may be associated with instability, so they restrict social contact and exercise.

Prevention may entail corrective eyewear, improved safety in the home or car, and other family members taking on some of the responsibility for the elder’s transportation

Theories of Aging

Two major theories explain the psychosocial aspects of aging in older adults.

Disengagement theory views aging as a process of mutual withdrawal in which older adults voluntarily slow down by retiring, as expected by society. Proponents of disengagement theory hold that mutual social withdrawal benefits both individuals and society.

Activity theory, on the other hand, sees a positive correlation between keeping active and aging well. Proponents of activity theory hold that mutual social withdrawal runs counter to traditional American ideals of activity, energy, and industry. To date, research has not shown either of these models to be superior to the other. In other words, growing old means different things for different people. Individuals who led active lives as young and middle adults will probably remain active as older adults, while those who were less active may become more disengaged as they age.
Unit 2
Cognitive Changes during Early Adulthood

The cognitive stages during the early adulthood can be discussed as a period of realistic and pragmatic thinking; reflective and relativistic thinking. According to Piaget, he thought that young adults were quantitatively advanced in their thinking (they have more knowledge), however, they are qualitatively similar. He also believed that adults increase their knowledge in a specific area.

Realistic and Pragmatic Thinking
Realistic thinking means looking at all aspects of a situation (the positive, the negative, and the neutral) before making conclusions. In other words, realistic thinking means looking at yourself, others, and the world in a balanced and fair way. Some experts argue that the idealism of Piaget’s formal operational stage declines in young adulthood, replaced by more realistic, pragmatic thinking. Schaie argues that adults use information differently than adolescents. According to K.Warner Schaie, adults progress beyond adolescents only in their use of intellect. We typically switch from actually acquiring knowledge to applying that knowledge in our everyday lives. To support his theory of development, he included the following two stages to describe the cognitive changes in adults:

Achieving Stage
This involves applying ones intelligence to situations that have profound consequences on achieving long term goals, such as those involving careers. This stage of development includes mastering the cognitive skills needed to monitor one’s own behaviour. Young adults in this stage will also acquire a considerable amount of independence.

Responsibility Stage
This stage of development begins in early adulthood and extends into middle adulthood. This is the time when a family is established and attention is given to the needs of a spouse and children. Young adults incur social responsibilities, deal with starting a career, and must take on some level of responsibility for others at work and in the community. According to Labouvie-Vief, there are many changes that take place in the thinking of young adults, including a new integration of thought. Young adults rely less on logical analysis when solving problems. Idealised logic is replaced with commitment, and youth focus their energy on finding their niche in the work place and society. During young adulthood, logical skills don’t decline because cognitive abilities are strong.
Reflective and Relativistic Thinking

William Perry said that adolescents often engage in dualistic, absolute thinking, whereas adults are more likely to engage in reflective, relativistic thinking. The term dualistic thinking is used to describe an adolescent’s view of the world. Everything is seen in the polar terms or opposites. Examples for this are right/wrong or good/bad.

As youth mature, dualistic thinking is replaced by multiple thinking. They gradually become aware of the diversity of opinion in other people and realise that authority may not have all the answers. Young adults begin to create their own style of thinking, and believe that others are entitled to the opinion they hold and that one opinion is good as anyone’s else’s. This leads to the next form of thinking, relative subordinate thinking. Here, personal opinions begin to be challenged by others, and a logical evaluation of knowledge is actively pursued. This leads to the final form of thinking, which is full relativism. In this stage of thinking, young adults completely understand that truth is relative, and knowledge is constructed and not given, contextual and not absolute.

Post formal thought is qualitatively different than Piaget’s formal operational thought. It involves understanding that the correct answer to a problem requires reflective thinking, may vary from one situation to another, and that the search for truth is often an ongoing, never-ending process. Along with this is the belief that solutions to problems need to be realistic and that emotion and subjective factors can influence thinking.

Cognitive Changes during Middle Adulthood

Many middle-age adults have attained Piaget’s stage of formal operations, which is characterized by the ability to think abstractly, reason logically, and solve theoretical problems. Many of the situations facing adults today require something more than formal operations. That is, the uncertain areas of life may pose problems too ambiguous and inconsistent for such straightforward thinking styles. Instead, middle adults may develop and employ postformal thinking, which is characterized by the objective use of practical common sense to deal with unclear problems. An example of postformal thinking is the middle adult who knows from experience how to maneuver through rules and regulations and play the system at the office. Another example is the middle adult who accepts the reality of contradictions in his or her religion, as opposed to the adolescent who expects a concrete truth in an infallible set of religious doctrines and rules. Postformal thinking begins late in adolescence and culminates in the practical wisdom so often associated with older adulthood.

Middle adulthood is the period in which an individual changes in their cognitive functioning as concerned to their intelligence: crystallized and fluid; information processing and memory; expertise; career, work and leisure; religion, health and coping; and meaning in life.

Intelligence
Cognitive development is multidirectional. It gains in some area and losses in others. Cross sectional measures of intelligence show decreases with age. There may be cohort effect of better or more schooling. Longitudinal measures show increase, at least until the age of 50s. It may be inflated due to practice effects and attrition. Cognitive abilities are more likely to increase than decrease, with exception of arithmetic skills, which begin to shift slightly downwards by age 40. Fluid intelligence refers to our ability to see relationships, use abstract reasoning, and analyse information. Crystallized intelligence refers to our ability to use knowledge, experience, vocabulary, and verbal memory (Horn & Hofer, 1992). Fluid intelligence declines with age, but crystallized intelligence continues to grow as we learn more during middle age.

**Fluid Intelligence**

Fluid intelligence is the flexible reasoning and is made up of the basic mental abilities such as inductive reasoning, abstract thinking and speed of thinking required for understanding any subject. It is fast and abstract reasoning, in adults, there is a decline with age. It includes nonverbal abilities and nonverbal puzzle solving, novel logic problems; allows best works at age 20s and 30s by mathematicians, scientists and poets. Fluid intelligence peaks during the early adulthood and then declines ability to apply mental powers to new problems, perceiving relationships, forming concepts and drawing inferences. It declines probably due to changes in brain. These differences might be due to cohort effects related to educational differences rather than to age.

**Crystallized Intelligence**

Crystallized intelligence is the verbal reasoning that holds across the lifespan which reflects accumulated knowledge and vocabulary. It allows best works at age of 40s, 50s, and older by historians, philosophers, prose writers. It refers to the accumulation of facts, information and knowledge that comes with education and experience within a particular culture.

Crystallized intelligence improves through middle age and on. The ability to remember and use information acquired over a lifetime is increased, and also depends on education and culture of the individual. An individual is able to use stored information’s and process automatically in their daily lives.

Many psychologists believe that fluid intelligence was primarily genetic and that crystallized intelligence was primarily learned. This nature-nurture distinction is probably invalid, in part because the acquisition of crystallized intelligence is affected by the quality of fluid intelligence.

Fluid intelligence declines during adulthood, although this decline is temporarily masked by an increase in crystallized intelligence. IQ tests may lack ecological validity as the reaction time slows down with age and results may be due to physical changes and not cognitive changes. Robert Sternberg proposed that intelligence is composed of three distinct parts:

**Analytic / Academic**
It consists of mental processes that foster efficient learning, remembering and thinking. Multiple choice tests, with one and only one right answer reward analytic intelligence. They tend to have an extensive, highly organised knowledge of a particular domain and increase in work satisfaction. There is a greater commitment towards the job. They have greatest physical and psychological well-being. The current middle-aged worker faces more challenges, and increased career challenges lead to career changes. The midlife career changes can be self-motivated or imposed by others.

**Creative**

Creativity is another important adult skill related to intelligence. Like intelligence, though, it is hard to agree what it is. We know that some kinds of creativity, like writing, peaks during middle adulthood. Creativity and practical intelligence often combine to create people we call experts in their fields, whether repairing cars, farming, writing, or designing a spacecraft. It involves the capacity to be flexible and innovative when dealing with new situations. Expertise increases in the middle adulthood years. They tend to use the accumulated experience of their life situations to solve problems. There is more creativity and flexibility in their domain than novices.

They prefer to make their own decisions and plans. They prefer their own judgment to that of others and don’t tend to back down in the face of criticism or disagreement. They are most resourceful when faced with unique circumstances or problems. They show an imaginative use of many different words. They show more flexibility in their approach to problems, are eager to try new avenues, and are not bound to rules or accepted ideas of the way things work. They show originality and do not often come up with off the shelf solutions.

**Practical**

It enables the person to adapt his/her abilities to contextual demands. They tend to have a pleasant time after work. They have more time and money to pursue activities and interests. There is decreased rate of heart disease and death due to vacations and leisure. During this time they are preparing themselves for retirement.

**Information Processing and Memory**

During the middle adulthood the speed of information processing, reaction time, and memory declines. The use of effective memory strategies can decrease the decline.

**Religion, Health, Coping and Meaning in Life**

Religion and spirituality is an important dimension of life during this stage. A significant increase in religiosity and spirituality is seen during middle age. There is an individual difference in religious interest, as the females show a stronger interest in religion than males do. Positive association of religious participation and longevity is noticed. Religion promotes physical and psychological health and positive functions of religious coping. According to Victor Frankl, the examining of the finiteness of our existence leads to exploration of meaning in life. Many middle-aged individuals increasingly examine life’s meaning.

**Cognitive Changes during Late Adulthood (Memory and Intelligence)**
The stereotype of an ‘old’ person usually includes being forgetful, a bit deaf, and mentally slow; all these are cognitive failures and many people accept as fact that they are part of being old. But many teenagers seem to think their parents, though hardly in the eighth Erikson stage, don’t remember what they are told, don’t hear too well and are a bit slow on the uptake – and that opinion works vice versa too! This makes it more difficult to sort out what we actually truly know about cognitive changes in old people, what good research rather than a stereotypic view supports.

A widespread belief is that as a person ages, especially when they are an older adult, their cognitive abilities reduce or decay. Both memory and intelligence are accepted as at risk from ageing, but research evidence does not tie in completely with this belief. Early research by Wechsler (1958) showed intelligence reaching a peak at about the age of 30. This used Wechsler’s own Adult Intelligence Scale or WAIS. But like other similar research Wechsler used cross-sectional studies to compare cognitive abilities across the age-groups. This meant he took representative samples of adults from young adults to the very old. But this method is full of flaws because of the very many extraneous and probably confounding variables between the various groups. Any age-group has its own time context and life experiences, and this will affect how people perform in psychometric tests. People who were young in times of economic stress may have experienced poorer health and diets than other betteroff groups, for instance, and this could well have an effect on the brain’s development and hence on cognitive ability. Other groups may have had enriched experiences, and this too can affect cognitive ability. So such groups are not comparable. Also, unless a big commitment is made for research funding of longitudinal studies lasting many decades, we don’t know how actual individual people change or do not change as they go through life. A few longitudinal studies have been done (Holahan and Sears 1995) which give a different and probably truer picture. They suggest that some people retain their cognitive abilities past middle adulthood, but also that different kinds of intelligence and different kinds of memory do change with age, but in different ways. Burns (1966) discussed a longitudinal study of adults who were tested when aged 22 years and again thirty-four years later. They showed cognitive enhancement as they got older. This supports the reservations about cross-sectional studies, and also raises the idea that as people age they may get better at using their abilities, such as memory or intelligence, rather like the old saying ‘practice makes perfect’!

There is also evidence that keeping on using cognitive skills maintains and develops them, so that seemingly simple things like regularly doing word and other puzzles, playing card games, taking part in social events and other activities will be supporting crystallised intelligence even if processing speeds are slowing. There is much support for this idea, including Rogers et al. (1990), and Denney and Palmer (1981), as well as for the slowing of fluid intelligence (Schaie and Hetzog 1983), while Cavanaugh (1995) also points out that people may well not be expected to use their fluid intelligence so much as they age. We, their community, may not be doing people a good turn by expecting less of them!
Unit 3

Psychosocial Development in Adulthood

Psychosocial development in adulthood consists of changes in lifestyles and relationships. According to Erikson, the primary task of early adulthood is to establish identity and intimacy (sharing one’s total self with someone else) after wrestling with the intimacy versus isolation psychosocial crisis, which poses commitment to others opposite the possibility of self-absorption. Much psychosocial development occurring during this period is in conjunction with significant life changes, such as leaving home, finding a long-term romantic relationship, beginning a career, and starting a family.

Relationships in Early Adulthood

Love, intimacy, and adult relationships go hand-in-hand. Robert Sternberg proposed that love consists of three components: passion, decision/commitment, and intimacy. Passion concerns the intense feelings of physiological arousal and excitement (including sexual arousal) present in a relationship, while decision/commitment concerns the decision to love the partner and maintain the relationship. Intimacy relates to the sense of warmth and closeness in a loving relationship, including the desire to help the partner, self-disclose, and keep him or her in one’s life. People express intimacy in the following three ways: Physical intimacy, or mutual affection and sexual activity. Psychological intimacy, or the sharing of feelings and thoughts. Social intimacy, or having the same friends and enjoying the same types of recreation. The many varieties of love described by Sternberg consist of varying degrees of passion, commitment, and intimacy. For example, infatuation, or puppy love so characteristic of adolescence, involves passion, but not intimacy or commitment. In addition to love and intimacy, a deeper level of sexuality is realized during young adulthood within the context of one or more long- or short-term relationships. While the maturity level of the participants affects adolescent sexuality, adult sexuality is fully expressive.

Starting a Family in Early Adulthood

As young adults enter the culminating phase of early adulthood (ages 33–45), they enter the settling down (ages 33–40) stage. By this time, their careers (at least the first one) has been established and a spouse found. If a couple has not already done so, they will probably decide to have one or more children and start a family. Parenthood is generally thought to strengthen marriages, even though research indicates that marital satisfaction often declines after the birth of the first child. This decline may be due to such stressors as changes in usual roles and routines, increases in family responsibilities, and additional strains on finances. But marital satisfaction need not decline. If the marriage is already positive and the spouses share parenting duties equally, the stresses of parenthood may be minimized and not significantly interfere with marital happiness.
Regardless of the many joys of parenthood, new parents are not always prepared for the responsibility and time commitment that raising a child requires. This is especially the case when parenthood is accidental rather than planned, or when the child is difficult and prone to irritability and excessive crying. Some young adults also have troubles seeing themselves as parents, especially when they feel that an important activity, such as attending college, has been lost because of parenthood. Others, especially young women, may struggle with the issue of having to choose between the desire to pursue career versus staying at home to raise their children.

One growing trend is the postponement of marriage and childbearing until people are in their 30s. Two advantages of waiting are that both partners are more emotionally mature and have a more stable relationship, both of which provide the necessary tools for weathering the storms of parenthood. Nontraditional family units represent another interesting trend. Examples of these include blended families (or stepfamilies, in which new family units are made up of children from previous marriages), single-parent families, and same-sex families. Meanwhile, some couples choose to remain childless. Couples who have children do not necessarily regard themselves as more fulfilled than couples who do not. The critical factor in a couples’ satisfaction and happiness seems to be their ability to choose their lifestyles.

*Following are discussions of some of the most common types of adult relationships*

**Singlehood**

Today, many people are choosing singlehood, or remaining single, over marriage or other long-term committed relationships. Many singles clearly lead satisfying and rewarding lives, whatever their reasons for not marrying. Many claim that singlehood gives them freedom from interpersonal obligations, as well as personal control over their living space.

**Marriage and partnering**

The sharing of one’s life and building of a shared future with a chosen, significant other person is what most of us envisage by the terms marriage or partnering. Every culture and possibly sub-culture has its own precise form of such an arrangement. In some cultures the two people concerned choose each other freely; in other cultures the choice may be partly limited, for instance by financial, cultural or social norms; in a few cultures the choice is made for the couple concerned by other people such as the family or parents. However, the fact that in most cultures people pair up, whether for a period of time or for life, indicates that this type of close relationship is innate in the human psyche.

The traditional western marriage has been the most investigated partnership between two people, with interest in both the types of marriage and the themes within a marriage as research areas. Marriage can be advantageous. Married people tend to be healthier and happier than their never-married, divorced, and widowed counterparts. On average, married males also live longer than single males. Marriages seem to be happiest in the early years, although marital satisfaction
increases again in the later years once parental responsibilities have ended and finances have stabilized.

Marriage can also be disadvantageous. Numerous problems and conflicts arise in long-term relationships. Unrealistic expectations about marriage, as well as differences over sex, finances, household responsibilities, and parenting are only a few potential problem areas. Severe problems may lead one or both spouses to engage in extramarital affairs.

**Extramarital relationships**

**Nonconsensual** extramarital sexual activity (not agreed upon in advance by both partners) is a violation of commitment and trust between spouses. People express various reasons for engaging in extramarital activities; in any case, such affairs can irreparably damage a marriage. Marriages in which one or both partners are unfaithful typically end in divorce. Some couples may choose to stay together for monetary reasons or until the children are grown.

**Divorce**

When significant problems in a marital relationship arise, some couples decide to **divorce**, or to legally terminate their marriage. Both the process and aftermath of divorce are very stressful on both partners. Divorce can lead to increased risk of experiencing financial hardship, developing medical conditions (ulcers, for example) and mental problems (such as anxiety or depression), having a serious accident, attempting suicide, or dying prematurely. The couple’s children and the extended families also suffer during a divorce, especially when disagreements occur over custody of the children. Most divorcees and their children and families eventually cope, and about 75 percent of divorcees remarry.

**Cultural differences associated with marriage**

It is very obvious that psychologists have, in the main, been researching western-style marriages and neither those of other cultures nor of partnerships. It is true that researching same-sex partnerships would have been very sensitive and difficult while such relationships were outside the law, but in many countries these couples have been accepted, legally and increasingly socially, for some time. Western married couples’ satisfaction with their marriages has the pattern described above, with greater male than female contentment (Schumm et al. 1998). However, the comparison with, for instance, Japanese couples’ satisfaction has shown an important methodological problem. The criteria used for judging satisfaction in the two cultures were not the same because what the different cultures consider to be important in the relationship was not the same (Kamo 1993). This does illustrate a very important case for caution when making apparent comparisons, in other words researchers need to be sure their data are comparable, and in the Japanese and USA comparison study it seems there are doubts that they really were comparable. Though in both cultures marriage and the quality of the married relationship were regarded as very important, the significant factors differed. For instance, the size of the husband’s income was a more important criterion for Japanese wives than American wives, and this may be because of the strong emphasis put by Japanese culture on perceived
status. An interesting finding was that in Japan marital satisfaction remained stable with age, whereas in America there was a negative correlation between those two variables. This means that Americans felt less satisfied with their marriage as they grew older, but as this is a correlation then we cannot infer causation – other variables such as health and fitness, or reduced opportunities, may have been the actual cause of general satisfaction reducing as people aged.

Friends
Friends play an important role in the lives of young adults. Most human relationships, including casual acquaintances, are non-loving in that they do not involve true passion, commitment, or intimacy. According to Sternberg, friendships are loving relationships characterized by intimacy, but not by passion or commitment. In other words, closeness and warmth are present without feelings of passionate arousal and permanence. Friends normally come from similar backgrounds, share the same interests, and enjoy each other’s company. While many young adults experience the time constraints of going to school, working, and starting a family, they usually manage to maintain at least some friendships, though perhaps with difficulty. That is, as life responsibilities increase, time for socializing with others may diminish. Adult friendships tend to be same-sex, nonromantic relationships. Adults often characterize their friendships as involving respect, trust, understanding, and acceptance—typically the same features of romantic relationships, although without the passion and intense commitment. Friendships also differ according to gender. Females tend to be more relational in their interactions, confiding their problems and feelings with other females. Males, on the other hand, often hesitate to share their problems and feelings, instead, seeking out common-interest activities with other males.

Friends provide a healthy alternative to family members and acquaintances. They can offer emotional and social support, a different perspective, and a change of pace from daily routines.

Relationships in Middle Adulthood
As in young adulthood, the two primary long-term relationships characteristic of middle adulthood are cohabitation and marriage. Cohabitors—unmarried people living together in a sexual relationship—often state their reason for cohabiting as either a trial for marriage or an alternative to marriage. The notion that cohabitation increases eventual marital satisfaction is without clear supporting evidence. Even so, middle adults often approach cohabitation from a more mature, experienced perspective than their younger counterparts. They may, for example, be divorced and not interested in remarriage.

By middle age, more than 90 percent of adults will have married at least once. Marital satisfaction is often described in terms of a Ucurve: People generally affirm that their marriages are happiest during the early years, but not as happy during the middle years. Marital satisfaction then increases again in the later years, once finances have stabilized and parenting responsibilities have ended. Couples who stay together until after the last child has left home will probably remain married for at least another 20 years.
Divorce

Middle adults are not immune to problems in relationships. Unfortunately, some marriages ultimately dissolve, even when the spouses try to ensure that things work out. The reasons for dissolving a relationship are many and varied, just as relationships themselves differ in their make-up and dynamics. In some cases, the couple cannot handle an extended crisis. In other cases, the spouses change and grow in different directions. In still others, the spouses are completely incompatible from the very start. However, long-term relationships rarely end because of difficulties with just one of the partners. Both parties are usually responsible for the factors that may lead to a relationship’s end, such as conflicts, problems, growing out of love, or empty-nest issues that arise after the last child leaves his or her parent’s home.

Interpersonal disagreements may increase as the couple becomes better acquainted and intimate. People who never learned how to communicate their concerns and needs with their spouse or how to work through conflicts are more likely to become separated or divorced. Most couples quarrel and argue, but fewer know how to work at resolving conflicts equitably. Troubled couples, however, can learn to communicate effectively through counseling or education, thus avoiding breakups and divorce.

Timing of divorce

Divorce is more likely to happen during certain times in a marriage, that is during the first five years, and after fifteen to twenty-five years (Turnbull 1995). This doesn’t support the common idea of the so-called seven-year itch!

Divorce and health

What divorce actually means to people varies a great deal. It certainly affects people’s physical and mental health, which ties in with the stress experienced. Divorced people are much more likely to suffer from mental problems, and their overall health is worse than that of unmarried or widowed people. But there are exceptions. Buunk (1996) identified several factors which made divorcing people less likely to have health difficulties, as follows:

- Taking the initiative to end the marriage/relationship
- Having strong social network(s)
- In another intimate and satisfying relationship
- Having high self-esteem
- Being independent
- Tolerating change well
- Having an egalitarian sex-role attitude (choosing equality).

All the above help to make the divorce experience less stressful and easier to cope with, but common sense would say that it is unlikely to- impossible that both of a divorcing pair should
have all the above advantageous factors. It is also possible that the stress and stress-related health problems might be the cause, and not the effect, of the relationship break-up.

**Friends**

In all age groups, friends are a healthy alternative to family and acquaintances. Friends offer support, direction, guidance, and a change of pace from usual routines. Many young adults manage to maintain at least some friendships in spite of the time constraints caused by family, school, and work; however, finding time to maintain friendships becomes more difficult for middle adults. During this period, life responsibilities are at an all-time high, so having extra time for socializing is usually rare. For this reason, middle adults may have less friends than their newlywed and retired counterparts. Yet where quantity of friendships may be lacking, quality predominates. Some of the closest ties between friends are formed and nourished during middle adulthood.

**Children**

As adults wait later to marry and start families, more and more middle adults find themselves rearing small children. Despite the rising number of later marriages and older first-time parents, the traditional model of early marriage and parenthood still predominates, meaning that by the time most parents reach middle age, their children are at least of adolescent age. Ironically, middle adults and their adolescent children are both prone to emotional crises, which may occur at the same time. For adolescents, the crisis involves the search for identity; for middle adults, the search is for generativity. These two crises are not always compatible, as parents try to deal with their own issues as well as those of their adolescents. Parents respond to their children’s adolescence in different ways. Some middle adults attempt to live out their own youthful fantasies—sexual and otherwise—through their children. They may try to make their teenage children into improved versions of themselves. For example, some parents may force their teenagers to take music lessons or make them join a sports team, while other parents may insist that their children attend a certain college or enter the family business. Witnessing their children on the verge of becoming adults can also trigger a midlife crisis for some middle adults. The adolescent journey into young adulthood is a reminder to middle-aged parents of their own aging processes and inescapable settling into middle and later adulthood. Finally, for some families, teenagers may ignite so much tension at home that their departure to college or into a career can be a relief to parents. Other parents experience the **empty-nest syndrome**, or sense of aloneness, once all their children leave home. In recent decades, some cultures have witnessed the phenomenon of grown children staying or returning home to live with their parents.

Regardless of whether adult children choose to live with their parents for financial or emotional reasons, the experience can be difficult for all parties. Parents may be forced to delay getting reacquainted with each other as they manage a not-so-empty nest, and their adult children
may have to adjust to social isolation and problems establishing intimate relationships. Adult children living at home also may be less likely to assume adult responsibilities, such as washing their own clothes or paying rent. This type of living arrangement tends to work best when the situation is mutually agreeable, is temporary, and when the children are less than 25 years old. Middle-aged parents typically maintain close relationships with their grown children who have left home. Many parents report feeling as if they continue to give more than receive from relationships with their children, including helping with their finances or watching their pets when they are out of town. Still, most middle adults and their grown children tend to value their time together, even as their respective roles continue to change.

**Parents**

Most middle adults characterize the relationship with their parents as affectionate. Indeed, a strong bond is often present between related middle and older adults. Although the majority of middle adults do not live with their parents, contacts are usually frequent and positive. And perhaps for the first time, middle adults are able to see their parents as the fallible human beings that they are.

One issue facing middle adults is that of caring for their aging parents. In some cases, adults, who expected to spend their middle-age years traveling and enjoying their own children and grandchildren, instead find themselves taking care of their ailing parents. Some parents are completely independent of their adult children’s support, while others are partially independent of their children; and still others are completely dependent. Children of dependent parents may assist them financially (paying their bills), physically (bringing them into their homes and caring for them), and emotionally (as a source of human contact as the parents’ social circle diminishes). Daughters and daughters-in-law are the most common caretakers of aging parents and in-laws. The middle adult’s reaction to the death of one or both parents is normally intense and painful, as it is for individuals of all stages of the life span. For the middle adult, the death of a parent ends a lifelong relationship. Additionally, it may be wake-up call to live life to its fullest and to mend broken relationships while loved ones are still alive. Finally, a parent’s death is a reminder of one’s own mortality. Even though the death of a parent is never welcome, some long-term adult caretakers express ambivalent feelings about the event. The grown children of parents dying of a lingering illness, for example, usually do not want to see their loved ones suffer—even if alleviation means death. These children may find themselves hoping simultaneously for a cure and for a peaceful release from the pain that their parent is experiencing.

**Relationships in Late Adulthood**

Given increases in longevity, today’s older adults face the possibility of acquiring and maintaining relationships far longer than during any other time in modern history. For instance, nearly 1 in 10 adults over the age of 65 has a child who is also within the older adult age range. Nurturing long-term family relationships can be both rewarding and challenging. While middle and older adults may enjoy the peaceful relationships that develop over the decades in place of
sibling rivalry, younger adults may feel the strain of trying to care for their aging and ailing parents, grandparents, and other relatives. Even so, most young people report that they have satisfying relationships with their older family members.

Marriage and family

Older adult marriages and families are sometimes referred to as retirement marriages or retirement families. In such families, the following demographics are typical: The average age of the wife is 68, and the husband, 71; they have been married for over 40 years and report high levels of marital satisfaction; they have three grown children, the oldest being about 40; and 20 percent of the husbands and 4 percent of the wives continue to work, even though they consider themselves retired. For these families, the typical household finances are less than in earlier stages of the life span. By far the most devastating event in older adult marriages is widowhood, or the disruption of marriage due to death of the spouse.

Relationships with adult children

As for the quality of the relationships between older adults and their grown children, most research suggests that the elderly rate their experiences as positive. This response is most likely to reflect the older adults’ good health, and the common interests (for instance, church or hobbies) and similar views (such as politics, religion, child-rearing) that they share with their children. The elderly do not necessarily rate frequent contacts with their children as positive when these take place as a result of long-term illness or family problems (such as a daughter’s divorce).

Relationships with grandchildren

Because people become grandparents at an average age of 52 for men and 50 for women, grand parenting is hardly restricted to older adults. Older adults, however, often have more free time for their grandchildren. Middle adults often have less time because of work and other responsibilities. Although often idealized, grandparenting is a role that takes on different dimensions with individual situations, and the quality of grandparent-grandchild relationships varies across families. Generally, the majority of grandparents report having warm and loving relationships with their grandchildren. Besides helping their grandchildren develop an appreciation for the past, positive grandparenting helps older adults avoid isolation and dependence while finding additional meaning and purpose in life. Grandparenting also facilitates personality development in later life by allowing older adults opportunities to reexamine and rework the tasks of earlier psychosocial stages.

About Thanatology

At the end of the human life span, people face the issues of dying and death (the permanent cessation of all life functions). North American society in recent years has witnessed an
increased interest in the thanatology, or the study of death and dying. Thanatologists examine all aspects of death, including biological (the cessation of physiological processes), psychological (cognitive, emotional, and behavioral responses), and social (historical, cultural, and legal issues).

Life Meaning and Death

Human beings think about the impact and inevitability of death throughout much of their lives. Most children understand by the ages of 5 to 7 that death is the irreversible ending of all life functions, and that it happens to all living beings. Adolescents fully comprehend the meaning of death, but they often believe that they are somehow immortal. As a result, they may engage in risky behavior, such as driving recklessly or smoking, with little thought of dangerous consequences. Although most young and middle adults have gained a more realistic view of death through the death of some family members or friends, anxiety about death may be more likely to peak in middle adulthood. As people continue aging, they gradually learn to accept the eventual deaths of loved ones, as well as their own deaths. By later adulthood, most people come to accept—perhaps with some tranquility if they feel they have lived meaningfully—the inevitability of their own demise, which prompts them to live day by day and make the most of whatever time remains. If they do not feel they have lived meaningfully, older adults may react to impending death with feelings of bitterness or even passivity. The concept of searching for meaning in life through death is one of the foundations of existential psychology. Existential psychologists like Rollo May believe that individuals must accept the inevitability of their own deaths and the deaths of loved ones; otherwise, they cannot find true meaning in life. This theory tracks with research that indicates that the more purpose and meaning that individuals see in their lives, the less they fear death. In contrast, the denial of death leads to existential anxiety, which can be a source of emotional troubles in daily life.

The Stages of Dying and Death

Perhaps the best-known pioneer in thanatology is Elisabeth Kubler-Ross, who after interviewing 200 terminally ill people proposed five stages of coming to terms with death. Upon learning of their own impending death, dying people’s first reaction is often denial, in which they refuse to acknowledge the inevitable, perhaps believing a mistake has been made. They may seek other medical opinions and diagnoses or pretend that the situation will simply go away on its own. Gradually, as they realize that they are going to die, the terminally ill experience anger at having their lives end prematurely. They may become envious and resentful of those who will continue on, especially if they feel that their own life plans and dreams will go unfulfilled. Individuals who are dying will then attempt to bargain, often with God or another religious figure, and will promise to change or make amends or atone for their wrongdoings. When bargaining fails, they experience depression and hopelessness. During this stage, the terminally ill may mourn the loss of health that has already occurred, as well as the impending losses of
family and plans. Finally, those dying learn to accept the inevitable, paving the way for a smoother transition both for themselves and loved ones.

Kubler-Ross pointed out that although the above five stages are typical, they are not absolute. Not all people progress predictably through all the stages, nor do people experience the stages in one particular order. Additionally, these stages do not necessarily represent the healthiest pattern for all individuals under all circumstances. Kubler-Ross and others also have noted that people whose loved ones are dying may progress through the same five stages as the dying person. An individual who is not facing an immediate death has more time to adjust to the idea. In fact, dying can be a time of increased personal growth. The life review, or process of reminiscing, can help people examine the significance of their lives and prepare for death by making changes and finishing uncompleted tasks. Many dying individuals report that they are finally able to sort out who and what is the most important to them and are able to enjoy to the fullest what time remains. Many also report that dying is a time of religious awakening and transcendence.

Following the death of a loved one, survivors normally experience bereavement, or a change in status, as in the case of a spouse becoming a widow or widower. The behavioral response of the bereaved person is termed mourning; the emotional response is termed grief. People vary in their patterns of mourning and grief, both within and across cultures. People may also experience anticipatory grief, or feelings of loss and guilt, while the dying person is still alive. Grieving typically begins with shock or disbelief, and is quickly followed by intense and frequent memories of the dead person. When those who are grieving finally attain resolution, or acceptance of the person’s passing, they resume everyday activities and are able to move on with their lives.

People grieve in considerably different ways. Some adults are very vocal in their expressions of grief, while others prefer to be alone to quietly gather their thoughts and reflect on the loss of the loved one. Of course, cultural groups around the world handle grief according to their own customs. Egyptian mourners, for example, may cry loudly in public as a sign of grief, while Japanese mourners may talk quietly to the deceased person while kneeling in front of a home altar.

Dealing with Dying and Death

A variety of options are available for individuals seeking to cope with dying and death. Grief therapy counseling, and support groups can help individuals deal with their grief and bereavement. Hospice, which can occur at home or in a hospital or other institution, can provide care for dying persons and their families. Hospices are designed for terminally ill patients to live out their remaining days as independently, fully, and affordably as possible. Death education can also help by providing people with information on dying, legal issues, and various practical matters. Classes on death and dying are available at colleges, hospitals, and community centers.
Many people take comfort in bibliotherapy, or reading books about dying, perhaps explaining the popularity of the life-after-life books. These testimonials detail the alleged journeys of people who were clinically dead into the afterlife before they were resuscitated.

**Widowhood**

Widowhood, or the disruption of marriage due to the death of the spouse, is a source of great emotional pain and stress. Widows (females whose spouse has died) and widowers (males whose spouse has died) may grieve and mourn their loss for years. Among people age 75 and older, nearly 25 percent of men and 66 percent of women are widowed.

Widowhood is similar to divorce in that it signifies the end of a marriage, but widowhood differs from divorce in some important ways. Death is often an unexpected ending of a relatively happy, loving relationship, whereas divorce is usually the mutually agreed upon conclusion of a troubled relationship and the result of a long series of events. Death is also final, whereas many divorced persons maintain at least a superficial relationship with each other. Although people never really completely get over losing a loved one, most are ultimately able to cope. How people deal with widowhood varies, especially by gender.

Many men and women attempt to fill the void caused by their spouse’s death by seeking out friendships or remarrying. Some people become more involved with their work or their children or grandchildren. Others volunteer for religious and charitable organizations. Still others enter counseling or find comfort within a local support group. Because they are usually socialized to be emotionally expressive, women may have an easier time dealing with the emotional issues associated with widowhood than men, but they often have a harder time financially. They also have to contend with youth-oriented social stigmas that are tied to widowhood—the myths that widows are used up and old, making it harder for women to remarry later, if they so choose. Widowers, on the other hand, are more likely to be depressed and attempt suicide than are widows.
Unit 4

Establishing a Career in Early Adulthood

Another important activity during Levinson’s entering the adult world (ages 22–28) and age-30 transition (ages 28–33) stages is establishing a career. This process normally begins in college or trade school, where young adults prepare themselves to enter the work force. Young adults commonly explore various career options before settling into one field of work. However, this does not mean that once a young adult chooses a particular career path that he or she will not deviate from it. On the contrary, more and more adults are switching vocations, not just changing jobs within a field. For example, a psychology professor may decide after years of teaching undergraduates to become a church pastor.

As dual-career marriages become more common, so do potential complications. If one spouse is unwilling to assist, the other spouse may become stressed over managing a career, taking care of household chores, and raising the children. And as attractive as equal division of parenting may seem, women in our culture still bear the primary responsibilities of child-rearing. Conflicting demands may partly explain why married women with children are more likely to leave their jobs than are childless and single women. Still, multiple roles can be positive and rewarding. If they are of sufficient quality, these roles may be associated with increased self-esteem, feelings of independence, and a greater sense of fulfillment.

Career development aids in establishing a satisfying identity- as adults with satisfying work develop skills, sense their accomplishments, make friends and feel more financially independent and secure.

Establishing a career

Men enter their careers earlier, as soon as they finish school, and they stay in the marketplace continuously. Promotion often seems to depend on job commitment and competitiveness in the worker. Very successful men emphasize their jobs over family responsibilities and leisure activities. Also a sense of self-efficacy makes a difference in promotion. Those people with fears of failure will tend to set lower goals for themselves.

- The major problems in vocational adjustment in early adulthood consists of selection of a vocation, achieving stability in the selection made and adjustment to work situations.
- Among the most common and most serious vocational hazards of early adulthood are:

1. Job dissatisfaction and
2. Unemployment
Combining work and family

Dual-career marriages are challenging, particularly for women who carry so many role responsibilities- role overload. This links to stress, poorer marital relationships, poorer parenting, and child behaviour problems. It is particularly a problem for people in poorer paying jobs, with fewer options about child care, time off, etc. Career decisions are more flexible for professional people, but moves are difficult, since both careers must be considered. Women are particularly afflicted with overload.

Career Development

Job Training is less available to older workers, but if a person wants to upgrade his/her job, training is important. Unfortunately older worker have less supportive supervisors who tend to believe the ageing stereotypes and expect less of older workers.

Gender and Ethnicity

The Glass Ceiling is the unspoken, invisible barrier to advancement to women and ethnic minorities. Women managers are just as effective as male managers – they tend to be more inspiring and considerate than male managers. The current emphasis on team building is perfect for female skills in consensus-building.

Career Change at Midlife

Usually they entail leaving one line of work for a related one. Some people find another line of work to find more stimulating work, others to more relaxing, less rigid or demanding work. Drastic job shifts usually signal personal crisis.

Unemployment has been a serious problem in the past 2 years as the technology industry cratered and many jobs went with it. Highly trained and well-paid workers were suddenly on unemployment lines. Middle-aged workers are more affected by unemployment, as they recognise they won’t be the most employable, or they won’t command the same salary they had before. This can seriously affect a worker’s sense of self worth at this point.

Planning for Retirement

This is not always adequate, as people tend to believe they will work as long as they want, but illness or family crisis will sometimes short-circuit this plan. The other aspect of planning has to do with how one wants to spend their time. If people don’t develop hobbies, community interests, etc., boredom can trigger depression and hopelessness. Even the idea of relocation requires much thought, since moving to be with children may impact that relationship very negatively.

Work and Retirement in Late Adulthood

Older adults who are still working are typically committed to their work, are productive, report high job satisfaction, and rarely change jobs. However, fewer older adults are working
today than were in the 1950s. In fact, only a small portion of adults age 70 and older are in the work force. With Social Security benefits beginning as early as age 62, some companies have opted to offer early retirement incentives that permit employees to leave their positions without penalizing them before the regular retirement age. Then the companies can hire less-experienced and less-expensive employees. Other companies encourage their older workers to continue working part-time. While many older adults continue to work for pay, most retire between the ages of 65 and 70.

Decision to retire depends on affordability, health status, opportunities to pursue meaningful activities, early retirement benefits, gender and ethnicity. Women retire earlier than most men because of family demands.

Adjustment to Retirement is affected by health status, financial stability, sense of personal control over life events, including the retirement decision, characteristics of the work they did, satisfaction derived from work, social support and marital happiness. Leisure Activities engaged in relate to physical and mental health, but they also relate to reduced mortality. It is best to develop hobbies and interests and volunteer activities before retirement that can be invested in more seriously after retirement.

Retirement can be one of the greatest challenges a person faces as they grow older. This could be because of social stereotypes and norms in our society, as many people have their self-worth and ideas of others’ self-worth closely tied to their function or role in employment, rather than to personal features. Many jobs have had an upper age limit beyond which one can no longer be employed, but this was set when people had less chance than currently of a healthy and active old age. Traditional retirement can be said to be a life event in seven stages or phases (Atchley 1977).

1. Pre-retirement phase: Work is still being enjoyed and no thought is given to retirement
2. Work disengagement phase: Retirement is approaching fast and some work tasks are handed on to younger colleagues
3. Honeymoon phase: The new retirement and freedom from the constraints of work are actively enjoyed
4. Disenchantment phase: Constant free time and fewer responsibilities start to pall, depression may set in
5. Reorientation phase: Psychological adjustments are made and some activities are taken up again
6. The adjusted phase: A new way of life is settled into, possibly with some employment or charity work or group activity
7. The final phase: Illness may arise, the end of life comes close and approaching death itself is acknowledged
It is worth noting that no time-scale is given for these suggested phases. Time would be an individual thing, varying from one person to another. Also, in past times the penultimate phases might well have been quite short, but today they are likely to last for one, two or more decades – a significant proportion of a person’s life. Already it is anticipated that many of us will live for twenty-five years postretirement.

The reorientation phase can of course be regarded as a psychological transition between the world of work and retirement. This would make the disenchantment phase the crisis which needs to be resolved. This would mean that the key successful transition of retirement would occur where an older adult can maintain their role and therefore their self-worth in some way. This could involve an increased commitment to the family, perhaps being more involved with grandchildren. Alternatively, some occupations lend themselves more easily to a continuing role, such as writing, whether of fiction or fact, or medical work where there are always part-time or charity posts. Many older people do in fact give time to charity and voluntary work which would support self-worth and -esteem as they would still be contributing valuably to their community, and able to have social interactions.