



**S.Y.B.A.  
SEM-IV (CBCS)**

**PSYCHOLOGY PAPER - III  
DEVELOPMENTAL  
PSYCHOLOGY  
A FOCUS ON ADOLESCENT  
AND ADULT DEVELOPMENT**

**SUBJECT CODE : UAPSY 402**

**Prof. Suhas Pednekar**

Vice Chancellor  
University of Mumbai.

**Prof. Ravindra D. Kulkarni**

Pro Vice-Chancellor,  
University of Mumbai.

**Prof. Prakash Mahanwar**

Director  
IDOL, University of Mumbai.

**Programme Co-ordinator**

**: Anil R. Bankar**

Associate Professor of History and  
Head, Faculty of Humanities,  
IDOL, University of Mumbai.

**Course Co-ordinator**

**: Dr. Naresh Tambe**

Assistant Professor (Psychology),  
IDOL, University of Mumbai.

**Editor:**

**: Dr. Anita Kumar**

Associate Professor (Retired),  
Acharya and Marathe College, Chembur, Mumbai.

**Course Writers**

**: Dr. Pooja Soni**

Assistant Professor,  
K. C. College, Dinshaw Vachha Road,  
Churchgate, Mumbai.

**: Ms. Aarti Shah**

Visiting Faculty at Amity University,  
Panvel.

**: Mr. Shailendra Pasi**

Lecturer, MKLM's B.L. Amlani College of  
Commerce & Economics M.R. Nathwani College  
of Arts 6, N S Rd Number 3, Hatkesh Society,  
JVPD Scheme, Juhu, Mumbai.

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## CONTENTS

Unit No.	Title	Page No
<b>Module 1: Physical and cognitive development in middle adulthood</b>		
1.	Physical & Cognitive Development In Middle Adulthood – I	1
2.	Physical & Cognitive Development In Middle Adulthood – II	14
<b>Module 2: Social and personality development in middle adulthood</b>		
3.	Social And Personality Development In Middle Adulthood – I	27
4.	Social And Personality Development In Middle Adulthood – II	41
<b>Module 3: Physical and cognitive development in late adulthood</b>		
5.	Physical And Cognitive Development In Late Adulthood – I	55
6.	Physical And Cognitive Development In Late Adulthood – II	67
<b>Module 4: Social and personality development in late adulthood</b>		
7	Social and personality development in late adulthood -I	86
8	Social and personality development in late adulthood -I	101

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**Syllabus**  
**Choice Based Credit System (CBCS)**  
**S.Y.B.A. Developmental Psychology Syllabi to be implemented from 2021-2022**

**Developmental Psychology: A Focus on Adolescent and Adult Development - Paper-III**  
**Part-II Sem-IV**

Code	Sem	Course Title	Credit	Marks
UAPSY 402	4	Developmental Psychology: Development: Part-I A Focus on Adolescent and Adult	3	100

**Objectives:**

1. To help students in building knowledge and understanding of the basic concepts, principles, perspectives and modern trends in Developmental Psychology
2. To foster interest in Developmental Psychology as a field of study and research among students.
3. To make the students aware of the implications and applications of the various concepts, principles and theories of Developmental Psychology in daily life in the Indian context

**Semester III**

**Developmental Psychology: A Focus on Adolescent and Adult Development Part II**

**Module 1: Physical and Cognitive Development in Middle Adulthood**

- a) Physical development
- b) Health
- c) Cognitive development

**Module 2: Social and Personality Development in Middle Adulthood**

- a) Personality Development
- b) Relationships: Family in Middle Age
- c) Work & Leisure

**Module 3: Physical and Cognitive Development in Late Adulthood**

- a) Physical development in Late Adulthood
- b) Health and wellness in Late Adulthood
- c) Cognitive development in Late Adulthood

**Module 4: Social and Personality Development in Late Adulthood**

- a) Personality Development and successful aging
- b) The daily life of Late Adulthood
- c) Relationships: Old & new

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**Book for study:**

**Feldman, R. S. & Babu, N. (2018). Development across the Life Span. (8th Ed).  
India: Pearson India Education services Pvt. Ltd**

**References**

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# PHYSICAL & COGNITIVE DEVELOPMENT IN MIDDLE ADULTHOOD - I

## Unit Structure

- 1.0 Objectives
- 1.1 Introduction
  - 1.1.1 Defining Middle Adulthood
- 1.2 Physical development
  - 1.2.1 Physical transitions: gradual change in the body's capabilities
  - 1.2.2 Height, weight, and strength: the benchmarks of change
  - 1.2.3 The senses: the sights and sounds of middle age
  - 1.2.4 Reaction time: not-so-slowness
  - 1.2.5 Sex in middle adulthood: the ongoing sexuality of middle age
- 1.3 Health
  - 1.3.1 Wellness and illness: the ups and downs of middle adulthood
  - 1.3.2 The a's and b's of coronary heart disease: linking health and personality
- 1.4 The threat of cancer
- 1.5 Let's sum up
- 1.6 Questions
- 1.7 References

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## 1.0 OBJECTIVES

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- Illustrating physical change during middle adulthood affecting people
- Discussing the changes in senses that take place during middle adulthood.
- Explaining changes in reaction time during middle adulthood.
- Recognizing how changes in sexuality take place within middle-aged men and middle-aged women
- Understanding changes in health occurring during middle adulthood.
- Understanding risk factors related to coronary heart disease
- Understanding types of personality patterns, like type a, leading to dreadful consequences
- Describing the cancer causes and tools available to diagnose and treat it.

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## 1.1 INTRODUCTION

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Even though age boundaries are not set in stone, Middle adulthood is a period of 40 to 65 years of age, where the visible reminders of the passage of time is noticed by people. There are unwelcome changes observed in their bodies and their cognitive abilities to some extent. At this stage, many individuals manage to make adjustments to the changing demands of middle age, but at the same time many view this age as a challenge, which gets them working through it by dieting, exercising and working towards professional success. In this module we will be looking after physical and cognitive changes of middle adulthood, which brings us both good as well as bad news. In this module we will see ways and the process through which this period brings good and bad news to an individual. Many people are involved in shaping their life like never before, by working upon their capabilities. In this unit we will be considering one's physical development focusing on the changes that come physically through height, strength and weight, and discuss visible and non-visible subtle declines in one's senses following the role of sexuality during middle adulthood. Throughout the unit health and illness both are examined and special attention is given to major health problems of the time, cancer and heart disease.

### 1.1.1 Defining Middle Adulthood:

For most of the individuals, middle adulthood is a period where physical capabilities decline and responsibilities expand. This is a period where the awareness about the polarity of young-old comes into picture while the shrinkage about the little time left in life is realised. This is a point where individuals seek to transfer something of meaning to the coming generation, and a time when they reach and are able to maintain satisfaction in terms of their career. In all, middle adulthood consists of changes associated with ageing in relation to physical and psychological aspects in the midst of being able to balance relationships and work responsibilities. Just like in other age periods, during midlife choices are made regarding what selection to make, how to invest resources and time and assessing what aspects of their life they need to bring change in. During middle adulthood, occurrences of events like loss, illness or accidents may act as a wakeup call producing a major reformation of the time and a reassessment of the priorities that one has in their life. Because of the absence of a senior member to protect, many middle-aged adults may come across unexpected job losses or are strongly encouraged to take early packages for retirement. Growth (gains) and decline (losses) are both extremely important in life-span development. Middle adulthood is a period where these losses and gains and sociocultural and biological factors balance out one another. Sociocultural functioning like that of one's career, relationships and education may still be at a peak during middle adulthood in comparison to biological functioning which tends to decline.

Thus, for many individuals' middle adulthood can be viewed as a unique period of development in which growth and loss keeps getting balanced by each other. As we have seen in the previous modules, people not only have chronological age but also psychological, social and biological ages. As concluded by some experts, it has been viewed that in comparison to early and later periods, the period of midlife has more influence of sociocultural factors as compared to that of others. Adults who are healthy are found to have a long-lasting middle age. There is an increasing number of experts who describe the age group of 55 to 65 as late midlife. As compared to the early middle adulthood period, the late middle adulthood is more likely to be characterised by events related to death of a parent, becoming a grandparent, retirement preparation, child leaving the parental home, and the actual retirement in most of the cases. During this age many individuals experience their initial confrontation with health problems. As we saw above, gains and losses balance one another during early middle adulthood, losses may start to dominate against the gains for many during late midlife. Middle adulthood is full of changes and twists and turns having an unpredictable path of life.

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## **1.2 PHYSICAL DEVELOPMENT**

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There are gradual changes that one may observe as they age. Changes in their ability to think, their ability to see things finely like they used to previously, hair turning grey and not being able to recover quickly from illnesses are the changes which one may face after reaching the age of 40.

### **1.2.1 Physical transitions: gradual change in the body's capabilities:**

There is an increasing awareness amongst most people about the gradual changes in the body indicating the ageing process during middle adulthood. Some causes of ageing may be due to natural occurrences of decline related to age, while other changes can be a result of lifestyle choices, exercise, alcohol, smoking, diet or alcohol use. As we move forward in this unit, we will be having a look at how lifestyle choices may have an impact on one's cognitive and physical fitness during middle age. We know that physical changes occur life long, yet during middle adulthood these changes have a completely new significance to it. There is a major impact over one's cognitive, physical fitness during the period of middle age that one faces due to their lifestyle choices. For some, youthful appearance is of high value while for others psychological changes play an important role. Emotional reactions to physical changes depend upon people's self-concept during middle adulthood. For those whose physical attributes are highly connected to their self-image, may find middle adulthood to be a difficult phase of transition. Ageing during middle adulthood also impacts one's perception of reduction in physical attractiveness. However, if the persons' physical attributes are not connected to their view of themselves, they generally seem to have no difference in satisfaction with their body image than younger adults. Thus, physical appearance plays an important role in determining how people view themselves.



### **1.2.2 Height, weight, and strength: the benchmarks of change:**

Changes come in all forms. As most people reach maximum height by their 20s and are stable with it until the age of 55. During this point people experience a settling process in which the bones attached to the spinal column start to become less dense. However, the loss of height is very slow, women may experience an average height decline of 2 inch while 1 inch of decline is experienced by men over the rest of their life span. Women are more likely to have a decline in height as they are at a higher risk of osteoporosis. A condition that causes bones to become brittle, thin and fragile often due to lack of calcium in the diet is called osteoporosis. This condition can be avoided by having a calcium rich diet and regular exercise. When it comes to weight, one might observe an increase in body fat during this period even in those who had been slim all their lives. Since there is no increase in height but decline, increase in body fat and weight leads to obesity. Lifestyle choices, if kept in check (exercising and healthy eating), there may not be an increased weight experienced. The strength also seems to decline as there comes changes in one's weight and height. Compensation for the loss can be done by regularly looking after one's health and making appropriate lifestyle changes for it, making the person feel stronger.

### **1.2.3 The senses: the sights and sounds of middle age:**

Changes in senses may also take place as one ages, for example sensitivity to the eyes, not being able to read fine writing without glasses and appropriate lights; and other sense organs like hearing.

#### **Vision:**

From the age of 40, people experience inability to recognize fine spatial details for distant and close objects. There are changes encountered in the elasticity and the lens of the eyes, making it difficult to project images onto the retina sharply. Since the lens becomes less transparent, less amount of light gets passed through the eye. The loss of near vision called presbyopia is experienced universally due to the changes in eyesight during middle adulthood. Even those who had never needed glasses find difficulty to read, eventually taking help of reading glasses. Not only these but changes are also found in one's depth perception, ability to view the world in 3 dimensions and distance perception. Due to the loss of elasticity in the lens there is a lack of ability to adapt to darkness because of which there is trouble in seeing things in a dimly lit environment. Sometimes, these changes in vision are a gradual process of ageing while in some cases, diseases are involved, like glaucoma, caused due to increase in the fluid in the eye, may be experienced.

Initially, the increased pressure in the eye may constrict the neurons involved in peripheral vision and lead to tunnel vision. However, glaucoma can be treated if it is detected early.

**Hearing:**

Unlike vision, there is a gradual decline experienced in hearing during middle adulthood. However, changes in hearing are less evident than that of one's vision. Environment also plays a role in some hearing losses. For instance, people who are into professions that keep them close to loud noises leading to severe impact over hearing ability. Other changes may occur simply due to ageing. Just like the elasticity of the lens of the eyes lessens up, similarly, eardrums may also become less elastic with age having reduced sensitivity to sound. Presbycusis, degradation of the ability to hear high-frequency, high-pitched sound may also be experienced in 12% of middle-aged individuals ranging from the age of 45 to 65 years. There may also be a difficulty in localising the sound, where difficulty in identifying the origin and direction of sound is experienced. There is trouble in localising sound, since hearing loss may not affect both ears equally. There is no marked effect of sensitivity to sound to most people during middle adulthood. Compensation for the losses occurring easily can be done by asking others to increase volume, speak up or by paying careful attention to what one says.

**1.2.4 Reaction time: not-so-slowing down:**

In most cases, there is an increase in reaction time (taking longer to react to a stimulus), but this increase is mild and is not very noticeable. For instance, reaction time for simple tasks like reacting to loud noises have an increase of about 20% from the age of 20 to 60 years. There is less of an increase for most complex tasks requiring coordination of various skills. The speed with which one's nervous system processes nerve impulses indicate the increase in reaction time. Can we do anything to slow down? Probably yes, by making lifestyle choices which involve active exercise programs which slows the effect of ageing, generating better health, muscle strength and endurance.

**1.2.5 Sex in middle adulthood: the ongoing sexuality of middle age:**

During middle adulthood, although there is a decline in the frequency of sexual intercourse, it still remains an important part of the life. This implies to not only for heterosexual couples but also for homosexual couples. After raising children, middle aged married couples experience sexual enjoyment and freedom that had been missing during their earlier lives, as they find more time to engage into uninterrupted sexual activities. There is no fear of pregnancy and the need of birth control for women who have passed through menopause. Although both males and females may face some challenges during this period. For instance, males may take longer to achieve an erection. In case of females, the walls of the vagina become less elastic and thin, it also starts to shrink and its entrance becomes compressed, making the intercourse painful. However, these challenges for women may not create deterioration in the sexual pleasure. While those who experience troubles can help themselves by medications.

### **The female climacteric and menopause:**

By the age of 45, females enter a period of transition from being able to bear children to being unable to do so as the climacteric occurs, which lasts from 15 to 20 years. The marked period for climacteric is menopause, cessation of menstruation in females. During menopause menstrual periods start to occur less frequently or irregularly during the two-year period starting from 47 or 48. It may even commence as early as 40 or as late as age of 60. The production of sex hormones, namely, estrogen and progesterone, begins to decline leading to a variety of hormone-related changes with age. These changes in hormones may produce a variety of symptoms, differing with the degree that one might experience it with. Women may universally experience headaches, heart palpitations, joint pains and dizziness during the period of menopause. Only one tenth of women encounter severe distress during menopause while many have no symptoms at all. Symptoms of menopause for many women begin to appear a decade before it actually occurs. This period is called as perimenopausal period where the production of hormones starts to fluctuate resulting in symptoms of menopause. For some the symptoms experienced during perimenopause and menopause can be significantly problematic.

### **Hormone Therapy: A dilemma, no easy answer:**

Decades ago, when women faced symptoms caused by the onset of menopause, physicians would prescribe dose of hormone replacement drug which was a solution that worked for millions of women. In this hormone therapy (ht) administration of progesterone or estrogen is done to reduce the symptoms experienced during menopause. It is found to be reducing a variety of problems ranging from hot flashes, loss of skin elasticity, coronary heart disease to osteoporosis like diseases. Estrogen can reduce depression, improve sex drive, memory and cognitive performance in healthy women. Even though it may appear to be a promising therapy, evidence shows that there have been risks associated with it. For instance, it may increase the risk of blood clotting and breast cancer. Consequently, many women discontinued taking ht. Recent findings indicate that there may be some women who may be better candidates for ht than the others. Ht may be less appropriate for older, post-menopausal women as it may increase the risk of coronary heart disease and other health complications, hence women who are at the onset of menopause and those experiencing severe symptoms may benefit from ht on a short term basis. Although there is a risk associated with it, it is assumed to be worth it, for which women must be well informed or well-read to make a decision for how to proceed.

### **The Psychological Consequences of Menopause:**

Menopause is traditionally linked to symptoms of irritability, lack of concentration, crying spells and disorders like depression and anxiety. Around 10% of women experience depression during this period. Menopause is regarded as a part of aging that does not produce

psychological symptoms by itself. Women do experience psychological difficulties at this point but they also do so at other times of their lives. According to research, a woman's expectations about menopause may have a significant difference in her experience to it. Those who expect to have difficulties during menopause are likely to experience emotional and physical changes. Those who have favorable attitudes towards menopause experience less physical and physiological changes.

Hence, a woman's perception shapes the experience of the period of menopause. The extent of menopausal symptoms and its nature also differ according to one's ethnicity and cultural background. For instance, in India women report few symptoms of menopause, rather they view the post-menopausal period to be having social advantages, like end of taboos associated with menstruation and a perception of increased wisdom due to age and hence, look forward to it.

### **The Male Climacteric:**

Until now we discussed climacteric in females, now moving forward let us discuss do men also experience an equivalent of menopause? Probably the answer to it is no. They do not have to go through the biological cycle of menstruation so they would not have to face the difficulty of experiencing its discontinuation. During the middle-ages, men do experience some changes which may be collectively referred to as the male climacteric. This change which is physical and psychological in the reproductive system takes place during late middle age, mainly during 50s. As these changes take place gradually, the exact period for male climacterics cannot be traced. For instance, by the age of 50, typically low levels of testosterone are noted in 10% of men. Testosterone replacement therapy for these men may be used. A physical change that quite frequently occurs in males is enlargement of the prostate gland. Around 10% of men have enlarged prostates by the age of 40, and this percentage increases in about half of all men by the age of 80. Problems faced due to enlargement of prostate produces problems with urination, frequent urination and the need to urinate frequently at night. There's an increase in sexual problems as men age. Specifically, erectile dysfunction in which there is an inability to achieve or maintain an erection. Drugs that regulate the hormone, testosterone, are usually effective in treating this problem. Men, like women, experience psychological changes, but the extent to which psychological changes take place will be discussed more in the next module.

### **Check your progress**

1. Write the differences between early adulthood and middle adulthood.
2. Enumerate the physical development in middle adulthood.
3. What is menopause? Explain the psychological consequences of it.
4. Write a detailed note on reaction time.

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## 1.3 HEALTH

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Developmentalists view that most people are relatively healthy during middle adulthood, they also get susceptible to a number of health-related concerns. We will be covering some common health problems of middle age, particularly, coronary heart disease and cancer.

### 1.3.1 Wellness and Illness: The Ups and Downs of Middle Adulthood:

Health becomes an important part to people during middle adulthood. Surveys indicate that at this age most people worry about their safety and money. Since most people are also concerned about their health, a large majority of middle-aged adults mention facing no chronic health difficulties. Somehow, people in middle age are better off than in their early periods of life. They may be less likely to experience allergies, respiratory diseases, infections and digestive problems as by now they have a better immunity after passage from young adulthood. There are particular types of diseases that begin to show up during middle adulthood. For example, onset of arthritis begins after the age of 40, if the person is overweight, they may also suffer from type 2 diabetes occurring from the age of 50 and 60. The most frequent chronic disorders found in middle age is Hypertension, high blood pressure. If the symptoms of this are ignored or untreated, it may elevate the risk of heart disease and stroke. In order to prevent it, a variety of diagnostic medical tests are recommended routinely for middle aged people. Due to the onset of chronic diseases, as compared to early periods of life, the death rate amongst middle-aged people is higher. However, death may be a rare occurrence as the death rate for individuals between 40 to 60 years of age has declined remarkably.

### Stress in Middle Adulthood:

Stress is a part of life which also continues to have an impact on health during middle age, although the nature of the stress might have changed. Irrespective of what triggers stress, its results are quite similar. Psychoneuroimmunologists are the ones who study the relationship between the brain, psychological factors and immune system. They have noted that stress produces three important consequences. Firstly, physiological outcomes that are a direct result of stress experienced. They range from increase in hormonal activity to blood pressure to decline in immune system response. Secondly, unhealthy behaviours are adapted when stress is experienced such as drugs intake, smoking, drinking or cutting into sleep. Lastly, health related behaviours have an indirect effect due to stress. Individuals suffering under a lot of stress may fail to seek good medical care or comply with medical advice. All of these can lead to serious health conditions.

### **1.3.2 The A's and B's of Coronary Heart Disease: Linking Health and Personality**

The main cause of death during middle age is due to heart and circulatory system than from any other cause. Men are more prone to suffer from these as compared to women. However, women may not be completely immune. Each year around 151,000 people under the age of 65 are found to be losing their lives due to such diseases.

#### **Risk Factors for Heart Disease:**

Heart and circulatory diseases being a main problem may not be an equal threat for all. Some people may be at high risk, while some may be at a lower risk than others. This can be explained by both experiential and genetic characteristics. Some may be genetically more predisposed to heart disease. If an individual's parents have suffered from it, it is highly likely that s/he may suffer from it. Similarly age and sex can also be considered as risk factors. Men are more likely than females to suffer from heart disease, with rising risk as the age increases. Considering these, one must not neglect the importance of environment and lifestyle choices. Smoking cigarettes, a sedentary lifestyle, high fat and cholesterol levels in the diet may increase the likelihood of heart disease. Even psychological factors play an important role, pertaining to the experience and perception of stress, appearing to be associated with heart disease. There are certain personality traits which appear to be related to coronary heart disease during middle age, called Type A behaviour patterns.

#### **Type A's and Type B's:**

Type A behaviour pattern can be identified as being impatient, competitive and a tendency towards being hostile and frustrated. These individuals engage in multiple activities simultaneously and are driven to achieve more than others. They easily lose their temper while they become hostile, both verbally and nonverbally while they are prevented from reaching or seeking a goal they want to accomplish. In opposition to this there are many people who display behaviours opposite to Type A behaviour pattern, known as Type B behaviour pattern. The Type B behaviour pattern can be identified as being patient, noncompetitive and a lack of aggressive tendencies. There is little or no sense of time urgency experienced and are rarely found to be hostile. Type A and Type B behaviour patterns may not be viewed to be possessed in isolation, rather, they can be seen as a continuum with people falling in between that continuum. However, people may be closer to one of the two categories. When a person reaches middle age, depending upon the category to which a person falls leads to the incidence of the likeliness of coronary heart disease. For instance, as compared to Type B men, Type A men are twice as likely to experience coronary heart disease, fatal heart attacks and are at higher risk of heart problems. This happens because when Type A men are stressed, they become aroused physiologically. It is also important to note that not every component of Type A behaviour is harmful. The key component of heart disease linked to Type A behaviour is hostility and

they are found to be correlational. It must also be noted that all the research pertaining to coronary heart disease was focused upon men as the incidence of it occurring in males is much higher than females.

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## 1.4 THE THREAT OF CANCER

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Many individuals view cancer as a death sentence as many middle-aged people fear cancer. Reality is slightly different. Many forms of cancers can be cured by medical treatment. Two thirds of people diagnosed with cancer are found to be living 5 years later. It spreads straightforwardly and causes for cancer are still not known. However due to some reasons, specific cells in the body start to multiply rapidly, as they increase in number, they form tumours. If untreated, they start to absorb nutrients from healthy cells and body tissue, destroying the ability of the body to function properly. Unlike heart disease cancer is associated with a number of risk factors, some are environmental while some are genetic. Some types of cancer may be purely genetic. For instance, a family history of blood cancer.

Other risks of cancer involve environmental and behavioural factors. For instance, poor lifestyle, bad habits, exposure to sunlight and radiation, and particular occupational hazards (certain chemicals) may all increase the chances of developing cancer. Once the diagnosis of cancer happens several forms of treatment are possible, depending on what type of cancer has been caused.

One such treatment is radiation therapy where the destruction of a tumour is the target of the radiation. Another being chemotherapy involves ingestion of controlled doses of toxic substances to poison the tumour. Lastly, surgery may be used to remove the tumour and the surrounding tissue. Treatment results in how far the cancer has spread while it was identified. Because detection of cancer at an early stage improves the patient's chances to be treated, diagnostics help the initial signs of cancer which are of most importance. Physicians urge men to regularly examine their testicles and prostate gland; and women to routinely examine their breasts for signs of cancer.

### **Psychological Factors Relating to Cancer: Mind Over Tumour?:**

Evidence suggests that cancer along with physiological causes is related to psychological cases as well. Personality also plays a role in cancer. Which brings us to the question of how prognosis is related to one's psychological state. Cancer treatment is usually unpleasant, complex and intricate. Those who have positive attitudes and also seek therapy are more likely to stick on to medical treatments. These kinds of individuals are found to experience success during treatment. Even holding a positive psychological viewpoint reinforces the body's immune system being a natural line of defence against cancer producing cells that kill cancer cells. Consequently, negative attitudes may reduce the ability of the natural killer cells of the body to fight cancer. At the same time, it is also unfair to assume that a person suffering from cancer would do better only if s/he

has a more positive attitude. Data suggests that for these patients psychological therapy is a must for their routine part of cancer treatment, even though it may improve client's morale and psychological state.

### **Check your progress**

1. Write the relation between wellness and illness in middle adulthood.
2. Explain type A and type B personality in middle adulthood.
3. Write a detailed note stress.

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## **1.5 LET'S SUM UP**

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To sum up, physical abilities and health during middle adulthood are good at this stage. However, there are subtle changes which occur, but these changes are easily compensated for by the strength of other cognitive skills that they possess.

At this stage, incidence of life-threatening chronic diseases starts to increase, specifically for cancer and heart disease. Considering the cognitive realm, memory and intelligence are found to deteriorate very gradually in few areas but the decline is hidden by gains and compensatory stragglers in other areas.

During the age of 40 to 65, people start to show a decline in their strength, height and increased weight. The best way to battle this deterioration is through adopting a healthy lifestyle and regular exercise.

We also looked upon how changes in senses happen during middle adulthood. As the eye lens changes, there is a change in visual acuity. There are declines in visual, depth and distance perception, perceiving three dimensional objects and adaptation to darkness. Declines in hearing are also noted in the loss of ability to hear high frequency sounds and in sound localization.

We came across how changes take place in reaction time during middle adulthood. The time taken to react to things tends to increase largely especially over tasks that are complex. However, reaction time is fast to those activities which are rehearsed on a daily basis.

We compared how experiences of middle-aged men and women change in reference to sexuality. They tend to experience less dramatic change which is also enjoyable having sexual freedom too. Women and men both experience climacterics. In case of women, it is in the form of no longer being able to bare children and commencement of the signs of menopause, which is accompanied by emotional and physical discomfort, to which various therapies and change in attitudes towards it have shown to reduce the discomfort. While at the same time, men face changes in their reproductive system, where the sperm and testosterone levels tend to decline. Males may even face enlargement of the prostate gland causing difficulty with urination.



Moving forward to which we saw the changes that take place in one's health during middle adulthood. Usually, middle adulthood is a healthy period but some people are more likely to get susceptible to chronic diseases like type 2 diabetes, hypertension and arthritis and also a higher rate of death as compared to before. The overall health status of individuals during middle adulthood varies according to their gender and socioeconomic status. Those who are at the higher end of SES have lowered death rates than those at the lower end of SES. Women are found to have a lower rate of mortality than men but they have higher chances to have illnesses. While research suggests life threatening diseases to be experienced more by men than women.

We described risk factors related to coronary heart diseases. Where genetic factors like gender, family history, age are linked with history of heart disease while environmental and behavioural factors which include consumption of fats, cholesterol, lifestyle, age and gender are related to heart disease. Type A behaviour, a pattern of behaviour linked to impatience, frustration, competitiveness is associated with greater risk of heart problems.

Lastly, we understood what caused cancer and tools available to diagnose it. Heart disease comes as a threat during middle adulthood and is found to be related to genes and environment. To cure these conditions measures of chemotherapy, radiation therapy and surgery can be adopted. Even psychological factors are found to play a role in treating cancer, although research shows results which are mixed. Individuals with strong family and social ties seem to be less probable to develop cancer as compared to those who lack such ties. At the same time women at this age are at risk to develop breast cancer, which can be identified by mammography, hence routine checkups for females would help prevent this condition and take likely measures for cure.

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## 1.6 QUESTIONS

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1. Explain sights and sounds of middle age. Elaborate your answer with suitable examples.
2. Discuss in detail male climacterics.
3. Answer following
  - a. Write a detailed note of the physical transition.
  - b. Describe in brief risk factors related to heart disease.
4. Explain psychological factors relating to cancer.
5. Write short notes on
  - a. Sex in Middle Adulthood
  - b. The dilemma of hormone therapy

c. Threat of Cancer

d. Female climacteric

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### **1.7 REFERENCES**

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- Feldman, R. S., Babu, N. (2011). Discovering the LifeSpan. Indian subcontinent adaptation, New Delhi: Dorling Kindersley India Pvt Ltd.

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## **PHYSICAL & COGNITIVE DEVELOPMENT IN MIDDLE ADULTHOOD - II**

### **Unit Structure**

#### 2.0 Objectives

#### 2.1 Introduction

##### 2.1.1 Information Processing

#### 2.2 Cognitive Development

##### 2.2.1 Does Intelligence Decline in Adulthood

#### 2.3 The Development of Expertise: Separating Experts from Novices

#### 2.4 Memory: Remembering information

##### 2.4.1 Functions of memory

##### 2.4.2 Types of Memory

##### 2.4.3 Schemas: An aid to memory

##### 2.4.4 Creativity

#### 2.5 Summary

#### 2.6 Questions

#### 2.7 References

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### **2.0 OBJECTIVES**

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- Analyzing cognitive development.
- Understanding what happens to intelligence of a person during middle adulthood.
- Explore the role of expertise in middle adulthood.
- Understanding functions and types of memory.
- Understanding the effects of aging on memory and ways to improve it.
- Understanding the role of creativity.

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### **2.1 INTRODUCTION**

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In the previous unit we came across Physical development during middle adulthood and other important factors like health. These along with Cognitive development, play a vital role in one's functioning and development through this stage of life. Cognitive development plays a major role deciding actions that one performs and their ability to process, remember and retrieve information. In this unit, we focus particularly upon cognitive development in middle age. We look at the tricky question

of whether or what kind of intelligence declines during this period, and we consider the difficulty of answering the question fully. We also look at memory, examining the ways in which memory capabilities change during middle adulthood.

### **2.1.1 Information Processing:**

As we have seen in the previous module pertaining to the theories of development and cognition ranging from infancy through adolescence, the approach of information processing offers another way to analyze cognitive abilities. In information processing, the alterations that happen during middle adulthood are the ones which involve memory, expertise, speed of processing information and skills to solve problems practically.

#### **Memory:**

Findings of a longitudinal study state that verbal memory reaches its peak during the fifties. But in some of the cross-sectional assessment studies, it has been observed that there is a decline in verbal memory during middle adulthood. For instance, when asked to remember numbers, meaningful prose or words, middle aged adults were found to perform poorly as compared to that of younger adults. There is still this controversy regarding memory and its deterioration during the middle adulthood years where most of the experts conclude saying that it tends to decline. However, some experts argue that the conclusions about the decline in memory were drawn from studies that compared young adult participants who were in their twenties with older middle-aged adults who were in their fifties and even those who were in their sixties were included in it. In consideration to this fact, memory decline can be viewed as non-existent or minimalistic during the early part of middle age but is found to rise in the latter part of middle age or during late adulthood.

#### **Speed of Information Processing:**

As we saw above, it has been found that the speed of processing starts declining during early adulthood and still continues to decline during middle adulthood. One of the most common ways to assess information processing speed is through reaction-time tasks, wherein, as soon as the individuals see the light appear, they have to simply press a button. The speed of processing this task is slower in adults from middle age as compared to that of young adults. However, it must be noted that this decline is not dramatically low, and may range up to 1 second of delay according to most of the investigation. Currently, there have been investigations taking place to figure out the possible causes of decline in speed of processing information in adults. This cause can take place at various levels of analysis such as cognitively (maintenance of the goal, trying to save the internal representations despite having distractions or being able to switch between the tasks), neurochemical (changes in the system of neurotransmitters such as dopamine) and neuroanatomical (changes in particular regions of the brain, such as prefrontal cortex).

### **Expertise:**

Expertise itself is the term that explains one's proficiency at a given task. Since it takes a long time for one to attain it, it is more evident during middle adulthood than during early adulthood. Expertise consists of having largely organized knowledge and understanding of a particular area or domain. One is said to have an expertise when they have been associated with it for many years having experience, effort and learning towards that domain. There are strategies enlisted below which separate novices from experts.

- Experts tend to be dependent over their gathered expertise to solve problems
- Experts tend to automatically process information and analyze it more proficiently when solving a problem related to their domain as compared to the novices.
- Experts have a hold of better shortcuts and strategies to solve problems related to their domain as compared to the novices.
- Experts tend to be more flexible and creative in solving problems in their domain as compared to the novices.

### **Practically Problem Solving:**

Another important aspect of cognition is problem solving. It has been observed by researchers that the ability to solve problems practically (for instance, what would they do if their cheque didn't get cleared at the bank) seemed to improve through the age of forties to fifties as they were presumed to have practical experience of their lives. Meta-analysis of studies showed that everyday problem solving and effectiveness of decision making stayed stable during early and middle adulthood and then declined during late adulthood.

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## **2.2 COGNITIVE DEVELOPMENT**

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Individuals in their 40s tend to feel that they are less attentive or are becoming absent-minded compared to what they were 20 years back harboring concerns about becoming less mentally able to do things than while they were young. Evidence shows the ability to display mental sharpness is lost with age.

### **2.2.1 Does Intelligence Decline in Adulthood?:**

As mentioned above, in this section we shall throw more light on this process. The most frequently asked questions and consistently answered by experts is pertaining to intelligence. Experts say that intelligence peaks at the age of 18 and continues to peak until mid-twenties, thereafter it starts declining gradually until the end of life.

## **Types of Intelligence: Crystallized and Fluid Intelligence:**

Drawing conclusions about intelligence on the basis of age-related changes has still been a difficulty for developmentalists. For instance, many IQ tests have sections on physical performance, like setting blocks in a particular design. These sections are scored on the basis of how quickly they are completed. It is very likely that older individuals may take longer, due to decrease in reaction time, leading to a low performance score. This poor performance on IQ might be solely due to physical rather than cognitive changes.

Furthermore, Researchers believe in two types of intelligence: fluid intelligence which reflects reasoning, memory and information processing abilities; and crystallized intelligence which reflects skills, strategies and information that is learnt and gained through experience, which can also be applied practically to solve problems. Researchers believed fluid intelligence to be highly determined by genes while crystallized intelligence was believed to be determined by environmental and experiential factors. These assumptions were discarded later on, because it was found that one needs to look at crystallized intelligence in association with fluid intelligence. When developmentalists looked at the two kinds of intelligence separately, they arrived at a new answer to the question of whether intelligence declines with age. They concluded that answer to this question is both, yes and no. yes, fluid intelligence declines with age but crystallized intelligence does not decline with age. In fact, crystallized intelligence improves steadily in some cases. Until the start of middle adulthood verbal ability is found to rise and is steady for the rest of their lives. The answer to the question, why these changes occur is that there are changes in the brain functioning during middle adulthood. Research indicates there are 20 genes that significantly contribute to gradually less efficient functioning of memory, learning and mental flexibility by the age of 40. Adding to that, as people age, there are changes in specific areas of the brain that are used to accomplish particular tasks. For instance, young people use just one hemisphere while older adults use both hemispheres to complete or initiate a task.

## **Reframing the Issue regarding the Source of Competence During Middle Adulthood:**

It is during this period of life when people hold some of the most powerful and important positions in society despite fall in specific cognitive abilities. It seems quite contradictory that there is continuous, growing competence along with the ongoing cognitive losses.

Research suggests four reasons to answer this discrepancy.

First, measures of cognitive skills may be measuring different kinds of cognition compared to what needs to be measured, particularly to be cognitively successful. For instance, traditional IQ tests fail to measure cognitive abilities related to success in occupation. Resultantly, we do not find any difference between cognitive abilities and intelligence during

middle age if practical rather than traditional IQ tests are used to assess intelligence.

Second, there is a possibility that most successful middle-aged adults may not be representative of middle-aged adults in general. There might be a small proportion of successful middle-aged people who might have achieved moderate or little success. Some might have changed their occupations or might have been sick or retired or dead. Therefore, just by looking at successful people will provide a biased sample.

Third, the cognitive ability essential for professional success may not be very high. because those who are professionally successful might still show a decline in certain kinds of cognitive ability.

Lastly, elderly people might be successful as they have well developed specific expertise and competencies. While IQ tests may measure reaction to novel situations; specific, well-practiced abilities can be influenced by occupation success. Even though the overall intellectual skills may display a decline, individuals during middle adulthood may expand and even maintain distinctive talents needed for professional accomplishments.

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### **2.3 THE DEVELOPMENT OF EXPERTISE: SEPARATING EXPERTS FROM NOVICES**

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If you were ill and needed a diagnosis, would you prefer to visit a new young physician who had just graduated from medical school or a more experienced, middle-aged physician? If you chose the older physician, it's probably because you assumed that he or she would have a higher level of expertise. Expertise is when one has an acquisition of skill or knowledge in a particular area. More focused than broader intelligence, expertise develops as people devote attention and practice to particular domains and, in so doing, gain experience, either because of their profession or because they simply enjoy a given area. For example, physicians become better at diagnosing the symptoms of a medical problem in their patients as they gain experience. Similarly, a person who enjoys cooking and does a lot of it begins to know beforehand how a recipe will taste if certain modifications are made. What separates experts from those who are less skilled in a given area? While beginners use formal procedures and rules, following them often very strictly, experts rely on experience and intuition, and they often tend to bend the rules. Because experts have so much experience, their processing of information is often automatic, performed without the need for much thought. Experts often are not very articulate at explaining how they draw conclusions; their solutions often just seem right to them and are more likely to be right. Brain imaging studies show that experts, compared to novices, use different neural pathways to solve problems. Finally, when difficulties arise, experts develop better strategies for solving them than non-experts, and they're more flexible in approaching problems. Their experience has provided them with alternative routes to the same problem, and this increases the probability of success. Of course, not everyone develops expertise in some

particular area during middle adulthood. Professional responsibilities, educational level, marital status, amount of leisure time, and income all affect the development of expertise.

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## **2.4 MEMORY: REMEMBERING INFORMATION**

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When changes in cognitive functions during middle adulthood are studied by developmentalists, it is found that there is a lack of mental exercise that tends to be associated with deterioration of cognitive and mental skills. However, these designs can also be reversed and be sustained for those undergoing cognitive training and exercises.

It is not uncommon to notice that middle aged people are highly likely to forget vital information which was never the case before. We all have observed this happening, feeling that they are losing their memory. Research shows that during middle adulthood, the memory changes which take place are minimal, while many exhibit none at all. Many people due to societal stereotypes might be prone to attribute their absent-mindedness to aging but discount how absent-minded they were throughout their lives. consequently, attributing their memory changes to forgetfulness rather than to their ability to remember information.

### **2.4.1 Function of Memory:**

Since studies related to adult memory with age differences are found to rarely have included middle aged people, drawing conclusions about memory functions is difficult. Typically, researchers tend to make a comparison between very young adults (college students) and adults who are in their 60s-70s. It is usually seen that psychologists tend to infer that a middle-aged adult's performance declines somewhere between the two, whenever the difference between the two groups is seen to be found. In other words, it is assumed that memory functions decline in a linear fashion that is at a steady rate, across adult years. However, this assumption may not be true.

One of the things known by developmentalists is about memory that forgetfulness tends to increase with age by manifesting itself subjectively from person to person. As one starts to get older, more forgetful they think they tend to become. The most valid reason for this could be that for middle aged adults the memory demands of everyday lives are greater than those of young adults. One has to keep in mind the limitation of working memory of being able to take in limited information, that is, the more one tries to remember at a time, the more they may tend to forget.

Nevertheless, there are some significant differences between young and middle-aged adults when tested for their memory performance. For instance, while storing information in one's visual memory, the ability to memorize the object seen for a few seconds was found to be declining as one reaches their middle age.

Further, as the complexity and the length between the stimulus presentation and the recall of the visual stimulus increases, the greater the



difference between young and middle-aged adults. In contrast to visual memory, memory for auditory stimulus seems to be constant throughout adulthood.

Usually but not until after the age of 55, there is a decline in the performance on complex memory tasks pertaining to one's ability to remember a list of words and texts in passages. While in contrast, there is a stability in the ability of one to recognize words and texts throughout adulthood. These kinds of findings suggest that ability to take information differs with age with respect to working memory.

Researchers examining the capacity of short-term memory at different ages showed it to be stable throughout early, middle and late adulthood. The changes that take place depend on one's ability to make efficient use of the available capacity.

### **Use It or Lose It?:**

Usually when most adults practice frequently or learn something specifically is when they can maintain or gain learning of skill upon any task. For instance, there is an increase in verbal ability during middle age. It has been noted that performance on vocabulary or vocabulary per se does not begin to decline until the age of 65. The given proclamation of 'use it or lose it' seems to be true for cognitive abilities. Herein the adults that engage in tasks or activities that are intellectually challenging show lesser loss in cognitive skills as compared to those who do not engage in it at all.

Similarly, having expertise in a specific field may help compensate for cognitive functioning deficits that are age related. For instance, in one study, researchers examined participants from the 17 to 79-year-old age range for their ability to identify melodies having varying tempos. Out of which some tunes were rapidly placed and then slowed down until the participants could identify them. Participant's ability to identify the melodies presented was predicted through both their age and year of musical training they had. The relationship between identifying and musical training was found to be stronger than the relationship between age and identification. Other melodies were played slow so that they could be identified and then they were speeded up. Finally, it was found that only musical training correlated with identification of tunes played this way, while there was no relation with age.

### **2.4.2 Types of Memory:**

It is necessary to consider different types of memories in order to understand the nature of memory changes. Traditionally, memory is viewed in three components which are sequentially arranged: Sensory memory, Short-term (working) memory and long-term memory. Sensory memory can be viewed as an initial, temporary storage of information lasting only for a few seconds. Information gained through the sensory system is stored as meaningless and raw stimulus. After which the information moves to short-term memory, information received, if

rehearsed, moves to long term memory, is then stored permanently. Typically, short term memory holds information for 15 to 25 seconds while sensory memory holds information for less than a second. Though sensory and the short term memory remain unaffected during middle adulthood but long term memory is found to be declining with age for some people. The reason for decline is not that it fades or there's a loss of memory but rather with age people tend to register and store information less efficiently. Not only storing the information but also retrieving the information becomes a difficulty due to their age. It should be noted that even though it declines during middle age, this decline may be relatively minor and can be worked upon by using various cognitive strategies. For many middle-aged adults paying attention to particular things as a whole and at the same time developing expertise for the same becomes difficult. To ease the burden of trying to remember things, they may develop schemas and shortcuts.

### **Semantic and Episodic Memories:**

Researchers can gain additional insight into age-related memory changes by studying how well young and middle-aged adults are able to encode different kinds of memories. Endel Tulving (1972) was the first one to work in this field, he differentiated between two types of memory, viz., episodic and semantic memory. Episodic memory is the ability to re-experience or recollect previous episodes or personal events; semantic memories are the representations of our facts, meaning for words and general knowledge of the world. For instance, a person's memory of receiving an award during their childhood is episodic, while the knowledge about India getting independence in 1947 is stored as semantic.

Evidence shows that there is a difference between new episodic memory and semantic memory when it comes to young and middle-aged adults. For instance, a middle-aged man while attending a cricket game may forget where he parked his car (episodic memory). However, it is unlikely for him to forget the basic rules of the game (semantic memory). Middle aged adults in order to be proficient and to help themselves remember information better, can make use of various means like using reminder notes or cues to aid their memory. Hence, a middle-aged man who knows that there is a very high chance that he may forget where he parked his car, may help himself by making a note of nearby landmarks which would help him remember the location of his car. Middle aged adults in contrast to older adults, are more likely to have a tendency to use cues as they have a high sense of self efficacy with respect to their memory. In other words, it is believed that the efforts that they make to remember information will make a difference, as they keep working actively to improve their memories. This pattern of aiding one's memory can be effectively strengthened when people perceive themselves to belong to a positive stereotype category, such as those who are sociable, independent, fun loving and self-accepting than those who perceive themselves to belong to a negative stereotype category.

### **2.4.3 Schemas: Aid to Memory:**

As discussed above, one of the many ways helpful for people to recall information can be through the use of schemas. Schemas are the organization of information in a particular framework that is stored in one's memory. They are also called mental frameworks. Schemas not only represent the organization of the world but also help us to categorize and interpret novel information. We have various types of schemas, such as schemas for particular people pertaining to their behavior patterns (such as father, brother or son) or for categories of people (teachers, doctors or priests) and behavior or events (dining in a restaurant or visiting an exhibition). For example, consider having a schema of eating out in a restaurant. We do not treat a meal at some new restaurant as being a completely new experience. We already know that when we go there, we will be seated at a table and will be offered a menu from which we would select the food we desire to eat. Having this schema of eating out at restaurants tells us how to relate to the server, sort of food to be eaten first and tipping the waiter at the end of the meal.

Schemas help organize behavior into a coherent whole and also helps in interpretation of social events. For instance, when visiting a doctor, the person knows the schema for a visit to the doctor would most likely involve removing clothes to get themselves checked and it would not be surprising for them when s/he would be asked to do so.

They also convey cultural information. Schemas also convey cultural information. However, information acceptable in one culture may not be acceptable in other cultures as there exists a difference in the pattern of how people think. Additionally, information consistent with already existing schemas are likely to be recalled more than the ones which are inconsistent.

### **Learning New things:**

It has been evidenced that middle aged adults usually outperform those who are younger on the tasks which usually involve remembering and comprehending reading material. These are the accumulated effects of years of being able to use cognitive skills. For instance, it has been found by researchers that different approaches are adopted by young and middle-aged adults when they learn from an expository text (the kind of text you're reading right now). Young adults have a tendency to create word-to-word representations of the texts in their memories. While in contrast, middle aged adults are found to pay more attention to the overall theme than to the details. In memory, there might be a difference observed in decline of the memory for the information that is on a surface level at the same time accompanying an increase in memory of meanings and themes.

### **2.4.4 Creativity:**

Creativity comes as a different question when focusing upon cognitive functioning during middle years of adulthood. Creativity is the ability to generate original, appropriate and valuable solutions and/or ideas to

different problems. One of the researchers looked at thousands of renowned scientists from the 19th century to study their lifetime creativity and productivity. They identified an age at which these individuals published their initial significant work, their best work and the last work. Analysis of all this data indicated that in every discipline most of the thinkers produced their best work during the age of about 40 years on an average. However, it was also observed that most of them published significant and even outstanding research through their 40s and also through their 50s. Even though these findings were made in the 19th century, modern day scientists follow a similar pattern when it comes to their creative output throughout their lifetime. It has been noted that psychologists, physicists, mathematicians and other scientists born during the 20th century have consistently displayed maximum productivity (measured through the number of papers published every single year) while they were about 40 years old. However, research quality (measured by the number of times peers cited their research paper) remained high through the age of 50 and even through the age of 60. Creativity may occur quite later and may be maintained for far longer in case of musicians and other artists. For instance, researchers assessed aesthetic quality of musical compositions by 172 composers with the help of judges rating them on the basis of work created later in life.

One might wonder how the process of creativity actually might work. Studies have been ongoing since sometime by psychologists in the field of creativity and still it has a long way to go with a lot to learn. One of the approaches to creativity describes creativity as a kind of thought process known as divergent thinking. An individual who employs divergent things can produce multiple ideas and/or solutions to problems that have no clear answer. This divergent thinking is not only vital to art but also vital to science. For instance, the time during which scientists faced a problem while identifying the causes of Aids, they came up with many tested hypotheses and various proposals until they became clear with the idea that the disease was caused by a virus. Similarly, a book writer who wants his readers to attain insight into a character's motives would try out several ways of communicating the information before setting on one of those which work best.

Sometimes creative solutions may just pop into the mind of a creative individual. Here, most of the time this idea arrives in bits and pieces of numerous solutions that s/he has been looking over for a while. This process of looking over for the solution to arrive involves four stages in order to solve problems. First, preparation on, all the relevant and necessary information related to the problem is gathered. Second, incubation consists of only digesting the information gathered without really trying to work on it. Thirdly, illumination occurs when the process of digesting information would produce an aha moment in which the solution to the problem becomes clearer. Lastly, translation, where the solution received is applied to the problem and needed adjustments are made as required. We might all know by now from our experiences that the last stage could be time consuming and difficult because, in our daily lives' things do not get translated often as we imagine them to be like. As

Thomas Edison put it into one of his sayings 'Genius is 99% of perspiration while 1% of inspiration' as he knew that after working out on how to design on an electric bulb theoretically, over a year was spent making prototypes before finding out the design that finally worked. Hence, he believed that failure was nothing but an essential aspect to the process of creativity.

### **Check your progress**

1. What is cognition? Write about changes faced by cognition in middle adulthood?
2. Write on the relation between cognition and intelligence.
3. Write a detailed note on memory.
4. Write a note on Schemas
5. Describe Episodic and Semantic Memories.

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## **2.5 SUMMARY**

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To sum up, we saw what happens to an individual's intelligence during middle adulthood. We also analyzed the most intriguing question of whether intelligence declines during this period. However, it is a challenging question to answer as there are significant limitations to it. For those who parted intelligence into two types of fluid and crystallized intelligence, found that with the progression of age fluid intelligence slowly starts to decline through middle adulthood while crystallized intelligence is found to be steady and improves with time.

It is also seen that people in middle adulthood generally show a high degree of cognitive competence even after demonstrating declines in specific areas of intellectual functioning. This may be because individuals are likely to focus and make use of specific areas of competence which in turn compensates for the loss that occurs known as selective optimization.

We also looked upon the role of expertise in middle adulthood. It was seen that cognitive competence is not only maintained but also increased in specific areas through appropriate practice and attention. It also indicated that experts process information differently than novices.

Furthermore, we saw how memory is affected by aging and how it can be improved. It was seen that memory declines during middle adulthood but however with no issues in sensory or short-term memory. While problems with long term memory may be due to the strategies that people make use of to store and retrieve information rather than decline in the overall memory. It was also noted that 'if we use it we may not lose it' wherein, adults who engage in activities/tasks that are intellectually challenging would show lesser losses in cognitive skills as compared to those who do not engage in it at all. While even having expertise in a specific field would help compensate for age related cognitive functioning deficits.

We further learnt about the functions of memory. It has been evidenced that performance of middle-aged adults tends to decline in a steady yet in a linear fashion, but this assumption may or may not be considered to be true. Forgetfulness is viewed as something that occurs and increases with age. Forgetfulness is an experience that is subjective from person to person. It has been noted that as the age increases the tendency to forget also increases, like that of visual memory, which starts to decline as one reaches middle age. However, the ability to perform complex tasks starts to decline after the age of 55, while there is stability in one's ability to recognize words and texts. Suggesting that ability to take information differs with age with respect to working memory.

We also came across types of memory, namely sensory, short-term and long-term memory. These are estimated to stay intact until middle age. However, the reason for this decline may not necessarily be the age but it is mainly out of the inability to register the information with appropriate efficiency. It must be noted that the changes which occur may encounter minor alterations as they are compensated by the use of various cognitive strategies. Amongst the types of memories, long-term memory consists of semantic and episodic memories. Semantic memory is the representations of our facts while episodic memory is the ability to re-experience episodes. During middle adulthood there is a difference in one's ability to make new episodic memories as compared to semantic memories.

Memory is found to be intercepted, stored and recalled in the form of schemas. Schemas organize parts of information as a set of whole by adding meaning to it. Schemas not only represent the organization of the world but even helps categorize and interpret novel information. While mnemonic devices help improve one's ability to recall information by paying attention to the way information is stored.

Moving forward, creativity has a different role to play when one reaches their middle age. Creativity is the ability to generate original, appropriate and valuable solutions and/or ideas to different problems. Research indicates that creativity may occur quite later in life.

One of the approaches to creativity is a thought process called divergent thinking. Divergent thinking is the ability to produce multiple ideas/solutions to problems that have no clear answer. Process of creativity may follow a process of four stages, namely, preparation, incubation, illumination and translation. These stages may help while one is looking for a solution to arrive because there are times when creative solutions may just pop into the mind out of nowhere. As one follows these stages of creativity, the idea may arrive into bits and pieces having numerous solutions.

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## 2.6 QUESTIONS

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1. Explain crystalline and fluid intelligence.
2. Discuss the sources of competence during middle adulthood.

3. What are the functions and the types of memory? Describe in detail.
4. How does the memory schema represent the world in middle adulthood? Explain in detail.
5. Explain the ways people carry out expertise in middle adulthood. Elaborate your answer with suitable examples.

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## **2.7 REFERENCES**

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## **SOCIAL AND PERSONALITY DEVELOPMENT IN MIDDLE ADULTHOOD - I**

### **Unit Structure**

#### 3.0 Objectives

#### 3.1 Introduction

#### 3.2 Personality Development

3.2.1 Two perspectives on adult personality development: Normative crisis versus life events

3.2.2 Erikson's stage of generativity versus stagnation

3.2.3 Stability and change in self-concept and personality

#### 3.3 Let's sum up

#### 3.4 Questions

#### 3.5 References

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### **3.0 OBJECTIVES**

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After reading this unit you will be able to understand:

- How personality develops during middle adulthood.
- Identify Erikson's view of development during middle adulthood and how others have expanded on his ideas.
- Discuss the nature of continuity in personality development throughout middle adulthood.

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### **3.1 INTRODUCTION**

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Middle adulthood is a period known for considerable changes in one's personality. It is a period characterized by what is called the middle crisis, a term coined by Elliott Jaques. This occurs during the 40<sup>th</sup> year of one's life. Middle crisis is a potentially stressful life period which is triggered by review and re-evaluation of one's past life.

Middle crises according to Jaques generally occur due to the awareness of one's mortality. During middle age one becomes aware of and realizes that they have only a few years left to live, that their time has become shorter and that they will not be able to fulfill their dreams of their youth. There is a large body of research that suggests that entering middle age does not necessarily result in a crisis, for many people this is just one of life's many transitions and they adjust easily.



Social changes influence the ages that people arrive at certain lifespan stages; this is the case with marriage, the birth of a child, and more. During middle adulthood, identity continues to form, and thus Erikson's stages of development do not follow a chronological progression.

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## 3.2 PERSONALITY DEVELOPMENT

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Personality is a branch of human development that is plastic and ever evolving. Though childhood characteristics (traits) often remain the same, personality frequently develops for the better, as individuals overcome life's challenges. Hence, middle adulthood is a period of substantial psychological growth. 5

Until recently, the focus of personality development was largely on the normative-crisis model in which universal sequential stages hold age-related crises. Viewing development as a chronological progression does not fit the stage of middle adulthood, as individuals now hold a mixture of roles.

With the help of developmental perspectives will be studying the aspects related to personality development in middle adulthood.

### 3.2.1 Two perspectives on adult personality development: Normative crisis versus life events:

During adult personality development people move through a fixed sequence of stages, each tied closely to age. These stages are associated with specific crises where an individual undergoes a strong period of questioning and psychological turmoil. This perspective is an aspect of normative-crisis models of personality development.

**Normative-crisis model** observes personality development as universal stages of sequential, age-related crisis. Erik Erikson's psychosocial theory predicts that throughout the lifespan people move through a series of stages and crises.

Several critics say that normative-crisis approaches may be outdated. These approaches came at a time when society had fairly rigid and uniform roles for people. Traditionally, men were expected to work and support a family; women were expected to stay at home and take care of the children. These roles played out at relatively uniform ages.

Today, there is considerable variety in both the roles and the timing. Some people marry and have children at 40. Others have children and marry later. Others never marry, and live with a partner of the same or opposite sex and perhaps adopt a child or forgo children altogether. In sum, social changes have called into question the normative-crisis models that are closely tied to age.

**Life events model** recommends that particular events, rather than age per se, determine how personality develops. For instance, a woman who has her first child at age 21 may experience similar psychological forces as a

woman who has her first child at age 39. These two women, despite their very different ages, share certain commonalities of personality development.

It is not clear whether the normative-crisis view or the life events perspective depicts personality development and change in adulthood more accurately. What is clear is that all developmental theorists agree that midlife is a time of continuing, significant psychological growth.

### 3.2.2 Erikson's stage of generativity versus stagnation:

Erikson's psychological conflict of midlife phase is called generativity versus stagnation. Erikson proposed that middle-aged adults face a significant issue—generativity versus stagnation, which is the name Erikson gave to the seventh stage in his lifespan theory. **Generativity** covers adults' desire to leave legacies of themselves to the next generation. Through these legacies adults are able to achieve a kind of immortality. Generativity is expressed not only in bearing or rearing one's own children, but also through teaching, serving as mentor, or taking on leadership roles in various civic, religious, or charitable organizations. Merely having children is not enough for developing generativity in Erikson's terms. The optimum expression of generativity requires turning outward from a preoccupation with self, a kind of psychological expansion toward caring for others. By contrast, **stagnation** (sometimes called "self-absorption") develops when individuals realize that they have done nothing for the next generation. Erikson recognized that once people achieve certain life goals, such as marriage, children, and career success, they may become self-centered and self-indulgent. Adults with a sense of stagnation cannot contribute to society's welfare because they place their own comfort and security above challenge and sacrifice (Hamachek, 1990). Their self-absorption is expressed in many ways—through lack of interest in young people (including their own children), through a focus on what they can get from others rather than what they can give, and through taking little interest in being productive at work, developing their talents, or improving the world in other ways.

Middle-aged people can develop generativity in a number of ways. Through **biological generativity**, adults have children. Through parental generativity, adults nurture and guide their child. Through work generativity, adults develop skills that are passed down to others. And through **cultural generativity**, adults create, renovate, or preserve some aspect of culture that ultimately survives.

The generative adult combines the need for self-expression with the need for communion, integrating personal goals with the welfare of the larger social world (McAdams & Logan, 200a). Erikson (1950) selected the term generativity to encompass everything generated that can outlive the self and ensure society's continuity and improvement: children, ideas, products, and works of art. Although parenting is a major means of realizing generativity, it is not the only means: Adults can also be generative in other family relationships, as mentors in the workplace, in

volunteer endeavors, and through many methods of productivity and creativity.

Erikson's theory says that, highly generative adults appear especially well-adjusted-low in anxiety and depression, high in self-acceptance and life satisfaction, and more likely to have successful marriages and close friends (Ackerman, Zuroff, & Moskowitz, 2000; Grossbaum & Bates, 2002; Westermeyer, 2004). They are also more open to differing viewpoints, possess leadership qualities, desire more from work than financial rewards, and care greatly about the welfare of their children, their partner, their aging parents, and the broader society (Peterson, 2002; Peterson, Smirles, & Wentworth, 1997). Furthermore, generativity is associated with more effective child rearing-higher valuing of trust, open communication, transmission of values to children, and an authoritative style (Hart et al. 2001; Pratt et al., 2001). Although these findings characterize adults of all backgrounds, individual differences in contexts for generativity exist. Having children seems to foster men's generative development more than women. In several studies, fathers scored higher in generativity than childless men (Marks, Bumpass, & Jun, 2004; McAdams & de St. Aubin, 1992). In contrast, motherhood is unrelated to women's generativity scores. Perhaps parenting awakens in men a tender, caring attitude toward the next generation that women have opportunities to develop in other ways.

Does research support Erikson's theory that generativity is an important dimension of middle age? Yes, it does (Gramling, 2007; McAdams & Olson, 2010; Pratt & others, 2008). A longitudinal study of individuals from their college years through age 43 revealed that Erikson's stage of generativity versus stagnation showed a pattern of slow but steady increase in becoming more generative (Whitbourne, Sneed, & Sayer, 2009). Another study revealed that parents' generativity was linked to the successful development of their children as young adults (Peterson, 2006). In this study, parents who were generative had young adult children who were careful and agreeable.

Research has produced hints of such a developmental stage. One cross-sectional study of young, mid-life, and older women found that generativity increased in middle age, as Erikson's theory suggests (Zucker, Ostrove, & Stewart, 2002). Contrary to what his theory would predict, however, the oldest group of participants, whose average age was 66, cited generative concerns as being important to them just as frequently as the middle-aged group did. These findings support Erikson's claim that generativity is more common in middle age than in early adulthood, but they also indicate that generativity continues to be important in old age. Other research suggests that generativity is a more prominent theme in the lives of middle-aged women than in the lives of middle-aged men (Morfei, Hooker, Carpenter, Mix, & Blakeley, 2004). Further, in a study that measured middle-aged women's sense of being burdened by caring for elderly parents, those who exhibited the highest levels of generativity felt the least burdened by elder care (Peterson, 2002).

Erikson's theory provides a broad sketch of adult personality development. For a closer look at psychosocial change in midlife, let's look into three alternative approaches to this:

1. **Vaillant and Gould revision of Erikson's Theory:** Developmentalist **George Vaillant** has spent the past three decades chronicling the development of several hundred adults through early, middle, and late adulthood. His research has included measures of change in the physical, cognitive, personality, and social domains. His findings for the middle adulthood period prompted him to propose a modification of Erikson's theory of lifespan development (Vaillant, 2002).

Vaillant claimed that there is a stage between intimacy and generativity called *career consolidation*. Like Erikson, Vaillant tended to define the domains of life fairly broadly, so career may mean a paid vacation or it could involve a decision to be a stay-at-home mother or father. The outcome of this phase is the creation of a new social network for which the middle-aged adult's primary work serves as a hub. Involvement with this social network helps the individual meet the psychosocial needs of this sub stage. Such needs include contentment, compensation, competence, and commitment (Vaillant, 2002). Individuals need to be happy with the work-related choices they have made, to feel that they are adequately compensated, to view themselves as competent in their chosen field, and to be able to sustain a sense of commitment to their work.

Following generativity versus stagnation, Vaillant argued, there is another stage called **keeper of the meaning**. In this phase, middle-aged adults focus on preserving the institutions and values of their culture that they believe will benefit future generations. For some, religious organizations become paramount. Others focus on the arts, educational institutions, historical preservation societies, or political organizations. The key is that involvement in these institutions is motivated by the desire to ensure their survival rather than by a concern for how the institution can benefit the individual middle-aged adult. In other words, the well-adjusted adult in the keeper of meaning stage wants to give something to the institution rather than to get something from it. Moreover, the social networks that are created through middle-aged adults' associations with institutions support their need to feel that the work they are doing will make a difference for future generations.

Psychiatrist **Roger Gould** (1978, 1980) presented an alternative to both Erikson's and Vaillant's views. He suggested that in a series of stages and potential crises faced by people in their entire lifespan, there are seven stages given by Gould which are associated with specific age periods (see summary table). According to Gould, people feel a sense of urgency in terms of attaining life's goals in their late 30s and early 40s as they recognize that their time is limited. According to him the reality that life is fixed can push people toward adult maturity. Gould based his model of adult development on a relatively small sample and relied a lot on his own clinical judgments. Some research has supported his explanation of the

various stages, which was greatly influenced by the psychoanalytic perspective.

Summary of Gould's Transformations in Adult Development		
Stage	Approximate Age Range	At this stage, people typically:
1	16 to 18	plan to leave home and terminate parental control
2	18 to 22	leave the family and begin to reorient toward peers
3	22 to 28	become independent and commit to career and (often) spouse and children
4	29 to 34	question themselves and experience confusion; they may become dissatisfied with marriage and career
5	35 to 43	feel an urgent need to achieve life goals, becoming increasingly aware of the passage and limits of time; they often realign life goals
6	43 to 53	settle down at last, with acceptance of their lives
7	53 to 60	grow more tolerant, accepting their past; they become less negative and generally more mellow

(Source: Based on *Transformations*, by R. L. Gould, 1978, New York: Simon & Schuster.)

**2. Levinson's Seasons of Life:** Another alternative to Erikson's work is Psychologist Daniel Levinson's work. He reported the results of extensive interviews with 40 middle-aged men. The interviews were conducted with hourly workers, business executives, academic biologists, and novelists. Levinson supported his conclusions with information from the biographies of famous men and the development of memorable characters in literature. Although Levinson's major interest focused on midlife change, he defined a number of stages and transitions during the period from 17 to 65 years of age. Levinson underlines that developmental tasks must be mastered at each stage.

At the end of one's teen years, according to Levinson, a transition from dependence to independence should happen. This transition is marked by the creation of a dream—an image of the kind of life the youth want to have, especially in terms of a career and marriage. Levinson sees the twenties as a learner phase of adult development. It is a time of rationally free experimentation and of testing the dream in the real world. In early adulthood, the two major tasks to be learnt are exploring the possibilities for adult living and developing a stable life structure.

From about the ages of 28 to 33, a man faces a transition period in which he must face the more serious question of determining his goals. During the thirties, he usually focused on family and career development. In the later years of this period, he arrives in the phase of **Becoming One's Own Man**. By age 40, he reaches a stable location in his career, outgrows his earlier, more tenuous attempts at learning to become an adult, and now must look ahead to the kind of life he will lead as a middle-aged adult.

According to Levinson, the **transition to middle adulthood** lasts about five years (ages 40 to 45) and it needs the adult male to come to grips with four major conflicts that have been in his life since adolescence: (1) being young versus being old, (2) being destructive versus being constructive, (3) being masculine versus being feminine, and (4) being attached to

others versus being separated from them. Seventy to 80 percent of the men Levinson interviewed found the midlife transition tumultuous and psychologically painful, as many aspects of their lives came into question. According to Levinson, the success of the midlife transition rests on how effectively the individual reduces the polarities and accepts each of them as an integral part of his being.

Because Levinson interviewed middle-aged men, we can consider the data about middle adulthood more valid than the data about early adulthood. When individuals are asked to remember information about earlier parts of their lives, they may distort and forget things. The original Levinson data included no women, although Levinson (1996) reported that his stages, transitions, and the crisis of middle age hold for women as well as men.

3. **The Midlife Crisis: Reality or Myth?** Levinson (1978, 1996) reported that most of the men and women in his samples experienced considerable inner turmoil during the transition to middle adulthood. Yet Vaillant (1977) saw limited examples of crisis. Instead, change was typically slow and steady. These contrasting findings raise the question of how much personal turmoil actually accompanies entry to midlife. Are self-doubt and stress especially great during the forties, and do they prompt major reformation of the personality, as the term midlife crisis implies?

In a survey of more than 700 adults, only one-fourth reported experiencing a midlife crisis. When asked what they meant by the term, the participants defined it much more loosely than researchers had done. People reported a crisis well before age 40, others well after age 50. And most attributed it not to age but to challenging life events (Wethington, 2000).

Another way of exploring midlife questioning is to ask adults about life regrets-attractive opportunities for career or other life-changing activities they did not pursue or lifestyle changes they did not make. In two investigations of women in their early forties, those who acknowledged regret without making life changes, compared to those who modified their lives, reported less favorable psychological well-being and poor physical health over time (Landman et al., 1995; Stewart & Vandewater, 1999).

By late midlife, with less time ahead to make life changes, people's interpretation of regrets plays a major role in their wellbeing. Among a sample of several hundred 60- to 65-year-olds, diverse in socio-economic status, about half expressed at least one regret. Compared to those who had not resolved their disappointments, those who had come to terms with them (accepted and recognized some eventual benefits) or had "put the best face on things" (able to recognize benefits but still had some remaining guilt) specified healthier physical health and better life fulfillment.

In sum, life assessment is common during middle age. Most people go for changes that are best described as "turning points" rather than drastic alterations of their lives. Those who cannot modify their life paths often look for the "silver lining" in life's difficulties (Wethington, Kessler, &

Pixley, 200a). The few midlifers who are in crisis typically have had early adulthoods in which gender roles, family pressures, or low income and poverty severely limited their ability to achieve personal needs and goals, at home or in the broader world.

### **3.2.3 Stability and change in self-concept and personality:**

Midlife changes in self-concept and personality reflect growing awareness of a limited lifespan, longer life experience, and generative concerns. Still some aspects of personality remain constant, revealing the persistence of individual differences established during earlier periods.

1. **Possible Selves:** Possible selves, future-oriented representations of what one hopes to become and what one is scared of becoming. Possible selves are the time-based dimension of self-concept-what the individual is striving for and attempting to avoid. To lifespan researchers, these hopes and fears are just as vital in explaining behavior as people's views of their present features. Indeed, possible selves may be an especially strong motivator of action in midlife, as more sense becomes attached to time. In middle adulthood, people may rely less on social comparisons in judging our self-worth and more on temporal comparisons-how well they are doing in relation to what they had planned.

Throughout adulthood, people's descriptions of their current selves show considerable stability. A 30-year-old who says he is cooperative, competent, outgoing, or successful is likely to report a similar picture at a later age. But reports of possible selves change greatly. Adults in their early twenties mention possible selves in many senses, and their visions are lofty and idealistic-being "perfectly happy" rich and famous, "healthy throughout life," and not being "a person who did nothing important." With age, possible selves become less in number and more modest and concrete. They are mainly concerned with performance of roles and responsibilities already begun-"being capable at work", "being a good husband and father," "putting my children in colleges of their choice," "staying healthy," and not being "a burden to family" or "without sufficient money to achieve my daily needs" (Bybee & Wells, 2003; Cross & Markus, 1991; Ryff, 1991).

What explains these shifts in possible selves? Because the future no longer holds boundless opportunities, adults preserve mental health by regulating their hopes and fears. To stay motivated, they must maintain a sense of unachieved possibility; yet they must still manage to feel good about themselves and their lives despite disappointments (Lachman & Bertrand, 2002).

2. **Self-Acceptance, Autonomy, and Environmental Mastery:** An evolving mix of competencies and experiences leads to changes in some personality traits during middle adulthood. Middle-aged adults incline to offer more complex, integrated descriptions of

themselves than do younger and older individuals. And many have reshaped contexts to suit their personal needs and values.

These developments undoubtedly contribute to other gains in personal functioning. In research on well-educated adults ranging in age from the late teens into the seventies, three traits have increased from early to middle adulthood and then leveled off:

- **Self-acceptance:** More than young adults, middle-aged people, they acknowledged and accepted both their good and bad qualities and felt positively about themselves and life.
- **Autonomy:** Middle-aged adults saw themselves with fewer concerns about others expectations and evaluations and more concerned with following self-chosen standards.
- **Environmental Mastery:** Middle-aged people saw themselves as capable of managing a wide array of tasks easily and effectively.

In Unit 10, we noted that midlife brings gains in expertise and practical problem solving. These cognitive changes may support the confidence, initiative, and decisiveness of this period. Overall, midlife is a time of increased comfort with the self, independence, assertiveness, commitment to personal values, psychological well-being, and life satisfaction. Perhaps because of these personal attributes, people sometimes mention middle age as “the prime of life”. Although individual differences exist, middle adulthood is a time when many people report feeling especially happy and functioning at their best.

**3. Coping strategies:** Compared to younger adults, middle-aged people are more likely to identify the positive side of difficult situations, postpone action to permit evaluation of alternatives, anticipate and plan ways to handle future discomforts, and they use humor to express ideas and feelings without offending others. Notice how these efforts flexibly draw on both problem-centered and emotion-centered strategies.

Why might effective coping increase in middle adulthood? Other personality changes seem to support it. In one study, cognitive-affective complexity—the ability to blend personal strengths and weaknesses into an organized self-description, which increases in middle age—predicted good coping strategies. Greater confidence in handling life's problems may also contribute. In a longitudinal investigation of well-educated women, taking initiative to overcome difficult times in early adulthood predicted advanced self-understanding, social and moral maturity, and high life satisfaction at age 43. Overall, these findings suggest that years of experience in managing stress promote enhanced self-knowledge, which joins with life experience to foster more sophisticated, flexible coping during middle age.



**4. Gender Identity:** Many studies report an increase in "masculine" traits in women and "feminine" traits in men across middle age (Huyck, 1990; James et al., 1995). Women become more confident, self-sufficient, and forceful, men more emotionally sensitive, caring, considerate, and dependent. These trends appear in not just Western industrialized nations but also in village societies such as the Mayans of Guatemala, the Navajo of the United States, and the Druze of the Middle East (Fry, 1985; Gutmann, 1977; Turner, 1982). Consistent with Levinson's theory, in midlife gender identity becomes more androgynous-a mixture of "masculine" and "feminine" characteristics.

Hence the existence of these changes is well-accepted but explanations for them are controversial. A well-known evolutionary view, **parental imperative theory**, holds that identification with traditional gender roles is maintained during the active parenting years to help ensure the survival of children. After children achieve adulthood, parents are free to express the "other-gender" side of their personalities (Gutmann & Huyck, 1994). A related idea is that the decline in sex hormones associated with aging may contribute to androgyny in later life (Rossi, 1980).

But these biological accounts have been criticized. As we discussed in earlier chapters, parents need both warmth and assertiveness (in the form of firmness and consistency) to rear children effectively. And although children's departure from the home is related to men's openness to the "feminine" side of their personalities, the link to a rise in "masculine" traits among women is less apparent (Huyck, 1996, 1998). In longitudinal research, college-educated women in the labor force-especially those in high-status positions-became more independent by their early forties, regardless of whether they had children (Helson & Picano, 1990; Wink & Helson, 1993). Finally, androgyny is not associated with menopause-a finding at odds with a hormonal explanation (Helson & Wink, 1992).

Besides reduced parenting responsibilities, in midlife other demands and experiences of may prompt androgynous orientation. For example, in men, a need to enhance a marital relationship after children have departed, along with reduced opportunities for career advancement, may awaken emotionally sensitive qualities. Compared with men, women are far more likely to face economic and social disadvantages. A greater number remain divorced, are widowed, and encounter discrimination in the workplace. Self-reliance and assertiveness are vital for coping with these circumstances.

In adulthood, androgyny is linked with progressive moral reasoning and psychosocial maturity (Prager & Bailey, 1985; Waterman & Whitbourne, 1982). People who do not assimilate the masculine and feminine sides of their personalities incline to have mental health problems, perhaps because they are unable to adapt flexibly to the challenges of aging (Huyck, 1996).

5. **Individual Differences in Personality Traits:** In previous sections, we considered personality changes common to many middle-aged adults, but stable individual differences also exist. The hundreds of personality traits on which people differ have been organized into five basic factors, called the "big five" personality traits: neuroticism, extroversion, openness to experience, agreeableness, and conscientiousness.

### **The Big Five Personality Traits:**

- **Neuroticism:** Individuals with high on this trait are worrying, temperamental, self-pitying, self-conscious, emotional and vulnerable. Individuals who are low are calm, even-tempered, self-content, comfortable, unemotional and resilient.
- **Extroversion:** Individuals with high on this trait are affectionate, talkative, active, fun-loving, and passionate. Individuals with low IQ are reserved, quiet, passive, sober, and emotionally unreactive.
- **Openness to experience-** Individuals with high on this trait are imaginative, creative, original, curious, and liberal. Individuals with low openness to experience are down-to-earth, uncreative, conventional, incurious, and conservative.
- **Agreeableness:** Individuals with high on this trait are soft-hearted, trusting, generous, acquiescent, lenient, and good-natured. Individuals With low are ruthless, suspicious, stingy, antagonistic, critical, and irritable.
- **Conscientiousness:** Individuals with high on this trait are conscientious, hardworking, well-organized, punctual, ambitious, and persevering. Individuals with low conscientiousness are negligent, lazy, disorganized, late, aimless, and nonpersistent.

Longitudinal and cross-sectional studies of men and women in several countries varying widely in cultural traditions reveal that agreeableness and conscientiousness rise from the teenage years through middle age, whereas neuroticism declines, and extraversion and openness to experience do not change or decrease slightly-changes that reflect "setting down" and greater maturity (Costa et al., 2000; McCrae et al., 2000; Roberts et al., 2003; Srivastava et al., 2003).

The consistency of these cross-cultural findings has led some researchers to conclude that adult personality change is genetically influenced. They note that "big five" traits are large and highly stable in individual differences: An adult who scores high or low at one age is likely to do the same at another, over intervals ranging from 3 to 30 years (Costa & McCrae, 1994). In a reanalysis of more than 150 longitudinal studies including more than 50,000 participants, personality-trait stability increased during early and middle adulthood, reaching a peak in the decade of the fifties (Roberts & DelVecchio, 2000).

How can there be high stability in personality traits, yet significant changes in aspects of personality discussed earlier? We can think of adults as changing in overall organization and integration of personality, but doing so on a foundation of basic, enduring dispositions that support a clear sense of self as people adapt to altering life conditions. When more than 2,000 individuals in their forties were asked to reflect on their personalities during the previous 6 years, 52 percent said they had "stayed the same," 39 percent mentioned that they had "changed a little," and 9 percent said they had "changed a lot" (Herbst et al., 2000).

Again, these findings contradict a view of middle adulthood as a period of great turmoil and change. But they also underline that personality remains an "open system," responsive to the pressures of life experiences. Indeed, certain midlife personality changes may strengthen trait consistency! Improved self-understanding, self-acceptance, and skill at handling challenging situations may result in less need to modify basic personality dispositions over time (Caspi & Roberts, 2001).

**Check your progress:**

1. What is personality development in middle adulthood? Its importance.
2. Why is middle adulthood called a middle crisis?
3. Explain Normative crisis versus life events.

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### **3.3 LET'S SUM UP**

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Erickson's theory is a normative crisis model that views personality development in terms of fairly universal stages, tied to a sequence of age-related crises (move through fixed stages and crises). Everyone goes through the same stages at the same ages.

Life events model proposes that particular events, rather than age per se, determine how personality develops. Personality depends on what happens in life and when it happens. For example, having your first baby produces similar changes whether the mother is 25 or 39 years old. Both models confirmed that adulthood is not a time of passivity and stagnation but of continued psychological growth.

Generativity Starts in early adulthood but increases significantly as middle-aged adults face Erikson's psychological conflict of generativity versus stagnation. Highly Generative people find self-actualization as they make contributions to society through parenthood, other family relationships, the workplace, and volunteer activities.

Personal needs and cultural demands jointly shape adults' generative activities. Highly generative people seem especially well-adjusted. The negative outcome, stagnation, happens when people become self-centered and self-indulgent in midlife.

Vaillant proposed that adults in their late forties and fifties take on responsibility as guardians of their culture, seeking to "pass the torch" to later generations.

According to Levinson, middle-aged adults reevaluate their relation to themselves and the external world. They challenge four developmental tasks, each requiring them to reconcile two contrasting tendencies within the self: young-old, destruction-creation, masculinity-femininity, and engagement-separateness. Perhaps because of the double standard of aging, middle-aged women express concern about appearing less attractive. But non college-educated men, even more than women, show a growth in sensitivity to physical aging. Middle-aged men may adopt "feminine" traits of nurturance and caring, while women may take on "masculine" traits of autonomy, dominance, and assertiveness. Men and successful career-oriented women frequently reduce their focus on ambition and achievement. Women who have devoted themselves to child rearing or an unfulfilling job typically increase their involvement in work and the community.

Most people respond to midlife with changes that are better defined as "turning points" than as a crisis. Only a few people experience a midlife crisis characterized by intense self-doubt and inner turmoil leading to drastic changes in their personal lives and careers.

Middle-aged individuals continue self-esteem and stay motivated by revising their possible selves, which become less in number as well as more modest and concrete as people adjust their hopes and fears to their life circumstances.

Midlife typically leads to greater self-acceptance, autonomy, and environmental mastery-changes that promote psychological well-being and life satisfaction. As a result, some people hold middle age the "prime of life."

Coping strategies become more effective as middle-aged adults develop more confidence in their ability to handle life's problems.

Both men and women develop androgynous trait in middle adulthood. Biological descriptions, such as parental imperative theory, are controversial. A complex mixture of social roles and life conditions is possibly responsible for midlife changes in gender identity.

Among the "big five" personality traits, neuroticism, extroversion, and openness to experience show stability or modest declines during adulthood, while agreeableness and conscientiousness increase. But individual differences in the "big five" traits are largely and highly stable: Although adults change in overall organization and integration of personality, they do so on a foundation of basic, enduring dispositions.

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### 3.4 QUESTIONS

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1. Explain Erikson's stage of generativity versus stagnation.

2. Discuss stability and change in self-concept and personality.
3. a. Write the importance of Coping strategies.
- b. Describe Levinson's seasons of life.
4. Write in detail Roger Gould revision theory.
5. Write short notes on
  - a. Big Five Personality Traits
  - b. Gender Identity
  - c. Transition to middle adulthood
  - d. Environmental Mastery.

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### **3.5 REFERENCES**

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## **SOCIAL AND PERSONALITY DEVELOPMENT IN MIDDLE ADULTHOOD - II**

### **Unit Structure**

- 4.0 Objectives
- 4.1 Introduction
- 4.2 Relationships: Family in middle age
  - 4.2.1 Marriage, divorce and remarriage
  - 4.2.2 Family evolutions: From full house to empty nest
  - 4.2.3 Becoming a grandparent: Who, me?
  - 4.2.4 Family violence: The hidden epidemic
- 4.3 Work & Leisure
  - 4.3.1 Work and careers: Jobs at midlife
  - 4.3.2 Unemployment: The dashing of the dream
  - 4.3.3 Switching-and starting-careers at midlife
  - 4.3.4 Leisure time: Life beyond work
- 4.4 Let's sum up
- 4.5 Questions
- 4.6 References

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### **4.0 OBJECTIVES**

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After reading this unit you will be able to understand:

- Illustrate the patterns of marriage and divorce in middle adulthood.
- Differentiate the changing family situations faced by middle- aged adults.
- Explain the causes and characteristics of family violence.
- Identify what factors contribute to career transitions in mid-life.
- Discuss people experiencing leisure time in middle adulthood.

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### **4.1 INTRODUCTION**

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In this unit we are going to explore —the ways in which we share our lives with others. First, we consider what makes good relationships. Because relationships form the basis of our lifestyle. Throughout this unit, the emphasis is on aspects of relationships and work that nearly everyone experiences during middle adulthood.

During this period, individual and societal developments are intimately interlinked. For societies to thrive and develop, adults should dedicate their energy and resources to preserving the quality of life for upcoming generations. In order for individuals to continue to thrive and grow, societies must provide opportunities for adults to express and fulfill their generative strivings.

Because middle adulthood covers a relatively long period, there are opportunities to review and revise one's commitments and goals along the way. People experience many transitions in their work and family roles during this time, encountering a widening circle of relationships and new responsibilities for the care and guidance of others. Over the course of adulthood, many situations call for decisions that have no single correct answer. Several alternatives are possible, and adults must rely on their ability to gather and evaluate information to determine which choice is best for them and their loved ones.

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## **4.2 RELATIONSHIPS: FAMILY IN MIDDLE AGE**

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The middle adulthood phase of the family life cycle is often referred to as "launching children and moving on." In the past, it was often called the "empty nest," but this phrase implies a negative transition, particularly for women. Once adults devote themselves entirely to their kids, the drop in active parenting will trigger feelings of emptiness and regret. But for many people, middle adulthood is a liberating time, offering a sense of completion and an opportunity to strengthen existing ties and build new ones.

Because increased life expectancy has caused this period to lengthen, it is marked by the greatest number of exits and entries of family members. As adult children leave home and marry, middle-aged people must adapt to new roles of parents-in-law and grandparents. At the same time, they must create a different type of relationship with their aging parents, who may become ill or unwell and die. Let's see how ties within and outside the family change throughout this time of life.

### **4.2.1 Marriage, divorce and remarriage:**

#### **Marriage:**

Marital satisfaction always plays a role in midlife psychological well-being. A recent study revealed that marital satisfaction increases in middle age (Gorchoff, John, & Helson, 2008). Even some marriages that were difficult and unsteady during early adulthood turn out to be better adjusted during middle adulthood. While the partners may have lived through a great deal of turmoil, in this time duration they eventually discover a deep and solid foundation on which to anchor their relationship. In middle adulthood, the partners may have a smaller number of financial worries, little housework and chores, and more time with each other. Middle-aged partners are more likely to view their marriage as positive if they connect in mutual activities.

Mainly individuals in midlife who are married voice considerable satisfaction with being married. In a large-scale study of individuals in middle adulthood, 72 percent of those who were married said their marriage was either “excellent” or “very good”. Probably by middle age, many of the worst marriages have already dissolved. However, a current study revealed that married and partnered middle-aged adults were more likely to view their relations with ambivalence or indifference than their late adulthood counterparts. Finally, most also feel that their spouses have grown more interesting over the course of the marriage.

Sexual satisfaction is related to general marital satisfaction. What matters is not how often married people have sex. Instead, satisfaction is related to agreeing about the quality of their sex lives.

Are there “secrets” to successful marriages? Not really. However, there are proven coping mechanisms that allow couples to remain together happily. Among them:

- **Holding realistic expectations:** Successful couples understand that there are some things about their partner that they may not like all that much. They accept that their partner will do such things that they don’t like some of the time.
- **Focusing on the positive:** Thinking about the things that they like about their partner helps them to believe the things that bother them.
- **Compromising:** Partners in successful marriages understand that they are not going to win every argument, and they are not going to keep score.
- **Avoiding suffering in silence:** If something does trouble them, they let their partner know about it. But they don’t bring it up in a harsh way. Instead, they talk about it at a time when they are both calm.

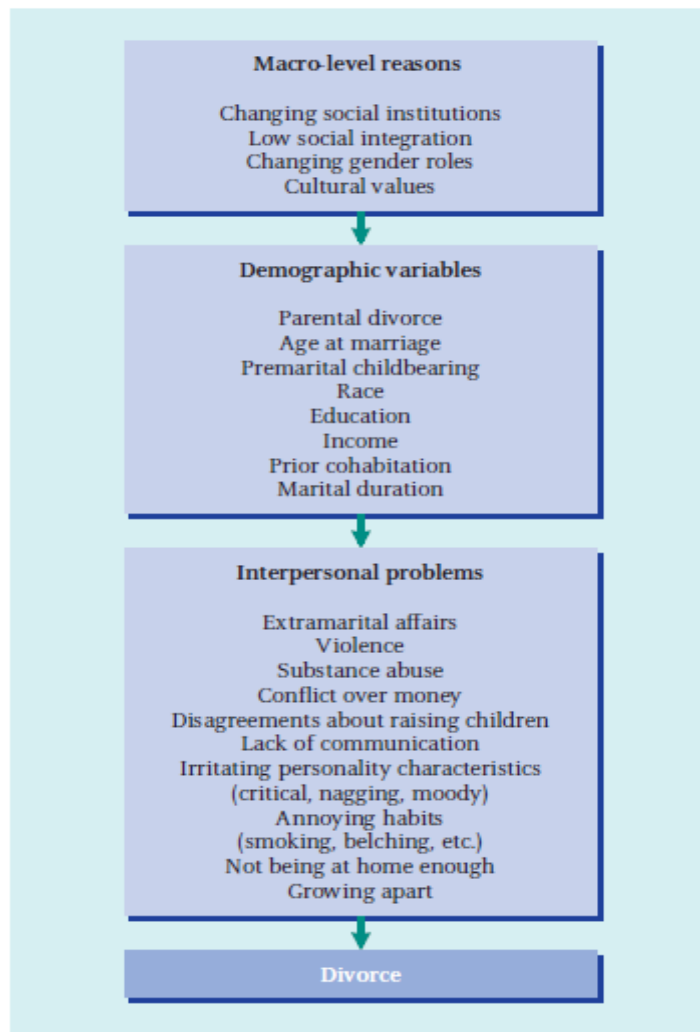
### **Divorce:**

Most couples enter marriage with the thought that their relationship will be permanent. Unfortunately, fewer and fewer couples experience this permanence. Rather than rising together, couples grow apart.

As in early adulthood, divorce is one way of resolving an unsatisfactory marriage in midlife. Although most divorces occur within 5 to 10 years of marriage, about 10 percent take place after 20 years or more. Divorce at any age takes a heavy psychological toll, but mid lifers find to adapt more easily than younger people. A survey of more than 13,000 Indians revealed that following divorce, middle-aged men and women reported fewer declines in psychological well-being than their younger counterparts. Midlife gains in practical problem solving and efficient coping strategies might reduce the stressful impact of divorce. Nevertheless, for many women, marital breakup-especially when it is repeated-severely reduces standard of living.



Men and women tend to agree on the reasons for divorce. Infidelity is the most commonly reported cause, followed by incompatibility, drinking or drug use, and growing apart. People's exact reasons for divorcing differ with gender, social class, and life-course variables.



From Benokraitis, N. *Marriages and Families: Changes, Choices, and Constraints*, 4/e, © 2002, p. 401. Reprinted with permission of Pearson Education, Inc., Upper Saddle River, New Jersey.

Why people divorce is certainly complex. Many factors on different levels go into the decision to divorce. As shown in figure, macro-level social issues, demographic variables, and interpersonal problems all factor into the decision to divorce (Lamanna Riedmann, 2003).

### Remarriage:

The trauma of divorce does not discourage people from beginning new relationships which often leads to another marriage. Typically, men and women both wait about 2 to 5 years before they remarry.

Research indicates that there are few differences between first marriages and remarriages (Coleman Ganong, 1990). Second marriages have about a 25% higher risk of dissolution than first marriages, and the divorce rate for

remarriages involving stepchildren is about three times higher than the rate for first marriages.

Although women are more likely to initiate a divorce, they are less likely to remarry unless they are poor. However, women in general tend to benefit more from remarriage than do men, particularly if they have children. Although many people believe that divorced persons should wait before remarrying to avoid the so-called “rebound effect,” hence, there is no evidence that those people who remarry sooner have a smaller amount of success in remarriage than those who wait longer.

Adapting to new relationships in remarriage is stressful. For example, partners might have unresolved issues from the earlier marriage that may interfere with satisfaction with the new marriage. On children the effects of remarriages are positive, at least for young adult children who report a positive effect on their own intimate relationships as an effect of their parent(s) remarrying happily.

#### 4.2.2 Family evolutions: From full house to empty nest:

An important event in a family is the launching of a child into adult life. Parents always face new adjustments as a result of the child’s absence. Students generally think that their parents suffer from their absence. In fact, parents who live vicariously through their children might experience the **empty nest syndrome**, which includes a decline in marital satisfaction after children leave the home.

The empty nest or post-prenatal period refers to the time period when children are grown up and have left home. For most parents this occurs during midlife. This time is recognized as a “normative event” as parents are aware that their children will become adults and eventually go away from home. The empty nest creates complex emotions, both positive and negative, for many parents. Some theorists suggest this is a time where parents faced role loss; others suggest it is one of role strain relief.

The role **loss hypothesis** predicts that when people lose an important role in their lives, they experience a decrease in emotional well-being. It is from this perspective that the idea of the empty nest syndrome emerged, which refers to great emotional distress experienced by parents, typically mothers, after children have left their home. The empty nest syndrome is linked to the absence of alternative roles for the parent in whom they could establish their identity (Borland, 1982). In Bouchard’s (2013) review of the research, in her research she found that few parents reported loneliness or a big sense of loss once all their children had left home.

In contrast, the role **stress relief hypothesis** suggests that the empty nest period should lead to more positive changes for parents, as the responsibility of raising children has been lifted. The role strain relief hypothesis was supported by lots of studies in Bouchard’s (2013) review. A constant finding throughout the research literature is that raising children has a negative impact on the quality of marital relationships (Ahlborg, Misvaer, & Möller, 2009; Bouchard, 2013). Most studies have

reported that marital satisfaction often increases during the launching phase of the empty nest period, and that this satisfaction endures long after the last child has left home (Gorchoff, John, &Helson, 2008).

A number of studies in India suggest that empty-nesters, especially in more rural areas of India, report greater loneliness and depression than their counterparts with children still at home. Family support for the elderly by their children is a cherished Indian tradition. With children moving from the rural communities to the larger cities for education and employment this may explain the more pessimistic reaction of Indian parents than in other countries' samples. The loss of an adult child in a rural region may mean a loss of family income for aging parents. Empty-nesters in urban regions of India did not report the same degree of distress, suggesting that it is not so much the event of children leaving, but the additional hardships this may place on aging parents.

### **Boomerang children: Refilling the empty nest:**

Young adults living with their parents for a longer duration and in greater numbers than earlier generations. In addition to those in early adulthood who have not left the home of their parents, there are many young adults who are returning after having lived independently outside the house and these are called **boomerang kids**.

Boomerang children typically cite money as the main reason for returning. In the current economy, many college graduates cannot find jobs, or the jobs they do find don't pay enough to make ends meet. Others return home after a divorce. Overall, close to one-third of young adults aged 25 to 34 are staying with their parents. In some countries, the proportion is even higher (Roberts, 2009; Parker, 2012).

Parents' reactions to the return of their children depend largely on the reasons for it. If their children are unemployed, their return may be a major irritant. Fathers in particular may not grasp what a difficult job market college graduate's encounter, and may be decidedly unsympathetic. There may also be some subtle parent-child rivalry for the attention between the child and either spouse.

Mothers tend to sympathize more with children who are unemployed. Single mothers in particular may welcome the help and security that returning children provide. Both mothers and fathers feel fairly positive about returning children who work and contribute to the household.

### **The Sandwich Generation: Between children and parents:**

The term sandwich generation is broadly used to refer to the idea that middle-aged adults must care for multiple generations above and below them at the same time. Although middle-aged adults who care for elderly parents rarely have young children of their own in their homes, many are providing assistance to young-adult children and to grandchildren-obligations that, when combined with work and community responsibilities, can lead middle-aged caregivers to experience

"sandwiched," or squeezed, between the pressures of older and younger generations.

The survey found that almost 33% of the sandwich-generation adults were more likely to say they always feel rushed, while only 23% of other adults said this. However, the survey suggests that those who were supporting both parents and children reported being just as happy as those middle-aged adults who did not find themselves in the sandwich generation (Parker & Patten, 2013). Adults who are supporting both parents and children did report greater financial tension. Only 28% reported that they were living comfortably versus 41% of those who were not also supporting their parents. Almost 33% were just making ends meet, compared with 17% of those who did not have the additional financial burden of aging parents.

#### 4.2.3 Becoming a grandparent: Who, me?:

In addition to maintaining relationships with their children and aging parents, many people in middle adulthood take on yet another role, **becoming a grandparent**. The role of grandparents varies around the world. In multigenerational households, grandparents may play a greater role in the day-to-day activities of their grandchildren.

The degree of grandparent involvement also depends on the proximity of the grandparents' home to the grandchildren. In developed countries, the larger mobility of the society can mean that grandparents may live long distances from their grandchildren. Technology has brought grandparents and their more far-away grandchildren together. Sorenson and Cooper (2010) found that many of the grandfathers they interviewed would text, email, or video call with their grandchildren in order to stay in touch.

Cherlin and Furstenberg (1986) described **three** styles of grandparents. Thirty percent of grandparents were **remote** as they rarely saw their grandchildren. Usually, they lived far away from the grandchildren but may also have had a distant relationship. Contact was typically made on special occasions, such as holidays or birthdays. Fifty-five percent of grandparents were described as **companionate** as they did things with their grandchildren but had little authority or control over them. They preferred to spend time with them without interfering in parenting. They were more like friends to their grandchildren. Fifteen percent of grandparents were described as **involved** as they took a very active role in their grandchild's life. The involved grandparent had frequent contact with and authority over the grandchild, and their grandchildren might even have lived with them. Grandmothers, more so than grandfathers, played this role. In contrast, more grandfathers than grandmothers saw their role as family historian and family advisor (Neugarten and Weinstein, 1964).

#### 4.2.4 Family violence: The hidden epidemic:

Domestic violence is epidemic in India, happening in one-fourth of all marriages. More than half the women who were murdered in one recent 10-year period were murdered by a partner. Between 21 percent and 34

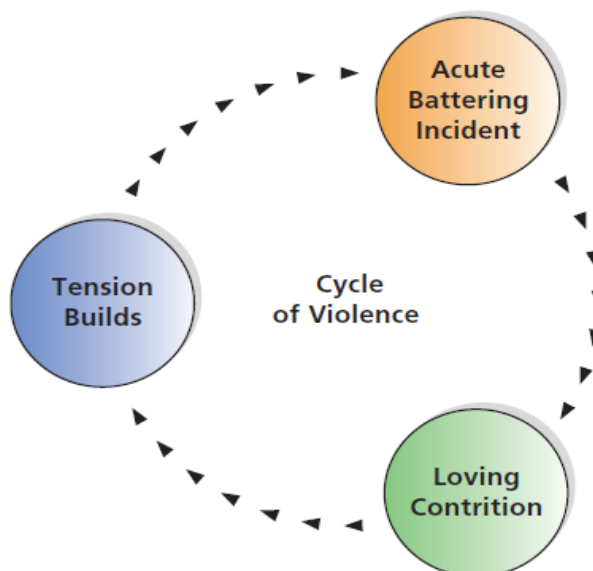
percent of women will be slapped, kicked, beaten, choked, or threatened or attacked with a weapon at least once by an intimate partner. In fact, continuing, severe violence characterizes close to 15 percent of all marriages in India. In addition, many women are victims of psychological abuse, such as verbal or emotional abuse. Domestic violence is also a worldwide problem. Estimates suggest that one in every three women around the globe experience violent victimization during their lives. Certain factors increase the likelihood of abuse. Spousal abuse is more apt to occur in large families for whom both financial tension and verbal aggression are common. Those husbands and wives who grew up in families where violence was present are also more likely to be violent themselves.

The factors that put a family at risk are similar to those associated with child abuse, another form of family violence. Child abuse occurs most frequently in stressful environments, at lower socioeconomic levels, in single-parent families, and in situations of intense marital conflict. Families with four or more children have higher abuse rates, and those with fewer incomes. But not all types of abuse are higher in poorer families: Incest is more likely to occur in affluent families.

### **The Stages of Spousal Abuse:**

In 1979, psychologist Lenore Walker found that many violent relationships follow a common pattern or stage. The entire stage may happen in one day or it may take weeks or months. It is different for every relationship and not all relationships follow the stage.

(Source: Adapted from Walker, 1979, 1984; Gondolf, 1985.)



***Figure: The Stages of Violence***

This stage has three parts:

- i. **Tension building phase:** Tension builds over frequent domestic issues like money, children or jobs. Verbal abuses begin. The victim tries to manage the situation by pleasing the abuser, giving in or avoiding the abuse. None of these will stop the violence. In the end, the tension reaches a boiling peak and physical abuse begins.
- ii. **Acute battering incident phase:** When the tension peaks, the physical violence begins. It is generally triggered by the existence of an external event or by the abuser's emotional condition-but not by the victim's behavior. This means the start of the battering event is unpredictable and away from the victim's control. However, some experts believe that in some cases victims may unconsciously provoke the abuse so they can release the tension, and move on to the loving contrition phase.
- iii. **The loving contrition phase:** First, the abuser is embarrassed of his behavior. He expresses regret, tries to reduce the abuse and might even blame it on the partner. He may then show loving, kind behavior followed by apology, kindness and support. He will truly attempt to convince the partner that the abuse will not take place again. This loving and apologetic behavior strengthens the bond between the partners and will possibly convince the victim, once again, that leaving the relationship is not essential.

This stage continues over and over, and may help explain why victims stay in abusive relationships. The abuse may be terrible, but the promises and generosity of the loving contrition phase gives the victim the false belief that everything will be alright.

### **The Cycle of Violence:**

Yet other wives stay with batterers because they have also learnt in their childhood, just like their husbands, that violence is a tolerable means of settling disputes.

According to the **cycle of violence hypothesis**, abuse and neglect of children influences them to be abusive as adults. In line with social learning theory, the cycle of violence hypothesis suggests that family aggression is transferred from one generation to another. It is a fact that those who abuse their wives often witnessed spousal abuse at home as children, just as parents who abuse their children recurrently were the victims of abuse as children.

### **Spousal Abuse and Society: The Cultural Roots of Violence:**

Wife beating is especially common in cultures that view women as inferior to men and treat them as property. Some experts on abuse proposed that its root cause is the traditional power structure in which women and men function. They argued that the more a society

differentiates between the status of men and women, the more likely it is that abuse will occur.

They cite research examining the legal, political, educational, and economic roles of women and men. For example, some research has compared battering statistics across the various states in India. Abuse is more likely to take place in states where women are of mainly low or high status compared with women in other states. In fact, relatively low status makes women easy targets of violence, while unusually high status may make husbands feel threatened and thus more likely to behave abusively.

### **Check your progress**

1. Write about social development in middle adulthood and its importance.
2. What are the differences in attitude of male and female towards relationships in middle adulthood?
3. Discuss the effects of divorce in middle adulthood people.

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## **4.3 WORK & LEISURE**

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Adults in their middle years actually enjoy a rich variety of activities. Although middle adulthood often represents the climax of career success and earning power, it is also a time when people throw themselves into leisure and entertainment activities. In fact, midlife may be the phase when work and leisure activities are balanced easily. With no longer feeling a need to prove themselves on the job, and increasingly valuing their contributions to family, community, and more broadly-society, middle-aged adults find that work and leisure complement one another in ways that improve overall happiness.

### **4.3.1 Work and careers: Jobs at midlife:**

For many, productivity, success, and earning power are greatest in middle age, but occupational success may become far less attractive than it once was. This is particularly true for those who have not achieved the career success they had hoped for. In such cases, family and other off-the-job interests become more important than work.

The factors that make a job satisfying keep changing throughout middle age. Younger adults focus on abstract and future-oriented concerns, such as the opportunity for progress or the possibility of appreciation and approval. Middle-aged employees care more about the here-and-now qualities of work. They are more concerned with pay, working conditions, and specific policies, such as how vacation time is calculated. As at earlier stages of life, changes in overall job quality are connected with changes in stress levels for both men and women. In general, though, the relationship between age and work is positive. The older employees are the more overall job satisfaction they experience. This is not in total surprising, since younger adults who are dissatisfied with their jobs will quit them and

find new positions that they like better. Also, because older workers have fewer opportunities to change jobs, they may learn to live with what they have, and accept that it is the best they are likely to get. Such acceptance may finally convert into satisfaction.

### **Challenges of Work: On-The-Job Dissatisfaction:**

Job satisfaction is not universal in middle adulthood. For various people, unhappiness with working conditions or with the nature of the job increases their stress. Conditions may become so terrible that the result is burnout or a decision to change jobs.

Employee's experience **burnout** due to dissatisfaction, disappointment, frustration, and exhaustion from their jobs. It happens most often in jobs that involve helping others, and it frequently strikes those who once were the most idealistic and driven. In some ways, such workers may be overcommitted to their jobs.

### **4.3.2 Unemployment: The dashing of the dream:**

For a lot of employees, unemployment is a hard reality, affecting them psychologically and economically. For those who have been fired, being out of work can be psychologically and even physically disturbing.

Unemployment can leave people anxious, depressed, and irritable. Their self-confidence may fall, and they may not be able to concentrate. According to one analysis, every time the unemployment rate goes high, there is a rise in amount of suicide, and admissions to psychiatric facilities go up, in rates men are higher than women. Middle-aged individuals tend to stay unemployed longer than younger employees. Workers may discriminate against older applicants, creating more complications in finding a new job. Research finds that older employees miss less work days, hold their jobs longer, are more reliable, and are more willing to learn new skills. Midlife unemployment is a shocking experience. Hence, for a lot of employees, particularly those who never find meaningful work again, such involuntary and premature-retirement can lead to distrust, and sadness. Accepting the new condition takes time and a good compact of psychological adjustment. And there are challenges for individuals who do find a new career, too.

### **4.3.3 Switching-and starting-careers at midlife:**

For lots of individuals, midlife brings a hunger for change. Individuals who are disappointed with their jobs, who switch careers after a period of unemployment, or who come back to a job market they left years ago, development leads to new careers. People change careers in middle adulthood for numerous reasons. Their job may offer little challenge, or they have achieved mastery. Other people switch because their jobs have changed in ways they don't like, or they may have lost their job. They may be asked to compete more with less resources, or technology may have considerably changed their daily activities and they no longer enjoy what they do.



Still others are sad with their position and desire to make a fresh start. Some individuals simply want something new. People look at middle age as the final chance to make a meaningful occupational change. Lastly, a major number of people, most of them women, return to the job market after raising children.

People may enter new professions with unrealistically high expectations and then be dissatisfied by the realities. Some forecasters suggest that career changes will become the rule, not the exception.

#### **4.3.4 Leisure time: Life beyond work:**

As most nations restrict the number of hours an employer can demand that an employee work per week, and require employers to offer paid vacation time, what do middle-aged adults do with their time off from job and duties, referred to as leisure? Around the world the most common leisure activity in both early and middle adulthood is watching television, socializing, reading, and relaxing/thinking.

In Asia, men spend about 5 hours or more per week in leisure activities, especially on weekends, than do women. The leisure gap between mothers and fathers is considerably smaller, around 3 hours a week, than amongst those without children under age. Those aged 35-44 years spend less time on leisure activities than any other age group. This is not surprising as these age groups are more likely to be parents and still working up the ladder of their career, so they may feel they have less time for leisure.

Indians have less leisure time than people in many other nations. One report suggests that several other nations also provide additional time off for young and older workers and for shift workers. In Asia, those in higher paying jobs and jobs covered by a union contract are more likely to have paid vacation time and holidays.

#### **The benefits of taking time away from work:**

Several studies have noted the benefits of taking time away from work. It reduces job stress burnout, improves both mental health and physical health, especially if that leisure time also includes moderate physical activity. Leisure activities can also improve productivity and job satisfaction and help adults deal with balancing family and work obligations.

There are many socio-emotional changes that occur in how middle-aged adults perceive themselves. While people in their early 20s may emphasize how old they are to gain respect or to be viewed as experienced, by the time people reach their 40s they tend to emphasize how young they are. For instance, few 40-year-olds cut each other down for being so young stating: "You're only 43? I'm 48!" An earlier focus on the future gives way to an importance on the present. Neugarten (1968) stated that in midlife, people no longer think of their lives in terms of how long they have lived. Hence, life is thought of in expressions of how many years are left.

**Check your progress**

1. Discuss middle adulthood as the climax of career.
2. Write about the balance between work and leisure.
3. What are the benefits of taking time away from work?

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**4.4 LET'S SUM UP**

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The middle-aged phase of the family life cycle is often called "launching children and moving on." Adults must adapt to many entries and exits of family members as their children leave, marry, and have grandchildren, and as their own parents age and die.

The most important factors in creating marriages that endure are a stable sense of identity as a foundation for intimacy, similarity of values and interests, effective communication, and the contribution of unique skills by each partner. For couples carrying children, marital satisfaction tends to decline until the children leave home, although individual differences are apparent, particularly in long-term marriages. The majority of long-term marriages are happy.

Currently, odds are about 50–50 that a new marriage will end in divorce. Conflict styles can predict who divorces. For men and women recovery from divorce is different. Men tend to have a harder time in the short run, but women clearly have a tougher time in the long run, often for financial reasons. Problems between divorced partners usually involve visitation and child support. Disruptions also occur in divorced parents' relationships with their children, whether the children are young or are adults themselves.

Most divorced couples remarry. Second marriages are especially vulnerable to stress if spouses must adjust to having stepchildren. Remarriage in middle age and beyond tends to be happy.

Middle-aged adults, frequently caught between caring for ill or frail parents, supporting young adult children and grandchildren, and meeting work and community responsibilities, are called the sandwich generation. The burden of caring for aging parents falls most heavily on adult daughters, though in later middle age, the sex difference declines.

Grandparenthood is an essential means of fulfilling personal and societal needs. In-law relationships affect the closeness of grandparent- grandchild ties. In low-income families and in some subcultures, grandparents provide essential resources, including financial assistance and child care. When severe family problems exist, grandparents may become primary caregivers in skipped generation families.

Occupational readjustments are common as middle-aged people seek to increase the personal meaning and self-direction of their work lives. Job satisfaction increases at all occupational stages, more so for men than for women. Still, burnout is a serious occupational hazard, especially for those

in helping professions and in unsupportive work environments. Older workers less often pursue career development because of negative stereotypes of aging, which impair self-efficacy; lack of encouragement from supervisors; and less challenging work assignments.

Involuntary career changes result from job skill obsolescence, organizational restructuring, or financial downturns. Middle-aged adults who make voluntary career transitions do so to pursue personal fulfillment or career advancement or because they are prone to risk taking.

Preoccupations can become more focused as interests, which can lead to the selection of particular leisure activities. People build up a repertoire of preferred leisure activities. As people grow older, they tend to engage in leisure activities that are less tiring and more family oriented. Leisure preferences in adulthood reflect those previous in life. Leisure activities promote well-being and can benefit all aspects of people's lives.

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## 4.5 QUESTIONS

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1. Discuss marriage, divorce and remarriage as the source for relationships with suitable examples.
2. Explain family evolutions.
3. Answer the following
  - a. Describe the roles of grandparents.
  - b. Write in detail the stages of spousal abuse.
4. What is a job at midlife? Explain in detail.
5. Write short notes on
  - a. Cycle of Violence.
  - b. Unemployment
  - c. Switching-and starting-careers at midlife
  - d. Leisure time

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## 4.6 REFERENCES

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- Feldman, R. S. & Babu, N. (2018). Development across the Life Span. (8<sup>th</sup>Ed). India: Pearson India Education services Pvt. Ltd

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## PHYSICAL AND COGNITIVE DEVELOPMENT IN LATE ADULTHOOD - I

### Unit Structure

- 5.0 Objectives
- 5.1 Introduction
- 5.2 Physical development in late adulthood
  - 5.2.1 Aging: Myth and reality
  - 5.2.2 Physical transitions in older people
  - 5.2.3 Slowing reaction time
  - 5.2.4 The senses: Sight, sound, taste, smell, and touch
- 5.3 Let's sum up
- 5.4 Questions
- 5.5 References

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### 5.0 OBJECTIVES

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After reading this unit you will be able to understand:

- the myths and facts about aging.
- the physical changes that occurred in old years.
- Describe how the senses are affected by aging.

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### 5.1 INTRODUCTION

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The late adulthood period, which starts around the age of 65, is characterized by great changes-and persistent personal growth. Older adults face profound physical and cognitive changes, and by and large they figure out strategies for adjusting to them.

The decline begins in late adulthood, which remains as a part of people's lives until their death. We will see physical and cognitive aspects of this period which are largely misrepresented in popular stereotypes. Older people can maintain physical and mental strength virtually until the day they die, and their social worlds can also remain as vital and active as they want.

We begin this unit with a discussion of the myths and realities of aging, examining some stereotypes that color our understanding of late adulthood. We look at the outward and inward signs of aging and the ways the nervous system and senses change with age.

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## 5.2 PHYSICAL DEVELOPMENT IN LATE ADULTHOOD

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When we say that an older person "looks young" or "looks old" for his or her age, we are acknowledging that chronological age is an imperfect indicator of functional age, or actual competence and performance. Because people age biologically at different rates, some 80-year-olds appear younger than many 65-year-olds (Neugarten & Neugarten, 1987). Beyond this gross comparison, within each person, change differs across parts of the body.

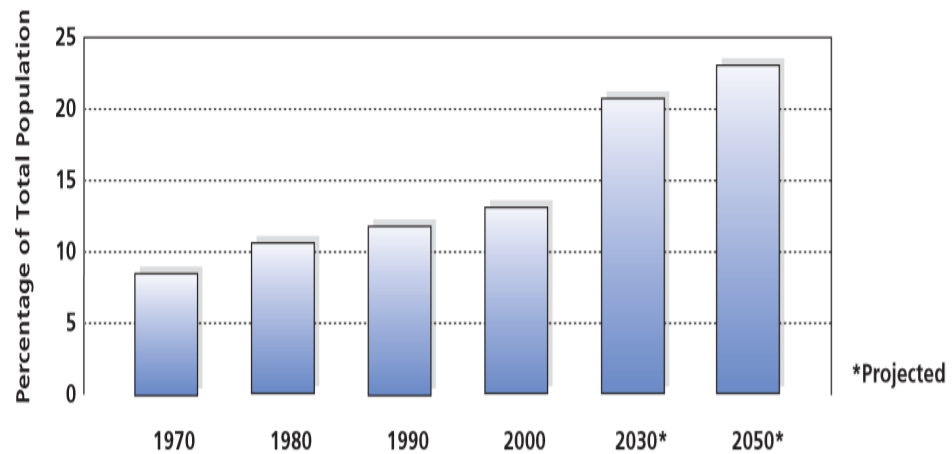
There is so much variability between and within populations that researchers have not yet established any particular biological factor that measures the average rate of aging for an elderly person. Yet we do have estimates of how much longer older adults can expect to live, and our understanding of factors influencing late adulthood longevity has been increasingly growing.

### 5.2.1 Aging: Myth and Reality:

The definition of "old" is changing. Many people in late adulthood, which begins around age 65 and continues to death, are as vigorous and involved with life as people several decades younger. We can no longer define old age by chronological years alone; we also must take into account people's physical and psychological well-being, their functional ages. Some researchers divide people into **three groups** according to **functional ages**: **the young old** (65 to 74) are healthy and active; **the old old** (75 to 84) have some health problems and difficulties with daily activities; and **the oldest old** (85 and older) are weak and need care. According to functional age, an active, healthy 100-year-old would be considered young old, while a 65-year-old in the late stages of emphysema (lung condition that causes shortness of breath) would be among the oldest old.

### The Demographics of Late Adulthood:

In America one out of every eight is 65 or older, and projection is showing that by 2050 nearly one-quarter of the American population will be 65 and above. By 2050 the number of populations over 85 is projected to increase from 4 million to 18 million (Schneider, 1999; Administration on Aging, 2003) (see Figure 13-1).

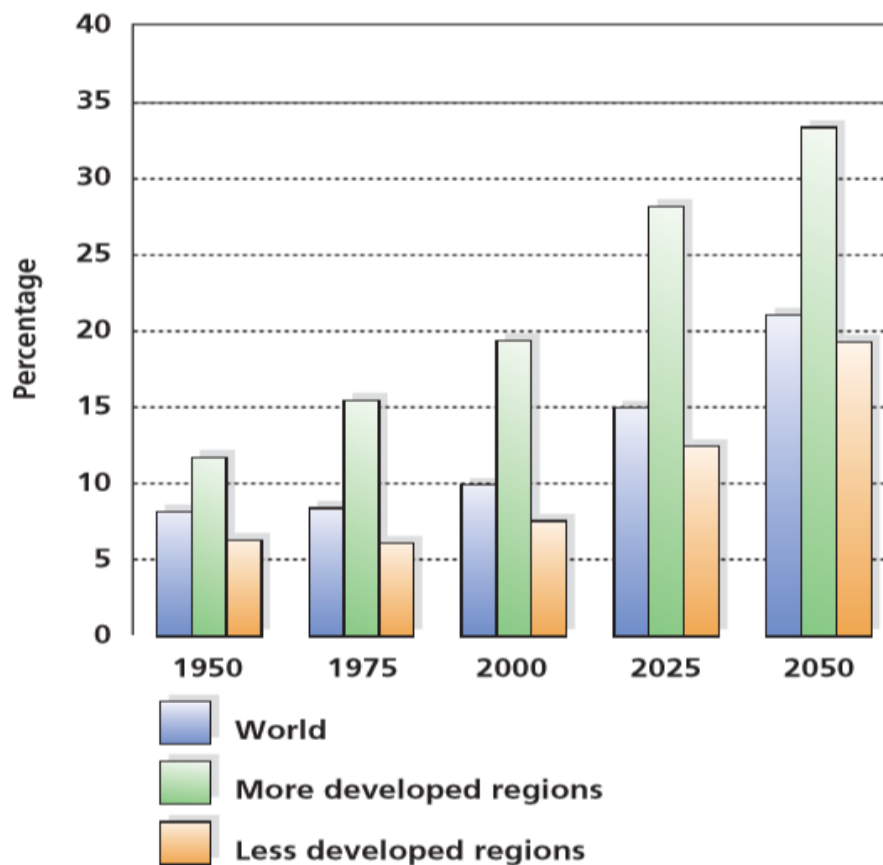


**Figure 13-1 The Flourishing Elderly**

The percentage of people over the age of 65 is projected to rise to almost 25 percent of the population by the year 2050. Can you name two factors that contribute to this increase?

(Source for figure 13-1: Adapted from U.S. Bureau of the Census, 2008).

The oldest old—people 85 or older are one of the fastest growing sections of the population. With double in size this group has increased in the last two decades. Among older people the population explosion is not limited to the United States. As you can see in Figure 13-2, the number of older people is increasing substantially in countries around the globe. By 2050, the number of adults worldwide over 60 will exceed the number of people under 15 for the first time in history (Sandis, 2000; United Nations, 2002).



**Figure 13-2 The Elderly Population Worldwide**

Longer life is transforming population profiles worldwide, with the proportion of those over the age of 60 predicted to increase substantially by the year 2050.

(Source for figure 13-2: United Nations Population Division, 2013).

### **Ageism: Confronting the stereotypes of late adulthood:**

Late adult assumptions lead others to believe that aging inevitably brings poor physical health and mental deterioration. These stereotypes are embodied in everyday interactions, newspapers, and even greeting cards (Overstreet, 2006). In the United States, age is not respected and so joking about growing older in birthday cards is one way to get relaxation. People's derogatory views towards people in late adulthood are signs of ageism, or age-based discrimination. The term ageism was first used in 1969, and ageism remains one of the most institutionalized manifestations of discrimination today according to Nelson (2016).

Nelson (2016) analyzed the research on ageism and found that subjects' memory and cognitive capacities decreased as older people believed in the negative assumptions of their society regarding others who are elderly. By comparison, older people in societies such as China, which hold more favorable views on aging, did not display cognitive deficits. It seems that if you comply with the assumption, it is a **self-fulfilling prophecy**, or the trust in one's capacity results in acts that make it come true.

Being the target of stereotypes will adversely affect the performance of individuals on various tasks because they are afraid. They will reinforce the cultural stereotypes. It is regarded as a stereotype **threat**, which was initially used to describe the differences in academic achievement between race and gender (Gatz et al., 2016). Research on stereotype risks has shown that older adults internalizing aging stereotypes can experience poorer memory performance, worse physical performance, and lower self-efficacy (Levy, 2009).

Many who believe in negative stereotypes are less likely to engage in healthy health habits, less likely to recover from illness, and more likely to experience stress and anxiety that can adversely affect immune function and cardiovascular health (Nelson, 2016). Additionally, the death rate was higher for individuals who attributed their health problems to their age. Likewise, physicians who conclude that disease is only a natural consequence of aging are less likely to involve older adults in clinical trials or undergo life-sustaining therapy. By comparison, many older people with supportive and hopeful views of aging are less likely to have issues with physical or mental health and are more likely to live longer. Removing social myths about aging and helping older adults resist those perceptions of aging is another way of promoting older people's health and life expectancy.

### 5.2.2 Physical transitions in older people:

Understanding physical transition, we should understand the distinction between primary and secondary aging. **Primary aging**, or senescence, involves universal and permanent changes due to genetic programming. In contrast, **secondary aging** includes changes which are not inevitable but take place due to illness, health habits, and other individual factors. In secondary aging the physical and cognitive changes are common, possibly they are avoidable and can sometimes be reversed.

#### Outward Signs of Aging:

Hair is one of the most noticeable indicators for aging, which usually becomes distinctly gray and eventually white, and may thin out. The face and other body parts get wrinkled as the skin loses elasticity and **collagen** (the protein that forms the basic fibers of body tissue).

**Sarcopenia** involves the loss of muscle tissue as a natural part of aging. Sarcopenia is always seen in men, and people with physical inactiveness can lose as much as 3% to 5% of their muscle mass each decade after age 30, but even when active muscle loss still occurs. Symptoms like loss of stamina and weakness, which can decrease physical activity and subsequently further shrink muscles. Sarcopenia usually occurs faster around 75 years of age but may also accelerate as early as 65 or as late as 80. Sarcopenia causes a decline in nerve cells that are responsible for transmitting signals from the brain to the muscles to begin moving, a drop in the ability to convert proteins into energy, and not consuming enough calories or nutrients to maintain enough muscle mass. Some muscle loss is significant because it reduces strength and mobility and sarcopenia is a



frailty factor that increases the risk of falls and fractures in older adults. For independence it is necessary to maintain strong leg and heart muscles. Running, swimming or other cardiovascular exercises can help reinforce the muscles and prevent atrophy.

People with this age may become shorter by as much as 4 inches, partially due to changes in posture, but mostly because the cartilage (flexible connective tissue) in the disks of the backbone becomes thinner. Women suffer more, they are more vulnerable than men to **osteoporosis**, or thinning of the bones, this happens due to menopause and low production of estrogen hormone.

The primary cause of broken bones among older people is osteoporosis, which affects 25 percent of women over 60. Women can avoid osteoporosis if they follow adequate exercise, calcium, and protein intake earlier in life. With drugs osteoporosis can be treated such as Fosamax (alendronate) (Moyad, 2004; Picavet & Hoeymans, 2004; Swaim, Barner, & Brown, 2008).

### **Internal Aging:**

Constant changes in the internal functioning of the organ systems results in internal aging.

As the sign of internal aging, the brain becomes smaller and lighter, as it shrinks. Due to shrinking, the brain pulls away from the skull; the space between the brain and skull doubles from age 20 to age 70. The supply of blood, oxygen, and glucose to the brain would become less. Also, the number of neurons, or brain cells, declines in some parts of the brain. Research says that the reduction of cells in the cortex is minimal or not at all. In fact, some evidence clearly suggests that certain types of neuronal growth in the brain doesn't stop throughout the lifespan (Tisserand & Jolles, 2003; Lindsey & Tropepe, 2006; Raz et al., 2007; Ziegler et al., 2010).

Due to hardening and shrinking blood vessels, the heart's ability to pump the blood to the brain is reduced. In comparison with early adulthood, people with old age pump low amounts of blood (Kart, 1990; Yildiz, 2007).

Other internal parts of the body also work at lower capacity. Due to aging the respiratory system becomes less efficient, and the digestive system produces less digestive juice and it finds difficulty in pushing food through the system hence they mostly suffer with constipation. Also, the production of hormone levels gets reduced. Muscle fibers start deteriorating both in size and in amount, and then muscle fibers become less efficient to use oxygen from the bloodstream and storing nutrients (Fiatarone & Garnett, 1997; Lamberts, van den Beld, & van der Lely, 1997; Deruelle et al., 2007; Suetta & Kjaer, 2010).

Though these changes in the people with old age are normal; they often occur earlier in people who have less healthy lifestyles. For example,

smoking decreases the functioning of the cardiovascular system at any stage of life. Lifestyle plays a very important role in aging. It slows down the changes linked with aging. For instance, people with good exercise programs may lose muscle fiber at a slower rate than those who are inactive. Similarly, physical activeness leads to better performance on mental ability, it helps to prevent a loss of brain tissue, and may even aid in the development of new neurons.

### 5.2.3 Slowing reaction time:

In this age people take longer to react: longer to put on a tie, reach a ringing phone, press the buttons in a video game. Slowing reaction time begins to increase in middle age and by late adulthood may rise significantly (Fozard et al., 1994; Benjuya, Melzer, & Kaplanski, 2004; Dear Deary, 2006).

With the help of two hypotheses, it will become clear why people slow down. One is the peripheral **slowing hypothesis**, indicating that average processing speed declines with age in the peripheral nervous system, which includes the nerves that branch from the spinal cord and brain to the extremities of the body. Because of this, information from the environment takes a longer time to reach the brain and for commands from the brain to be transmitted to the muscles and organs (Salthouse, 1989, 2006).

On the other hand, the **generalized slowing hypothesis** suggests that processing in all parts of the nervous system, including the brain, is less efficient. As a result, slowing occurs throughout the body, processing declines for both simple and complex stimuli, and communication to the muscles also declines (Cerella, 1990).

It is clear that the slowing of reaction time and general processing increases the incidence of accidents for elderly persons. Slowed reaction and processing time lead to dangerous situations as they can't efficiently receive information from the environment. Slow decision-making processes make people impair in removing themselves from harm's way. Prevalence of fatal accidents per mile are higher in drivers over 70 than young adults (Whitbourne, Jacobo, & Munoz-Ruiz, 1996).

### 5.2.4 The Senses: Sight, sound, taste, smell, and touch:

Like other organs of the body, sense organs also get affected by old age, which has major psychological consequences because people interact with the environment with the help of senses.

#### Vision:

Late adulthood can cause other vision defects due to changes in the body. For instance, the blood flow to the eye decreases (perhaps as a side effect of atherosclerosis), resulting in an enlarged "blind spot" on the retina and thus a reduced field of vision. The pupil does not widen or narrow as much or as quickly as it previously did, which means that the older adult

has more difficulty seeing at night and responding to rapid changes in brightness (Kline & Scialfa, 1996).

In addition, a significant minority of older adults suffer from diseases of the eye that further diminish visual acuity and adaptability. For example, aged 65 and over, roughly one in five have cataracts (a condition in which the lens inside the eye becomes clouded and obscures vision) and 6% have glaucoma (a gradual loss of vision caused by damage to the optic nerve often associated with elevated fluid pressure in the eye) (Millar, 2004). The leading cause of field restriction for older people is macular degeneration, a type of age-related deterioration of the retina that results in loss of central vision. An estimated 20% of those aged 65 to 75, and 37% of those over age 75, have this condition (Somani et al., 2009). Thus, many older adults must adapt to significant impairments of vision, and the process of adaptation doesn't always go smoothly. Researchers have found that middle-aged adults adjust more easily than older adults to the difficulties associated with living with a serious vision impairment (Lindo & Nordholm, 1999). Moreover, vision loss has a greater negative effect on an elderly adult's sense of well-being. Fortunately, many age-related diseases of the eye can be effectively treated with medications and/or surgery.

### **Hearing:**

Unlike many other old-age disabilities, hearing difficulties are more likely to be encountered by men than women. This sex difference is normally attributed to differential exposure to noise: More men have worked in environments with high levels of noise (at least in current cohorts of older adults in developed countries).

Hearing difficulties in late adulthood have several components: First, there is loss of ability to hear high-frequency sounds (Roland, Kutz, & Marcincuk, 2010). Both cross-sectional and longitudinal studies suggest that, for the range of sounds used in normal human speech, the loss after age 60 is such that a given sound has to be about 1 to 2 decibels louder each year for the individual to report that he hears it (Fozard, 1990; Kline & Scialfa, 1996).

Second, most of people with old age develop difficulties with word discrimination. Even when the sound is loud enough, older adults have more difficulty identifying individual words they have just heard (Schieber, 1992). In addition, many adults over age 60 have problems hearing under noisy conditions. The loss of ability to discriminate between individual words is even greater in such situations, so large gatherings become increasingly difficult for older adults.

Tinnitus, a persistent ringing in the ears, also increases in incidence with age, although this problem appears to be independent of the other changes just described. Research suggests that 360000 people experience tinnitus and that 150000 have an impaired quality of life because of it. It is

believed that tinnitus may be caused by exposure to noise, although this cause is not well established.

Even mild hearing loss can pose communication problems in some situations. Those with such problems may also be perceived by others as disoriented or suffering from poor memory, especially if the person with the hearing loss is unwilling to admit the problem and ask for a comment or an instruction to be repeated. Nonetheless, the older adult with a hearing impairment is not necessarily socially isolated or unhappy. Mild and moderate hearing losses, even if uncorrected with a hearing aid, are simply not correlated with measures of general social, emotional, or psychological health among elderly adults. Only severe hearing loss is associated with an increase in social or psychological problems, including heightened rates of depression (Corso, 1987; Schieber, 1992).

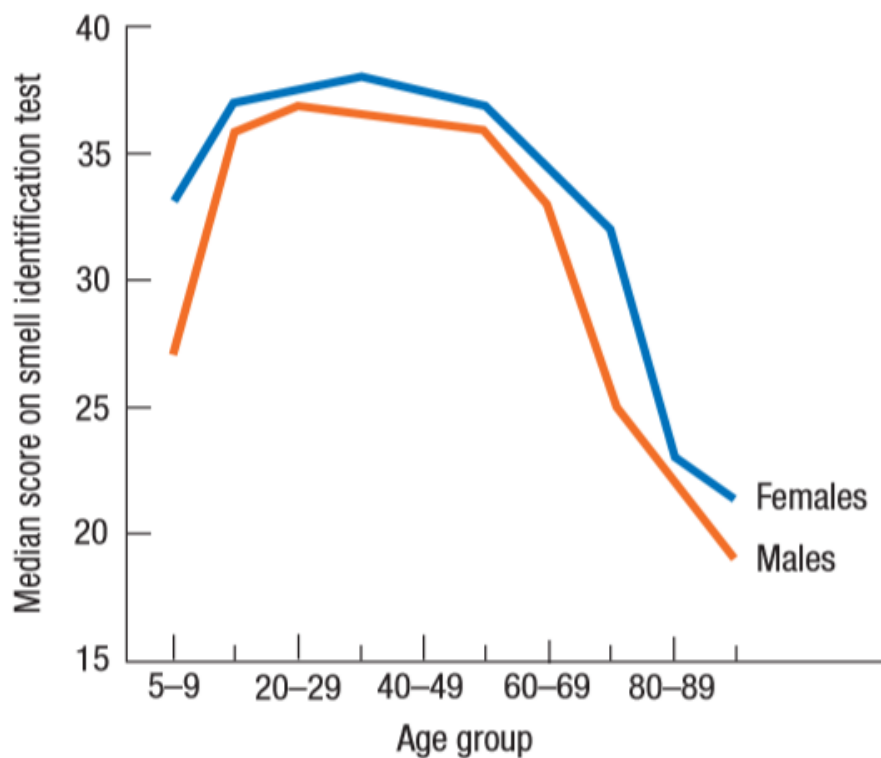
Presbycusis and the other hearing changes tend to result from the progressive degeneration of almost every portion of the auditory system. Older adults secrete more ear wax which can block the ear canal; middle ear bones become calcified and less elastic; inner ear cochlear membranes become less flexible and less responsive; and brain nerve pathways show some degeneration (Roland, Kutz, & Marcincuk, 2010).

### **Taste:**

The ability to taste the five basic flavors (sweet, sour, bitter, salty, and umami) does not seem to decline over the years of adulthood. Taste receptor cells (taste buds) have short lives and are constantly replaced (Bornstein, 1992). Although other changes in the taste system have an effect on older adults, such as the secretion of much less saliva, creating a "wooly mouth" sensation for others. Many elders also report that flavors seem blander than in earlier years, leading them to prefer more intense concentrations of flavors, particularly sweetness (de Graaf, Polet, & van Staveren, 1994). But it may well be that this perception of flavor blandness is largely due to a loss of the sense of smell.

### **Smell:**

The ability to smell clearly deteriorates in old age. The best information comes from a cross-sectional study in which researchers tested nearly 2000 children and adults on their ability to identify 40 different smells—everything from pizza to gasoline (Doty et al., 1984). As Figure 13-3, reveals, young and middle-aged adults had equally good scores on this smell identification test, but scores declined rapidly after age 60. However, the loss of sensitivity to odors is far greater among elderly men than women (Morgan, Covington, Geisler, Polich, & Murphy, 1997).



**Figure 13-3 Doty's data show a very rapid drop in late adulthood in the ability to identify smells.**

(Source for Figure 13-3: Doty, R.L., Shaman, P., Appelbaum, S.L., Bigerson, R., Sikorski, L., & Rosenberg, L. (1984). Smell identification ability: Changes with age. *Science*, 226, 1441-1443.)

These changes in taste and smell can reduce many pleasures in life. But they can also have practical health consequences. Smells enhance the pleasure of food, so as the sense of smell becomes less acute, elders are less motivated to prepare tasty food. In some cases, this can result in inadequate nutrition or significant dietary imbalances.

### **Touch:**

Loss of touch sensitivity can lead to significant declines in quality of life. For example, the skin of elderly adults is less responsive to cold and heat (Stevens & Choo, 1998). Research suggests that the loss of sensitivity occurs in a pattern that is a reversal of the **proximodistal principle of growth**. That means the spinal cord grows before outer body parts. The children's arms grow before the hands and before the fingers and toes, hands and feet grow. The last to progress in physical development is the finger and toe muscles (used in fine motor dexterity). In other words, the extremities, typically the feet, are the first part of the body which decreases in sensitivity. As a result, older people are less likely to take advantage of the perceived comforts associated with physical stimulation. For example, for an elderly person to be able to feel a warm bath, the water temperature may have to be so high that it will burn the skin.

**Check your progress**

1. The elderly population's fastest growing group is the oldest old, or those that are 85 and older.
  - True
  - False
2. \_\_\_\_\_aging involves fundamental and irreversible changes which occur as people get older due to genetic programming.
3. According to the \_\_\_\_\_ slowing hypothesis, for elderly people communication is less effective in all areas of the nervous system, including the brain.
  - a. automated
  - b. global
  - c. generalized
  - d. peripheral

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**5.3 LET'S SUM UP**

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The number and percentage of the world's older people is higher than ever before and the elderly are the fastest growing segment of the world's population. Older people as a group experience stereotyping and prejudice, a trend known as ageism.

Old age is a time of unmistakable external physical changes suggesting aging, but many older people remain healthy, active and energetic well into the era. Older people experience a decrease in brain size and blood supply (and oxygen) to all areas of the body, including the brain. The circulatory, respiratory, and digestive systems are all operating less effectively.

Reaction time in the elderly is slower, a finding clarified by the peripheral slowing hypothesis (processing speed slows down in the peripheral nervous system) and the generalized slowing hypothesis (processing slows down in all areas of the nervous system).

Physical changes in the eye cause reductions in vision, and many eye disorders, including cataracts, glaucoma and age-related macular degeneration (AMD), are more common in the elderly. Hearing often loses the capacity to detect higher frequencies, in particular. Hearing loss has psychological and social effects as it prohibits elderly people from engaging in social activities. Late adulthood also demonstrates losses in the senses of taste and smell.

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## 5.4 QUESTIONS

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1. Discuss aging in detail. Write your answer with suitable examples.
2. What is primary aging? Describe outward signs of aging.
3. Answer following
  - a. Write a detailed note on the generalized slowing hypothesis.
  - b. Explain slowing reaction time.
4. Write about secondary aging. Describe internal aging in detail.
5. Write short notes on
  - a. Functional age
  - b. Sight and sound
  - c. proximodistal principle of growth
  - d. Hearing.

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## 5.5 REFERENCES

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- Feldman, R. S. & Babu, N. (2018). Development across the LifeSpan. (8<sup>th</sup>Ed). India: Pearson India Education services Pvt. Ltd

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## PHYSICAL AND COGNITIVE DEVELOPMENT IN LATE ADULTHOOD - II

### Unit Structure

- 6.0 Objectives
- 6.1 Introduction
- 6.2 Health and wellness in late adulthood
  - 6.2.1 Health problems in older people: Physical and psychological disorders
  - 6.2.2 Wellness in late adulthood: The relationship between aging and illness
  - 6.2.3 Sexuality in old age: Use it or lose it
  - 6.2.4 Approaches to aging: Why is death inevitable?
  - 6.2.5 Postponing aging: Can scientists find the fountain of youth?
- 6.3 Cognitive development in late adulthood
  - 6.3.1 Intelligence in older people
  - 6.3.2 Memory: Remembrance of things past-and present
  - 6.3.3 Never too late to learn
- 6.4 Let's sum up
- 6.5 Questions
- 6.6 References

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### 6.0 OBJECTIVES

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After reading this unit you will be able to:

- Describe the older people's general state of health and to what disorders they are susceptible.
- Explain how aging affects sexuality.
- Identify the factors that impact life span and the causes of death.
- Examine how well it functions cognitively for older adults.
- Discuss in what ways memory does and does not degrade in late adulthood.
- Describe how late-adulthood learning and education proceed.

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### 6.1 INTRODUCTION

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Physically, people over 65 certainly begin a gradual transition from full strength and health to an increasing concern about illness, pain, and



disease. But this is not the only thing going on in their lives. They can stay healthy for quite a long time and can continue most if not all of the activities that they enjoyed when younger.

Cognitively, we find that older people adjust quite well to the changes that seem designed to delay them by adopting new strategies for solving problems and compensating for lost abilities. Today the view is different. Researchers have come to discount the view that the cognitive abilities of older people inevitably decline. Largely intellectual ability and specific cognitive skills, like memory and problem solving, are more likely to remain strong. In fact, with appropriate practice and environmental stimuli, cognitive skills can actually improve.

We begin this unit with a discussion of health and well-being. After examining some of the major disorders that affect older people, we look at what determines wellness and why old people are susceptible to disease. We then consider sexuality in late adulthood. We also focus on theories that seek to explain the aging process, as well as on gender, race, and ethnic differences in life expectancy.

Next, we consider intellectual development during late adulthood. We look at the nature of intelligence in older people and the various ways cognitive abilities change. We also assess how different types of memory fare during late adulthood, and we consider ways to reverse intellectual declines in older people.

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## **6.2 HEALTH AND WELLNESS IN LATE ADULTHOOD**

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In their old age, many elderly people live healthy lives. Almost three-quarters of people above 65 have reported their health as good, very good, or excellent. On the other hand, people with old age are more vulnerable to diseases. Now I will look into some of the major physical and psychological disorders of older people.

### **6.2.1 Health problems in older people: Physical and psychological disorders:**

As we age, the probability increases that we will have some disease or illness (Ferrucci& Koh, 2007). Most adults who are living up to the age of 80 or older are likely to experience some form of disability. Chronic diseases (those with a slow onset and long duration) are rare in early adulthood, rise in middle adulthood, and become more prevalent in late adult life (Kane, 2007).

#### **Common Physical Disorders:**

Around the globe three-quarters of people in late adulthood die due to heart disease, cancer, and stroke. Because aging comes with a weak immune system, hence many infectious diseases catch older adults. Adding to this, most older people suffer with one chronic, long-term condition. For instance, **arthritis**, an inflammation of the joints accompanied by pain, stiffness, and movement problems. Arthritis is

especially common in older adults. This condition has the ability to affect hips, knees, ankles, fingers and vertebrae. Individuals with arthritis often feel discomfort and stiffness, as well as difficulty in going about everyday routine tasks and performing them. There is no specific cure for arthritis. However, medications, such as aspirin, range-of-motion exercises for the affected joints, weight loss, and, in severe cases, replacement of the damaged joint with a prosthesis, can alleviate the effects of arthritis.

Another medical condition is **hypertension**, or high blood pressure, around one-third of older people suffer with this. Many times, this condition comes with no symptoms hence many people who are suffering from blood pressure are unaware of their condition, which makes it more dangerous. Left untreated, hypertension can weaken and damage blood vessels and the heart and may increase the risk of strokes.

### **Psychological and Mental Disorders:**

Around 15 to 25 percent of older people exhibit the symptoms of psychological disorder more than younger adults. The behavioral symptoms related to these disorders are sometimes different in older and younger adults (Whitbourne, 2001).

In elderly people **major depression** is a more prevalent problem, the major symptoms include intense feelings of sadness, pessimism, and hopelessness. The reasons for depression in this population are the experience of cumulative losses of their spouses and friends, and their own declining health and physical capabilities.

The most common mental disorder of elderly people is **dementia**, a global term for any neurological disorder in which the primary symptoms involve a deterioration of mental functioning and memory loss. Individuals with dementia frequently lose their ability to care for themselves, and can lose the ability to recognize familiar environments and individuals — including family members. It is estimated that 23% of women and 17% of men at the age of 85 and above are at risk of developing dementia.

### **Alzheimer's Disease:**

It is a progressive, chronic brain disorder categorized by a gradual deterioration of memory, thought, vocabulary, and eventually physical functions.

In the early stages of Alzheimer's disease, a person becomes typically very slow, starting with the difficulty of selective recall, repeated speech, and disorientation in unfamiliar environments. The memory starts to go off for recent events. Memory for long-ago events or for well-rehearsed cognitive procedures, such as simple calculations, is often retained until late in the illness, presumably because these memories can be retrieved through many alternative neural pathways (Martin et al., 2003).

Eventually, however, an individual with Alzheimer's disease may fail to recognize family members and may be unable to remember the names of

common objects or how to perform routine activities such as brushing her teeth or dressing. Those afflicted with Alzheimer's suffer declines in the ability to communicate, as well as the ability to carry out daily self-care routines. The changes in appetite regulation are particularly problematic for those with Alzheimer's, because they can't rely on habit to regulate their eating behavior, as healthy older people do. Left to their own devices, Alzheimer's victims may consume as many as three or four complete meals at one sitting without realizing how much they have eaten. Consequently, their eating behavior must be closely supervised.

People with Alzheimer's also have difficulty in processing information about others' emotions, such as facial expressions (Burnham & Hogervorst, 2004). Others have trouble regulating their own emotions and showing intense frustration bursts or even aggression. Others exhibit an increased level of dependency and clinginess toward family or friends (Raskind & Peskind, 1992). In addition, research suggests that the incidence of depression among elders with Alzheimer's disease may be as high as 40% (Harwood et al., 2000).

Genetic factors seem to be important in some, but not all, cases of Alzheimer's (Bannon et al., 2010). Researchers have found a gene variant on chromosome 19 (apolipoprotein E4 or ApoE4) that controls production of a protein that is linked to Alzheimer's disease (Diamond, 2011). If there are errors in the synthesis of this protein, the neuronal dendrites and axons in the brain get intertwined, and as a result do not act as effectively. However, this gene does not act alone. Many other genes combine with ApoE4 in ways that researchers don't yet fully understand to trigger the onset of the disease (Elias-Sonnenschein, Bertram, & Visser, 2012; Reiman et al., 2007). Even in families with very high prevalence of Alzheimer's disease, ages of onset are highly variable. In one family study, age of onset ranged from age 44 to age 67, and in another, onset ranged from the early 60s to the mid-80s (Axelman, Basun, & Lannfelt, 1998; Silverman et al., 2005). Moreover, there were wide variations in the severity of the disease's behavioral effects and in the length of time the victims lived once they developed Alzheimer's.

A special concern is caring for patients with Alzheimer disease (Iliffe & others, 2009; Kelsey, Laditka, & Laditka, 2010; Silverstein, Wong, & Brueck, 2010). Health care professionals believe that the family can be an important support system for the Alzheimer patient, but this support can have costs for the family, who can become emotionally and physically drained by the extensive care required for a person with the disease (Elliott, Burglo, & Decoster, 2010; Ferrara & others, 2008; Lavretsky, Siddarth, & Irwin, 2010). For example, depression has been reported in 50 percent of family caregivers for patients with Alzheimer disease (Redinbaugh, MacCallum, & Kiecolt-Glaser, 1995). A meta-analysis found that female caregivers reported providing more caregiving hours and higher levels of burden and depression, as well as lower levels of well-being and physical health, than did male caregivers (Pinquart & Sorensen, 2006).

## **6.2.2 Wellness in late adulthood: The relationship between aging and illness:**

Sickness is not inevitable in old age. Only age is not responsible for illness or wellness, other factors are also involved in this, such as genetic predisposition, past and present environmental factors, and psychological factors.

Genetic component plays a role in developing cancer and heart disease, but a genetic predisposition does not automatically mean that a person will get a particular illness. People's lifestyles—smoking, diet, exposure to cancer-causing agents such as sunlight or asbestos (harmful mineral)—may increase or lower their chances of coming down with such a disease.

Lastly, psychological factors play an important role in determining vulnerability to illness. For example, a sense of control is systematically associated with life satisfaction (McConatha, McConatha, Jackson, & Bergen, 1998). Experiences in life such as engaging in physical activity, the freedom to select one's leisure activities or the ability to decide when to retire are all examples of factors that may improve the sense of control of an older person. This sense can be weakened by lack of financial capital and social support or decreased physical resilience. Taken together, one may conclude that people who are extroverted, open to new experiences, positive, experience a sense of usefulness, have a strong sense of humor, and feel like they are in charge of events in their lives, would also show a high degree of satisfaction.

### **Promoting Good Health:**

The notion that physical exercise is a key contributor to good health in people over 65 is familiar enough. Physical exercise continues to be a powerful health intervention. Sedentarily healthy older adults up to age 80 who begin endurance training (walking, cycling, etc.) show gains in vital capacity that compare favorably with those of much younger individuals. And exercise of weight-bearing began in late adulthood—even as late as age 90—promotes muscle size and strength. This translates into improved walking speed, balance, posture, and ability to carry out everyday activities, such as opening a stubborn jar lid, carrying an armload of groceries, or lifting a 30-pound grandchild (deJong & Franklin, 2004; Goldberg, Dengel, & Hagberg, 1996). Exercise also enhances the supply of blood to the brain, helping to maintain brain functions and behavioral capacity. Brain scans show that, compared with sedentary elders, those who are physically fit experienced less tissue loss in the cerebral cortex (Colcombe et al., 2003). In one study, researchers used fMRI to assess changes in brain activity resulting from a 6-month program of regular brisk walking. Compared to a physically inactive group, 58- to 77-year-old walkers displayed increased activity in areas of the cerebral cortex governing control of attention, as well as improved sustained and selective attention during mental testing (Colcombe et al., 2004).

The physical changes of late life led to an increased need for certain calcium and vitamin D to protect the bones; zinc and vitamins B<sub>12</sub>, C, and

E to protect the immune system; and avoiding free radicals with vitamins A, C and E. Yet declines in physical activity, in the senses of taste and smell, and in ease of chewing (because of deteriorating teeth) can reduce the quantity and quality of food eaten (Morley, 2001). In addition, the aging digestive system finds it more difficult to consume other nutrients, such as protein, calcium and vitamin D. And older adults living alone may have shopping or cooking issues, and may feel less comfortable eating on their own. Together, these physical and environmental conditions increase the risk of dietary deficiencies, which affect 10 to 25 percent of North American elders (High, 2001). In several studies, a daily vitamin-mineral tablet resulted in an enhanced immune response and 50 percent drop-in days of infectious illness (Chandra, 2002; Jain, 2002).

Although healthy diet and physical activity are most effective when they last a lifetime, change is never too late. Elders who come to value the intrinsic benefits of exercise feeling stronger, healthier, and more energetic-are likely to engage in it regularly (Caserta & Gillett, 1998). Yet lack of awareness of the health benefits of exercise and expected discomforts from engaging in it are major barriers to getting older people to take up a fitness routine; 75 percent of men and 80 percent of women are not active enough (Stewart et al., 2001).

### **6.2.3 Sexuality in old age: Use it or lose it:**

Another behavior that is affected by the cumulative physical changes of aging is sexual behavior. As we studied in module 5, the frequency of sexual activity declines gradually in middle adulthood. Both cross-sectional and longitudinal data suggest that this trend continues in late adulthood (Lindau et al., 2007).

The decline in the frequency of sexual activity in late adulthood doubtless has many causes. The continuing decline in testosterone levels among men clearly plays some role. The state of one's overall health plays an increasingly larger role with advancing age. For example, blood pressure medication sometimes produces impotence as a side effect; chronic pain may also affect sexual desire. Stereotypes that portray old age as an essentially asexual period of life may also have some effect.

Despite declining frequency, though, more than 70% of adults continue to be sexually active in old age (Lindau et al., 2007). Moreover, the physiological capacity to respond to sexual stimulation, unlike other aspects of functioning, appears not to diminish with age. Indeed, some studies suggest that older adults, especially women, are more sexually active; that is, they appear to be more willing to engage in sexual experimentation than young and middle-aged adults (Purnine& Carey, 1998).

### **6.2.4 Approaches to aging: Why is death inevitable?:**

No matter how healthy you are living your life, we all know that we will definitely face physical declines and that life will end. But why?

To understand this, we are having two major approaches which will tell us why we undergo physical deterioration and death: genetic programming theories and wear-and-tear theories.

### **Genetic programming theories of aging:**

The theory proposed that for reproduction of human cells our body's DNA genetic code contains a built-in time limit. After a genetically determined period, the cells no longer divide and the individual begins to deteriorate (Rattan, Kristensen, & Clark, 2006).

DNA, which includes the genetic code for any organisms, accumulates damage over time. It is typically not a problem because our cells will repair damage during our lives. In fact, some of the damage is harmless. Some damage can't be fixed however, and remains in our DNA. Scientists agree that this trauma is an essential aspect of aging, and the body's inability to repair itself. When damage to DNA accumulates with age, it can cause degradation and malfunction of cells (Jin, 2010). Factors that may cause DNA damage include ultraviolet radiation, cigarette smoking and hydrocarbon emissions, such as vehicle exhaust and coal (Dollemore, 2006).

The Cellular Clock Theory suggests that biological aging is due to the fact that normal cells cannot divide indefinitely. This is known as the Hayflick limit, and is observed in test tube studied cells that divide about 40-60 times before they stop (Bartlett, 2014). But what is the mechanism behind the senescence in the cell? On the end of each chromosome strand is a sequence of DNA that does not code for any specific protein, but protects the rest of the chromosome, called a **telomere**. The telomere shortens with each replication. If it gets too small, the cell can do one of two things. It can avoid replication by turning off itself, known as cellular senescence. It can stop replicating by dying, called apoptosis.

### **Wear-and-tear theories of aging:**

Wear-and-tear theory implies that the body, like any computer, is slowly decaying and eventually wearing out. This theory describes very well other diseases, such as osteoarthritis. Years of use of the joints cause weakening of the protective cartilage lining resulting in pain and rigidity. Wear-and-tear theory, however, doesn't clarify any other facets of aging. Adding to that, some wear-and-tear theories say that the body produces by-products by continuously generating energy to sustain the activities. These by-products come with toxins and threats of everyday life (such as radiation, chemical exposure, accidents, and disease), when it reaches a higher level then they impair the body's normal functioning. Thus, the result is deterioration and death.

The cellular process of wear-and-tear theory that may contribute to aging relates to the body's ability to deal with free radicals (Kenyon, 2010; Liu, Cao, & Finkel, 2011; Rattan, 2006). Free radicals, which are molecules or atoms that possess an unpaired electron, are a normal by-product of body metabolism and can arise, for example, exposure to certain substances in

food, sunlight, radiation and air pollution. Free radicals also occur more frequently in older people than in younger people's bodies because of age-related deterioration of the mitochondria, the cell structures that convert food into energy (Nichols & Melov, 2004). These radicals, especially the subgroup called oxygen free radicals, enter into many potentially harmful chemical reactions, resulting in irreparable cellular damage that accumulates with age. For example, oxidation reactions caused by free radicals can damage cell membranes, thereby reducing the cell's protection against toxins and substances.

### **Life Expectancy: How Long Have I Got?:**

Life expectancy is known as the average number of years the population (or species) members live in. According to the World Health Organization (WHO) (2019) global life expectancy for those born in 2019 is 72.0 years, with females reaching 74.2 years and males reaching 69.8 years. Women are living longer than men all over the world and the gender gap has remained the same since 1990. The global life expectancy increased by 5.5 years between 2000 and 2016. Improvements in child survival and access to antiretroviral medication for the treatment of HIV are considered factors for the increase. Nevertheless, the life expectancy is 18.1 years lower in low- countries (62.7 years) than in high-countries (80.8 years). In high-income countries, the majority of people who die are old, while in low-income countries almost one in three deaths are children under 5 years of age.

### **Gender Differences in Life Expectancy:**

**Biological Explanations:** Biological variations in sex chromosomes and distinct gene expression patterns are theorized as one explanation why females live longer (Chmielewski, Boryslawski, & Strzelec, 2016). Males are heterogamous (XY), while females are homogamous (XX) for the sex chromosomes. Males can only express their mother-derived X-chromosome genes, while females have an advantage in choosing the "better" X-chromosome from their mother or father while inactivating the "worse" X-chromosome. This selection mechanism for "better" genes in males is unlikely and results in greater female genetic and developmental stability.

Men are more likely to contract viral and bacterial infections, and their cellular-level immunity declines considerably faster with age. Although women are much more vulnerable to autoimmune and inflammatory disorders, such as rheumatoid arthritis, the progressive weakening of the immune system in women is slower (Caruso, Accardi, Virruso, & Candore, 2013; Hirokawa et al., 2013).

Looking at the effects of hormones, levels of estrogen in women seem to have a protective effect on their cardiac and circulatory systems (Viña, Borrás, Gambini, Sastre, & Pallardó, 2005). Estrogens also have antioxidant properties which protect against the harmful effects of free radicals, which damage components of cells, cause mutations and are

partly responsible for the aging process. The levels of testosterone in men are higher than in women, and are associated with more severe cardiovascular and immune disorders. Testosterone rates are also partly responsible for male behavioral trends, including elevated aggression and violence (Martin, Poon, & Hagberg, 2011; Boryslawski Chmielewski, 2012). The frontal lobe of the brain is another component responsible for risky behaviors. In boys and young men, the frontal lobe which controls judgment and consideration of the consequences of an action develops more slowly. This lack of judgment has an impact on lifestyle decisions and ultimately many more men and boys die from smoking, binge drinking, injuries, drunk driving, and violence (Shmerling, 2016).

**Lifestyle Factors:** Of course, not all of the reasons why women live longer than men are biological. As described earlier, male behavioral patterns and lifestyle play a significant role in the shorter male lifespans. One important reason is that males work in more risky occupations, including police, fire fighters, and construction, and are more vulnerable to violence.

Finally, social interaction is also significant, because isolation is considered a danger to health. Up to 20 percent of men over 50 have contact with their friends less than once a month, compared to only 12 percent of women who rarely see friends (Scott, 2015). Generally, it seems that the lower life expectancy for men is due to both biological and lifestyle factors.

### 6.2.5 Postponing aging: Can scientists find the fountain of youth?:

Are researchers close to finding the scientific equivalent of the fountain of youth?

Not yet, but they're very close to it in nonhuman species. For instance, researchers have extended the lives of nematodes (microscopic, transparent worms that typically live for just 9 days) to 50 days—the equivalent of extending human life to 420 years. Researchers have also doubled fruit flies' lives (Whitbourne, 2001; Libert et al., 2007; Ocorr et al., 2007).

The most capable avenues for increasing the length of life are these:

#### **Telomere therapy:**

Telomeres are the tiny areas at the tip of chromosomes that become shorter each time a cell divides and finally disappears, and it stops doing cell replication. Researchers suggest that aging could be slowed, if telomeres could be lengthened. Now the scientist is in the findings of genes that control telomerase production, an enzyme that increase the length of telomeres (Steinert, Shay, & Wright, 2000; Urquidi, Tarin, & Goodison, 2000; Chung et al., 2007).



### **Drug therapy:**

In 2009 some scientists discovered the drug rapamycin could extend mice life by 14 percent by interfering with the activity of a protein mTOR (Blagosklonny et al., 2010; Stipp, 2012; Zhang et al., 2014).

### **Unlocking longevity genes:**

There are certain genes in our body that control the ability to cope with environmental challenges and physical adversity. If harnessed, then those genes may provide a way to increase the life span. There is one promising family of genes which are sirtuins, which may control and endorse longer life (Guarente, 2006; Sinclair & Guarente, 2006; Glatt et al., 2007).

### **Reducing free radicals through antioxidant drugs:**

Free radicals are unstable molecules that travel throughout the body, these molecules known for damaging other cells, which leads to aging. The number of free radicals could be reduced by antioxidant drugs, which slows down the aging. Moreover, it may be possible to insert in human cells genes that produce enzymes that act as antioxidants. Hence, nutritionists always advise people to follow a diet which contains antioxidant vitamins (Birlouez-Aragon & Tessier, 2003; Kędziora-Kornatowska et al., 2007; Haleem et al., 2008).

### **Restricting calories:**

Once researchers conducted a correlational experiment of low-calorie diet and free radicals on rats, in this experiment rats are fed an extremely low-calorie diet with 30 to 50 percent of their normal intake. They found that rats with a low-calorie diet live 30 percent longer than better-fed rats, providing they get all the vitamins and minerals they need. This is because it produces fewer free radicals. Analysts trust to create drugs that imitate the impacts of calorie confinement without constraining individuals to feel hungry all the time (Mattson, 2003; Ingram, Young, & Mattison, 2007; Cuervo, 2008).

### **The Bionic solution: replacing worn-out organs:**

Heart transplants, liver transplants, and lung transplants: We live in an age where the expulsion of harmed or unhealthy organs and their substitution with better-functioning ones would be possible.

### **Check your progress**

1. Although we may expect the elderly to be in poor health or sickly, approximately \_\_\_\_\_ of people 65 and older reported their health as good, very good, or excellent.

- a. one-half
- b. three-fourths
- c. two-thirds

- d. one-fourth.
- 2. Which of the following is NOT a physical change in the brain associated with Alzheimer's?
  - a. The hippocampus shows deterioration.
  - b. Deterioration of the frontal and temporal lobes.
  - c. Specific neurons die, which leads to a lack of transmitters like acetylcholine.
  - d. The brain enlarges.
- 3. A strong relationship exists between economic well-being and illness in that those individuals who can afford to maintain good health care in their later years remain in better health.
  - True
  - False

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## 6.3 COGNITIVE DEVELOPMENT IN LATE ADULTHOOD

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Although there is an increased likelihood of cognitive and intellectual disorders as we age, cognitive decline is not inevitable for all (Cohen, 2012). Among the young (aged 65 to 74), cognitive changes are still fairly small, and these older adults show little or no decline on some measures, e.g., numerical ability. But the old and the oldest show an average decline in nearly all intellectual ability measures, with the largest decline in any measure involving speed or untrained skills (Schaie & Willis, 2005). Still, poorer performance on standardized tests of cognition and intelligence does not necessarily equate to poorer performance on everyday skills—there is more to living life than what we can measure on a test (Stuart-Hamilton, 2012).

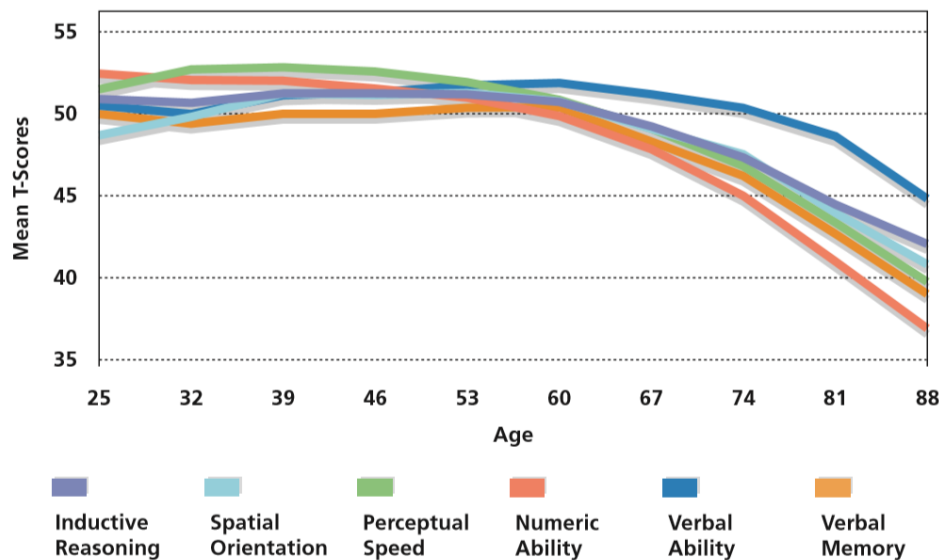
### 6.3.1 Intelligence in older people:

Developmental psychologist K. Warner Schaie uses sequential methods, which combine cross-sectional and longitudinal methods to study intelligence in older people, by looking at a few diverse age bunches at a number of focuses in time.

In Washington, Sahaie's conducted a study, he randomly took 500 people for this study and all have been tested for cognitive ability. The individuals had a place in diverse age bunches, beginning at age 20 and amplifying at 5-year intervals to age 70. The members were tested, and proceed to be tested, every 7 years, and more individuals are enlisted each year. At this point, more than 5,000 members have been tested (Schaie, Willis, & Pennak, 2005).

The study, and several researches, have given the place for many generalizations (Craik & Salthouse, 1999, 2008):

- Around 25 age people face gradual decline in their abilities, while others live stable lives (see Figure 14-1). It has been seen that there is no fixed pattern of age-related intellectual changes. For example, **fluid intelligence** (the ability to deal with new problems and situations) decreases with age, while **crystallized intelligence** (the store of information, skills, and strategies that people have acquired) remains intact and in few cases improves (Schaie, 1993).



**Figure 14-1 Changes in Intellectual Functioning**

Although some intellectual abilities decline across adulthood, others stay relatively steady.

(Source for figure 14-1: Changes in Intellectual Functioning from Schaie, K. W. (1994). "The course of adult intellectual development." p. 307).

- On average, a few cognitive decreases are found in all capacities by age 67, but they are negligible until the 80s. Indeed, at age 81, less than half of the individuals tested appeared reliable decreases over the past 7 years.
- There are too noteworthy personal contrasts. A few individuals start to appear in their 30s, whereas others appear to have no decreases until their 70s. In reality, around a third of individuals in their 70s score higher than the average young adult.
- Cultural and environmental factors play a role. Those with no chronic disease, good socioeconomic status, participation in an intellectually stimulating community, an adaptable personality style, an optimistic spouse, good perceptual processing speed, and fulfillment with one's attainments in midlife or early age appeared to experience less decline.

Relationship between environmental factors and intellectual skills indicates that older people can retain their mental abilities with stimulation, practice, and motivation. Such plasticity shows that in late adulthood the changes occurring in intellectual abilities are not set. The motto "use it or lose it" suits mental life, as it does in so many other aspects of human development. This indicates intervention could be in place to help older adults retain their skills in processing information.

However, changes in patterns of cognitive activity may lead to the disuse and consequent atrophy of cognitive abilities (Hughes, 2010). This concept is embodied in the concept of "**use it or lose it**". Activities such as reading books, doing crossword puzzles and going to seminars and concerts are the mental behaviors that possibly help the retention of cognitive skills in older adults. Use it or lose it is also a significant component of the interaction model for cognitive optimization that emphasizes how intellectual and social involvement can reduce age-related declines in intellectual growth (La Rue, 2010; Park & Reuter-Lorenz, 2009; Stine-Morrow & others, 2007).

### 6.3.2 Memory: Remembrance of things past-and present:

Forgetfulness becomes more frequent with age (Ponds, Commissaris, & Jolles, 1997). However, it's important to remember that the same basic rules seem to apply to memory processes among both older and younger adults. For both groups, for example, recognition is easier than recall, and tasks that require speed are more difficult. Further, metamemory and metacognition skills are just as important to memory function in old age as they are earlier in life (Olin & Zelinski, 1997). In many studies, older adults achieve scores very similar to those of younger adults on tests of memory accuracy, although they typically take longer to complete memory tasks and make more errors (Babiloni et al., 2004).

As older adults take in information more slowly and find it harder to apply strategies, inhibit irrelevant information, and retrieve relevant knowledge from long-term memory, the chances of memory failure increase (O'Connor & Kaplan, 2003; Persad et al., 2002). A decreased capacity to retain information when operating on it in working memory means memory issues are especially noticeable on complex tasks.

Memory aging research typically focuses on two forms of memory: explicit memory, (the deliberate and conscious remembering of information) that is learned and remembered at a specific time; and **implicit memory**, (the unconscious remembering of information learned at some earlier time, such as how to drive a car) are largely unaffected by age. Explicit memory is further divided into **episodic memory** (the general memory class relating to the conscious recall of information from a specific time or event) and **semantic memory** (the general memory class relating to the recall of meanings of words or concepts not related to a particular time or event).

**Short-term memory** is the encoding and retrieval capacity of five to nine bits of information within a minute or two. It is the memory scratch pad which is used when someone is telling you a phone number or gives you

an address. Additionally, older people find it difficult to remember details about unfamiliar objects, such as prose passages, people's names and faces, and instructions on a drug label, likely because new information is not properly recognized and processed when first encountered. Even these changes are small and the bulk of the elderly naturally learn to compensate.

### Autobiographical Memory: Reminding the Days of Our Lives:

Once it comes to autobiographical memory, memories of one's own past, older people are prone to lapses much as younger people. Of example, recall also follows the **Pollyanna Principle**, in which it is more common to remember good memories than negative memories. Similarly, people appear to miss details that don't suit the way they see themselves today.

Everyone appears to better recall certain times of life than others. As can be seen in Figure 14-2, 70-year-olds appear to better remember autobiographical information from their twenties and thirties, whereas 50-year-olds are likely to have more memories of their teen years and 20s. Recall is stronger in both cases for earlier years than in more recent decades, but not as complete as for more recent events (Fromholt& Larsen, 1991; Rubin, 2000).

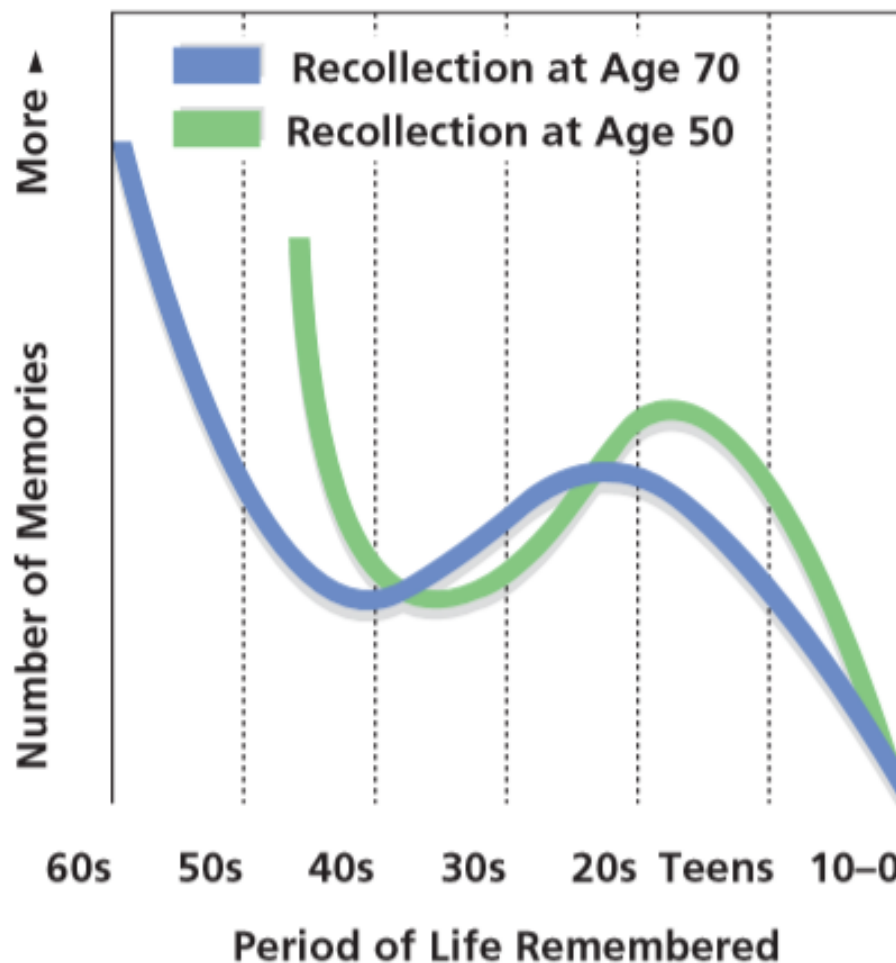


Figure 14-2 Remembrances of Things Past

Recall of autobiographical memories varies with age, with 70-year-olds recalling details from their 20s and 30s best, and 50-year olds recalling memories from their teenage years and 20s. People of both ages also recall more recent memories best of all.

(Source for figure 14-2: Rubin, 1986).

### **Explaining Memory Changes in Old Age:**

Explanations for variations in memory in older people rely on three main categories: environmental causes, deficiencies in information processing and biological factors.

- **Environmental factors:** Some environmental factors common to a lot of older people can cause memory declines. Older people, for example, frequently take prescription medications that impair memory, and this can account for their poor output on memory tasks rather than age per se.

However, retired people, who no longer face job challenges, can use less memory. Therefore, their ability to remember information may be weaker than before, and they may be less motivated to do their best in experimental test conditions than younger ones.

- **Information processing deficits:** Declines in memory can also be related to changes in the capacity to process information. This may weaken the capacity to suppress irrelevant knowledge and thoughts that interfere with problem solving, and may decrease the pace of information processing (Bashore, Ridderinkhof, & van der Molen, 1998; Salthouse, Atkinson, & Berish, 2003).

One perception of the processing of information indicates that older adults lose the ability to concentrate on new content and have difficulty paying attention to relevant stimuli and storing data in memory. Under this information-processing-deficit approach, which has extensive research support, older people use fewer effective methods to recall information from memory. This leads to reductions in ability to remember (Castel & Craik, 2003; Luo & Craik, 2008, 2009).

- **Biological factors:** The last of the major methods focuses on biological factors. According to this view, changes in memory are due to degradation of the brain and body. Declines in episodic memory, for example, may be due to weakening of the brain's frontal lobes or a decrease in estrogen. Several experiments also show a lack of hippocampus cells, which is vital to memory. Some memory disorders, however, occur without any indication of underlying biological impairment (Eberling et al., 2004; Lye et al., 2004; Bird & Burgess, 2008; Stevens et al., 2008).

### **6.3.3 Never too late to learn:**

More than 250,000 people participate each year in thousands of classes arranged by Elderhostel, the largest late adulthood education program for

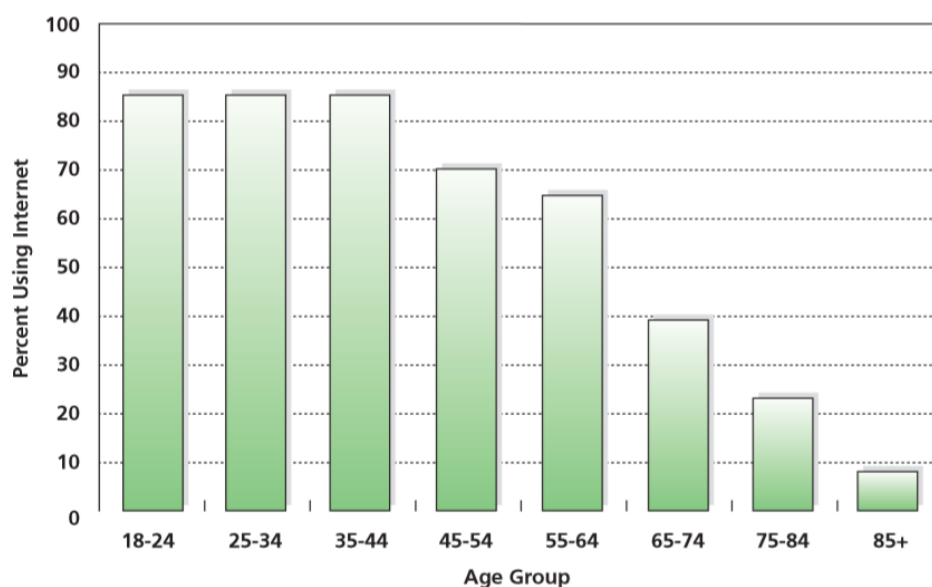
elderly people. Represented on campuses across the world, the Elderhostel movement is further evidence that intellectual growth and change continue throughout people's lives. As we have shown before, practicing cognitive skills will help older adults retain their mental functioning (Sack, 1999; Simson, Wilson, & Harlow-Rosentraub, 2006).

While not everyone can afford tuition from Elderhostel, by providing free tuition, many public colleges allow senior citizens to participate in classes. Additionally, some retirement communities are situated on or near college campuses, such as Michigan University and Penn State University (Powell, 2004).

Some elderly people question their intellectual capacities and thus refuse to participate in daily classes with younger students, their fears are largely unfounded. Older adults still have little problem in retaining their status in strict college classes. In addition, the inclusion of older people with their diverse and meaningful life experiences is usually considered by professors and other students to be a significant educational advantage (Simpson et al., 2006).

### Technology and Learning in Late Adulthood:

The use of technology is one of the biggest generational divisions. Individuals 65 and older are much less likely than younger people to use technology (see Figure 14-3).



**Figure 14-3 Technology Use and Age**

Older individuals are less likely to use the Internet than those who are younger.

(Source for figure 14-3: Charness & Boot, 2009, Figure 1A.)

How are seniors less likely to use technology? One explanation is because they are less interested and motivated, partially because they are less likely to work and therefore less willing to learn new technology skills. Yet cognitive is also another obstacle. For example, since fluid intelligence (the ability to cope with new problems and situations) shows some age-related declines, this can affect the capacity to learn technology (Ownby et al., 2008; Charness & Boot, 2009).

That hardly means people in late adulthood can't learn to use technology. In reality, more and more people use email and social networking sites like Facebook. The disparity in technology adoption between younger and older adults is likely to diminish as the use of technology becomes ever more common in general society (Lee & Czaja, 2009).

### Check your progress

1. When it comes to autobiographical memories, older individuals, like younger individuals, follow the \_\_\_\_\_, in that they are more likely to remember pleasant memories.

- a. saliency effect
- b. environmental effect
- c. Pollyanna principle
- d. positive effect

2. Explanations for memory changes aim to focus on three major categories: environmental factors, biological factors and \_\_\_\_\_.

- a. social support
- b. life changes
- c. information processing deficits
- d. personal influences

3. Despite memory problems and mental capacities, older adults have no difficulties in retaining their place in rigorous college classes.

- True
- False

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## 6.4 LET'S SUM UP

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While some people are healthy, the occurrence of certain severe illnesses rises in old age, and the potential to recover decreases. Most elderly people suffer at least one long-term disease. The main causes of old-age mortality are heart disease, cancer and stroke. Older people are more



vulnerable to psychological conditions such as depression, brain disorders and Alzheimer's disease in particular.

In older age, psychological and lifestyle factors can influence wellness. A sense of control over one's life and environment can have beneficial consequences, as can healthy diet, exercise, and risk factors such as smoking avoidance.

Sexuality persists in old age, with certain improvements in sexual activity, given both physical and mental health are strong.

Death's inevitability is unquestioned but unaccountable. Theories of genetic conditioning say that the body has an integrated time limit on life, while wear-and-tear theories suggest that the body simply wears out. Life expectancy has gradually risen for decades, and continues to do so, with class, age, and ethnicity disparities.

Technological advancements such as telomere therapy, the use of antioxidant drugs to suppress free radicals, the development of low-calorie diets and the replacement of organs may further increase the life span.

According to longitudinal research, such as those performed by developmental psychologist K. Warner Schaie, analytical abilities continue to gradually diminish during old age, but different skills shift in different ways. Training, stimulation, practice and motivation will help older people retain mental capacity.

During late adulthood, memory loss is not general but limited to certain forms of memory. Many affected are episodic memories, although largely unaffected are semantic and implicit memories. Short-term memory slowly declines until age 70, then quickly deteriorates. Explanations of changes in memory may concentrate on environmental causes, deficits in the processing of information and biological factors. It is not entirely established which solution is the most reliable.

Older people in college and other classes will appreciate and participate actively, and their participation in classes with younger students adds a distinct and welcome viewpoint. Older students can increase the number of college courses substantially by bringing their perspectives and advanced learning to the classroom.

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## 6.5 QUESTIONS

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1. Discuss in detail health problems in older people.
2. Illustrate the relationship between aging and illness. Write your answer with suitable examples.
3. Answer following
  - a. Write a detailed note on sexuality.
  - b. Why is death inevitable? Describe in detail.

4. Explain in detail memory changes in old age.
5. Write short notes on
  - a. Telomere therapy
  - b. Autobiographical Memory
  - c. Explicit memory
  - d. fluid and crystalized intelligence
  - e. Learning in late adulthood.

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## **6.6 SUGGESTED READING**

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Feldman, R. S. & Babu, N. (2018). Development across the LifeSpan. (8<sup>th</sup>Ed). India: Pearson India Education services Pvt. Ltd

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## **SOCIAL AND PERSONALITY DEVELOPMENT IN LATE ADULTHOOD - I**

### **Unit Structure**

- 7.0 Objectives
- 7.1 Introduction of personality development in late adulthood
- 7.2 Age and its relationship to distribution of resources, power and privilege
- 7.3 Age and Wisdom
- 7.4 Successful Ageing: Theories of ageing
- 7.5 The daily life of late adulthood-circumstances in which older people live and difficulties they face
- 7.6 Financial security and old age
- 7.7 Summary
- 7.8 Questions
- 7.9 References

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### **7.0 OBJECTIVES**

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After reading this unit you will be able to understand:

1. How personality develops in old age
2. How distribution of resources and power differ in old age
3. How wisdom develops in old age
4. How different theories explain ageing
5. What are the difficulties old people face and the role of financial arrangements in old age?

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### **7.1 INTRODUCTION OF PERSONALITY DEVELOPMENT IN LATE ADULTHOOD**

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Mrs Narmada, 79 years old, is very lively and energetic in her life as she was in her 20s, something that not all old people can do. She does yoga, she writes to her old friends, and she helps her grandchildren in their daily chores.

Based on the case study of Mrs. Narmada, explained above, we can realise that 'personality development' is an area to research about by life span developmental psychologists.

## **Continuity and Change in Personality during late adulthood:**

Which aspects of personality in old age are continuous and which aspects are changing in old age – is a question very frequently researched by psychologists. Certain aspects of personality in late adulthood are very stable. For example: Costa and McCrae spoke about the five basic personality traits and called them as “Big Five” traits – neuroticism, extroversion, openness to experience, agreeableness and conscientiousness. People who are calmer at age 20 are also cool tempered at age 75. Individuals who have positive self-esteem early in life also see themselves positively in late adulthood. Research has found that personality traits remain quite stable throughout life span. Personality seems to continue fundamentally over old age also.

In spite of this general stability in basic personality traits, there are still changes in some aspects of personality. Changes in a person's social environment give rise to changes in personality. The things important to a person at age 80 are not the same as what was important at age 40.

Some theorists have discussed how some aspects of personality development are discontinuous in nature. Psychologists have studied the changes in personality that happen as a result of new challenges coming in late adulthood.

In this section, we shall discuss the work of Erickson, Peck, Levinson, and Neugarten in the field of changing personality traits in old age.

### **A. Ego Integrity Versus Despair: Erikson's Final Stage:**

According to Erik Erikson, an elderly individual moves into the last stage of his psychosocial development. Erikson called the last stage of life's eight stages of psychosocial development as “ego-integrity-versus-despair stage. It involves **looking at your life till date, evaluating it and accepting it**. Individuals at this stage evaluate their life retrospectively. They ponder over their lives and find out whether they have reached their goals or not. They also think in terms of whether they have led their lives in a satisfactory way. People who successfully pass this stage experience a sense of satisfaction and achievement which Erikson called “integrity”. Those who look back at their life and feel they have missed important events and have not attained what they desired. Such people may feel sad, angry about what they could not do or about what they did in their life. This is called by Erikson ‘despair’.

### **B. Peck's Developmental Tasks:**

Erikson's approach talks about broad possibilities of late adulthood. Other theorists give a little differentiated view about what happens in the final stage of life. For example: Robert Peck (1968) pointed out that personality development in late adulthood involves three major developmental tasks.

As per Peck, adulthood comes with various changes in late adulthood. First task is that old people must define their lives apart from job roles or

occupations. This stage is named as **REDEFINITION OF SELF VERSUS PREOCCUPATION WITH WORK ROLE**. When people stop working, this change can be difficult to adjust to, which can influence the way they see themselves. Peck advised that people should not give much value to themselves as workers. They should **focus on aspects that do not involve work roles**. For example: being a grandparent or a photographer.

The second major task in late adulthood is – **BODY TRANSCENDENCE VERSUS BODY PREOCCUPATION**. Old people's physical capacity can really decrease so old people must learn to **cope with and accept these physical changes**(transcendence). If they can't, they become obsessed with their physical deterioration.

The third developmental task faced by old people is **EGO TRANSCENDENCE VERSUS EGO PREOCCUPATION**. Here, elderly people should totally be in **acceptance of one's mortality, that** is death. They should be aware that death is unavoidable and not too far but they have contributed to society. For example: taking care of children or social activities. If they see they have contributed to society well, they will experience **EGO TRANSCENDENCE**. If not, they may become preoccupied with the question of whether their lives had been worth it in society or not.

### **C. Levinson's Final Season: The Winter of Life:**

According to Daniel LEVINSON'S theory of adult development, an individual enters into late adulthood after going through a process of transition. This theory, rather than focusing on the problems of ageing, tries to explain the different processes involved in emotional, social and behavioural changes as an individual grows old.

LEVINSON'S theory of late adulthood focuses on processes of personality change in old age. According to him, old people experience a transition phase around age 60-65. In this phase, they see themselves as being "old". With time, old people realise that they are now not in the centre stage of life but are playing the game of life in parts.

This loss of power, respect and authority may be difficult for some old people to adjust to. On the positive side, old people can serve as experts for young people. Old people can be viewed as 'venerated elders' whose guidance is considered helpful. Old age also can allow people to do things for the sake of enjoyment and pleasure rather than doing something because of obligation.

According to Levinson, the process of ageing depends upon the nature of society and the characteristics of an individual. Society can influence an individual's view towards ageing through stereotypical thinking. When society views elderly individuals as helpless and useless individuals, it can increase an individual's struggle in the ageing process. On the other hand, being exposed to a culture that is free of stereotypical thinking, will enable an individual to positively look at the ageing process. Also an individual's adjustment depends upon his or her abilities and resources. Resourceful

individuals are more likely to be respected, helping them to adjust positively to the ageing process.

#### **D. Coping With Ageing: Neugarten's Study:**

Neugarten (1972, 1977) studied different ways old people cope with ageing. Neugarten found different personality types in her research on people in their 70s.

**Disintegrated and disorganised personalities:** some people are not able to accept old age and become sad as they grow old. Such people are often found in hospitals or nursing homes. These individuals find themselves experiencing more physical and psychological problems and are often not liked by people around them.

**Passive- dependent personalities:** some elderly individuals experience a high level of fear. Some of the fears that are commonly experienced are scared of falling sick, or experiencing fear of the future or fear of not being able to cope with life. Such people are so scared that they find it difficult to manage on their own. This difficulty makes them seek help from other family members. Sometimes, they may seek help even when they really don't need it. This pattern of their behaviour may make them dependent on others.

**Defended personalities:** this type of personality is characterised by difficulties in accepting the ageing process. They experience fear of ageing however they respond to this fear by denying it and with an attempt to stop it. Individuals with such characteristics try to act or look young, they exercise a lot, engage in activities that usually young people engage in. Such people may get disappointed probably because of unrealistic expectations about ageing.

**Integrated personalities:** these people cope with ageing comfortably. They accept their old age and remain in self-dignity. Majority of people in Neugarten's study were in this category. They were able to look back and accept their future totally.

#### **E. Life Review And Reminiscence: The Common Theme Of Personality Development:**

**Looking back at one's own life** (life review) is a common theme in the work of Erickson, Peck, Levinson and Neugarten's views of personality development in old age. In life review, people look back and evaluate their lives. This is the most common theme of most personality theories of late adulthood.

According to Butler (2002), life review gets initiated due to the thought of one's death. As people become older, they **look back and examine what has happened in their lives**. This retrospective examination has its own advantages and disadvantages. Although it may generally be considered as harmful, people often better understand their past through such a life review process. In the process of reviewing one's own life, old people are

better able to solve chronic conflicts they had with some people. This may also lead to patching up with people, developing meaningful relations with others. Through this process, they are able to face their lives with peace. (Latorreet al., 2015).

Other advantages of the life review process are a sense of sharing and interconnectedness with others. This also becomes a reason for social interaction with old people to discuss their past experiences with others. Thus, it has social advantages.

Life review also has cognitive advantages especially on memory. Studies have shown reflecting on the past can lead to other cognitive benefits, like improving one's own memory as the life review process allows old people to bring back old memories. They may remember events of the past which may promote memories of image, sound and even smell associated with those events.

However, there are some disadvantages too. Some people become obsessive about the past by reliving old insults, feeling guilty, angry and depressed for people who may not even be alive. This results in psychological deterioration. Some may even be obsessively concerned about the past and may not be able to forgive and forget certain old incidents that they had undergone. This makes it difficult for them to come to terms with the present causing psychological disturbances. (DeGenova, 1993)

Overall, life review is essential in providing continuity between past and present. It also can provide new insights about the past and into others. This allows people to function more effectively in the present.

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## **7.2 AGE AND ITS RELATIONSHIP TO THE DISTRIBUTION OF RESOURCES, POWER, AND PRIVILEGE.**

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### **Age stratification approaches to late adulthood:**

Age, like gender, can help to rank the people in society. Age stratification theorists believe that **economic resources, power and privilege are distributed unequally in people at different stages of life.** The inequality is observed the most during late adulthood.

Even though life spans have advanced due to medical facilities, power and prestige for elderly have declined. Financial earnings decline in old age. Young people have more independence and are isolated from elders. Rapidly improving technologies cause old people problems as they do not develop important technological skills. Also, older members are not considered as productive members of society. Additionally, old people's status in society also goes down. His adjusting to this decline in status becomes a major task in late adulthood.

However, in less industrialised societies, ageing is regarded as positive. In agricultural societies, older people have control over important resources like land or animals. There is no concept of retirement in such societies. Older people are respected as they contribute in daily activities. Agricultural practices do not change rapidly so older people are seen as having great wisdom. There are cultural values too of respecting the elders. Thus, the way elderly are treated in societies is shaped by how elders are perceived in a particular culture.

The way we look at old age is influenced by the culture in which we live. For example: Asian people hold old people in higher respect than western cultures. Although the trend is changing due to industrialisation, still elderly people are still treated more positively in Asia than in western cultures.

What is it especially about Asian cultures that leads to this difference? People in this culture are similar in socioeconomic status. Old people are given more responsibility with increasing age. People in Asian society show more continuity throughout life span than in western cultures. Older people continue to engage in activities that are considered important in societies. Asian cultures include extended families where older people are also involved a lot in family structures. Young people look forward to listening to the wisdom achieved by older members of the family.

However, there is another side to this. Some societies who show strong ideals for treating old people do not execute those standards in reality. For example, Chinese people show great respect for late adulthood but in reality, they fail to be positive with old people. Sons and wives are expected to take care of elderly parents. Parents with just daughters do not have anyone to take care of. Thus, it is important to make international standards for treating old people in society.

It is not just the Asian cultures that respect elderly. People in Latino cultures consider old people having inner strength. In African cultures, old age is regarded as divine intervention. In traditional Indian society, informal support systems of family and friends are considered to be supporting older members of the family too. However, changes in traditional values, younger generation relocation, changing family structures, and working women have given rise to the crisis for caring for the elderly (Prakash, 2004).

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### **7.3 AGE AND WISDOM**

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#### **Does age bring wisdom?:**

Old age brings with it the benefit of developing wisdom. It seems that as we get older, we get wiser. However, the concept of wisdom has received little attention from gerontologists. Defining and measuring wisdom is difficult. Wisdom can be seen as a reflection of knowledge, experience, and contemplation. With the help of this definition, old age may be necessary to develop wisdom to some extent.



Wisdom is different from intelligence. Knowledge that is obtained from intelligence is here and now. Wisdom is a timeless quality. Intelligence allows you to think logically. Wisdom provides a holistic understanding of human behaviour. Wisdom is defined as **expert knowledge in the practical aspects of life**. According to Sternberg, who has researched into practical intelligence, intelligence allows one to develop atom bombs but wisdom prevents from using it.

Measuring wisdom is challenging. Staudinger and Halted (2000) did a study to assess people's wisdom. They gave people (ranging in age from 20 to 70years) to discuss difficulties in life. For example: one problem situation given was that if someone gets a phone call from a good friend that he or she is planning to commit suicide. Another problem was that a 14 years old girl wanted to move out of her family home immediately. Participants were asked what they would do in these situations.

There were no right or wrong answers to the problems. The responses participants gave were examined based on many criteria. For example: amount of facts known, considering the result of each decision, considering the problem in context of the central character's life span, the values that the central character held, or whether participants realised that there may not be a possible single, right solution.

Using the above criteria, participants' responses were evaluated as being wise or unwise. The study revealed that older people engaged in wise thinking. Other research studies also suggested that wise people might be older adults. As one grows old, one develops the ability to infer about one's thoughts and emotions. Added years of experience allow older people to have a sophisticated developed mind.

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## 7.4 SUCCESSFUL AGEING: THEORIES OF AGEING.

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### What is the secret of successful ageing?

How people age depends on personality factors and life events that they face. Some people continue to actively engage in daily activities while some others gradually become less involved in day-to-day activities. There are three main theories of ageing: disengagement theory, activity theory, and continuity theory.

#### A. Disengagement Theory: Gradual Retreat:

This theory involves **slowly removing oneself from the world on physical, psychological and social levels**. (Cummings & Henry, 1961). On a physical level, in old age, people have lower energy levels and it makes them slowdown in daily life. Mentally, old people slowly begin to withdraw from others, and are not interested in the activities happening around them. In old age, people want to spend more time looking inward. On a social level, old people engage in less interaction with society. Some older people are less involved in the lives of others.

According to this theory, withdrawal seems mutual because of the general norms about old age and what is expected from old people. In addition to this, even society begins to withdraw from old people gradually. For example: retirement age compulsorily forces old people to withdraw from work. This hastens the process of disengagement.

Although the theory looks logical, there have been a few criticisms. The theory does not talk about the failure of society to give enough opportunities for meaningful engagement during late adulthood. Secondly, the theory blames old people for not being engaged.

Although some degree of disengagement may be healthy as it allows old people to internally, look within and reflect. Old people while gradually withdrawing also be careful about social relationships and focus on people who meet their needs. (Liang and Luo, 2012).

Still most gerontologists reject this theory as according to them, disengagement is not common. Old people remain engaged, actively involved in daily life and remain busy throughout old age. This is very commonly seen non-western cultures. Thus, clearly, disengagement is not an automatic, universal process. (Crosnoe & Elder, 2002).

### **B. Activity Theory: Continued Involvement:**

Activity theory suggests that successful ageing only happens when **old people continue to engage in their interests and activities that they involved themselves in middle adulthood**. Old people will be happier and more satisfied if they continue to involve themselves with the world. Successful ageing will occur only if older people adjust to unavoidable changes in the environment without resisting social involvement.

Activity theory pointed out that older people must involve themselves in activities that they participated earlier or participate in replacement activities.

However, the theory does not differentiate between various types of activities. Just remaining engaged will not assure that in old age people will remain happy or satisfied. The nature or quality of the activities in which people engage will influence more than the frequency of activities (Adams, 2004).

For some people, less activity brings more enjoyment in life. Because slowing down brings increased enjoyment of life. They reduce activities and do only those things that can bring satisfaction. Some older adults view their ability to lower the pace of life as the strength in old age. In fact, they may sometimes welcome inactive or solitary existence.

In short, neither disengagement nor activity theory provides a complete picture of successful ageing. For some people, a gradual disengagement occurs and this helps them to experience high levels of happiness and satisfaction. For others, engaging in some activity and involvement in life

helps them to lead a satisfactory life. (Ouwehand, de Ridder, & Bensing, 2007).

### **C. Continuity Theory: A Compromise Position:**

This theory proposes a middle position. It suggests that **people need to maintain their desired level of involvement in society to maximise well-being and self-esteem**. A little bit of disengagement and a little bit of activity, both are required for successful ageing as per this theory. People need to maintain a desired level of involvement in society to maximise their well-being and self-esteem (Whitbourne, 2001).

Those who are active and social will be happy mostly. The retiring people who enjoy solitary activities like reading will be happy if they are given freedom to pursue that much level of sociability. Irrespective of their level of activity, old people enjoy positive emotions like younger adults as gradually they become better at managing and regulating their emotions.

Apart from level of activity, there are other factors that can improve happiness in old age. Factors like good physical and mental health also are crucial in influencing older people's well-being. Additionally, financial security is also important as basic needs are taken care of. Personal autonomy and control over one's life is essential to maintain a sense of well-being.

Even the way they perceive their ageing process does impact their overall happiness and satisfaction with life. Those who view old age as positive may see old age as time to gain knowledge and wisdom. However, those who view old age as a burden may perceive old age as unfavourable due to their pessimistic attributes. (Levy, 2003).

### **D. Selective Optimization With Compensation: A General Model Of Successful Ageing:**

Psychologist Baltes (1990) has given importance to selective optimization with compensation models for successful ageing. The assumption held in this theory is that old age brings with it changes and losses in abilities which change from one person to another. It is possible to overcome such shifts in abilities with selective optimization. According to selective optimization with compensation models, successful ageing occurs when an old person focuses on his or her most important areas of functioning and compensates for losses in other areas.

Selective optimization is the process by which people **concentrate on a specific skill to compensate for losses in other areas**. They do this by enhancing one's motivational, cognitive and physical resources as well as focusing on developing skills in some specific areas of interest. For example: a person who has run marathons for all her life may have to cut or give up on other activities in order to increase her training. By giving up other activities, s/he may be able to maintain her running skills by concentrating on the specific skills.

At the same time, elderly people might have to compensate for the losses that might have occurred due to old age. Compensation can be in the form of using a hearing aid to help one to hear better or reducing the speed with which one carries out some activities for better able to perform them for a long time.

For example, Piano artist Arthur Rubinstein. In later years of his life, he maintained his concert career through various strategies which can give an idea of how compensation models work with selective optimization. Firstly, he was very selective in what he played in concerts. Secondly, he also practised those pieces more often. This is an example of optimisation. Thirdly, he played faster pieces for some time immediately followed by slowed musical passages giving the audience an illusion that he was playing as fast as he had ever played before. This was an example of compensation. (Baltes, 1990).

Overall, the model of selective optimization with compensation involves fundamentals of successful ageing. Old age may bring about reduction in many abilities, one can focus on making the most out of one's achievements in specific areas and still compensating for the limitations and losses faced in old age. The outcome that is reduced in life may be modified and transformed through other areas.

### **Is Age really just a state of mind?:**

There was a pioneering study of the connection between mind and body. Psychologist Langer called 8 men who were in their 70s to the monastery to spend five days there. They were told to live as if they were suddenly 20 years younger. They were not allowed to look into the mirror. They only saw photos of them in their 50s. They were no longer treated like old men. They were told to take care of themselves. They also were asked to talk about events that happened in their 50s. In every possible way, the illusion was created to the mind that the last 20 years had been erased from their lives. (Grierson, 2014).

At the end of the study, these men were not only acting younger but also looking younger. Their strength and dexterity had also improved. Their vision was too enhanced. This study showed that decline in age is partially a state of mind. People act old because they think they have become old. If they think of themselves as young, have purpose in life then they can become rejuvenated.

Langer called this link between mind and body as *mindfulness*. **People tend to experience the outcomes they expect to experience.** Men who grow old prematurely and see themselves as old have an increased risk of coronary heart disease. Women who have children later in life tend to feel younger than their chronological years and tend to live longer.

Langer is currently conducting research on women with terminal late-stage cancer to check whether they will benefit from living as if they went back 20 years in time.

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## **7.5 THE DAILY LIFE OF LATE ADULTHOOD: CIRCUMSTANCES INWHICH OLDER PEOPLE LIVE AND THE DIFFICULTIES THEY FACE.**

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### **Living arrangements- the places and spaces where older adults live:**

There was a 65-year-old retired computer engineer. When he was going to retire, everyone told him he would miss his work, feel lonely, feel bored as life would be without any challenges. However, after he retired, he felt that it was his best time of life. There was nothing to miss, no deadlines, no training sessions, evaluations or worry about losing a job. There were some things which he missed like the people at work. However, he felt that he had his savings, hobbies and spent quality time travelling with family.

When we think of old age, mostly nursing homes come to our mind. Elderly people living in unpleasant institutions feel lonely under the care of strangers. Older men and women living with their families feel less lonely than those living in old age homes. Older people living with families and friends have better relationships than those living in old age homes. (Bajpai, 2015)

Various researches have studied the effects of living arrangements on the quality of life of the old people. The studies have revealed that living arrangements and family structure, in which old people live, have a major impact on the physical and psychological well-being of the elder individuals. Old people living with family have better quality of life than the old people living in nursing homes (Sowmiya, 2012)

### **A. Living At Home:**

As per census 2011, nearly 104 million elderly persons in India live alone. In most cases, they live with their spouses. Some old people live with their siblings. Some others live with their children or grandchildren.

There are different consequences depending on the nature of the setting in which old people live. For married couples, living with a spouse shows continuity with earlier life. For people who live with their children, adjusting to life with family members can be challenging. Here, there is a loss of independence and privacy and older people may feel uncomfortable with the way their children are raising their grandchildren. The conflicts can arise among family members if specific rules about roles family members have to play are not specified, (Navarro, 2006). Living in extended families that are in joint families is most common among the higher castes, the elite, and those with more assets. (Khatri, 1975).

### **B. Specialised Living Environments:**

Old people sometimes have to live in a different type of specialised environment. For example- continuing care community. Such communities offer an environment in which all people of retirement age or

older live together needing various levels of care which is provided by the community. Residents sign a contract under which the community makes a promise to provide a rewarding atmosphere which is helpful for all those in late adulthood.

The disadvantage of such an arrangement is that as people age and their needs increase, old people start living in separate houses that are supported by medical providers. Continuing care ultimately leads to full-time nursing care. Joining such a community will also require a huge amount of initial payment which may be possible only for financially well-off old people. Sometimes, such a community offers to incorporate day care centres on the premises and develop programs that involve younger generations to increase opportunities for old people to interact with other generations.

Several types of nursing institutions exist- part times versus full time. For example, in adult day care facilities, old people are given care only during the day but they spend their nights and weekends in their own homes. During the day, elderly people participate in scheduled activities. Sometimes adult day care is combined with child day-care programs to provide interaction between old and young. The most intensive institutions are, 'skilled-nursing facilities', which provide full time nursing care for old people with chronic illnesses.

The more the extent of nursing home care involved, the higher the adjustment required by the elderly people. Some old people adjust quickly but others may face difficulties. Additionally, elderly people in nursing care homes also face stereotypes about nursing homes from society. However, the well-being of senior citizens is mandated in the constitution under article 41. The Right to Equality is guaranteed by the Indian constitution as a fundamental right. Social security is also a parallel responsibility of central and state governments.

### **C. Institutionalism And Learned Helplessness:**

Being in nursing homes can lead to institutionalism- a psychological state in which old people develop apathy, indifference, and a lack of care about oneself. Institutionalism develops to a small extent because of **learned helplessness**- a belief that one has no control over one's environment. (Peterson and Park, 2007)

Learned helplessness due to institutionalism can have harmful effects on elderly. For example- the deadliest change that happens in the lives of old people is that from being independent in the past they move to having less control over their daily life activities like when to eat, what to eat, sleeping schedules. Old people who enter nursing homes may no longer have control over their most basic activities. They may be told when to sleep and when to visit the bathroom. But if the old people even though living in nursing homes are given some choices to make for their own basic life decisions, they are happier and healthier.

There was an experiment done by Langer and Janis (1979), in which they showed the effect of losing control in old age. They classified elderly

people living in nursing homes in two groups. One group of older residents were allowed to make many choices about their daily life activities. The other group had the staff of the nursing home making decisions for them. The results showed that residents who had choices were happier, and healthy. After 18 months of the experiment, only 15% of the choice group old people had died as compared to 30% of the no choice comparison group. Thus, having a choice about one's own day to day activities can have a major influence on the well-being and health of elderly people.

Another study done by Agrawal (2012) on living arrangements on health status of old people clearly indicated that elderly people who lived alone suffered more from chronic health issues like asthma, tuberculosis and acute illnesses like malaria or jaundice.

We have to remember one thing that all the nursing homes are not the same, the best way is to allow residents to make their basic life decisions. This may allow them to feel some sense of control over their lives which in turn will enhance their physical and mental health.

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## **7.6 FINANCIAL SECURITY AND OLD AGE.**

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### **Financial issues: The Economics of Late Adulthood:**

Like people in all the other stages, even people in old age can vary on a continuum of socioeconomic status. For example, some can be very rich, some can belong to the middle income group or some can be very poor too. Old people who were rich during their working years tend to stay relatively affluent, whereas those who were poor at earlier stages of life tend to remain poor when they become old.

The social inequity in different age groups becomes exaggerated as age increases. As people reach old age, financial pressure increases due to increasing life span. Because the more they live, the savings are going to decrease soon. The Government of India has implemented programs like health insurance for senior citizens or has provided provisions for tax benefits. Factors like allowing entry in health insurance schemes till 65 years, transparency in premium amount charged, reasons for denying the renewal of health insurance can be kept in mind. No insurance company can deny the senior citizens their right for health insurance without genuine reasons.

The government has also come up with provisions for tax benefits to old people. Income tax exemption for senior citizens of 80 years and above for up to 5 lakh per year income. There are tax benefits for individuals who pay medical insurance premiums for their old parents. People are eligible for deductions in tax even when they spend a specific amount for treatment of a dependent senior citizen suffering from specified diseases.

The Ministry of home affairs also allows protection of life and the property of senior citizens. State governments are required to provide a

widely covered plan for safety and security of old people. The ministry of Home Affairs has also advised safety and security for elimination of all forms of neglect, abuse, and violence against old people through sensitising police regarding safety and security of old individuals. The Government of India also has set up toll free senior citizens help lines and senior citizen security cells.

### **Retirement: Filling A Life of Leisure:**

In today's times, due to technology and education, even elderly people who are active and healthy, are refusing to lead a dull life when they can lead a purposeful life even in their 80s. This is possible because there is a lot of awareness for improving quality of life in later years and not just standard of life. Due to the internet reaching everywhere, there are old people who wish to live an active and purposeful life instead of a dull or sad life. Due to globalisation, the life of elderly individuals in the rural areas too is getting affected in an indirect way. Many families have seen their children migrating to foreign countries; which affects their lives in different ways. This has its own advantages and disadvantages. Although it has made elderly people feel left alone because of their children taking up jobs in cities leaving them feeling lonely. It has also been associated with economic betterment. Children becoming independent can financially uplift the lives of elderly family members. However, the flip side is that they are left to take care of themselves even if they are financially well-off.

A common activity in India that is stereotypically associated with old age is spiritualism. Although it is true for several elderly people to engage into spiritual activities like "satsangs" and attending other spiritual discourses, it is not true for many other elderly individuals. Some elderly people have not just restricted themselves to spiritual activities. They visit libraries, go for morning walks, enjoy kitty parties, and travel to nearby places alone or with friends. They learn the use of social media and play virtual games in their leisure time. According to their interest, they write blogs, do art or craft, and some even take admission in universities to achieve their unfulfilled desires. Thus, social media and technology has today changed the lives of many elderly individuals.

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## **7.7 SUMMARY**

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While some aspects of personality remain stable, others change to reflect the social environments through which people pass as they age. Eriksson called older adulthood the ego-integrity- versus- despair stage, focusing on an individual's feelings about his or her life. While Peck focuses on three tasks that define the period. According to Levinson, after struggling with the notion of being old, people can experience liberation and self-regard. Neugarten focuses on the ways people cope with ageing.

Age stratification theories suggest that the unequal distribution of economic resources, power, and privilege becomes particularly visible during late adulthood.



Wisdom is defined as expert knowledge in the Practical aspects of life, won through the accumulation of knowledge, experience, and contemplation. Because it is experience based, wisdom may be dependent on ageing. Societies in which elderly people are respected for their wisdom are generally characterised by social structure, extended families, responsible roles for older people, and control of significant resources by older people.

Disengagement theory suggests that older people gradually withdraw from the world, which can lead to reflection and satisfaction. In contrast, activity theory suggests that the happiest people continue to be engaged with the world. A compromise position- that of continuity theory- may be the most useful approach. The most successful model for ageing may be selective optimization with compensation.

Elderly people live in a variety of settings, although most live at home with a family member.

Financial issues can trouble older people, largely because their incomes are fixed, health care costs are increasing, and the life span is lengthening.

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## **7.8 QUESTIONS**

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1. Describe ways in which personality develops during late adulthood. (20 Marks)
2. Explain how age relates to the distribution of resources, power, and privilege (10 marks)
3. Define wisdom and describe how it is correlated with age? (10 marks)
4. Differentiate the theories of ageing. (20 marks)
5. Describe the circumstances in which older people live and the difficulties they face. (20 marks)
6. Discuss how financially secure older people are in India today? (10 marks)

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## **7.9 REFERENCES**

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## SOCIAL AND PERSONALITY DEVELOPMENT IN LATE ADULTHOOD - II

### Unit structure

- 8.0 Objectives
- 8.1 The positives, negatives and stages of retirement in old age
- 8.2 Marriages in late adulthood
- 8.3 The typical reactions to the death of a spouse during late adulthood.
- 8.4 The nature of relationships in late adulthood.
- 8.5 Ageing and family relationships.
- 8.6 Causes and prevention of elder abuse
- 8.7 Summary
- 8.8 Questions
- 8.9 References

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### 8.0 OBJECTIVES

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After reading this unit you will understand:

1. What are the positives, negatives and stages of retirement in old age
2. How marriages help or hurt in late adulthood
3. What are the reactions to death of a spouse in old age
4. Nature of family relationships in late adulthood
5. What are the causes of elder abuse and how to prevent it

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### 8.1 THE POSITIVES, NEGATIVES AND STAGES OF RETIREMENT IN OLD AGE.

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#### Work and retirement in late adulthood:

Mrs. Pradhan turned 80 last month. She was a school teacher. In her entire life, she was involved in teaching and coaching children who were academically not performing well, after school hours, for more than 40 years.

When her husband died, she decided to retire and move to her home town in Orissa. This place was beautiful. People were friendly. But Mrs. Pradhan did not actually retire. She began helping poor children in their studies.

The case mentioned above is a clear example of the decision of when to retire is a difficult decision faced by the majority of individuals in old age. For some, retirement can be difficult as they may not have people asking them for advice now. For others, retirement may symbolise 'a life of leisure'.

### **Combating Age Discrimination:**

Many other people continue to work for some part of their late adulthood because they enjoy intellectual and social rewards that work provides and also, they work because of financial reasons. However, some employers force older people to leave jobs because they feel that older people may not be able to adapt to the demands of the job.

In reality, older people may have great contributions in fields like art, science or literature. In a large-scale study, it was found that age was not a predictor of older police officers', fire fighters', and prison guards' work performance. Rather, case-by-case individual assessment of their performance was a more accurate PREDICTOR of their work performance overall. (Landy & Conte, 2004)

However, age discrimination still remains a problem. The conditions of the economy may help decrease age discrimination. The companies can offer incentives to older adults to either remain in the workforce or return to it after they have retired. Still, for older people, retirement is the norm.

### **Retirement: Filling A Life of Leisure:**

Retirement decisions are influenced by many factors. Sometimes it's because of burn out. They are fatigued after a lifetime of work. Old people want relief from the tension and frustration of their jobs. They wish to experience relief from the frustration of their jobs because they feel they are not doing as much as they once could do. Other factors may include reasons for retirement like decline in health, incentives offered by companies on retirement, or some want to utilise their retired life for travel or study or to spend some more time with their grandchildren,

### **Stages of Retirement:**

Whatever the reason may be for retirement, old people pass through a series of retirement stages.

1. **Honeymoon period:** Retirement may start with the honeymoon phase. Elderly individuals involve themselves in travel or a variety of other interesting activities like joining hobby class, spending quality time with family or friends, that they could not do during work period.
2. **Disenchantment:** the next phase is disenchantment. Retired people feel that retirement is not all they thought it would be. They may have thought that they would now get a lot of time to enjoy life in this phase but they may soon realise that retirement is not all that they imagined. In reality, they miss the work life or friendships of their

previous jobs and soon they find it hard to keep themselves busy. (Osborne, 2012)

3. **Reorientation:** in this phase, people who have retired begin thinking about how they will spend the ample time meaningfully that they have now. Retired persons reconsider options and become involved in new and more meaningful activities like volunteering, joining part time jobs nearby, or developing hobbies.
4. **Retirement Routine:** If successful in the earlier phase, older individuals enter in retirement routine. Here, in this phase, older people accept the realities of retirement and find purpose in the new phase of life. All people do not reach this stage and some may still experience disenchantment with retirement for many years.
5. **Termination:** Some people choose to terminate retirement by re-entering the workforce. For most people, however, termination occurs when they suffer major physical deterioration. For most people, this phase involves decrease in physical health. Their health becomes too fragile to function independently. That is their health becomes very bad and they can't function independently.

Everyone does not pass through all the stages and the sequence is not the same for everyone. Overall, the person's reactions to retirement come from the reasons for retirement in its first place. For example: someone who was forced to retire due to health reasons will have a very different experience than someone who loved the job and retired due to retirement age.

The psychological consequences of retirement may differ from person to person. One can do many things to plan a good retirement.

### **How to plan a good retirement?:**

Gerontologists (researchers researching on old age) point out that there are many factors related to successful retirement. (Noone, Stephens, & Alpass, 2009)

- Plan in advance for financial security. Save money for retired life. Financial experts say that only pension amounts may be insufficient so personal savings will be very useful. It is also very important to have medical insurance.
- It's essential to gradually withdraw from work. Sometimes one can shift from full-time to part-time work. This might help the elderly individual to prepare for full-time retirement.
- It is also important to discover one's own interests before one retires. Find out what you like about your present job and think how you can translate your interests into leisure activities.

- If the older adult is married, it is very crucial to discuss with the partner one's own views about ideal retirement. One has to discover a plan that suits both the partners.
- Plan where one wants to live after retirement. Temporarily, one can move to that community where one is thinking of moving to check how the experience might be.
- The older adults can find out about downsizing the space in the current home. One can also reduce maintenance costs by carefully thinking about what costs can be cut.
- Older adults can also plan to volunteer their time. People moving to old age will have lots of skills which can be utilised by NGOs for small businesses.

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## 8.2 MARRIAGES IN LATE ADULTHOOD.

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### **Relationships: old and new: in sickness and in health:**

Manoj, 94, explains how he met his wife, Savita, 90. Manoj was posted in Shimla in the state bank of India. He was feeling lonely. So, he went to a book store on a busy street in Shimla. Manoj happens to reach for a book. The same book was selected by Savita as well. That's how they met. And fell in love. Four months later, they got married. One year later, he got transferred to Assam. She would write a letter to him every day. However, Manoj was not a good writer. He wrote a letter to her only once, which she used to read every day. The warmth and affection between Manoj and Savita made their relationship strong. The relationship continues to bring joy in their life.

What is the nature of the social world of people in late adulthood? To answer the question, one has to consider the nature of marriage in old age.

### **Nature of marriages in late adulthood:**

It seems to be a world of men, because a large proportion of men are found who marry after the age of 65 compared to women. This might have happened because 70% of women live longer than their husbands by a few years. Because there are less men available, these women may be unlikely to remarry.

The norms of the society suggest that women should marry men older than themselves. This may be the reason why women remain single even in the later years of life. However, this may allow men to remarry much easily because many women might be available who can become eligible partners. (Treas & Bengtson, 1987).

People who are married in later life say that they are satisfied with their marriages. Their spouse provides companionship and emotional support. In old age, both partners have been with each other for a long time. It also gives them great insight about each other (Jose & Alfons, 2007).

However, not all aspects of marriage are satisfactory. Married couples may experience severe stress as one or both partners experience changes in their lives. For example- retirement of one or both the partners can bring a change in the nature of a couple's relationship positively or negatively (Henry, Miller & Giarrusso, 2005).

**Divorce:** for some couples, stress of the marriage is so high that one or the other partner asks for divorce. The divorce rates have increased over the last few years.

The causes for divorce are different at different phases of life. Women ask for divorce as the spouse is abusive or alcoholic. Whereas, husbands seek divorce because he has found a younger woman. Many times, divorce happens immediately after retirement as men experience stress due to high involvement in a career which is suddenly not there. They may end up experiencing psychological disturbances because of sudden absence of work (Solomon et al., 1998).

Divorce, late in life, sometimes, turns out to be very difficult to handle for women because of lack of availability of a potential pool of eligible men. This may lead to older divorced women not considering remarrying. For many women, marriage has been the most important role which formed the centre identity of their life. They may think of divorce as a major failure. Due to this, the quality of life and happiness of divorced women may suffer (Davis & Denton, 2002).

Sometimes, older men and women who are divorced or spouses have died seek new relationships. Many strategies to find a new potential partner are employed such as joining singles organisation or using the internet account to seek company (Dupuis, 2009)

Those who have remained single their entire life may have less difficulties transiting to late adulthood as they have been living alone since long. Those who are never married have been living independently for a long time. So, the transition to old age does not bring about many changes. Never-married old people actually report feeling less lonely and greater sense of independence (Newton & Keith, 1997)

### **Dealing With Retirement: Too Much Togetherness?:**

When Mohan finally stopped working full time, his wife, Rina, found some aspects of his increased presence at home troublesome. Their marriage was strong. But his interference in her daily routine and his constant questioning about whom she was talking on the phone with and where she was going when she went out really irritated her. Finally, she started to spend less time in the house. This was so paradoxical. She was waiting to spend time with Mohan when he was about to retire. Now that he was home all day long, she was not comfortable with him because of his constant presence.

The life of Mohan and Rina was something found in most homes. For many couples, retirement means relationships need to be redefined. As

sometimes retirement leads to spending more time together than at any other point in marriage. Also, men have to share the burden of household chores which he might not have done before.

In a study by Kulik (2002), it was found that role reversal takes place in life after retirement. Wives wish for more companionship than husbands. Power equation also changes. Men become more affectionate and women become more assertive.

### **Caring For An Ageing Spouse:**

Due to health reasons, sometimes, spouses have to take care of their partner's health in ways that they never imagined in late adulthood. This can be frustrating or tiring.

For example: one woman commented- *"I cry a lot because I never thought that my life would be this way. I didn't expect to be cleaning the bathroom, changing his clothes, washing his clothes all the time. I took care of children in my 20s and now I am taking care of my husband."* (Doress et al., 1987, pp: 199-200).

Some people look at caring for an ill and dying spouse in a positive light. They think of it as a final opportunity to show love and devotion. Some caregivers say that they feel quite satisfied because of the responsibility they have got to take care of the spouse. The emotional fatigue that they experience decreases as they adjust to the stress of caregiving.

Yet giving care can be very difficult and can have harmful effects on a spouse's physical and psychological health. Caregiving can be such a difficult task, as the caregiver may not be in the best of physical health. This can negatively impact their physical and psychological health. Studies have shown that caregivers feel lower satisfaction with life compared to non-caregivers (Davis et al., 2014).

In most cases, it is generally seen that the spouse who takes care- is the wife. The first reason may be that men tend to die earlier than women and therefore they may contract diseases leading to death earlier than women. The second reason could be that women are considered as 'natural' caregivers due to society's traditional gender roles. Consequently, health-care providers suggest that a wife should take care of the husband than that a husband should take care of the wife.

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## **8.3 THE TYPICAL REACTIONS TO THE DEATH OF A SPOUSE DURING LATE ADULTHOOD**

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### **Death of a Spouse: Becoming Widowed:**

Death of the spouse can be a very painful event. Specifically, for those who have been married young It can lead to severe feelings of loss and can give rise to financial and social difficulties. If the marriage has been fruitful, death of a spouse means loss of a friend or a companion or a helper. Death of a spouse in late adulthood affects the person more than



the old age. Because one is less involved in work or social networking in old age.

Once the partner dies, the spouse has to hold a new and unfamiliar role: widowhood. They also lose the role they were most familiar with- that is their role as a spouse. Society also looks at them not as couples but as individuals. All this can bring about severe sadness and grief.

Widowhood can bring several new demands. There is no one to share the whole day's events. The surviving spouse has to do daily household tasks now which may have been carried out by the dead spouse before. Initially, family and friends provide support but soon widows have to adapt to being single and on their own quickly. The widowed spouse has to learn to make adjustments for cooking and other daily life activities or learn this skill so that one can lead one's life smoothly even being single (Smith, 2012).

Social lives of people also change significantly. Married couples tend to socialise with other married couples but such friendships may fade out. This may get replaced with forming new friendships with other single people.

Economic issues are major problems in widowed people's lives. Many though have insurance, savings or pensions to provide economic security. Some women still experience a decrease in their economic well-being because of the death of their spouse. This can result in taking some forceful financial decisions like selling the house in which both the spouses lived so long.

### **The process of adjusting to widowhood involves three stages:**

1. **Preparation:** in this phase, spouses prepare themselves for many years for the eventual death of the partner. Basically, it includes learning adaptive behaviour, developing skills and abilities, and focusing on anticipatory behaviour like Purchase of life insurance, preparation of a will, decision to have children to take care of in old age. (Rock & Cherry, 2002).
2. **Widowhood:** grief and mourning are the immediate reactions to the death of a spouse in this phase. It begins with shock and intense pain of losing the partner. This continues as the survivor has to work through the emotions the loss brings up. So, now grief plays a very important role. Person has to seek support from a counsellor and engage in grief work and reality testing. How much time a person takes for grief work, depends on the degree of support received from others and personality of the survivor. Sometimes, this phase can last for months or years too.
3. **Adaptation:** This is the last stage of the adjustment. Here, widows start a new life. This begins with acceptance of one's loss and leads to reorganisation of roles and forming new friendships. In this phase, a new identity as 'an unmarried person' also develops.

The three-stage model of loss and change does not apply to everyone. The timing of the stages also changes from person to person. Some people may experience 'complicated grief', where they may continue to mourn for months or years or find it very difficult to let go of the loved one and they keep reliving the memories of the dead spouse that impairs normal functioning. (Holland et al., 2009).

For most people, life returns to normal functioning after some time after the death of the spouse. Death of the spouse can still be a very significant event in late adulthood as it can remind the person of one's own mortal nature.

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## **8.4 THE NATURE OF RELATIONSHIPS IN LATE ADULTHOOD.**

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### **The social networks of late adulthood:**

Older adults enjoy friends like young adults do. Friendship plays a significant role in late adulthood. Quality time spent with friends is really considered important compared to time spent with family. Friends are looked at as providers of support to them. According to a study conducted by Ansberry (1997) people in late adulthood do engage in making new friends and also engage in significant interactions with them.

### **Friendship: why friends matter in late adulthood:**

Friendships are particularly important during this stage in comparison to other relationships. One reason for the importance of friendship is the element of control that is involved in it, which is not the case in family relationships. At least in friendships, we can choose who we like and whom we do not like. Individuals have control over the choice of friends and this helps them psychologically to deal with the general lack of control in other aspects of their life like health. (Singh & Srivastava, 2014)

Another reason why friendship becomes important is the flexibility of the newer friendships that are formed which provides individuals in late adulthood with the emotional support that they may no longer receive in case of disturbed family relationships. There was a study done on 630 older adults aged 60 and above from the rural areas of Varanasi and Uttar Pradesh. This Study suggested that being socially connected prevents people from experiencing depression among elderly individuals living in rural parts of India. (Singh, Singh & Arokiasamy, 2016)

Third reason why friendship becomes important during this stage is that elderly individuals will be aware that the partner may die sooner or later. There is an increased probability of having lost their spouse in old age. Friendship helps them to cope with this loss and also provides them with companionship which was initially provided by the dead spouse.

Only the spouses don't die. Even friends do. They may also have to face the death of their friends. Death of a close friend may be particularly difficult. The way they look at friendship in old age will decide how

susceptible they will be to the death of the friend. However, if friendship is defined as one of many friendships available, the death of one's other friends may be handled by development of new friends.

### **Social Support- The Significance of Others:**

Friends are a very important source of social support especially for successful aging. Social support refers to the assistance, comfort and care that are offered by caring and interested individuals. Technological advancement has facilitated provision of social support through social networking sites and also through social media. This has facilitated the possibility of maintaining contact, development of new contacts, which has in turn helped in reducing isolation (physical as well as emotional) amongst individuals in late adulthood. These technological advancements have enabled individuals in late adulthood to participate socially and have also helped in building relationships across different generations. Thus, social networking and social media may play a very important role in improving the quality of life of elderly individuals.

There was a study conducted by Jaiswal, Pradeep, and Subramanyam (2015). In this study 140 elderly individuals participated in staying in Bangalore. 25 out of 140 individuals made use of social media. However, 115 out of 140 people did not use social media. The participants discussed the importance of social media in enhancing their quality of life.

Social media can be useful in deriving multiple benefits. Social support from others gives emotional strength to an individual through the care and concern by others. Information from others about coping with the death of the spouse, especially when it is offered by those who have gone through it, may offer valuable informational support. Friends will be able to understand one's concerns. Also, they will be able to provide helpful suggestions to cope with the problems in life. These suggestions can be more trustworthy than coming from family members.

Sometimes support may help in changing perspectives and evaluating events more objectively. Yet others may even offer material help like running errands for an elderly person. Also, the support from friends can provide solutions for present problems like dealing with difficult neighbours or repairing a broken appliance.

Social support helps not only the one who receives it, but also the provider. People who offer support feel a great deal of usefulness and increased self-esteem. That one is of help to others gives a feeling of importance and enhances one's self-worth.

However, the important question is, what type of social support is most effective? Things like preparing food, being with someone to go to a movie, asking someone to come for dinner. Reciprocity is the expectation that if positive support is provided to another person, ultimately the favour done will be returned. The social support that works best are the ones that are based on the possibility of returning the support. In western societies,

older adults value only those relationships where reciprocity is possible (Becker, Beyene, & Newsom, 2003).

When the support is one-sided or asymmetrical, relationships start becoming burdensome. It is psychologically dissatisfying. This is more likely to happen as the individuals age since they may not be able to reciprocate the help, making the support psychologically burdensome.

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## **8.5 AGEING AND FAMILY RELATIONSHIPS.**

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### **Family Relationships: The Ties That Bind:**

Even if the spouse has died, most older individuals are part of a big family unit. Relationships still exist with siblings, children and grandchildren. These relationships offer a very important source of solace and comfort to elderly individuals in their last phase of life.

The social relationship that is very important in the life of individuals in late adulthood is that with their family. Within the family the individual may have relationships with different family members and each relationship has a different effect on the life of an elderly person.

One relationship which is very significant is – Sibling relationships. This relationship is important since siblings have shared experiences which date back to their childhood, making an elderly person more comfortable with their siblings. Even when the childhood experiences are negative, they may feel more comfortable due to the shared nature of their experience.

### **Relationships With Children:**

An adult's relationship with children is a more important aspect of their life than that with their siblings. Even if children are not living with their parents, there are interactions between parents and children. Even in an age where geographically it is possible to move from one location to another, most parents and children stay close not just geographically as well as psychologically. A research study showed that 75% of children live within a 30-minute drive of their parents. Parents and children visit and talk with one another often. Daughters tend to be in touch with their parents more than sons. Children like to be in touch with mothers more than fathers (Byrd-Craven et al., 2012).

Most of the elderly individuals have at least one child who stays close by, family members still offer significant help to one another. Parents and children have similar viewpoints towards how adult children should behave with their parents. Parents expect that children should provide emotional and economic support. They should talk to the parents about their medical issues. (Funk, 2010).

The relationship between parents and children at this stage is likely to be asymmetrical with parents desiring more interactions with their children. Whereas, children want more independence and autonomy from their

parents. Although both of them agree that children should help parents in matters concerning medical issues and offer emotional care, children may prefer a more distant relationship in comparison to the parents. Since parents have a greater developmental stake, they are more likely to compromise and be engaged in relationships to the required level.

Parents will always be more interested and concerned about their children. Relationships between the elderly parents and children may not necessarily be one sided. Many adults may seek help from their elderly parents in terms of advice, informational or perhaps even monetary and other material help (Diamond, Fagundes & Butterworth, 2010).

### **Grandchildren and Great Grandchildren:**

Grandparents differ in the extent to which they are involved with their grandchildren. Even amongst those who are involved, they avoid participation in direct care of the grandchildren. However, there are many grandparents who participate in raising their grandchildren as a part of their social network (Coall & Hertwig, 2010,2011).

The studies show that grandmothers tend to be more involved in bringing up their grandchildren in comparison to grandfathers. There are gender differences too in feelings grandchildren have about their grandparents. Most young adult grandchildren feel closer to their grandmother, especially maternal grandmother (Hayslip, Shore, & Hendersson, 2000).

Apart from the gender differences, cultural differences also determine the relationships with grandchildren. African American grandparents are generally more involved with their grandchildren than white grandparents. African American grandchildren feel emotionally closer to their grandparents. Grandfathers play a crucial role in the lives of African American children than in the lives of white children. These differences could have arisen due to the existence of large multigenerational families in African American families compared to Whites. In such families, grandparents also play a major role in raising grandchildren (Gelman et al., 2014).

Great-grandchildren play a less important role in the lives of both white and African American great grandparents. Most great-grandparents do not have close ties with their great-grandchildren. Warm and close relationships happen only when great-grandchildren and great-grandparents live geographically closer to each other (McConnell, 2012).

Comparatively, the relationships that an elderly person has with great grandchildren are minimal. This is attributed to different reasons. Firstly, by the time grandparents reach great-grandparenthood, older adults are so old that they do not possess much physical or psychological energy to invest in forming close relationships with their great-grandchildren. Secondly, great grandchildren are generally more in number so it may be very difficult to keep track of them to form close ties with them. Thirdly, the ageing process reduces the physical and psychological resources in the elderly person to maintain warm relationships with great-grandchildren.

Even though the relationships with great grandchildren are limited, it has many benefits. It profits emotionally to the great-grandparents for having someone close by to share the joys and sorrows with. Having great-grandchildren is an indication to great-grandparents that their family is continuing which is a real sign of longevity of the family members. Further, as age increases, though physical health deteriorates, having great-grandchildren helps the elderly person to contribute physically also in the lives of great-grandchildren because of new advances in technology.

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## 8.6 CAUSES AND PREVENTION OF ELDER ABUSE

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### **Elder Abuse: Relationships Gone Wrong:**

Although we may think that cases of elderly abuse are rare, statistics suggest that it is more common than what we may think. Nearly half of elderly persons report personal experiences of abuse. Demographically, those in the age group 60 to 69 and females are more likely to experience abuse. (Help Age India Report, 2015)

This form of abuse may be understood in terms of 3 factors- Characteristics of the abused, Characteristics of the abusing family and social factors. Socio-demographic, those abused are the ones who are less healthy, isolated and living in the care-givers' house. The abuse is commonly associated with emotional and economic dependence on the caregiver. The factors pertaining to the family where abuse takes place shows that abuse is associated with the economic, psychological and social pressures on the caregivers, which makes them engage in abusive behaviour. The HelpAge India Report has also considered the changing ethos as a factor contributing to the elderly abuse.

Dealing with the abuse will then require you to pay attention to all the 3 contributing elements. Empowering adults is important. Another important element is to introduce effective family interventions to help the family to deal with the problems of late adulthood. Social agencies may be established to offer necessary support to the family in taking care of the elderly persons. For instance, providing volunteers to the family in taking care of the elderly person while the family takes a break; may give psychological relief to the family. Thus, holistic care will help in preventing abuse.

### **Legal Provisions to Protect the Elderly Persons:**

The Indian legal system has made some provisions for the protection of the elderly individuals. Some important laws related to this are as follows-

1. Hindu Adoption and Maintenance Act of 1956 stated that it will be mandatory for children to take care of their elderly parents and provide financial support for their maintenance. In case of an elderly person suing their children for neglect, the law can compel children to pay for the maintenance. The amount to be paid as maintenance is

decided on the basis of factors like satisfaction of reasonable desires, their current living conditions, etc.

2. The section 125 of Criminal Procedure Code also provides for maintenance from children up to Rs. 500 for those elderly parents who are unable to take care of themselves. This law also ensures that those who do not follow the act will be legally punished.
3. According to the Maintenance and Welfare of Parents and Senior Citizens (MWPSA) Act, parents and grandparents who are unable to take care of themselves may demand maintenance even up to Rs.10,000/-. This Act also provides for taking care of the elderly as a responsibility of the children with a fine of Rs. 5000/ along with imprisonment up to 3 months for abandonment of Parents.

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## 8.7 SUMMARY

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People may pass through stages, including a honeymoon period, disenchantment, reorientation, retirement routine, and termination, as they adjust to retirement.

People who retire must fill an increasingly longer span of leisure time. Those who are most successful plan ahead and have varied interests. People who retire often pass through stages, including a honeymoon period, disenchantment, reorientation, a retirement routine stage, and termination. Retirement often requires a reworking of power relationships within the marriage.

Marriages in later life generally remain happy, although stresses brought about by major life changes that accompany ageing can cause problems. Divorce is usually harder on the woman than the man, partly because of the continuing influence of the marriage stereotypes. Deterioration in the health of a spouse can cause the other spouse- typically the wife- to become a caregiver, which can bring both challenges and rewards.

The death of a spouse forces the survivor to assume a new societal role, accommodate to the absence of a companion and work-sharer, create a new social life, and resolve financial problems. Researchers have identified three stages in adjusting to widowhood: preparation, grief, mourning and adaptation. Some people never reach the adaptation stage.

Friendships are very important in later life, providing personal control, social support and companionship from peers who are likely to understand the older adults' feelings and problems.

Family relationships provide a great deal of emotional support for people in old age, especially relationships with siblings and children. Family relationships are a continuing part of most older people's lives.

Elder abuse typically involves socially isolated elderly parents in poor health and a caregiver who feels burdened by the parent. Parents who are socially isolated and not in good health may be abused by children who

are forced to act as caregivers. The best way to prevent elder abuse is prevention by ensuring that caregivers receive breaks and have access to social support.

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## 8.8 QUESTIONS

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1. Summarise the positives and negatives of retiring as well as typical stages retired people pass through.
2. Describe how marriages fare in late adulthood.
3. Describe the typical reactions to the death of a spouse during late adulthood.
4. Discuss the nature of relationships in late adulthood.
5. Explain how ageing affects family relationships.
6. Discuss what causes elder abuse and how it can be prevented.

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## 8.9 REFERENCES

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