

# Chapter 1

## Basic Concepts of Adult Development and Ageing

Summary by Mirténez Ernst & Sandi Vreugdenhil

### INTRODUCTION

Demands of a growing and ageing population lead to the scientific discipline *gerontology*

**Gerontology:** Multidisciplinary study of old age and the ageing process

**Gerontologist:** People that study aged people and the ageing process

**Geropsychology:** Specific branch of psychology dealing with multiple aspects of normal and abnormal psychological changes that occur in later years of life

**Geriatrics:** Branch of medicine dealing problems and diseases of old age

### SUBSTAGES OF ADULTHOOD

Adulthood could easily stretch over 50 years and is characterised by continuing changes in all areas of functioning.

Adulthood is divided into:

- **Early adulthood:** ± 20 – 39
- **Middle adulthood:** ± 40 – 59
- **Late adulthood:** ± 60 – death

Psychologists agree these should not be used too rigidly – Age is a relative concept

#### ***Defining Old Age in Africa***

- 50 – 59 traditionally defined (in African culture) as being elderly and preparing for transition to old age
- Beginning period of reduced productive activity & completion of reproductive activity
- Title 'older person' is dictated by one's role in society i.e. becoming a grandparent
- Such titles conferred regardless of chronological age
- WHO determined age 50 is the cut off point to define people as old in Africa and 60 in western societies
- Poor economic status and burden of survival = greater disadvantage than richer countries, thus leading to premature ageing

### PERSPECTIVES ON AGE

- **Chronological age** – number of years passed since a person's birth. Time does not cause developmental changes. The extent to which developmental changes has taken place during the chronological lifespan is important.
- **Psychological age** – ability of a person to adjust to the environment and cope with associated challenges, in comparison with individuals of the same age.
- **Social age** – determine by degree in which a person's role in a society meets expectations and perceptions of that society. Expectations are strongly influenced by norms and expectancies of the specific society, as dictated by factors such as culture, gender, race and ethnicity. *Social age could also be regarded as cultural age.*
- **Biological age** – physical condition of a person in comparison with peer group. Relativity applies to this factor i.e. health consciousness
- **Functional age** – total ability of an individual to function effectively in environment. Psychological, social and biological ages are used to determine an individual's functional age

Gerontologists also distinguish between:

**Primary ageing** – typical ageing, gradual physical deterioration. It's universal, inevitable and caused by inborn factors.

**Secondary ageing** – physical deterioration accelerated by disease or external factors i.e. stress or unhealthy lifestyle

**Tertiary ageing** – process of terminal decline occurring in time before death. Characterised by significant increase of physical and cognitive deterioration in relative short period after which the individual dies. Not primarily related to age - signifies approach of death.

Relativity and subjectivity of age have led to the coining of two concepts:

**Personal age** – how old a person perceives and experiences own age. Most adults feel younger than their actual age.

**Ageless self** – adults experience that the self ('core' of the personality) remains the same, regardless of biological or chronological ageing.

- Women tend to be more anxious about growing old than men do
- Most societies place much higher value on women's physical appearance and reproductive abilities than they do with men
- Women feel more competent and confident in their 40s than in their 30s

All definitions regarding adulthood are subjected to legislation of a country

**Legal definition** will always be the determining criterion

**Legal maturity** – age considered to legally be old enough to make own decisions

Up until 2007 the legal age in South Africa was considered to be 21 and not 18

**Demographic context** provides an important informative background on the study of adult development

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## A LIFE-SPAN DEVELOPMENTAL PERSPECTIVE

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*Paul Baltes* identified key principals to study adult development:

- **Development is a life-long process**
  - takes place over entire life-span
  - at every age various developmental processes are at work
  - not all developmental processes are present at birth
- **Development is multidimensional and multidirectional**
  - development occurs in various dimensions & affects multiple aspects simultaneously
  - may also occur in different directions i.e. improve in some areas, remain stable in others, etc.
- **Development is a combination of gains and losses**
  - developmental processes increase/decrease throughout life-span
  - people may lose in some area and gain in another
  - people tend to maximise gains
  - minimise losses by means of management or compensation
- **Development shows plasticity**
  - aspects of development can be modified/alterd: person's experience could change their course of development
  - abilities (memory, strength, endurance) can be improve with training and practice
  - development is not cast in stone, but potential for change is limited
- **Development is embedded in history and context**
  - development occurs in a given cultural-historical context
  - individuals respond to social-cultural environments and actively interact with and influence them
  - people in Western-orientated societies have different views than people in traditional African communal societies, or societies where both views are incorporated

- **Development occurs in context**
  - development is influenced by biological, social or environmental influences
  - some influences are similarly experienced by others (age-related, historical, social)
  - how we develop is shaped by a variety of influences
- **Development is multidisciplinary**
  - influenced by multiple factors
  - no single perspective can adequately explain complexity of development
  - many disciplines play a role in conceptualising & influencing development
  - biological (medical) fields ageing process at the organismic, molecular, cellular and neurological levels
  - psychology addresses adult development and ageing from socio-economic factors, social changes and political and social policies

Purpose of adopting a life-span developmental perspective is to describe development and behaviour, guiding us to formulate strategies to optimise development.

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## THE FORCES AND INFLUENCES OF DEVELOPMENT

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Different interactive forces shape development:

**Biological forces** – all physical and physiological related factors i.e. changes in physical appearance, organ & perceptual systems, body mass, health-related factors, etc.

**Psychological forces** – cognitive, emotional and personality factors that affect development. Some characteristics changes, other may remain stable

**Sociocultural forces** – interpersonal, societal and cultural forces providing overall contexts in which we develop

**Life-cycle forces** – forces affecting course of development, may be combination of biological, psychological and sociocultural forces affecting people at different points of their lives. These forces may have positive or negative effects on individual development

Paul Baltes & colleagues identified sets of influences that could affect development:

- **Normative age-graded influences**
  - experiences caused by biological, psychological and sociocultural forces, associated with chronological age
  - biological: menopause, age related impairments in vision, hearing and reaction speed
  - psychological: adjustments in family life, socialising next generation, 'empty nest', retirement, loss of spouse
  - sociocultural: first marriage, birth of first child, establishing career, ending career (retiring)
  - when events occur at appropriate age (considered by culture), development considered to be 'on time' in terms of social clock
  - chronological-social clock have become broader in recent decades
- **Normative history-graded influences**
  - result from events experienced at the same time by most people in a specific culture
  - events may be biological, psychological, sociocultural
  - history-graded influences may have a world-wide influence, not only impacting a specific culture (i.e. World War I and II, Great Depression, globalisation)
- **Non-normative influences**
  - result from random or rare events that may affect a particular individual and not experienced by most people
  - winning a contest, lottery or election; an accident, contracting life threatening illness, losing one's job
  - the unpredictability of these events make them unique and could change the course of one's life in an instant

- ~ Normative, history-graded and non-normative influences do not occur in a vacuum and may affect one another as life-cycle forces
- ~ Non-normative life events are not related to age, but influence on development may depend on the age at which they occur
- ~ Events that are considered normative may have different effects at different ages or may be considered non-normative if occurring at unexpected or uncommon age
- ~ All 3 influences play a role in development, both separately and in combination

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## ISSUES IN DEVELOPMENT

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- **Nature-nurture issue**
  - *Nature* – Hereditary, Genetic, Biological
  - *Nurture* – Environment & Experience
  - Behaviour Genetic Studies acknowledge difficulty in ascribing the relative importance of either especially in older adults as both have interacted over a period of time
- **Stability-change issue**
  - Physical features change over time.
  - Stability is important to maintain but we should change undesirable characteristics or circumstances
- **Continuity-discontinuity issue**
  - *Quantitative change* – Changes in degree or amount & indicate Continuity. E.g. as people age their reaction speed slows down
  - *Qualitative change* – Changes in Kind or Type & reflect Discontinuity. E.g. The problem solving approaches used to address the question of reduced reaction speed
  - Another issue is whether development occurs gradually (continuous) or abruptly (discontinuous)
- **Activity-passivity issue**
  - Whether people are actively involved in their own development or passive recipients of biological & environmental effects
- **Universality-context specific issue**
  - *Universality* - Extent to which development is common to all people
  - *Context specific* - Different from person to person
  - Some theorists argue that development in all people reflect the same basic process – Cognitive Development to Concrete thinking in childhood to abstract thinking in adulthood. Other theorists believe it is far more complicated
- **Mechanistic-organismic-interactionist issue**
  - *Mechanistic perspective* – Human behaviour results from Biological or Environmental forces upon which the individual passively reacts. Development is continuous & quantitative in nature
  - *Organismic perspective* – People develop according to internally generated patterns of development, occurs in an orderly stage like fashion. Each stage is qualitatively different & more advanced. They occur universally although timing may differ. People are actively involved in their own development
  - *Interactionist perspective* – Both genetic & environment interact in a complex way. The individual actively participates in his own development thru reciprocal relations with the environment.
  - It is Multidirectional (many pathways in development) & multidimensional (many process involved in development)

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## DOMAINS OF DEVELOPMENT

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- **Physical development**
  - Biological Systems & Structures of the body such as sensory capacities
  - Organ & Nervous system
  - Endocrine & Immune System
  - Motor Skills
- **Cognitive development**
  - Mental functioning such as Memory & Wisdom.
  - Stability is important to maintain but we should change undesirable characteristics or circumstances
- **Personality development**
  - How people think about themselves
  - How they express their thoughts & emotions
- **Social development**
  - Interpersonal relationships, social roles & social networks

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## RESEARCH IN ADULT DEVELOPMENT

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### KINDS OF RESEARCH

- **Quantitative research**
  - Info thru numbers
  - Process of Statistical Data are used to obtain info & to make predictions
  - Structured research instruments used e.g.: Psychological tests & questionnaires
  - Large number of participants with emphasis on averages
  - Largely Objective
  - Results are generalised
  - Research environment controlled & structured
- **Qualitative research**
  - Info thru words
  - Focus on description & interpretation of behaviour
  - Less Structured research used i.e. Interviews & observations
  - Small number of participants with emphasis on individual emotion, thoughts etc
  - Largely Subjective
  - Results not generalised
  - Absence of control & structure in research environment

Both researches may make use of interviews & questionnaires, qualitative will be less structured

### RESEARCH METHODS USED TO GATHER SCIENTIFIC INFO

- **Systematic observation of behaviour**
  - Involves watching people & recording what they do
  - Naturalistic observation
    - In Natural Real Life Situations, as people may act differently when they know they are being watched
  - Structured observation
    - Researchers create a setting to elicit behaviour that is being researched
- **Self-reports**
  - Interviews
    - Reliable especially when trust exists
    - Used in early stages of Investigation to obtain preliminary info

### Questionnaires

- An Interview in written form
- Valuable to investigate people's attitudes, feelings & behaviours

- **Psychological tests**

- Instruments have been compiled for the purpose of measuring personality characteristics & intelligence
- Test consists of questions, statements, problems, & pictures
- Standardisation - A test that is reliable, valid & has norms
- Reliability - Results are consistent over time i.e. similar scores by same individual at different times
- Validity - Measures what it is supposed to
- Norm - A Statistical number that makes comparing possible

### **GENERAL RESEARCH DESIGNS**

- **Experimental research**

- It's possible for the researcher to control the conditions to determine to what extent a given factor influences the behaviour under investigation
- Major disadvantage is that many questions can't be asked due to ethical objection
- An Experimental & a Control group are used
- Experimental group - Exposed to a certain Variable e.g.: Treatment
- Control group - Not exposed to the Variable e.g.: No treatment or different treatment
- Independent variable - Any Factor a researcher expects to cause change in another Variable
- Dependent variable - The Factor the researcher expects to be influenced by the independent variable

- **Correlational research**

- To determine whether there is a correlation between variables
- I.e. relation between violent TV Shows & aggressive behaviour

- **Case studies**

- In-depth study of Individuals, single events or unit
- Useful in rare or unique cases where there is a lack of participants
- Info can be obtained thru Interviews, Psychological tests, therapy sessions, prolonged observation & diaries
- Disadvantage – As studies are unique, findings can't be generalised & results could be subjective, therefore not reliable

- **Meta-analysis**

- Statistical analysis is made of results of existing studies
- Disadvantage- research data not gathered by researchers themselves there is no guarantee that the variables gathered were defined in the same way

## RESEARCH DESIGNS FOR STUDYING ADULT DEVELOPMENT

- **Longitudinal design**
  - Sample of People is studied at different stages over a long period of time
  - Advantage:
    - ★ It is the only way to answer questions on the continuity or discontinuity of behaviour
  - Disadvantages: (so most researchers use Cross Sectional)
    - ★ Financial implications of such Long Term Research
    - ★ Practical Implications to get hold of all participants
    - ★ When people are given the same test often they become "Test Wise"
    - ★ Consistency is a problem as some people may move away or lose interest
    - ★ People know they are being studied which might bring about change that is not age related – Measurement Effect / Hawthorne effect
- **Cross-sectional design**
  - Persons of a different age group are studied together on a single occasion & the different groups are then compared
  - Advantage:
    - ★ Time Saving
  - Disadvantages:
    - ★ Provides no info on how people change over time & what the continuity / discontinuity of their characteristics is
    - ★ Results may be coincidental differences of Cohorts & not age related - **cohorts** (group of people of the same age). The environment differences are as important as age differences this is called the **cohort effect** (Historical related influence)
- **Sequential design**
  - Longitudinal & Cross Section Designs are used in 1 study

## CROSS-CULTURAL RESEARCH

- Often seen as unique research that stands loose and independent from mainstream psychology – This is incorrect
- Cross-cultural psychology and its methods are firmly rooted in basic psychological methodology
- Research, methods of gathering information, general and developmental research designs are used
- Does not target only a specific area/areas
- Important goals:
  - ★ To discover principles that are universal to all (most) cultures
  - ★ To discover principles that are unique or specific to certain cultures
  - ★ The focus should be on both similarities & differences
- Research results more often than not favoured white population
- Researchers outside the cultural group may be met with suspicion and non-typical responses
- Communication also creates significant & often insurmountable problems; often the researcher can't speak the language of the cultural group & has to make use of an interpreter which can lead to misinterpretations
- Use of foreign psychological tests are often unsuitable/irrelevant to the unique situation

## **RESEARCH ETHICS**

- **Research ethics**
  - Guidelines researchers have to follow to protect the rights of humans participating in the research
  - Compiled by PsySSA, Psychological Society of South Africa
- **Guidelines of ethical codes**
  - Non-harmful procedures
    - ★ Researchers may not impose physical or psychological harm on an individual
    - ★ Researcher should use least stressful method
  - Informed consent
    - ★ Researcher must inform participant of all aspects that might affect his willingness to participate
    - ★ Researcher must obtain written consent
    - ★ Participant has the right to discontinue at any time
  - Deception
    - ★ If research necessitates concealment then this should be explained after study is concluded
  - Confidentiality - Must be maintained
  - Informing participants
    - ★ Researcher should report any general findings to participant

## **Chapter 2**

### **Physical Development and Sexuality**

*Summary by Nuraan Vanacore, Debby Selfe & Mirténez Ernst*

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## **INTRODUCTION**

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Physical development constitutes an important force in the development of an individual:

- The **senses** such as the eyes and ear, detect or capture the different forms of stimuli from our bodies or from the environment in which we live. Senses send info to the brain where it is interpreted. The inability of senses to detect stimuli adequately could have an impact on an individual's functioning and even ability to survive.
- The **central nervous system**, the brain is responsible for the interpretation of this incoming info. It plays a crucial role in all aspects of cognitive function of the individual.
- The **endocrine glands** secrete hormones. Play an important role in a variety of developmental changes. e.g. hormones can influence the sexual behaviour, metabolism of individuals.

It is generally accepted for most of us to reach the peak of our muscle power stamina, elasticity agility sensory perception and other aspects of the physical development between 20 and 30 years of age. Gradual decline starts from age 40.

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## **BIOLOGICAL THEORIES OF AGEING**

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Although various psycho-social factors determine the functioning and ageing of an individual, the fact remains that the body sets the limit of the life span (Whitbourne, 2008).

Biological theories of ageing include a variety of theories that address the ageing process at organismic, molecular and cellular levels. Most of these theories fall into two general categories: Programmed ageing theories, Random error theories.



- **Programmed ageing theories** - based on assumptions that ageing and death is built into the genetic blueprints of all organisms. These theories propose a variety of viewpoints regarding the ageing process, such as the length of life is genetically programmed: ageing is programmed to start after reproductive ability ends meaning molecular changes cause cells to age and lose ability to divide and reproduce and changes are activated in the hypothalamus causing changes in hormones that bring about ageing in organism, and loss of neurons in the brain cause ageing.
- **The genetic programming theory** - cells that constitute the body age in accordance with a master genetic programme innate to every specific species means that every species has his own programme of ageing and life expectancy. E.g., approximate the life span for rates 4 years' sheep 15 years dogs 20 years human beings 120 years.
- **Random error theories** - this assumption is based on that ageing reflects unplanned changes in an organism over time. This theory explains ageing as a result from the accumulation of insults from the environment which eventually reach a level incompatible with life. E.g. the stress of everyday life erodes biochemical processes in the cells and interferes with their operation of basic functions, and chemical reaction with oxygen causes unstable free radicals that unite with other molecules and interfere with their functioning. Examples of this theory is-The wear and tear theory, the free radical theory, the cross-linking theory
- **The wear and tear theory** - this theory argues that bodies age as a result of constant use, more or less like machines, rather being attributable to an innate genetic programme. Decades of illnesses, injuries, and wear and tear cause damage to the cells, tissues and organs. The result is that the body becomes progressively less able to repair damaged components. Eventually we die for e.g. from a heart attacked kidney and lung failure diseases that we could resist when we were younger. e.g. of the wear and tear theory is osteo-arthritis when cartilage protecting the joints wear out and the joints becomes stiff and painful.
- **The free radical theory** - the nucleus of an atom (the smallest part of any material) is surrounded by a cloud of electrons which could be described as elementary particles. These electrons surround the nucleus in pairs, but occasionally, an atom loses an electron, leaving the atom with an unpaired electron (Nelson 2008). The atom is then called a "FREE RADICAL" these free radicals have been described as scavengers that attack the structure of the cell membranes, thus causing cellular damage and resulting dysfunction. Free radical are produced over the life span and have been linked to dementia and other brain changes link to old age, heart disease cancer, cataracts the formation of ageing spots and also damage the DNA of normal cells. This results in the fact that when free radical kill or damage enough cells in an organism, the organism ages and eventually dies.
- **The cross-linking theory** - this theory is based on the observation that with age, many body tissues become less flexible and therefore less functional. E.g. when the skin of humans become less elastic and has a leathery appearance is an illustration of this theory. Certain proteins for the growth maintenance and repair of the body crosslink produce molecules in such a way that they make the body stiffer. These proteins are called collagen which is partly responsible for wrinkled skin. There more collagen there is the stiffer and therefore less flexible and functional the tissue becomes.  
The number of cross-link increases as we grow older, as the muscles, arteries and tissue become less flexible and effective the functioning of the body is negatively influenced i.e. suffering of the heart muscle force the heart to work harder resulting in some case of heart attack.  
At this stage the reach results are too diverse to reach a definite conclusion while we also do not know whether cross-link is a cause or merely a feature of ageing.



- In 33% of women symptoms are bad enough to require professional help
- Symptoms occur more often in 'vulnerable women'
  - ✓ Those that suffered physically or psychologically during menstruation or pregnancy
  - ✓ Those that exhibit more sexual problems or stress prior to the onset of menopause
- Treatment is controversial
  - ✓ Most popular treatment is HRT – hormone replacement therapy
  - ✓ Has shown increased risk of: Heart attack; Stroke; Blood clots; Breast cancer
  - ✓ Only offered in extreme cases where symptoms are severe.
- Some women show no symptoms but most show some.
- Perception of menopause experience
  - ✓ Some women feel liberated – no menstruation/ contraception / pregnancy - leads to increased sexual intimacy
  - ✓ Culture and socio-economic factors can be influential
    - ★ Symptoms better understood in developed and well resourced countries
    - ★ Less knowledgeable women don't connect symptoms to menopause
    - ★ Social norms can also be important
      - ▲ If fertility is culturally highly valued then menopause can be seen as a negative change
      - ▲ If age is respected then menopause can be an indication of social status
    - ★ Contradictory data about cultural differences in physiological symptoms
      - ▲ Most countries show similarities in core symptoms
      - ▲ But for example hot flushes are uncommon in Japan, Asia and some ethnic groups eg Mayans in Mexico
      - ▲ Therefore more research is needed
      - ▲ Difficult to determine if symptoms not experienced OR if talking about them is taboo.

#### ***Is There Male Menopause?***

- Unanswerable in fact because men don't menstruate
- BUT some symptoms do occur in men  
Insomnia; Anxiety; Loss of energy; Poor appetite; Decreased libido; Irritability; Memory loss
- Referred to as **male andropause** – and is the result of low levels of testosterone  
Men don't lose the ability to reproduce and most remain fertile until death  
BUT between ages of 40 and 70 testosterone levels decrease at a rate of approx 1% per annum  
Professionals believe that stress plays a role in 'male menopause'  
Time is characterised by significant life changes – career slow down, limited opportunities, children move out  
Can lead to reduced confidence and stress

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## **SEXUALITY**

- In early adulthood there is a convergence of sexuality and intimacy
- Adolescent sexuality is egocentric since individual identities are not fully developed
  - Individuals are uncertain about who they are and as a result cannot give freely of themselves
  - Personal identity establishment is required for a mature, adult, sexual relationship
- Adult sexuality – characterised by emotional intimacy, caring and respect
- There has been little research into adult sexuality – mainly because it is an intensely private issue
- Criticism of research that has been done
  - Samples are not representative – i.e. only more liberal participate
  - Are people honest? – information is highly personal – possibility of feelings of guilt and trauma
  - Behaviour strongly influenced by cultural and societal norms – so results from one society CANNOT be generalized to another
  - Results report averages – difficult to get an idea of variations from norm

## **SOUTH AFRICAN RESEARCH**

Has been a lack of solid and extensive research so:

- results from, say USA, have been applied to RSA
- results from one South African group have been generalized to all groups

There have been 2 recent important research efforts:

- **Pfizer global study of sexual attitudes and behaviours - 2002**
  - 29 countries; 27 000 participants between 40 and 80 yrs
  - 999 South Africans
    - ✓ men – 32% English speaking; 29% Afrikaans; 20% Zulu, 19% others
    - ✓ women – 29% English; 30% Afrikaans; 20% Zulu, 21% others

### Results:

- South African men's belief that sex played an NB role in lives 8% higher than global peers (women 1% higher than global peers)
- Also looked at frequency of intercourse and incidence of sexual difficulties
  - ✓ 54% of SA men and 53% of SA women experienced sexual difficulties for more than 2 months in past year
  - ✓ higher than global figures of 47% males and 42% females

- **Ipsos Markinor Study – 2002-2007** (Market research company)
  - Objective – how has HIV/AIDS pandemic changed SA sexual attitudes
  - 3500 participants – randomly selected; face to face interviews, 16 years and older

### Results:

- Sexually active population not changing behaviour in face of HIV/AIDS
- In fact risky behaviour is increasing
  - ✓ 2002 - 22% in high risk group; 37% in high and medium risk
  - ✓ 2007 - 30% in high risk; 50% in high and medium risk
  - ✓ Explanation? – people in med/high risk – used to take precautions but don't any more.
    - ★ Prefer sex without a condom therefore throw caution to wind
  - ✓ Therefore potentially a huge increase in number of South Africans becoming HIV positive.

## **SEXUAL BEHAVIOUR PATTERNS IN ADULTHOOD**

- Present sexual behaviour – greater permissiveness – especially young people – this is true in most countries
- 3 findings stand out
  - 1) % people having sex before marriage has increased
  - 2) % women who have had sex has increased more than % men
  - 3) there has been a move away from double standard where behaviour was OK for men but not women.
- Differences in sexuality in early and middle adulthood
  - Between 46 and 55 – most men and women experience a decline in sexual interest
  - Averages – so there is a lot of variability
  - Although there is a decrease in quantity often an increase in quality – more complete and satisfying
  - Sexual activity becomes less genital and more psychologically intimate
  - Reasons - females have reduced fear of pregnancy; Children leave home – therefore more privacy, freedom of expression
- Late adulthood decrease in activity but needs, interest and capacity still active
  - Young believe little sexual activity in older generations
  - Correlation between sexual activity in old age and in earlier life stages – active when young – will be active when old
  - 93% of 80-90 year olds still interested in sex

- BUT there is an age related decline in sexual activity
  - ✓ 50% sexually active men and women experience some type sexual problem
    - ★ Most common female problems – low desire (43%), lubrication (39%), difficulty reaching orgasm (34%)
    - ★ Most common male problems – erectile dysfunction (37%)
- If health is poor – less likely to be sexually active – especially in case diabetes/ hypertension
- Normative age-related physical changes occur in all individuals
- Ageing process is a universal phenomenon
- Not all individuals change at the same rate or in the same direction
- Individuals could have an influence on their physical development by taking care of their own bodies through healthy life-style choices: nutrition, exercise, sufficient sleep and healthy sexual practices

## Chapter 3 Cognitive Development

*Summary by Yolandi Garden, Nazmeera Aboo & Jessica Mentoor*

### INTRODUCTION

- Older people experience anxiety about general cognitive decline as they age
- Cognitive skills (learn, remember, solve problems and be knowledgeable about the world) are important in everyday life but are also important in terms of how people view themselves
- Due to biological deterioration, cognitive abilities decline with age. E.g. *David Wechsler (1950's)*
- Most human abilities decline progressively after reaching a peak between ages 18 and 25".
- This pessimistic view has been challenged due to refinement of research methodologies.
- Cognitive development is extremely complex with no simple answers with regards to age related decline

### BASIC COGNITIVE FUNCTIONS: INFORMATION PROCESSING & MEMORY

Information Processing (remembering + decision making)

1. Information/data enters brain through sensory routes (visual, auditory, tactile senses)
2. Encoded
3. Interpreted (analysed)
4. Stores for later use OR uses it immediately

#### **INFORMATION PROCESSING SPEED**

The amount of time it takes a person to *process* stimulus, *prepare response* and *execute or act*  
Quick information processing is advantageous

**Reaction time** – measure of *how long* it takes a person to *respond to a stimulus*

Reaction times decrease with age – has effect on general intellectual functioning (Stuart – Hamilton)

*Theories explaining decreased Reaction Time*

- **General Slowing Hypothesis**
  - Slower reaction times reflect decline in nervous system, due to:
    - *Sensory processing* – Reduction in speed at which information is brought into the nervous system leading to a delay in ability to respond
    - *Loss in speed of neural transmission* – Caused by loss of neurons, slowing of synaptic communication or loss of information at each synaptic transmission

- **Age Complexity Hypothesis**
  - Older adults become *disproportionately slow* as *complexity increases*
  - Complex tasks require more extensive processing at central level
  - could be related to *age-related differences* at the level of *central processing*.

Older adults are not disadvantaged, they simply become *slower*

Reaction time is not the most NB factor in intellectual change

Decline may also be related to other factors such as - lack of appropriate practice, ill health and poor education levels

## **MEMORY**

Memory is the *acquisition, storage and retrieval* of information – an essential capacity in cognitive functioning. People are often *defined by their memories* – perhaps why older people feel threatened when they experience memory lapses.

Memory is **not homogenous** – different types of memories e.g. for words, pictures or physical skills are *stored in different areas of the brain*, they also *behave differently*.

- **The Concepts of Memory**

- **Memory Span**

*length of time over which memories are retained*

**STM** (short-term memory) and **LTM** (long-term memory)

- **Short Term Memory** – Temporary storage of recently perceived events or information

Subdivided:

- ✓ **Primary Memory** - **Passive retention**, held in same form.
- ✓ **Working Memory** - **Actively processed** and **manipulated**. Used for learning, reasoning and comprehension. Controlled by:
  - ★ **Central Executive** - (Attentional control system) – Decides how to allocate cognitive resources – helps to coordinate:
  - ★ **Concurrent Processing** – Maintaining a memory while processing a complex, attention demanding task.
- ✓ Information is not all remembered, what *needs to be remembered is transferred to LTM*

- **Long Term Memory** – Retains memory for longer period of time- information can be lost when it becomes less important, has been superseded or is infrequently rehearsed.

- ✓ **Types of Memory** (Several types defined within LTM)
  - ★ **Episodic Memory** – Memories for *events* (episodes) of personal experiences.
  - ★ **Semantic Memory** – *Store of facts* such as general/academic knowledge.
  - ★ **Explicit Memories** – Recall information *deliberately stored* – used in everyday life for making judgements, forming opinions, understanding language
  - ★ **Implicit Memories** – Recall information *stored unintentionally*
  - ★ **Retrospective Memory** (Remote) – Recalls information from **distant past** – Factual and Autobiographical.
  - ★ **Prospective Memory** – Remembering at the appropriate **point in the future** that something has to be done, *without prompting*.
    - ▲ **Event-Based** – Remember to *do something*, e.g. buy milk.
    - ▲ **Time-Based** – Remember to *do something at a particular time*, e.g. stopping to buy milk on the way home from work.

- ✓ Memory Systems can also be considered in terms of how they work  
Memories have to be:
  - ★ **Encoded** - Stored
  - ★ **Retrieved** – Remembered/recalled
    - ▲ *Inefficient Encoding Hypothesis* – Memories inefficiently encoded are lost because they can't be retrieved
    - ▲ *Inefficient Retrieval Hypothesis* – Memories are lost in spite of being stored properly because the search for them is inefficient
  
- ✓ Memory can be tested in a variety of ways  
Commonest distinction - *Recall* and *Recognition* processes are controlled by different mechanisms
  - ★ **Recall** – e.g. Long questions.
    - ▲ *Ordered Recall* – Exact same order
    - ▲ *Free Recall* – Order does not matter
    - ▲ *Cued Recall* – Hint about the answer
  - ★ **Recognition** – e.g. Multiple choice, *easier to remember* – lighter memory load.
  
- ✓ Metamemory  
Knowledge about *how memory systems work* influences one's judgement regarding one's own memory competence and confidence in one's own memory abilities – impacts on *memory strategies*.

- **Ageing and Memory**

Common belief that memory declines with age  
Benign Senescent Forgetfulness (1960's) – difficulty some older adults have in *remembering non-essential details* or parts of past experience  
Age-Associated Memory Impairment (recent) and Age-Related Memory Decline – Refer to *mild forms of memory loss* associated with age

**Effects of ageing on short-term memory**

- ~ None too *moderate* in *primary memory*
- ~ Small to *moderate* decline in *memory span* for older adults, related to generalised slowing process of ageing
- ~ Age related decline in *working memory* is more *apparent*, especially for *complex manipulations*
- ~ May be attributed to failures in cleaning working memory of information no longer relevant to the task. Suggested by: *inhibition deficit hypothesis*

**Effects of ageing on long-term memory**

Since there are age-related deficits in STM one can deduce deficits in LTM since much info passing into LTM is first processed in STM – *defects in STM thus reflect in LTM*

- ✓ Semantic vs. Episodic Memory
  - ★ **Semantic**
    - ~ seems to *survive* ageing to a large extent
    - ~ *memory for facts, information and vocabulary are unaffected by ageing in general*
    - ~ may be true for *existing* and *not new* memories since encoding and retrieval abilities are affected with age
    - ~ e.g. *tip-of-the-tongue phenomenon* and *word-finding deficit*.
  - ★ **Episodic**
    - ~ shows *marked decline* with advancing age
    - ~ slower and less accuracy, memory of details seems to worsen.
    - ~ Report clarity of **Remote Memories** which is problematic because:
      - ▲ *Highly Salient* to person (stand out)

- ▲ Frequently *rehearsed* and *recounted*
      - ▲ Subject to *unconscious distortion* and *embellishment*
    - This could mean that older people are mistaken in their impressions of generally presented remote memories
  - ★ **Autobiographical Memory**
    - ~ difficult to gauge accuracy for reasons as above however
    - ▲ Reminiscence Peak/Bump is often reported – most autobiographical memories come from *ages 10 to 30 years* = time of *most key life events*
    - ▲ Childhood Amnesia – Memories *preceding age 3* is relatively *non-existent* = young children lack ability to encode retrievable autobiographical memories. (*Emotion* affects vividness of memories).
    - ▲ Older people give poorer quality responses to autobiographical memory tests – results from decline in *working memory* and *fluid intelligence* (refer to section 3.3.2)
    - ▲ Note the use of **Reminiscence Therapy** to help older people *find meaning* but also as *treatment for depression*.
    - ▲ Non-Content of Episodic Memory – Attributes *supplement information* about episode but there is *no conscious effort to remember them*.
      - ✦ **Source Memory** – *When, where, from whom* information was acquired.
      - ✦ **Temporal Memory** – That one event happened *more recently* than another.
      - ✦ **Frequency- of- Occurrence Memory** - How *frequently* an event occurred. Older adults show *small deficits* in these attributes, due to *changes in Working Memory and Frontal Lobe Functioning*
- ✓ Implicit vs. Explicit Memory
- ★ **Implicit** – *No significant age difference* to only slight decline
  - ★ **Explicit** – *Significant decline*
- Interpreted 2 Ways:
- ▲ Implicit and explicit memory systems may be associated with different regions of the brain which are differently impaired by ageing
  - ▲ Different processing resources are involved. Implicit = *automatic responses*; Explicit = *demanding and effortful* processing
    - ✦ **Procedural Memory** – *Skills needed to perform a specific activity*.
    - ✦ Learning may require effort (explicit memory skills) but,
    - ✦ with practice they become automatic (implicit memory skills.)
    - ✦ Note: *Insignificant age related decline = Greater experience compensates for changes in working memory*
    - ✦ Slowing noticed in skills requiring *complex mental manipulation* or *very rapid responses*.
- ✓ Retrospective vs. Prospective Memory
- ★ **Retrospective** – Some age-related deficits
  - ★ **Prospective** – More common use of memory, NB in everyday life
    - ▲ *Absent-mindedness* – Often used for prospective memory failures – Experienced by *both young and old*.
    - ▲ Event based prospective memory is largely *unaffected by age*; Time based prospective memory or when there is a *delay between reminder and performance* may be *affected by age-related decline*
    - ▲ Note: Age-related decline is more evident in situations *demanding prospective memory requirements* such as complex tasks – **External cues** may be necessary.



- **Metamemory**

Interest in whether *younger and older adults differ* in beliefs, perceptions and knowledge about the workings of memory systems = *similar*

**Memory self-efficacy**- Refers to the *self-evaluative system of beliefs and judgements* regarding one's *own memory competence* and confidence in one's own abilities

Measured by: Assessing patient's everyday memory competence

Results are conflicting: Generally – **Low** expression in *adolescence*, **increase** in *early adulthood*, **peak** in *mature adulthood*, **minor decline** in *later years*.

Difference in experience of memory abilities may be as result of *individual personality and self-perception differences*.

- ✓ Internal Control – The belief that one can *exert control over one's cognitive performance* – utilises *more cognitive effort* - make effective **use of working memory** – Use effective **coping strategies** to deal with concern and anxiety about memory
- ✓ External Control – Belief that one has *no power* to impact on one's cognitive performance.
- ✓ Instrumental Coping Strategies – Using memory **mnemonics** e.g. making lists.
- ✓ Cognitive Coping Strategies – Making **social comparisons** e.g. "It happens to everyone"  
Ultimately leads to feelings of **well-being**

Type of Memory	Example	Age Effects
<b>Short term Memory:</b>		
Primary Memory	Passive retention of Material Memory span	none/moderate decline small/moderate decline
Working Memory	Active processing of information (e.g. learning)	significant decline, especially for complex manipulations
<b>Long Term Memory:</b>		
Semantic Memory	Facts, general knowledge; Vocabulary Encoding and retrieval of new Memories; tip-of-the-tongue phenomenon	Largely unaffected  Less fluent in later life
Episodic Memory	Events of personal experiences	Marked decline; slower and less accurate Remote and autobiographical memories difficult to access Evidence of reminiscence bump Small deficits in source, temporal and frequency-of-occurrence memories
Implicit Memory	Recall of information stored unintentionally	None to slight decline
Explicit Memory	Recall of information stored intentionally	Significant decline
Procedural Memory	Skills needed to perform an activity	Insignificant but some decline when complex operations called for
Retrospective Memory	Information from distant past	Some decline
Prospective Memory	Remembering to do something at an appropriate point in future	Event-based prospective memory is largely unaffected Time-based prospective memory is affected Complexity of task may play a role

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## HIGHER COGNITIVE FUNCTIONS: INTELLIGENCE PROBLEM-SOLVING, DECISION-MAKING AND LANGUAGE

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The ability to *analyse, reason* and *communicate*, guides ones use of judgement, knowledge and decision making. Without these abilities, one's potential to learn new information and integrate it with existing knowledge would be *limited*.

### INTELLIGENCE

Does it increase, decrease or remain the same with age?

- **What is Intelligence?**

- General agreement that people with higher intelligence tend to *learn things more easily, have better memories and have a more extensive store of knowledge* than people of lesser intelligence.

- Hierarchical Approach – (Cattell, 1971)

All intellectual skills utilise general intellectual ability but call on more specialized skills depending on the task at hand. Specialised skills, combined by Cattell and Horn into a:

- ✓ Dual-component theory of intelligence - Called:

- ★ **Crystallised Intelligence (Gc)** – Refers to knowledge *accumulated* during a person's lifetime – Reflected in *verbal* and *informal abilities*, learned at school and culturally based experiences – A function of *education, experience and exposure to cultural environment*.

- ★ **Fluid Intelligence (Gf)** – Refers to ability to *solve problems for which there is no solution derived from education* – Raw intelligence – i.e. Function of *nervous system integrity* and *independent* of social influence and culturally based learning – Reflected in *numerical reasoning, logic and ability to solve novel problems*.

- ✓ Paul Bates – Expanded on theory of *crystallized vs. fluid intelligence* to include mechanics and pragmatics.

- Mechanics of Intelligence – (also – fluid cognitive mechanics) – similar to fluid intelligence- *includes basic operations* such as *perceptual processing of sensory input, comparing and categorizing information, carrying out basic memory functioning* = **hardware of the mind**.

- Pragmatics of Intelligence - *Include culturally based factual and procedural knowledge* e.g. skills in *reading, writing* – Outgrowth of experience and culture-based knowledge = **software of the mind**.

- **Does Intelligence Change with Age?**

**Classic ageing curve** – Intelligence scores rose to *peak* in *early adulthood* & *decline* by age 30

**Classic ageing pattern** – Decline especially dramatic on:

- ✓ Performance scales – Ability to solve practical problems at *speed* – Started in 20's and *steadily declined*

- ✓ Verbal scales – Measure the person's *knowledge base* – Started *later and declined dramatically after age 65*

These studies had *SERIOUS* methodological flaws - They relied on:

- ★ **Cross-sectional methods** – Different age groups are compared and tested at the *same point in time* – Differences may have been due to the cohort effect.
  - ★ **Cohort effect** – Differences in *socio-economic, educational and healthcare backgrounds*.
  - ★ **Longitudinal methods** – Decline following *classic ageing patterns* – More positive results – Decline started *later*, was *less dramatic*. (Schaie and co) - Average adult *gains* until early 40's, and stability with possible increases until mid 50's or 60's – After age 60, *decline* is slight until age 74 or 81. In 80's and 90's – *decline is rapid and wide reaching*
- Crystallised intelligence remains *stable* until 60's - Fluid intelligence begins to *decline* by early *mid-life*
  - Not all people show decline in all abilities
  - Intellectual change is *multi-directional*

## **EXPERTISE, WISDOM AND CREATIVITY**

### ● **Expertise**

- Refers to having special skills, knowledge or judgement in particular areas
- These skills are strongly related to crystallised abilities
- Expert performance tends to be maintained as people age, with only slight declines in the older age groups
- Researchers identified a process called encapsulation to explain the probability that older adults rely more heavily on their experience to compensate for losses related to fluid abilities
- Encapsulation refers to the idea that the process of thinking (attention, memory and logical reasoning) becomes connected to the products of thinking (knowledge about a specific topic)
- Reflects the fact that due to experience, knowledge in adulthood becomes increasingly more specialised which in turn reflects a lesser role of age related neurological development
- Cognitive development in adulthood- based on experiences and directed towards mastery and adaptive competency
- Cognitive development in childhood- genetically driven and uniform across content domains
- Underlying mechanics (neural pathways) depends on the amount of experience a person has acquired in that domain
- Therefore not all older adults will be experts in all areas of their functioning

### ● **Wisdom**

- Closely related to expertise, regarded as the growth of expertise and insight
- Implicit theoretical perspectives- investigate lay peoples beliefs or understanding of what wisdom entails, affective dimension- interpersonal skills and social unobtrusiveness) and a reflective dimension- exceptional understanding, judgement, communication skills
- Explicit theoretical perspectives- viewpoint of expert theorists and researchers than lay of people. Based on principles of the psychology of human development
- Research programme by Paul Baltes and his colleagues- define wisdom as expert-level knowledge in the fundamental pragmatics (dealing with matters regarding practical requirements or consequences) of life
- Wisdom consists of 5 characteristics:
  - ✓ *Factual knowledge* - general and specific life matters
  - ✓ *Knowledge about strategies and procedures* - impact of the decision on immediate and future consequences
  - ✓ *Life span contextualism* - considering multiple contexts for problems and dilemmas, including past, present and possible future contexts of life and circumstances in which the individuals life is embedded
  - ✓ *Relativism* - considers variations in values and life priorities, views each person within his/her framework

- ✓ *Uncertainty* - realisation of rarely a perfect solution and future is not fully predictable. Ability to develop strategies to optimise the gains and minimise losses also considering back-up solutions
- Factors contributing to wisdom:
  - ✓ Personal characteristics - mental ability, cognitive style, expertise-specific conditions and life experience
  - ✓ Linked to post-formal operational thinking - intellectual functioning beyond the Piagetian stages of cognitive development. Wise people think reflectively or dialectically meaning that they acknowledge that truth is not always absolute but rather evolves in a historical context of theses, antithesis and synthesis
  - ✓ People with personality traits such as openness to experience, empathy and compassion
  - ✓ Integrate thinking, feeling and acting into a coherent approach to a problem
  - ✓ Correlation between age and wisdom is complex
- **Creativity**
  - Stenberg identifies 3 aspects of successful intelligence:
    - <sup>1</sup> *Analytic intelligence* - ability to analyse, compare and evaluate
    - <sup>2</sup> *Practical intelligence* - ability to apply and use intelligence in everyday behaviour
    - <sup>3</sup> *Creative intelligence* - ability to create, invent and design
  - Creativity is very different from general intelligence and wisdom, a distinct cognitive ability
  - Creativity refers to an ability or skill which is original, unique and appropriate to the situation
  - Creative individuals display originality, imagination and expressiveness
  - Psychometric tests- way of testing creativity
  - Creative people are divergent thinkers- multiple solutions to a problem may be given
  - Older persons generally perform poorer than younger persons on divergent thinking
  - Apart from talent and drive, an optimal genetic/ environment fit may also contribute to creativity
  - Other factors seem less generalised; happy/unhappy childhood, poverty/affluence
  - Some show signs of creative genius early in life, others abilities only emerge later in life
  - Creative people have a passion for learning, improving and expanding themselves
  - These passions do not dry up after youth; they remain as powerful in later life
  - Later creative works may differ in some respects than earlier works
  - *Swan song phenomenon* – resurgence of creative output stemming from a final burst of creative energy

### **FACTORS INFLUENCING COGNITIVE DEVELOPMENT IN ADULTHOOD**

- Most studies indicate a generalised gradual decline in cognitive functioning with age
- Physiological changes in brain- decline in neural functioning
- Losses in visual auditory acuity affect mental efficiency
- More effort required to recognise complex inputs, thereby putting more strain on the processing capacity reducing speed and accuracy which the individual can interpret, store in memory and make correct references
- As population ages, differences become more varied than in childhood
- Developmental trajectories or pathways- varied in adulthood and change is influenced by health, social and personality factors
- Chronological changes are not a good indication of cognitive changes
- Pathologies- diseases
- Pathologies accelerate the rate of cognitive decline in later life, eg. Diabetes or cardiovascular patients perform poorer than age-matched healthy persons
- Cognitive decline accelerates from minor pathologies and as death approaches, significant declines are apparent up to 11 years before death from a variety of different pathologies
- Referred to as terminal drop
- Sociodemographic, social and lifestyle factors may also influence cognitive changes in later life

- Personality factors such as positive self-image, an internal sense of control etc can help combat the decline in cognitive changes
- Cognitive status declines as levels in depression or mild unhappiness increase due to stress
- Lifestyle factors such as maintaining an active life, healthy eating and drinking, community involvement and sleeping patterns are contributing factors
- Aerobic fitness has a positive influence

## **REDEFINING ADULT COGNITIVE DEVELOPMENT: THEORETICAL PERSPECTIVES**

- **Jean Piaget's theory of cognitive development in adulthood: Formal operational thought**
  - A Swiss physician and psychologist (1963).
  - Development of intelligence stems from the emergence of increasingly complex structures, occurring through adaptation and organisation.
  - Adaptation- process of adjusting thinking to the environment. 2 types of adaptation: Assimilation- Use of currently available knowledge to make sense of incoming information. Accommodation- Involves changing ones thoughts to adjust to new experiences.
  - Organisation- each specialised part is coordinated into the whole.
  - Intelligence is therefore not simply the accumulation of more knowledge, instead it is a reorganisation of greater knowledge to produce a different way of thinking.
  - Thinking changes qualitatively.
  - Changes progress through a set of 4 cognitive stages that occur in a fixed or invariant sequence.
  - Sensorimotor stage (birth to 2 years), preoperational stage (2 to 6 years), concrete operational stage (7 to 11 years) and the formal operational stage (12 years into adulthood) see table on page 133 of book.
  - During the last stage (formal operational stage), thinking becomes abstract and individuals use scientific deductive reasoning.
  - Formal operational thought is governed by a logical structure that provides solutions to problems.
  - Aimed at resolving ambiguity, targeting the goal.
  - Theory has been criticised- not all adults use a logical scientific approach to solve all problems.
  - Whether individuals use a logical approach may depend on their familiarity with the particular type of problem and their past experiences in similar situations..
  - Formal operations are not universal and tested on psychometric tests that measure fluid intellectual abilities.
- **Neo-Piagetian approach: Postformal thought**
  - A formal operation thought was limited in its applicability.
  - Postformal thought is characterised by recognition that truth (correct answer) varies from situation to situation, solutions must be realistic to be reasonable, ambiguity and contradiction are the ruler rather than the exception and that emotion and subjective factors play a role in thinking. Characterised by the following:
    - Absolutist, relativistic and dialectical thinking: absolutist- firmly believing that there is only 1 correct solution to a problem and personal experience provides truth. Relativistic- realising that there are many sides to an issue and the right answer depends on circumstances, often encounters by young and early middle-aged adults. Dialectical thinkers see different viewpoints but integrate into a workable solution. Synthesis often produces strong commitment and a definite plan of action.

- Problem with relativistic thinking is that thinkers may avoid making decisions or having strong belief thereby adopting a cynical approach.
  - Integration of emotion and logic: an ability to understand and synthesise another person's point of view may be beneficial in the resolution of life's problems.
  - Linked to adults increased ability to integrate emotion with logic in their thinking.
  - According to Labouvie, adults make choices not so much on logical grounds but on pragmatic, emotional and social grounds.
  - Mature thinkers realise that thinking is a social phenomenon that demands making compromises and tolerating ambiguity and contradiction.
  - Postformal thought is considered as a form of adaptive intelligence since in life there is more than one truth about a situation.
  - It is recognised as a legitimate type of cognition that has very different qualities
- **Stages of adult cognitive development**
    - Cognitive development during childhood and adolescence is qualitatively different, there are different stages of cognitive development in adulthood.
    - K. Warner Schaie formulated 6 stages of adult cognitive development.
    - See diagram on page 136
    - Acquisition of new information is mastered in childhood.
    - First stage- Achieving stage- switch of focus from acquisition to the application of knowledge, related to achieving long-term goals. Adults have to make important decisions, solutions made integrate into the future. Careful attention is required to possible consequences of the process.
    - Second stage- Responsible stage- application of cognitive skills required in situations involving social responsibility, either when families are established, needs of spouse and children have to be met, workplace or community.
    - Third stage- Executive stage- moving away from responsibility stage to exceedingly complex responsibilities such as entering organisations as presidents, officials, head of departments etc, these responsibilities occur during middle-age.
    - Fourth stage- Reorganisational stage- an effort to reorganise ones life, moving away from work and family-raising responsibilities to meaningful pursuits of the last part of life. Requires the maintenance of high levels of competence.
    - Fifth stage- Reintegration stage- need to acquire knowledge declines, executive monitoring is less important. Adults now apply the information and knowledge acquired as a function of interests, attitudes and values. A transition question from childhood "what should I know?" to the adult question "how should I put to use what I know?". Cognitive efforts will involve a selective reduction in information and increase in emotion regulation to problem-solving.
    - Sixth stage- last stage- Legacy leaving or legacy creating stage- anticipation of the end of a person's life. Providing oral history, family pictures, and heirlooms to the next generation
- **Selective, optimisation and compensation**
    - The SOC theory is based on operation and coordination of 3 components:
    - Selection of goals or behaviour outcomes- specifying particular pathway, narrowing down possible alternatives. 2 forms of selection- Elective selection: selection primarily driven by goals. Loss-based selection: reorganisation of goals due to loss in the potential to reach desirable goals. Both selections imply restructuring of goals.

- Optimisation- refers to acquisition, application, coordination and refinement of internal and external means involved in attaining higher levels of functioning. Related to health behaviour, social support, cognitive skills etc.
- Compensation- refers to “means” just as optimisation. Compensating for losses in the means previously employed in attaining goals to alternative means.
- According to the SOC theory- successful development involves process of simultaneous maximisation of goals and minimisation of losses during life course.
- Effective way to reallocate resources between 3 functions of life, growth, maintenance and loss.
- Highest level of SOC occurs during adulthood, peak in middle adulthood, less prevalent in old age with an increase in elective selection.
- Less use of optimisation and compensation linked to greater effort required.
- Old age favours prioritisation of physical/bodily functioning above cognitive functioning.
- SOC related behaviours are universal or individual variability.
- Resource rich- refer to adults who have been successful at investing efforts and energies into selection of domains more important to them and maintaining high levels of functioning

## Chapter 4

### Personality Development

*Summary by Gry Petersen & Danine van Schalkwyk*

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## INTRODUCTION

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**Personality** – the essence of an individual – what makes us unique and recognizable (distinctive behaviour, thoughts, emotions, values, interests) – the debate in adult development is whether personality is stable or if it changes

**Integrated models of personality** – personality remains relatively stable but could also change (there is a movement towards these)

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## MODELS OF ADULT DEVELOPMENT

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### STAGE MODELS

- attempts to describe normative personality development
- therefore reflect age-related patterns and the changes occur in successive, sequential stages and are often characterized by emotional 'crisis' or transition (if the tasks in the different stages isn't completed, development in the next stage may be weakened)

**Erik Erikson – Psychosocial development** (psychosocial theory of personality development)

- **Assumptions about development**
  - Development occurs throughout the lifespan in 8 sequential stages
  - each stage is characterized by a crisis (the individual has to make adjustments regarding the relevant crisis/task)
  - the adjustments to the task can be either positive or negative (represented by two opposing poles eg trust versus mistrust)
  - the ideal outcome lies in a synthesis – a combination of two opposites at a higher level
  - earlier stages of development provide the foundation for the later stages (eg positive identity development allows one to form an intimate relationship)



- development from one stage to another is viewed as a complex interaction of biological, psychological and social forces
- however the crisis has not been resolved once one moves on to the next stage/crisis, but each crisis must be resolved from different perspectives at EACH developmental stage – meaning that the issue that characterize each stage may coexist as relevant concerns throughout adulthood
- **epigenetic principle** – each stage unfolds from the previous stage much like the 'programme' for biological development of an individual throughout life
- asserts that personality traits arise exclusively from biological causes

Psychosocial stages	Age	Challenge	Synthesis
<b>Basic trust versus mistrust</b>	Birth to 1 year	To develop the sense that the world is a safe and good place	Hope
<b>Autonomy versus shame and doubt</b>	1 to 3 years	To realise that one is an independent person who can make decisions	Will-power
<b>Initiative versus guilt</b>	3 to 6 years	To develop a willingness to try new things and to handle failure	Purpose
<b>Industry versus inferiority</b>	6 year to adolescence	To learn basic skills and to work with others	Competence
<b>Identity versus identity confusion</b>	Adolescence	To develop lasting, integrated sense of self	Reliability
<b>Intimacy versus isolation</b>	Young adulthood	To commit to another in a loving relationship	Love
<b>Generativity versus stagnation</b>	Middle adulthood	To contribute to younger people, through child rearing, child care or other productive work	Care
<b>Integrity versus despair</b>	Later life	To view one's life as satisfactory and worth living	Wisdom

- **Psychological development stages in adulthood**

- Identity achievement versus identity confusion

- ✓ Emerges in adolescence but remains throughout adulthood
- ✓ a clear sense of self (clear identity) equals clear sense of purpose in life
- ✓ identity diffusion (unclear sense of self) involves lack of direction and vagueness about life's purpose
- ✓ synthesis of reliability – being sure of one's own identity

- Intimacy versus isolation

- ✓ major issue in young adulthood
- ✓ involves establishing a mutually satisfying relationship with another person (learn to give up on some desires) theoretically only possible with strong sense of identity
- ✓ opposite is isolation – self-absorbed, never true mutuality
- ✓ resolution of this crisis should lead to love (synthesis)

- Generativity versus stagnation

- ✓ productivity, procreation and creativity
- ✓ resolution of crisis lies in moving away from one's own self-interests and contribute to society (raising children, mentor-ship, community involvement)
- ✓ stagnation is when the individual turns their concerns to the self or solely to others of their own age-group
- ✓ is about concern for the next generation – synthesis is care

- Ego integrity versus despair

- ✓ issues relating to ageing and growing closer to death

- ✓ resolution leads to satisfaction with the life they have lead including acceptance of positive and negative attributes of one's life (helps attain acceptance of the end of life)
- ✓ the contrast is despair – a sense of ending life before past mistakes have been corrected
- ✓ the virtue that develops is wisdom (synthesis)

- **Evaluation of Erikson's model**

It has had a major impact on lifespan development however some aspects of his theory are unclear, poorly defined or unspecific. This has led to theorists reinterpreting or suggesting additional developmental stages Robert Peck, George Vaillant and Dan McAdams).

**Robert Peck (1968)** criticized Erikson for describing the life of older adults in only two phases. He proposed seven psychological crises for adulthood:

- Wisdom vs. physical power

Middle years – individuals can no longer rely on their physical stamina and power – well adjusted individual will now rather use their mental power (eg wisdom)

- Socialising vs. sexualising

during the middle years adults redefine their relationships with others – the sexual component becomes less important and friendship, trust and support are valued higher than sexuality

- Emotional flexibility vs. emotional impoverishment

many changes happens during the middle years – to be able to adjust one has to be emotionally flexible

- Cognitive flexibility vs. cognitive rigidity

Middle years – adults will experience many social and cultural changes and to be able to adjust they must be cognitively flexible

- Ego differentiation vs. work role preoccupation

late adulthood – elderly adults have to adjust from a work role to retirement – find self-worth and personal satisfaction outside of the workplace

- Body transcendence vs. body preoccupation

late adulthood - refers to the physical changes during late adulthood – to overcome possible despair older people must invest in interpersonal relationships and cognitive activities where they can experience life satisfaction

- Ego transcendence vs. ego preoccupation

late adulthood – deals with mortality – to find meaning in and accept the inevitable by moving away from preoccupation about self to becoming involved with others

**George Vaillant** conducted longitudinal research on a group of men and proposed two additional stages in adulthood

- Career consolidation vs. self-absorption

between Erikson's sixth (intimacy versus isolation) and seventh (generativity versus stagnation) – people focus on the establishment of career and family life

- Keeping the meaning versus rigidity

occurs between Erikson's seventh (generativity versus stagnation) and eighth ego integrity versus despair) – individuals become increasingly aware of socio-cultural values and develop an attitude of tolerance

**Dan McAdams (2001)** expanded on Erikson's theory of generativity. His multidimensional model of generativity show that it results from complex societal and inner forces and that there are different types of generativity. *Generativity concern* which is a general care and concern for younger individuals and *generativity action* which is the actual behaviour that promotes the well-being of the next generation. Although it can be expressed by all ages certain types are more common at some ages (eg middle-aged and older adults show greater generative preoccupation than younger adults)

**Other findings** indicate support for Erikson's theory.

South African cross-cultural study has shown significant development in early and middle adulthood regarding industry, intimacy and generativity – and studies increasingly indicate that identity continues to develop into middle adulthood.

## **TRAIT MODELS OF ADULT PERSONALITY**

- **Theoretical assumptions of trait models**

- **personality trait:** a relatively stable, consistent and enduring characteristic that distinguishes one person from another (can be inferred from behaviour patterns, feelings, attitudes, habits)
- regards personality as an entity that reflects innate dispositions (internal characteristics)
- assume that personality traits determine a persons behaviour across a range of situations

Thousands of identified traits made it difficult to research personality traits and the solution was to reduce the great number of personality traits to a number of *personality factors*. Each factor is believed to contain many characteristics (eg a person who is extravert (factor) is often also warm, sociable, outgoing and so forth). A variety of personality trait theories were developed on the personality factor approach:

**Hans Eysenck** identified three basic traits: extroversion versus introversion, neuroticism and psychoticism. He developed the Eysenck Personality Inventory to measure these traits

**Raymond Cattell** identified 16 personality traits and developed the Sixteen Personality Factor Questionnaire to measure these traits

**Paul Costa and Robert McCrae** identified five factors and developed the NEO Personality Inventory to measure these traits

The **Five Factor Model** also called the Big Five proposed by **Paul Costa and Robert McCrae** has largely influenced personality traits research. The reason being that they were interested in personality change and stability throughout adulthood. They believed all important personality traits could be grouped into five dimensions of personality.

<b>Personality trait</b>	<b>Basic definition</b>	<b>Characteristics</b>
Neuroticism	Emotional stability versus instability	Anxiety, hostility, depression, self-consciousness, impulsiveness, vulnerability
Extraversion	Outgoingness versus introversion	Warmth, assertiveness, activity, excitement-seeking, positive emotions
Openness to experience	Curiosity and interest in variety versus preference for sameness	Openness to fantasy, aesthetics, feelings, actions, ideas, values
Agreeableness	Compliance and cooperativity versus suspiciousness and antagonism	Trust, sincerity, altruism, compliance, modesty, tender mindedness
Conscientiousness	Discipline and organisation versus aimlessness and negligence	Competence, order, dutifulness, self-discipline, deliberation, achievement, striving

- **Personality traits: A case for stability**

Costa and McCrae investigated whether the traits that made up their model remain stable across adulthood by analysing longitudinal data from several studies

- they found remarkable consistency and stability in all five personality dimensions (correlations ranged from .68 to .85)
- this was especially true after age 30 – suggests that full maturity of the adult personality is reached by age 30
- this led them to believe that after 30 personality seems to be 'set in plaster'
- stability was reported (by participants and spouses) even in the mid-life period (described as a time of psychological upheaval)

**Differential stability:** refers to the stability of rank over time. In other words the most extraverted at age 30 will still be the more extraverted at age 50 (another way to investigate personality stability)

According to **Costa and McCrae** these findings indicate that personality is characterised by stability and continuity and not by change and discontinuity (people are not passive victims of life events, changing social roles or historical changes, but they retain their distinguishing personality characteristics)

- **Personality traits: A case for change**

Apart from investigating differential stability one can also investigate **mean-level-change**. This refers to the groups average score over time (also referred to as **interindividual** changes) and may give an indication whether individual personalities change as they grow older. Findings from cross-sectional and longitudinal studies suggest

- Extraversion generally declines from age 30 to 90, although the drop in extraversion is more evident after the mid-50's
- agreeableness increases with age
- conscientiousness increases to peak between the ages of 50 and 70 and then declines
- average levels of neuroticism generally declines with age, but increases again slightly around age 80
- openness to experience seems to increase in young adulthood but decrease in old age
- age differences in cross-cultural research tend to follow the same pattern

This suggests not only that personality changes with age but that there are distinct patterns of change. However studies involving analysis of **intraindividual** (the personality traits of the individual – not the group) changes show greater variability – some revealed same patterns while others revealed other patterns of change.

- **Forces that contribute to stability and change**

change is complex and ongoing, owing to many factors that can affect personality traits

- Behaviour genetic research

- ✓ Aims to establish the interaction between genes and the environment - the two shape who we are
- ✓ There are two ways in which experience can interact with our personality characteristics to contribute to stability or change

- ★ **cumulative consistency:**

when a specific trait is reinforced because of its consequence on behaviour – eg a person who is disagreeable tends to be hostile and unpleasant. As a consequence they will lose jobs and relationships which reinforces anger and makes them even more distrustful and angry at the world

★ **Interactional consistency:**

refers to the immediate social impact of a certain personality style – eg a hostile person will often evoke a negative or hostile reaction in others. This makes the person MORE prone to being hostile. This reaction becomes entrenched therefore contributing to the consistency and stability of this trait

- Gene-environment correlations

another reason why personalities remain stable – refers to the fact that people seek out environments and experiences that suit their personality traits thereby reinforcing existing traits – eg a person with a great deal of self-confidence and openness will seek out challenging situations

**Note:** certain life vents may be powerful enough to change one's personality. *Biological factors* such as illness, decline in physical power or *social events* such as promotion, retrenchment, assault etc or *socio-political factors* such as political changes or war may lead to changes in personality. (Become more anxious, confident, cautious or outgoing depending on the event)

● **Evaluation of the trait approach:**

- psychologists have reached reasonable consensus that qualities measured by personality tests can be categorised in dimensions or dispositions
- consistence and stability over time has also been indicated
- However Costa and McCrae's Five Factor Models has been criticized for the following:
  - ✓ any model of personality traits says very little about the core or essential aspects of human nature
  - ✓ dispositional traits rarely provide enough information about people so that accurate predictions can be made about their behaviour in a particular situation
  - ✓ these approaches tends to ignore socio-cultural contexts
  - ✓ the assessments of the dispositional traits through questionnaires assumes that the individual is able to be objective and evaluative about their own characteristics which is often not true
  - ✓ reduces the person to a set of scores (a low or a high score on a trait) which says very little of their functioning

**COGNITIVE APPROACHES TO PERSONALITY DEVELOPMENT**

It emphasises the perception or interpretation of people's experiences. From a cognitive point of view, personality is one of the many factors that influence a person's response to life events it includes, methods of evaluating what is happening to us and then responding appropriately to the situation. People tend to view the events in their lives in terms of the relevance of these events to the self.

● **Self-concept models**

Self-concept is the image, idea or perception we have about ourselves. These ideas that we have about ourselves are called **schemas** or **self-schemas** and they play a role in how we define ourselves; they determine what information is the most important. The self-schemas regulate our behaviour and guide the decisions we make. Self-schemas represent our present and past behaviour, as well as what a person would like to be or do in the future. The self-concept is a collection of schemas that are related to different areas or domains example:

**Physical domain** – concerns about our body, health and functioning

**Occupational domain** – concerns about work, identity, retirement and leisure activities

**Social domain** – concerns about people and interpersonal relationships

**Psychological self** – personality traits, emotions and thought processes

Not all domains are equally important to all individuals.

The self-concept is an integral part of the personality and is an important aspect to consider in the ageing process. It is caught in constant dynamic tension between stability and change.

### **The dynamic self-concept: The role of self-concept in ageing**

The topic about possible selves offers a way of understanding how both stability and change operate in adults' personality. Possible selves tend to remain stable for at least some period of time and are measurable with psychological tests. They may change in response to efforts at personal growth or to facilitate adaptation to new roles across the life span.

#### **- The social self**

The significance of other people and interpersonal relationships remain meaningful and central throughout the lifespan, across genders, social classes and cultures. Younger adults' hoped-for selves involve romantic relationships, while middle-aged adults tend to be concerned about their children's development and involve personal issues such as being more caring and loving. Older adults tend to be concerned about being alone, about the illness of their partners, or becoming dependant on their children. Social self vary with the stage of life and reflects the needs and behaviour of the particular life stage.

#### **- The occupational self**

Perceptions will differ according to a person's work status e.g. employee, unemployed, retiree. Those who have paid work perceive their status as positive, thus having work is perceived as valuable. Hoped-for possible selves include improvements in self and work environment. Feared possible selves may be retrenched and job loss. With respect to retirement, both negative and positive perspectives may transpire. There could partly be regret that one is (or will be) no longer working, but in general, people tend to look forward to stopping (or down-scaling) work and enjoying greater freedom.

#### **- The physical or biological self**

It is important throughout the life span. Physical integrity (concerns about health and illness) is especially more salient (prominent) amongst the very old, but is strongly related to other factors such as well-being, age identity and attitude to ageing.

Women seem to be more critical of their physical appearance than men. Young woman seem to be more positive and hopeful about their bodies than both older woman and men, while older woman are more fearful and negative about their appearance than men.

#### **- The temporal self**

It refers to individuals' perception of their existence in time (past, present and future). The view of the self in terms of the past and future therefore seem to reflect the individual's chronological age. Older adults also included statements on subjective age, such as wanting to be younger, being already old or being too old etc. Young adults, on the other hand, seemed to be much less time-conscious in their self-statements. Thoughts about personal growth were more typical for young adults. The perception that the time left is limited is more typical of the self-statements of elderly adults.

An interesting finding concerns the differences between the ideal self (what people would like to become) and the present self (what people think they really are). Older adults have a more realistic view of themselves. Adults give up their idealistic dreams, become more accepting of their past and become more satisfied with who they are.

### **Possible selves: The gap between the ideal and real self**

A related aspect to the self-concept is self-esteem (refers to the affective or evaluative aspect of the self-concept). A person with a high self-esteem perceives him or herself as having worth, whereas a person with a low self-esteem does not. Self-esteem is shaped by self-knowledge and the opinion of others. It is also a function of how the individual process and interprets social information and experiences. The self-esteem is not a single concept, but occurs in different domains.

Self-esteem shows moderate levels of stability across the life span. It does not mean that self-esteem is unchangeable. Young children have relatively high levels of self-esteem, which

gradually decline over the course of childhood. The decline in self-esteem continues into adolescence and seems to be related to maturational, cognitive and socio-contextual changes. Increases in self-esteem are indicated from young adulthood to middle adulthood. In late adulthood, self-esteem levels seem to decline again, start between the ages of 70s and 80s, so that by the 80s, self-esteem levels are as low as those found in adolescence. The decline may be associated with the number of changes (physical, cognitive and social) that the elderly have to deal with.

Thus far, it seems that self-concept and self-esteem are stable constructs that show systematic change across the life span. These patterns reflect average changes in the specific age group. Factors such as work, relationships and socio-cultural experiences have been shown to have impact on adults' self-concept and self-esteem, as well as overall personality development. In addition, job status, work satisfaction and mastery experiences at work contribute to feelings of self-worth and an increase in personality traits such as dependability and responsibility. It should also be taken into account that different historical periods or different cultural expectations bring different opportunities, values and social roles that influence the self-concepts of individuals living through those times. e the self-concepts of individuals living through those times.

- **Identity models**

**Identity** refers to a person's sense of self, involve a sense of continuity; the feeling that one remains the same person despite changes that may occur. Identity development is currently viewed as a life-long developmental task, as a person adapts to the growing number of events and experiences in the course of life.

According to the **identity process theory**, people perceive their experiences in terms of their personal identities, namely their idea or concept of the self.

Using Piaget's terminology, Whitbourne holds the view that identity development occurs through two processes of **identity assimilation** and **identity accommodation**. Identity assimilation may have both positive and negative consequences.

On the one hand, it serves the purpose of a continued positive view of the self. On the other hand, identity assimilation can also cause a person to deny the reality of an experience. Repeated experiences of failure that we refuse to incorporate into our self-appraisals can ultimately have negative consequences.

In identity process theory, the goal of development is optimal adaptation to the environment by establishing a balance between maintaining consistency of the self (identity assimilation) and changing in response to experiences (identity accommodation). Whitbourne proposed the multiple **threshold model**. Threshold refers to the point where the individual realises there is a decline in functioning and feels a need to adapt his or her identity. Multiple refers to the fact that ageing occurs in various systems at various times.

**Figure 4.5 Identity process theory - pg. 174**

This figure illustrates that people generally have a favourable view of themselves. A "threshold" experience occurs when an age-related cognitive or physical change is noted or an illness is experienced. In identity accommodation, this experience is taken very seriously.

Compulsive illness: going overboard with worry about the consequences of an illness. Identity assimilation on the other hand, may result in unhealthy denial, where people fail to take preventative measures that could help them maintain optimal functioning. They will therefore continue with unhealthy lifestyle choices example no exercise, smoking and unhealthy food.

In identity balance, people accept the fact that they are ageing but do not become fatalistic (a feeling of being doomed). They take steps to ensure that they will remain healthy.

People who constantly assimilate are blind to reality, while those who constantly accommodate are easily influenced by events. Identity balance is probably the most positive way to react to age-related changes or changes in health.

Research on this model indicated that adults who use both identity balance (integrating changes into their identities) and identity assimilation (a certain amount of denial, or at least minimisation) seem to have higher self-esteem than people who use identity accommodation.

- **Evaluation of cognitive model**

To fully understand a person, we must consider how the individual integrates his or her life into a coherent structure. Considering people's sense of self over the course of a lifetime may bring us closer to some answers.

**PERSONALITY DEVELOPMENT: AN AFRICAN PERSPECTIVE**

Although personality is a Western concept, various authors have attempted to translate it into African terms. Personality in the African context is regarded as the product of the interaction between a sense of self through social bonds and a sense of self as a conscious being. The self in African cultures tends to be context-based, and is defined in terms of a person's relationships with others.

The concept of the self includes dependency or interdependency, non-competitiveness and a sense of belonging to the community.

Personhood (becoming a person or individual) must be earned. This starts when children are born into a family community and the undergo rituals (called rites of passage) of incorporation such as naming ceremonies. The development of personhood is, however, an on-going process and is attained through interactions with the community. Because this is a process of becoming a person, one can fall short at any stage of the life cycle. The process is unpredictable and open-ended during which personhood may be achieved, lost and regained, depending on the person's circumstances.

Ubuntu forms an integral part of personality development in African cultures. It refers to the realisation of the person of his or her duties in the community. This concept embraces qualities such as generosity, compassion, hospitality, respect, humanity, good character and harmonious relations with others. Failure to attain these qualities of personhood lays blame on the individual, parents and the community.

The development of personality is described by Nsamenang in terms of the three phases of selfhood: social selfhood, ancestral selfhood and spiritual selfhood. Each of these phases moves through different stages of development in the lifespan that starts with birth and continues after biological death.

Stage	Description
The period of the new-born	After birth, the child belongs to the spiritual world until the naming ceremony when the child is included into the living community.
Social priming	Pre-social stage. Social priming begins by offering the baby playthings and providing non-verbal prompts to return them.
Social apprenticing	Socialisation training starts, such as running errands, learning to show good conduct and being helpful.
Social entrée and social induction/ internment	Closely linked to the onset of puberty. Puberty or initiation rituals may ensue. Children learn about future marriage or citizen roles.
Adulthood	This stage includes marriage and childbirth, maintaining the ideals and standards of the community, fulfilling responsibilities.
Old age and death	Elders have the responsibility of maintaining the unity of the family. They have the most complete memory of the family's lineage and are considered much closer to the ancestors. An ancestral selfhood follows death.

Nsamenang includes concepts which refer to the importance placed on the integration of the individual person into the community. These concepts are:

- Communitarian ethic- a sense of the community
- Multiple social enmeshments- the various relationships within a community, such as the immediate family, extended family and peer group
- Encompassing social relationship- decisions are made based on community needs rather than individual benefits
- Rhythms of collective life- the regular flow of sequences of events such as seasons and life stages
- Subordination of individual identity- individuals attain a sense of identity from the community rather than internal sense of being



Both a sense of self through social bonds and the self as a conscious being include ideas around social selfhood, ancestral selfhood and spiritual selfhood. These three aspects are integrated with one another and are central to the traditional African way.

The ancestors are referred to as the "living dead". An ancestral selfhood follows biological death. For a period after death, people continue to play an important part role in the community of living people. Thereafter, this being moves into the spiritual world.

## Chapter 5

### Social Development

Summary by Reza van der Merwe & Riana Botha

## INTRODUCTION

- *Social contact* (community, friends & family) has unique *characteristics*, fulfilling important functions, very valuable during the adult years, *i.e. role played by friends and loved ones*.
- *Social development* during adulthood follows different patterns that relate to: Interpersonal Relationships, Social Networks, Lifestyle Choices, Social Roles and Social responsibilities.
- Social development for adults, adolescents and children takes place primarily in the context of the family and significant others
- Difference during adulthood = the context are more extensive and vary from individual to individual *i.e. children's development = predictable i.e. most are born / raised in a form of family structure, enter school, peer group involvement, etc. adulthood development = choices regarding Lifestyles, nature of interpersonal relationships more divergent, considering rapid social / historical changes adults must incorporate into their functioning.*
- Approaches to conceptualise divergent lifestyles and *developmental pathways* is the *lifecourse perspective* (current) and the *lifecycle perspective* (precious decades) :
- **Lifecourse perspective (current)**
  - Sequence of age-linked transitions (normative development)
  - Embedded in social context and history (*i.e. family, work labor markets, church, government* that shape individual lives)
  - Relevant in SA lives, incorporating divergent lifestyles and place people in an historical and cultural context
  - Defined by 5 principals
    - ✓ **Linked Lives:** Emphasizes interconnectedness of relationship related lives, across generations, by bonds of kinship. Relationships linked to changing times, places, social institutions *i.e. AIDS epidemic = grandparents lifestyles changed because adult children become ill / die. Resulted in grandchildren needing care / support. Economic / crime pressured in SA = young families had to relocate abroad / changed intergenerational relationships.*
    - ✓ **Historical Time and Place:** Emphasizes events (*i.e. wars*) and conditions, Economic instability and governmental policies, family interaction and world views = create opportunities / constraints that influence choices / behaviors / directions of people's lives
    - ✓ **Timing of Life Transitions in relation to Social contexts:** Pressure affects everybody but for some it is a 'best fit'. *Ex. Apartheid system, detrimental to some (occupational outcome and psychological well-being) VS beneficial to others (social stance, etc.)*
    - ✓ **Agency:** Idea that planfulness and effort can affect life outcomes. Individuals are active agents in the construction of their lives. Choices are made within the opportunities and constraints of family background, stage in the life course and cultural-historical conditions.
    - ✓ **Lifelong Processes (Ageing and Human development) :** *Relationships, events and behaviors of earlier life stages may have consequences for later life relationships and well-being.*

- **Lifecycle perspective (previous decades)**
  - *In contrast with Lifestyles Perspective*
  - Provided = a useful way of thinking about sequence of role transitions (i.e. marriage / childbearing)
  - Not representative of contemporary patterns (i.e. divorce / remarriage, childbearing outside of marriage, never-married / non-parents)
  - Not locating people according to their life stage / historical context.

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## THE CHARACTERISTICS OF ADULT RELATIONSHIPS

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- Most basic human need – love and attachment
- Interpersonal relationships shape lives
- characterized *intimacy, love and attachment* bonds
- *Social interaction via social networks, change* throughout life

### INTIMACY

- Definition : Latin *intimus* = means inner. Establishing closeness with another person Develops from self-disclosure, i.e. the process by which you share your thoughts, feelings and experiences with another.
- True intimacy = when this process is reciprocal, “give and take” relationship. Experience deeper self-knowledge and express openness
- According to Erikson, intimacy – an emotional bond implies fusion of identities but freedom to remain individual. – a NB! Developmental Task in early adulthood
- Establish clear identity (know Self), then another can be loved
- Lack of identity - feel threatened by long-term relationship vs over-dependent on partner as source of identity
- **Developing intimacy is difficult** because conflict = independence / newfound identity vs. desire for commitment to someone
- Result in Sexual relationship without emotional intimacy called **genital relationship** and can lead to isolation
- negative relationship between intimacy and loneliness *i.e. The lower intimacy the higher level of loneliness*
- Once **intimacy vs. isolation** has been resolved successfully, only then, readiness for following psychosocial Developmental stage = **generativity vs stagnation**. Bearing and Caring of the next generation and the improvement of society.

### LOVE

- Definition: an exceedingly complex emotion that consists of many facets. Influenced by personality and factors (developmental stages, gender differences, cultural-historical contexts) of people involved
- According to Erikson (1963), love = the synthesis of the psychosocial crisis of intimacy vs. isolation
- Freud, love & work = 2 essential aspects in adult development
- 4 Traditional schools of thought
  - ✓ **EROS** : Love in terms of desire
  - ✓ **PHILA** : Love as friendship
  - ✓ **NOMOS** : Submission to God’s Will / Obedience to the desires of a loved one
  - ✓ **AGAPE** : Selfless Love that approaches the Divine
- Difficult concept to study - neglected as an area of scientific study (concept “love” is too fuzzy, mystical or too sacred to study)
- Surface in human nature discussions
- Studying the concept of love is nb!! Contemporary theorists viewed Capacity to love and be loved, as human tendency, with powerful effects on well-being from infancy through to old age.

- Researchers investigate the biochemical basis of love. Hormone-like substance **oxytocin** (cuddle hormone), released in brain in response to social contact, especially skin to skin. Linked to creation of loving bond between 2 individuals / monogamy
- Psychologists approached phenomenon of love scientifically. Proposed different models of love
- **Robert Sternberg's (1986) : Triangular Theory of Love**
  - Acknowledged complexity of love.
  - Love doesn't occur in single form, but *consists of 3 components*:
    - ✓ **Passion** - characterised by "in love", *infatuation*, accompanied by strong sense of uncertainty (intimacy has not yet been established)  
Component description: *intense physical, cognitive, emotional attraction*. Result in feelings of excitement, ecstasy and euphoria. Usually occurs in beginning of a relationship
    - ✓ **Intimacy** - characterised by close relationship i.e. *marital*. Development of *reciprocal trust, openness, acceptance*  
Component description: *self-disclosure takes place and this leads to warmth, trust, attachment / connectedness* (closeness, honesty, confirmation / without fear of rejection)
    - ✓ **Commitment** - characterised by care and support each other  
Component description: After Intimacy is established. A *conscious decision to maintain the love relationship*
  - The relative *absence* or *presence* of these 3 components, will develop into one of the following **types of love** :
    - ✓ **liking** - includes intimacy, while passion / commitment are absent
    - ✓ **infatuation** – based on passion. Intimacy / commitment absent
    - ✓ **empty love** – based on commitment, passion / intimacy absent
    - ✓ **romantic love** – includes passion / intimacy, commitment absent
    - ✓ **fatuous love** – passion / commitment, intimacy absent
    - ✓ **companionate love** – characterized by passion, intimacy and commitment
  - The Triangular theory predicts that relationships will almost inevitably have a course that will result in **qualitative shifts over time**.
    - ✓ The qualitative shifts apply to all types of relationships (marital, homosexual, heterosexual, young / old) *ex passion diminish, while intimacy stabilizes and does not mean* relationship becomes less happy or satisfactory.
    - ✓ **Risks**: <sup>1</sup>Relationships with only 1 or 2 components from the beginning <sup>2</sup>Love can give greatest ecstasy but, cause greatest pain
- With whom do people fall in love : *Various Theories proposed* :
  - **Equity Theory**
    - ✓ The qualitative shifts apply to all types of relationships (marital, homosexual, Close relationships / romances are formed (persist) = what they are putting into it is proportional to what they are getting out of it ("I'll wash and you dry" situation). People calculate the costs and benefits. *Economic theory* - More lasting than inequitable relationships (one person contributes, while other does not). Criticised as being purely on mutual exchange (business deal) and contradictory to genuine relationship (individuals often sacrifice own rewards for good of partners). Criticised for ignoring the feelings people bring to their relationships (friends and spouses because of love and not benefits).  
Psychologist ERICH FROMM: Immature love says "I love you because I need you". Mature love says "I need you because I love you"
  - **Assortative Mating Theory**
    - ✓ Mating based on similar / opposite characteristics.
    - ✓ Occurs in many dimensions i.e. religious beliefs, physical traits, age, socio-economic status, intelligence, political ideology.
    - ✓ Attraction based on similar values, attitudes, beliefs
    - ✓ Highly VISIBLE and fundamental to how people lead their lives.

- ✓ Once relationship established personality similarity more important. Take longer to be known / accurately perceived. Influence marital happiness. Facilitates process of regular interaction, coordination in dealing with tasks, issues and problems of daily living, but, personality differences may result in more friction and conflict in daily life.
- Cultures Influence The “Laws Of Attraction”?
  - Cross-cultural research noted cultural preferences with characteristics such as mutual attraction, chastity, dependable character and good health.
  - *Chastity (virginity)* showed most variability.
  - *Gender differences are consistent* across cultures. Men value physical attractiveness and women value earning potential, in partners. In same-sex couples, physical attractiveness are more NB! for males than for females. These ‘laws of attraction’ more apparent in societies where individuals allowed to have control over own dating / pairing behavior. Some cultures have arranged marriages and love may not be the decisive factor between partners, but rather parents and their children (parents know children well enough to choose suitable partner). Although romantic love has also been documented

## **ATTACHMENT**

- Definition: Attachment Perspective on Relationships = a *strong affectional tie* that binds people together.
- *Development of attachment theory* formulated by British psychiatrist, **John Bowlby**, 1950’s, World War II. **Impact of being orphaned** had on children’s *development*. Initial report = children need warm / continuous relationship with at least one adult caregiver to develop appropriately.
- Mary Ainsworth identified **3 types of attachment** = **secure**, **ambivalent** (resistant / anxious) and **avoidant attachment**. Other Researchers added a 4<sup>th</sup> type = **avoidant-disoriented** style.
- The way individuals *think, feel, behave* in their adult *romantic* relationships, are *influenced* by their *immediate environments* and a *result* of their *past relationships* and *personal attachments* extending back into childhood.
- Assumption of attachment theory
  - People construct *internal working models*
  - Models are a *representation of themselves* and other people
  - Models guide their *processing of social info / behaviours* in relationships
- 4 styles identified for adulthood
  - **Secure Internal Working Model** – Adults *feel good* about themselves and others, *not afraid* of abandonment, once in a relationship.
  - **Preoccupied Internal Working Model** – Adults have *positive view of other people* but *feel unlovable* (like resistantly attached infants). Want closeness to validate self-worth but also fearful of abandonment - Result in *overdependence* on partners
  - **Dismissing Internal Working Model** – Adults have a *positive view of self* but, *do not trust* others, *distant* in / *dismiss importance* of close relationships
  - **Fearful Internal Working Model** – a *negative view of self and of others*. Display *confusing, unpredictable* mix of *neediness* and *fear of closeness*. These adults most likely have a *disorganised-disoriented attachment* history.

		MODEL OF SELF	
		POSITIVE	NEGATIVE
MODEL OF OTHER	POSITIVE	<p><b>SECURE</b></p> <p><i>Secure attachment history</i></p> <p>Healthy balance of attachment and autonomy; freedom to explore</p>	<p><b>PREOCCUPIED</b></p> <p><i>Resistant attachment history</i></p> <p>Desperate for love to feel worthy as a person; worry about abandonment; express anxiety and danger openly</p>
	NEGATIVE	<p><b>DISMISSING</b></p> <p><i>Avoidant attachment history</i></p> <p>Shut out emotions; defend against hurt by avoiding intimacy, dismissing the importance of relationships, and being overly self-reliant</p>	<p><b>FEARFUL</b></p> <p><i>Disorganised attachment history</i></p> <p>Need relationships but doubt own worth and fear intimacy; lack a coherent strategy for meeting attachment needs</p>

(Sigelman & Rider, 2009)

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- Positive characteristics of securely attached adults
  - Capacity for **care giving** (Responsive / Sensitive Parent)
  - Capacity for **exploration** (master Environments / achievement Motivation / enjoyment of Work / Socializing with co-workers)
  - **Supportive in joint problem-solving tasks**
  - **Likely to practice safe sex**
  - **Likely to seek support** when needed
  - **Likely to compromise** in conflicts
  - **Likely to have good self-esteem**
  - **NOT likely depressed**
  - **NOT likely upset in stress situations**
  - **NOT likely to abuse**
  - **NOT likely to divorce**
- *Developmental shift from young / middle-aged adults [exhibit secure attachment] to elderly people [dismissing-avoidant category]*
- *Dismissive style may be adaptive in old age i.e. Adult lost spouse and this style help them to manage on their own now. Older Adults securely attached / dismissive style Happier vs. fearful style*

## SOCIAL NETWORKS

- Definition: Structural *characteristics* of an Individual's *social relationships*
- Includes *size, stability, type of relationship, frequency of contact* with people who are part of it.
- Social networks provide support - *instrumental* (financial / practical) *emotional / expressive* (advice / comfort / self-worth boosting)
- Approaches to social network changes in adulthood deal with:
  - ✓ **antecedents / consequences** of life-course Changes
  - ✓ **balance of reciprocity** in relationship
  - ✓ **individual choices / strategies**
- **Theories of change**
  - Convoy Model**
  - A Lifespan Developmental Model of Social Networks and Social support
  - Based on role and attachment theories. Each person moves through life, surrounded by a convoy of people, playing central role in their support and relationships
  - Present 3 concentric circles, representing different levels of closeness to the person.
  - Closer relationships determined by attachment [linked to marital / parental roles – more Stable / include exchange or many types of support]
  - Outer circle relationships determined by role requirements [co-workers, affectionate, but work role
  - limits terms of duration / nature of support]

- Ageing – Role changes [Retirement], have stronger effect on role relationships than on closer relationships.
- Role loss in later life, leads to a decrease in role relationships and increase in emphasis on family relationships in the network.
- Earlier in life – Roles affect the social network in later life (composition / size of network) ex *Childless – smaller networks than with children. With children – bigger friends/non-kin relationships throughout old age.* Regardless what happens to casual friendships (loss through retirement), older adults still have *stable inner circle* (friends / family) and usually do not feel loss of social support and well-being

### Social Exchange Theory

- Relationships evaluated based on the **comparability** of their support exchanges.
- Reciprocity / **Balanced support** = both provide and receive support
- **Direct Reciprocity** = returning the same type of support within a limited period of time
- **Indirect Reciprocity** = when support is returned through an intermediate party (adult children provide financially toward a caregiver for ageing parents)
- **Generalized Reciprocity** = network members give support without necessarily expecting it return in any way
- **Reciprocity** is a factor in continuation of a relationship (if person does not return support and no future change, exchange may decline)
- **Younger adults – balance in instrumental support given and received**
- Older adults receive instrumental support but counterbalance with emotional support (related to decrease in their physical abilities)

### Socio-emotional Selectivity Theory

- **Social contact is motivated by 2 main goals.** Each has differential salience at different stages. Results in very different social behaviors. (see Study Guide, p198 Fig 5.4) :
- **Information seeking** – *young adulthood* \* Information seeking, the most *salient social motive* during (*meeting many new people i.e.* Exploring / gathering info about careers / interests, search sense of belonging / what others like).
- **Emotion regulation** - *older adults* \* *emotional regulation / fulfillment* is main goal. (prefer people who are familiar to them). \* Resulting in disengagement from peripheral relationships. (Core relationships more rewarding ) \* Limited Time perspective causes a shift in closeness, from peripheral to core relationships VS Unlimited Time perspective, which stay knowledge-based and novel social partners take precedence.

### Social Capital Theory

- Social Capital = *social networks* comprise members of families, friends in community and workplace. *a set of intangible resources* to cope with stresses, develop potential, take advantage of opportunities, express aspirations.
- Networks = *potential* to generate material resources / opportunities for personal development:
  - \* Present Costs and Expected (future) Benefits
  - \*availability of high-quality alternative relationships
  - \* connectedness to network
- *Discontinue* high-cost relationships (long traveling time) / low benefit (no support) / especially when involved in large network
- Social Capital - been *linked* to family emotional health / children's self-esteem / adults advancement within workplace and community / migration and sustainable development.

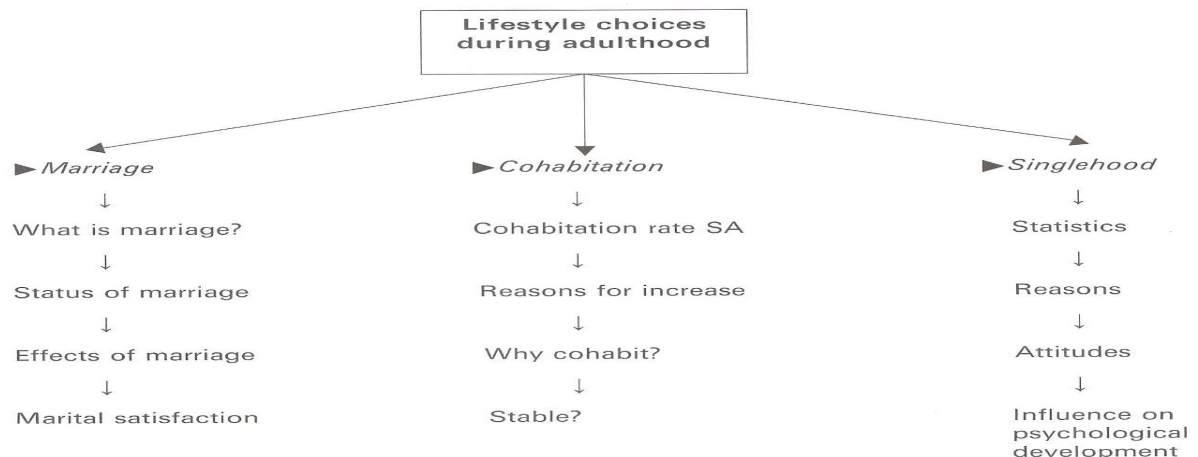
### SOCIAL NETWORKS IN SOUTH AFRICA

- Rural Communities are ISOLATED. Contact mostly with family / same community. STRONG / SUPPORTIVE BONDS but FEW JOBS / OTHER OPPORTUNITIES
- WOMEN in general have more limited social networks than men. FEWER FRIENDS than men. Like Rural, VERY LIMITED ACCESS to social network assistance
- In comparison, BLACK SOUTH AFRICANS have WEAKER social networks. Less access to resources.
- OLDER PEOPLE – FEWER social contacts / more LIMITED NETWORKS than younger people.
- BETTER-OFF PEOPLE have more social support and more extensive social networks than poorer people. Poorer people's social networks are CRITICAL TO THEIR SURVIVAL / DEVELOPMENT

## LIFESTYLE CHOICES

As adults we have *freedom of choice* about the *lifestyle* we are going to follow (marriage, cohabitation, single hood, parenthood, childless, etc)  
Some life events are beyond our control.

in section 5.3 Lifestyle choices of your prescribed book.



### MARITAL AND NON-MARITAL LIFESTYLES

Lifestyles involving those *bound by marital laws* (MARRIAGE, DIVORCE, REMARRIAGE) and those that are *not bound by these laws* (COHABITATION AND SINGLEHOOD)

- **Marriage**

The **social institution** in which 2 (or more) people, usually but not always, a man and a woman, commit themselves to a socially sanctioned relationship in which sexual intercourse is legitimised and there is legally recognised responsibility for any offspring, as well as for each other. Typically living in the same residence

#### The Status of Marriage in South Africa

- Historically the *central role* in and *basis* of most *families*.
- Sub-Saharan African Societies – Marriage occurs early / fairly universally among adults
- Still *popular but have declined* – 42% of South Africans currently married
  - BLACK – ages 30-34 = 37% ages 35-39 = 51%
  - COLOURED – ages 30-34 = 51% ages 35-39 = 60%
  - INDIAN – ages 30-34 = 72% ages 35-39 = 86%
  - WHITE – ages 30-34 = 82% ages 35-39 = 83%

- Other Indicators

INCOME

Blacks and Colored earning less = less likely to be married  
Indians and Whites = no effect on marriage rates.

EDUCATION

General = more educated groups are more likely to be married  
Whites = more educated groups have lower marriage rate  
Marriage occur later for South Africans than their counterparts in other developing countries (peak age = 25 - 34 years)

- Intergroup Marriage

Strict segregation and harsh legal constraints of *mixed marriages act of 1949* = abolished  
*Same-race marriage remain high* = 90%  
*Inter-racial trend* = Lighter males with darker females; Barriers (Black / Colored / Indians and Colored / Indians / Whites) are eroding; Gaps still remain wide (White and Black)  
Increased contact / changed attitudes created by *education* = *no significant impact* on inter-racial marriage patterns  
Younger generations intermarry across race groups.  
Intergroup marriage across language groups = fairly common  
Women more likely choose partners from another language group  
**Socio-economic status:** *Lowest* = Children with Black father and Colored mother.  
*Highest* = Children of White-other marriages relatively well-off.  
*Influence:* race and ethnicity remain critical in people's decision to marry. Third-party factors (group identification, group sanctions, religion). Societal resistance to close, intimate, personal relationships between most groups

- Same-Sex Marriage

Equality clause in South African Constitution's Bill of Rights prohibits discrimination on the grounds of sexual orientation  
Equal South African citizenship since mid 1990's, for lesbians and gay men  
Legal recognition of same-sex marriages, November 2006  
South African society still largely prejudiced against same-sex relations

**The Effects of Marriage on Adult Development**

- Still a strong *universal support* for *marital monogamy*, associated with better living standards and emotional security.

- *ADVANTAGES AND BENEFITS*

Derived from healthy marriages / partnerships  
Poor marital quality may erase or lower the benefits = associated with depression, hostility and anger, linked to cardio-vascular morbidity (disease) and mortality (death)

- ✓ Married persons psychologically and physically more healthy than other
- ✓ Tend to live longer
- ✓ Provides source of support (intimacy, friendship, love, sexual fulfillment, companionship and emotional)
- ✓ Provides opportunities to grow emotionally (through bond, often stronger / mutual, than bond with sibling, friends or a romantic partner.
- ✓ Economic and financial advantages
- ✓ Best institution in which to raise children

- 7 types of marital relationships (based on personality, communication, conflict management, finances, family and friends)

- ✓ **The vitalized relationship:** Both partners experience *high degree of satisfaction* regarding *all aspects of the marriage*
- ✓ **The financially focused relationship:** Bound by material / financial goals, experience *dissatisfaction in all aspects except financial*



- ✓ **The conflicted relationship:** *Dissatisfaction with partner issues (communication personality and problem-solving abilities). Satisfied with external aspects (leisure time activities)*
  - ✓ **The harmonious relationship:** *Characterized by satisfaction with personal aspects relating to partner, but less satisfaction with external aspects (leisure-time activities)*
  - ✓ **The traditional relationship:** *Considerable stress in relationship, but great deal of satisfaction regarding family and religious values.*
  - ✓ **The balanced relationship:** *Generally satisfied with most aspects, regardless of certain problems at certain times.*
  - ✓ **The devitalized relationship:** *Both partners experience a high degree of dissatisfaction regarding all aspects of their marriage.*
- Does not define marriage successful or unsuccessful because different perceptions on what is “good” and “bad”, makes it difficult to define “successful” or “unsuccessful” marriage.
  - Good marriage can have bad moments and vice versa i.e. some people perceive their marriage as primarily happy, but consider divorce because they think they can be more happy and vice versa.
  - Lavee and Olson suggest that each of the above-mentioned types either have, or do not have the chance of survival.

- Factors that could promote chances of a successful marriage

- ✓ **Age and Maturity of the marital partners:** teen / early twenty marriages = high risk Erikson’s theory = young people’s identities not yet established, so difficult to develop intimacy (necessary for successful marriage). Intimacy = compromise, interdependence, sacrifices. Additional burdens = unplanned pregnancy, unemployment, difficult in-laws.
- ✓ **Similarity:** Marital partners share similarities (interests, attitudes, goals). Similar socio-economic backgrounds, religious, ethnic, race, age groups enhance chances of success. Differences tend to create the potential for stress and conflict. Complementary characteristics may have healthy relationships = leads to sense of wholeness
- ✓ **Marital Equity:** Equality in relationship. Both partners *contribute to the relationship*. Exchange of tasks equally divided. *Competing demands* between work and family can *cause problems* in achieving equity.
- ✓ **Effective Interaction:** Partners like each other, enjoy company, respect / trust each other. Good communication (*thoughts, feelings, ideas, wish are shared*) forms cornerstone of healthy and successful marriage, but are not necessarily without conflict. Skills to resolve conflicts. Gottman and Silver identified a ratio of 5 positive (*touching, laughter, etc.*) to 1 negative (*sarcasm*). Conflicts become detrimental when characterized by stubbornness, defensiveness, withdrawal (*elements that remove possibility for cooperation and constructive interaction*)
- ✓ **Personality Factors:** Happily married - Positive personality characteristics (emotional stability, general life satisfaction, self-confidence, maturity, mutual nurturing) = create rich environment (open-mindedness / flexibility VS criticism / rigidity). Unhappy marriage - Negative personality characteristics (poor impulse control, hypersensitivity to criticism) = create conflict. Mindlessness is associated with unwillingness to accept or appreciate differences, or one’s assumption that another person’s unique qualities are less favorable than one’s own.

## **Marital Satisfaction**

Marital satisfaction remain relatively constant through the years

### **Upswing hypothesis of marital satisfaction:**

Certain tendencies related to role demands in marriage *i.e. child care demand time / energy and careers to be established provide little quality time*

When there is mutual understanding, high levels satisfaction, irrespective of the strains of multiple and demanding roles, can be experienced

Mutual criticism and other negative behavior right from the start shows greatest decline

Level Satisfaction is usually HIGH in the years directly after marriage until first born

Decline when children are born

Increases again after children left home

Older people's unique marriage relationship characteristics

- ✓ More time available for each other cause : Retirement from employment and
- ✓ Gradual shift of emphasis away from the children.
- ✓ "Empty Nest" syndrome = largely a myth. Children return home (divorce, economic difficulties, illnesses, grand children)
- ✓ Marital satisfaction in later years = quality of relationship during early years (emotional intimacy VS high level of conflict) it plays an important role in adult development
- ✓ Accumulation of shared life experiences (raising children, financial difficulties), make couples more compatible and contribute to development of greater similarities regarding personalities / perspectives / values / equitability (fair) / egalitarian (equal)
- ✓ Conflict decline, communication patterns improves.
- ✓ Emotional security and loyalty have greater importance than sexual intimacy vs. young couples regarding communication more important and older couples take it for granted
- ✓ Caring for a chronically ill spouse can be very challenging. Spousal caregivers may feel a loss of companionship and intimacy. Can result even in their fatal illness

- **Cohabitation**

- The state or condition of living together as sexual and domestic partners without being married
- Decline in marriage and an increase in rate of non-marital cohabitation
- Seems to occur more frequently in black and coloured communities (11%) and less among whites and indians (4%)
- Whites = more likely among higher socio-economic status
- Other race groups = more likely the poor people

- Some reasons for this increase:

**Changed societal structures:** Many young people experience extended periods of training/ studying, involved in long-term love relationships. Mature enough for marriage, but practical difficulties.

**Changing societal norms:** Increased permissive attitudes towards sexuality, peer pressure, decrease in parental authority resulting in crumbling of traditional norms. Couples are under less social pressure to marry.

**Fear of divorce:** Many South Africans have been products of marital dissolution, conflict and fear divorce

**Legal reforms:** Marriage has been losing its special legal status as legal reform have led to greater recognition of equality and neutrality in matters of common-law marriage, cohabitation custody of children. Previous laws – persons involved in cohabitation had no legal protection (children born from such unions were regarded as illegitimate. Parental authority rested with mother and not the father.

- Some reasons why couples cohabit:

**A temporary arrangement of convenience:** financial reasons i.e. students and lower socio-economic groups.

**Trial marriage:** in order to determine whether they would be compatible for marriage. Pre-marital cohabitation seems to accompany the trend to marry later.

**A Permanent alternative to marriage:** Independence and equality very important to modern woman. *Marriage often associated with male dominance and a forced inequality.* Cohabitation represents a more flexible, free and egalitarian relationship.

- Cohabiting unions *tend to be less stable than marriages and a greater likelihood of ending in divorce due to:*

- ✓ Less Conventional partners, fewer traditional family and religious values
- ✓ Less Inclined to choose partners in terms of SIMILARITIES (age, religion, ethnic group and previous marital status).
- ✓ Rather in terms of similar educational level or socio-economic status.
- ✓ Less prepared to commit themselves to a long-term relationship, or maintain commitment should problems arise
- ✓ Not always sanctioned by parents and society, adding additional stress to a relationship.

- **Singlehood**

- To not engage in a marital or cohabiting relationship.

- Include people who have never been married or those who are not yet married and those who are divorced or widowed and do not remarry.

- 20% of mature adults (35-64years), have never been married

- Singlehood is increasing in South Africa as it is elsewhere in the world.

- Reasons are diverse:

- ✓ Some have not found the right partner
- ✓ Others stay single by choice.
- ✓ It provides personal FREEDOM to take risks / experiment with change / travel / pursue a career / further education / do creative work without concern of another partner
- ✓ Some are skeptical and fearful of marriage

- Attitudes toward singles have not always been positive.

- Often regarded with suspicion.

- Was believed single people are different or losers (physical / psychological shortcoming)

- Another image is a flamboyant / exciting lifestyle

- How singlehood affect individual's psychological development

- ✓ provides opportunities for growth and self actualisation (develop potential)
  - ✓ potential for productivity and happiness
  - ✓ can be lonely and isolated, but not necessarily the case.
  - ✓ have extensive networks involving family / friends providing support, while other choose to be lifelong loners.
  - ✓ loneliness normally relate to quality of relationships (many people feel lonely in marriage)
- Happiness need not be determined by external factors such as marriage

## **FAMILY, LIFESTYLES AND RELATIONSHIPS**

**Family** – defined as a kinship unit consisting of a group of individuals united by blood or by marital, adoptive or other intimate ties.

*Families* – regarded as the building blocks of communities & source of individual development .

In S.A. families may be extended or multigenerational; nuclear, (consisting of father, mother & child), single parents with children etc. In contrast to male headed households also families that are female-headed, grandparent headed & child-headed.

All family groups have following features:

- Family members share intimate & interdependent bonds.
- Family groups are relatively stable over time
- Each family group has an own identity which may change over time
- Family groups perform supportive tasks associated with families

Family tasks involve moral & social, material & economic functions:

- Socialization of children & inculcation of moral & social values
- provision of material & emotional support to family members
- care of dependent family members, incl. children, older persons, ill & disabled.
- Control of social & sexual behavior incl. restraint of aggression, antisocial behavior & the infringement of taboos
- Maintenance of family morale & identity – creates mutual obligations & responsibilities & the motivation to perform pro-social roles inside & outside fam.
- Launch of young people into roles & functions in t wider society.

Families with fewer resources, insufficient income / lack of capable individuals to perform needed activities, high costs, & large number of dependent individuals, may have difficulties (& even cease to perform) traditional family functions because they are not able to provide for the material or psychological needs of members

For these reasons – poverty, unemployment, high rates of social dependency; (disability, illness, substance use), place severe strains on t resources of families

Life-cycle models are useful for understanding the changes families go through as children mature, but are limited as they are based on typically traditional first-time marriages with children, while other family relationships are ignored

**Table 5.2 The family life cycle**

Stage	Period	Adult's tasks
1. The childless stage	From the marriage ceremony until the birth of the first child.	Adjusting to marriage Decision to have children Adjusting to pregnancy
2. The nurturing stage	Infancy: birth to 2 years	Adjusting to the demands of parenthood Defining roles
3. The authority stage	Early childhood: 2 to 5 years	Adjusting to additional financial demands Socialisation and disciplining of children Adjusting to increasing independence of children
4. The interpretive stage	Middle childhood: 6 to 12 years	Maintaining realistic expectations of children Helping children to interpret information that they encounter from outside the family Establishing good communication with children
5. The independent stage	Adolescence	Re-evaluation of own values and attitudes Encouraging adolescent's independence Encouraging adolescent's development of own identity Acknowledging own needs as individual
6. The launching stage	Young adults start to leave home	Accepting young adults as independent persons Control of children's actions diminishes Rebuilding own life
7. The empty nest stage	Last child leaves the house	Maintaining a feeling of satisfaction Establishing and maintaining a meaningful place in society Coping with ageing parents

- **Parenthood**

- **Parents & Children**

Some reasons why people have children:

- ✓ Psychoanalytic perspective (Freud) believes women have deeply rooted & instinctive need to bear & raise children. Erik Erikson believed by having children people satisfy their generative needs such as guiding next generation.
- ✓ Functional perspective believes – people reproduce from desire for immortality. Replace themselves with children = fulfill desire.
- ✓ Personal perspective = children regarded as extension of self. (Self-fulfillment & strengthening of parent's identities)
- ✓ Social perspective – children regarded as security for parents' old age

- Decision to have children may be influenced by:

- ✓ Stage of marriage or relationship to have kids.
- ✓ Personal satisfaction, fulfilling personal needs, continuing family line, & companionship
- ✓ Expenses, lifestyle changes
- ✓ Marital issues - partner's experience of marital satisfaction, perception of stability of marriage & perception of the effects of the addition of having children. (Many believe kids rescue shaky marriage, but don't realize that role of responsibilities may complicate even further)
- ✓ Psychological factors are related to the potential parents' relationship with their own parents when they were children (some do not want children because of own negative experiences)
- ✓ Personality factors such as: flexibility, independence & emotional stability may also play a role.

Children play role in adult development – Children may cause adults to shift values or priorities; integrate memories/experiences previously disowned or repressed; become more creative & cognitively flexible, look at world with more wonder, awe & curiosity.

### **Factors which promote adjustment to parenthood**

**BOX 5.4: Factors which promote adjustment to parenthood**

The findings of several investigators concerning factors which promote adjustment to parenthood are summed up below.

- a positive attitude towards and experience of pregnancy
- a sincere desire to have a child
- if the child is of the desired sex
- if the child satisfies parental expectations
- if parents are confident in their roles as parents
- if parents accept their new role (this entails a shift from individuality to generativity)
- if the child is an 'easy' baby
- if no serious financial problems follow the arrival of the baby
- if parents enjoy a good relationship, communicate well and agree on role division
- if parents are informed about and prepared for parenthood
- if the parents have been married for two years or more, that is, they have had time to develop a lifestyle of togetherness
- if there is an effective support system available, be it in the form of grandparents, friends or child-care services.

From Gerdes et al., 1998.

## **- Grandparenthood**

Main Grandparenting styles:

- **The Distant style**
  - Regarded as symbolic figures by grandchildren
  - Usually geographical & emotional distance
  - Appears mainly on special occasions, birthdays & present gifts
- **The formal style**
  - See their role in traditional terms (occasionally indulging, babysitting, expressing strong interest in grandchild)
  - Maintains a hands-off attitude towards childrearing, leaving that to parents
- **The companionship style**
  - See grandchildren often & like to share activities with them
  - Very rarely fulfil a parental role & act as companions rather than caregivers.
  - Refrain from interfering with raising grandchildren & feel comfy leaving education to their children
  - Style often characterized by informal playfulness & fun.
- **The involved style**
  - Grandparents assume a parental role.
  - See often & have playful relationship but also involved in raising by giving advice or providing practical help.
  - Some act as substitute parents, especially where grandchildren live with them because parents are unmarried, deceased, divorced, or work outside home.

- Distant styles are least satisfied
- Role of grandparent often of great importance in older people's lives & contribute towards continual psychological development.
- Often enjoy grandparenthood more than parenthood (less demands & responsibilities)

Influence of grandparents has greatly changed during last century. Formerly grandparents were regarded as part of family – are now no longer of central importance in lives of grandchildren. Reasons for this may be:

- ✓ Increasing mobility – gp live further away from children & g-children = less contact & less intimate relationships. (other countries).
- ✓ Divorced = some g-parents do not see g-children who live with ex-daughter / son-in-law.
- ✓ Relationship between children, parents & g-parents have become more egalitarian (equal), result that children less inclined to seek advice & parents & g-parents less inclined to offer it.
- ✓ Many g-parents are more financially independent than previous generations, chances greater that they have homes, friends & other relationships.
- ✓ More g-mothers are involved in careers than previous & have less time & energy to spend with g-children.

Reasons that g-parents in many African societies still play central role in rearing & caring for g-children:

- ✓ Large proportion of single parent families (births out of wedlock & divorce), parents especially under lower socio-economic groups, take their children to live with their parents
- ✓ According to common law of many African societies, child 'belongs' to t family. If out of wedlock 'belongs' to woman's family & can be transferred from mothers to fathers family if parents marry & father pays bridewealth. If mother marries someone else – man has no legal obligations towards child. Child remains with maternal grandparents.

- ✓ In certain societies, eldest grandson/daughter is sent to grandparents to 'learn how to behave' since it's assumed that s/he will receive better discipline from g-parents.
- ✓ School & work opportunities resulted in parents sending children to g-parents & other relatives.
- ✓ AIDS epidemic, many g-parents become custodians of g-children, with responsibilities of financial & emotional care.

Situations described above often lead to so-called **skip generation**. This is a generation in which only g-parents & g-children live together, without presents of middle generation (parents). Some g-parents view as second change to parenting, many express stress associated with added responsibility on 1 hand & on other, feelings of grief, guilt or anger towards their adult sons & daughters who are not parenting own children. (Feel like they have raised irresponsible children). Many g-mothers would prefer not to have these care-giving responsibilities so as to have free time to do other things or rest.

- **Sibling relationships**

- Not governed by legal obligations such as marital or parent-child relationship.
- Sibling relationships classified in terms of closeness & involvement, frequency of contact & levels of envy & resentment.
  - ✓ Congenial
  - ✓ Loyal
  - ✓ Intimate
  - ✓ Apathetic
  - ✓ Hostile
- Variability over time – extent of commitment ebbs & flows. As children grow up & parents divorce & die, older persons need/want to reinvest in other relationships, incl. those with siblings.
- Due to increase in divorce, remarriage, cohabiting & births out of wedlock, number of half-siblings (1 shared biological parent) , step-siblings (unrelated through biological ties) & step like siblings (through parents contributing partner), create more complex family interactions & more diverse sibling relationships & may constitute unique tensions & ambivalence.

- **Friendships**

- Friends & other acquaintances from meaningful parts of people's daily lives often provide support on variety of levels.
- Friends – remain important in each phase of life span.
  - Major dimension that underlies close friendships is **reciprocity (mutual exchange {give & take} at deep emotional level involving intimacy, support, sharing & companionship.**
  - Serve as buffer against stress & provide sense of identity & history.
  - Often based on mutual interests & values & usually develop among people of same generation or same stage of family life.
  - Following friendship styles have been identified:
    - ✓ **Independent style** – Enjoy interaction with others, but does not have close relationship with anyone. Emphasise their self-sufficiency & independence & maintain psychological distance from others. Do not desire close intimate relationships.
    - ✓ **Discerning style** – Small circle of friends to whom they are attached & who they regard as very important. Also clearly distinguish between close, dependable & long-term friends & more casual. Impersonal acquaintances.
    - ✓ **Gregarious style** – Close relationships with many people. Some described as special friends & others as friends whose companionship they enjoy. Always ready to form & optimistic about forming new relationships.
      - ★ Number of friends remains +/- constant throughout adult years. Tend to have more friends & acquaintances during young adulthood.
      - ★ Social networks tend to become smaller & more intimate at midlife. Quality of midlife friendships often makes up for what they lack in quantity.

- ★ Those who have an active circle of friends are happier & healthier.
- ★ Women's friendship relationships are characterized by intimacy & self-disclosure & tend to be based on reciprocal trust & support, especially in times of crises.
- ★ Men's friendships are usually characterized by 'friendly' competition such as playing sports & games with friends & social interaction such as discussing topics & issues.

**Peripheral social relationships:** Older adults tend to limit their social interactions to individuals with whom they feel less emotionally close & are generally less interested than younger adults in socializing with unfamiliar individuals. Younger adults typically have larger social networks, including less intimate acquaintances. Many older adults maintain some peripheral ties with people who are not members of their intimate social circle. People with whom have regular contact, but extensive social & emotional support is not expected, although some level of instrumental support may be given, such as service providers (religious or spiritual leader, doctor, dentist, pharmacist, hairdresser, etc.) or neighbors. Such contacts not intimate but hold some significance in older adults' daily lives.

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## WORK RETIREMENT & LEISURE

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**Achievement-motivation** – The desire to achieve or attain goals. The way it is expressed differs from culture to culture & person to person. Some are more competitive than others; for some tangible proof (money, possessions) of success is important & others social respect or involvement with family or community is more important.

Adults self-esteem related to their need to be successful in a task that gives their lives meaning. This need refers to **generativity**, an important task of middle adulthood. Adults achieve generativity primarily through their involvement with family, society &/or their work.

### THE IMPORTANCE OF WORK

Work contributes to individual's identity, satisfies psychological & social needs.

Work fulfils following functions:

- Means to survival & provides income to feed, clothe & shelter families.
- Provides opportunities to be creative/productive. Form of self-expression.
- Determines an individual's place & status in society.
- Contributes to individuals feeling of self-esteem & contributes therefore to formation of self-concept.
- Defines one's daily schedules & outlines t days, weeks, months of t year.
- Provides opportunities for social interactions outside family, personal development & intellectual growth.

Some focus on:

- *Intrinsic factors* – refer to characteristics of work (being interesting or challenging) & specific skills that it requires. – People who focus intrinsically more inclined to experience job satisfaction, motivation & personal involvement in their work also more inclined to define identities in terms of their work.
- *Extrinsic factors* – refer to factors such as salary, work environment, working hours, attitudes & support from colleagues & opportunities for promotion.

Most indicate they would continue to work even if was not necessary.

Unemployment –

- has serious economic consequences & far reaching psychological effects such as problems with life goals, stigmatization, poor self-concept & uncertain identity uncertain identity can lead to anxiety & depression, as well as feelings of worthlessness, anger aggression, lack of self-confidence, boredom & reduces motivation, while a person's physical health may also be compromised.



- Also affects marital relationship & family life; family violence, child abuse, alcoholism, divorce, suicide.
- Unemployed fathers may also withdraw from parental duties.
- Employees who anticipate potential job loss & those who retain jobs after downsizing may feel adverse effects as those that have been let go. (Burnout, low morale, decreased commitment, reduced loyalty, reduces performance).

Important factor that contributes to a person's adjustment after losing his/her job is t context in which person evaluates situation. Some can transform unemployment into new opportunities for emotional & professional growth.

## **THE CAREER CYCLE**

Levinson maintained that adult growth & development proceed through a series of stages & transitional phases. During each stage tasks have to be fulfilled, while transitional phases characterized by questioning & reassessment of existing structure, exploration of possible changes & taking of appropriate decisions.

Stages, tasks & issues of career cycle are the following:

- **The pre-career period**
  - Career choice & preparation for career. Career chosen will determine what kind of training will be necessary. (Formal, structured training, college, university, in-service-training within organization)
- **The early career period**
  - New roles & responsibilities. Often confronted with unexpected problems & frustrations  
**'Reality Shock'** – Can be attributed to a gap between expectations of t work situation & t reality that is experienced.
  - Not strange for young workers to experience less job satisfaction than older workers, or change jobs more. Job hopping by young workers often related to fact that over time they tend to acquire better insight into their own personalities, abilities & aspirations & realize that their initial career choices were incorrect.
  - A **mentor** often of utmost importance in assisting new workers in adjustment process.
  - Thereafter period of **consolidation & establishment** occurs, which implies that individuals become more realistic regarding their careers.
- **The mid-career period**
  - Workers usually in maintenance stage where they maximize their efficiency.
  - Workers obtain more autonomy in work situation & work life as grow older.
  - If advance in status & salary, workers likely to experience more job satisfaction than during earlier career stages.
  - Job satisfaction = positive feeling results from appraisal of one's work.
  - Job satisfaction tends to increase gradually with age. Good fit between job & person also important.
  - Individuals who have already been working for several decades now reach **career plateau** (state where there are not many opportunities for advancement). Could result in questioning & evaluating values & career goals, which can cause to realize they have not attained goals or dream, & maybe never will. May lead to balanced perspective, developing other interests, heightened input such as investing more time & money & energy in work or opting for career change.
  - **Burnout syndrome or work burnout**
    - ✓ Associated with work-related stress & characterized by emotional fatigue, feelings of inefficiency, helplessness & loss of control.
    - ✓ Variety of physical, social, interpersonal problems may result.
    - ✓ Common in individuals who work in helping professions (teaching, psychology, social & police work).

- ✓ May feel frustrated because they cannot help as much as they would like to. Also occurs in workers who subjected to intense work pressure & stress, especially if results from aspirations towards unattainable goals.
  - ✓ Result from long term stress rather than sudden crises.
  - ✓ Suddenly resign, withdraw from family/friends or develop depression
- **The late career period**
    - **Declaration** – Workers begin planning for their impending retirement & begin separating themselves from work.
    - **Retirement phase** – begins when people stop working full-time. Mandatory retirement age in S.A. 65 years in most companies
    - However many self-employed doctors, artists, psychologists & lawyers in private practice not affected by compulsory retirement age.
    - Retirement involves 2 developmental challenges:
      - <sup>1</sup> Adjustment to loss of work role & social ties associated with work & development of a satisfactory post-retirement lifestyle.
      - <sup>2</sup> Degree to which people adjust may be influenced by:
        - ✓ **Access to resources.** – Finances, health & marital relationship. Financial security = greater retirement satisfaction.
        - ✓ **Voluntary versus involuntary retirement.** – Voluntary = adjust better than others.
        - ✓ **Future expectations** - Retirement anxiety or fear of social consequences
        - ✓ **Attitude towards work** – Those who based identities mainly on careers & who have few interests outside work find difficult to adjust.
        - ✓ **Preparation for retirement** – Positive attitude & realistic planning.
    - Many older South Africans reach retirement age & contribute to society in meaningful ways, old people not burden to society.
    - Provide practical & financial support for families. Also contribute to society as volunteers & personal care-providers, while many have sort of paid work past retirement age.

## WOMAN'S CAREER PERIOD

Woman's career orientations:

- Some view work as source of self-actualisation – motivation to work based on intrinsic value of work & are interested in developing career.
- Some work because of extrinsic value (salary/social contact)
- Some prefer role of homemaker & obtain satisfaction from nurturing families & being involved in communities.
- Women's careers could follow following patterns:
  - **Regular career:** Start career after training & continue working with few/no interruptions. Career pattern resembles traditional career cycle of men.
  - **Interrupted career:** Begin career, interrupt for a few years (usually to raise children) & return. Some establish careers, start family, return to work force after few years. Others never return.
  - **Second career:** Typically begin training & career when children are almost ready to leave home or after divorce.
  - **Modified second career:** Start training while children are still home, but are old enough not to require full-time care. After training start to work, often part-time basis, until last child has left home, after which return full-time
- Gender inequality & discrimination in work situation
  - Examples of stereotypes are:
    - ✓ Women are less career & achievement-oriented than men.
    - ✓ Do not need & do not want same salaries as men, even when they are promoted.
    - ✓ Women in managerial, professional or technical positions are less inclined to take risks or make sacrifices associated with career advancement.
    - ✓ Women often interrupt their work to raise children.
  - In reality woman have same attitudes as men regarding salaries, advancement & risk taking

## LEISURE TIME

**Leisure time** / recreation – Periods during which individuals have no obligations to do anything & during which they can spend their time as they wish

- Contributes to life satisfaction & stress relief
- Seems to contribute to people's feelings of self-esteem & their identities (eg. Sport)
- Activities such as: physical fitness, social interaction, community service & creative activities.
- Interesting hobby may compensate for uninteresting job

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## **MORAL DEVELOPMENT**

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Kohlberg developed series of hypothetical moral dilemmas one of most popular:

- *A pharmacist discovers medication that could cure cancer and save a woman's life. Medication very expensive & chemist not willing to lower price. Woman's husband does not have enough money & steals medicine.*
- Kohlberg less interested in answer & more in reasoning behind answer. Based on reasoning – he described 3 levels of moral development – each with 2 stages.
  - **Level 1: Preconventional morality** – moral judgments made to obtain reward or avoid punishment. People typically act in own interest. Level develops between ages 4 – 10
  - ✓ **Level 2: Conventional morality** – moral judgements made on basis of pleasing others, being 'nice/good', doing duty that is expected & maintaining social order. Develops from age 10.
  - ✓ **Level 3: Postconventional morality** –morality becomes fully internalized. Judgements based on abstract ethical principles as opposed to concrete rules. Conflict may exist between rules & expectations of society & universal ethical principles such as justice, compassion & equality. Level 3 often begins in adolescence or young adulthood, but not necessarily attained by everyone.
- **Cosmic perspective** – 3<sup>rd</sup> stage to Level 3 - (added by Kohlberg just before his death). According to this perspective, ethics is grounded in natural law – principles that are based on human nature & embedded in natural law. Oneness with cosmos, person comes to recognize everything is connected. One person's actions may affect everything & everyone else in his/her immediate environment, consequences reflect back on doer
- Cognitive awareness of higher moral principles develops in adolescence; most do not commit themselves until adulthood, when turning point of identity often involve moral issues. Factors that may contribute to adults' moral reasoning are following:
  - ✓ **Post-formal operational thinking.** Ability to consider a moral dilemma from various perspectives.
  - ✓ **Life experience** may lead to re-evaluate criteria for what is right & fair. Losing someone to cancer. Strongly coloured emotion may trigger rethinking in way that hypothetical, impersonal discussion cannot & more likely to see other point of view.
  - ✓ **Cognitive-moral conflicts** such as encountering conflicting values when introduced to other cultures & norms may also enhance person's moral development. (ability to evaluate from 1 viewpoint)
  - ✓ **Responsibility** for welfare of others (parenthood) enhance moral development.
- John Gibbs (Kohlberg's colleague) departed from KB on some issues:
  - ✓ Moral judgment is lifelong ongoing process of achieving clearer & deeper moral understanding. Children construct basic notions of fairness or reciprocity through give & take, peer interactions & other basic perspective taking opportunities. Although indications that elderly adults' level of perspective taking is lower than younger or middle-aged adults some **resource variables** (level of education, health status & social support) may be protective factors against decline in moral level & stage, & moral perspective taking in old age.

## Chapter 6

### Successful Ageing and Mental Health

*Summary by Esnart Nakazwe & Mirténez Ernst*

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## INTRODUCTION

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In 2006 the older persons Act No.13 of 2006 was affected by the South African government. The objectives of the Act are:

- Maintain and promote the status, well-being, safety and security of older persons.
- Maintain and protect rights of older persons.
- Shift the emphasis from institutional care to community based care in order to ensure older persons remain in his/her home within the community for as long as possible.
- Regulate the registration, establishment and management of services and establishment and management of residential facilities for older persons.
- Combat abuse of older persons.

This Act was tangible and much needed in order to protect the interests and concerns of the elderly. Although older adults in various communities receive respect and status they deserve, equally true is that the elderly are often pushed aside and even rejected by others.

Due to growing numbers of older people in world and SA also taking the changing role of elderly into account, a change in attitude as well as legislation is required. Every society has an obligation to promote the optimal level of social, physical, mental and emotional well-being of their elderly.

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## SUCCESSFUL AGEING

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- Each phase of adulthood has own set of challenges, risks and opportunities.
- Phases have potential for disillusionment, loss and even tragedy.
- Adjustment and coping are integral parts of growing older; also determine to what degree ageing process may be regarded as successful.
- There is no set criteria for successful ageing that everyone agrees on
- Three components of successful ageing (Rowe & Kahn):
  - Freedom from disease and disease-related disability
  - High mental and physical functioning
  - Active engagement in social and productive activities.
- Subjective experience by the individual of each of these components is important
- People who think they are ageing well are not necessarily the most physically healthy individuals
- Optimism and coping styles are found to be better indicators of successful ageing than traditionally used measures of health and wellness
- Physical health is not the most important factor. A factor that is more important is a positive outlook on life

Factors that play a significant role in successful ageing most of these factors are:

### AGEISM

- Ageism is a form prejudice and refers to discrimination based on chronological age
- Prejudice is usually against middle and especially late adulthood.
- Three categories (ageism, racism and sexism) ageism is the only one where the members' discrimination group (younger) will join the group they discriminate against
- Ageism may have similar impact racism and sexism, ageism has been much less researched than the other two

- Ageism, like other forms of prejudice is loosely based on stereotypes and generalizing:
  - Old people are all alike
  - have little to offer society
  - behave like children
  - suffer from at least one serious illness
  - feel alone and lonely just waiting to die
  - most old people are senile
- Forms of ageism are often subtle and implicit rather than explicit – i.e. Not given dates and messages, being referred to in the third person while
- One of the most common manifestations of ageism in daily life is patronizing language or ‘elder speak’
- Traumatic effect of prejudice is well known
- Prejudice has big impact on the self-concept, ideas, feelings and attitudes that a person has about his/her own identity, worth, capabilities and limitations.
- Older adults who had positive experiences concerning stereotypes showed better memory functions, more positive and balanced view of life and more positive self-concepts than those with negative experiences
- Positive self-concept was related to longevity (on average living 7, 5 years longer than those with negative self-concepts) better mental health (people with negative self-concepts indicated feelings of worthlessness)
- Problem of ageism is fuelled by media that strengthen the stereotype about ageing
- Diverse spectrum of attitudes toward ageing exists indicating that ageism is not a universal trend.
- Older peoples seem to enjoy high prestige in cultures that are autocratic, static (unchanging) and collectivistic (shared ownership and interdependency).
- In many modern, industrialized countries older people are not generally valued highly, not regarded as ‘profitable’ in society where materialism plays a pivotal role
- In-group differences may also occur – in many individualistic societies, the age is valued, while in many collectivistic societies, elders are exploited and abused.
- Research shows many older people do not passively accept society’s negative stereotypes, prejudice and discrimination.
- Many older adults are remarkably resilient and use a variety of strategies to respond and cope with stress to protect self-esteem and wellbeing
- Many elders do become victims – should encourage societies to fight the undermining of effectiveness and usefulness of such large part of the population

### **PERSONALITY CHARACTERISTICS**

- Personality characters play increasingly big role in individuals experience of old age
- Much of what we know about optimal ageing has focused on the lifelong importance of health-related behavior – exercise, drinking and eating, being engaged in life and having a strong social network. But personality is arguably the driving force behind all these
- Individual’s personality provides a relatively better explanation of individual’s adjustment to old age than social resources, social interaction or profound changes in lifestyle
- The following personality traits play an important role in successful ageing:
  - **Strong sense of meaning** – a positive interpretation of one’s existence and the world. The sense of having a worthwhile purpose and value of life
  - **Emotional stability (low neuroticism)** – consistency and predictability | emotional reactions, ability to withstand more setbacks failures, difficulties and other stresses without emotional outburst.
  - **Flexibility** – adjustability to change, ability to be adaptable or variable and a willingness to compromise such a person is usually not rigid in his/her ideas.

- **Goal-directedness** – directed to attain a specific goal or goals and finding other routes or ways to achieve goals when hindered
  - **Extraversion** – outgoing unreserved, expressive and a seemingly confident approach to life. Such a person is focused on the social environment, enjoys human interactions, is enthusiastic, talkative and tends to seek out excitement.
  - **Low hostility level** – not being aggressive or antagonistic, but friendly, kind and sympathetic.
  - **Resilience** – the capacity of an individual to successfully adjust to and even thrive on difficult and traumatic life experiences. This achieved through mental, emotional and behavioral flexibility and adaptation to external and internal challenges
- Relatively stable personality traits and capacity to face demanding life events successfully underlie both the continuance of life satisfaction over the entire life span of individual's differences in successful ageing
  - People who have coped well with life's demands during childhood and early adulthood will also be able to do so during late and middle adulthood and vice versa

### **LOCUS OF CONTROL**

- Individual perception of ability to influence course and outcome of life experiences is a very important determinant of successful ageing
- Rotter coined the term **Locus of control** to assess how much control people have over the conditions in their lives
- He distinguishes between *internal* and *external locus of control*
- **Internal locus of control** – individuals believe that they themselves determine their behaviour
- **External locus of control** – believe that external factors determine their behavior
- A key question in the study of ageing – whether locus of control changes.
- It is commonly believed that people become more external and less internal in their locus of control as they move towards late adulthood
- Situations over which individual is believed to not have control, occur more often in late adulthood:
  - Compulsory retirement which usually leads to a drop in income
  - Deterioration of health of loved ones and associated caring
  - Loss of friends and family
- Early research data indicated older adults in comparison with younger adults feel less able to control their life situations
- In regards to locus of control, this principle has been illustrated by finding that certain groups of elderly do show high levels of external control e.g. those who live in nursing homes or ailing older adults are largely dependent on others.
- People with higher level of education who enjoy better health and those who have intimate relationship with someone, show higher levels of internal control
- Elderly people see themselves as competent, in control of their lives and are treated as such by other people and experience a significant degree of life satisfaction
- Intra-individual (internal) factors play a role
- Type of locus of control adults experience is influenced by the way they are viewed and treated by others
- Stereotyping older adults as having little to offer society or behaving like children could have a damaging effect on their perception of their personal control
- If older adults feel that they have little or no control, they may lose their motivation to engage in behaviors that actually could affect what happens to them
- **Self-fulfilling prophecy** could result - people tend to start behaving in way they are expected to

## POVERTY

- Generally accepted that economic factors especially financial security can play an important role in the general well-being of people
- The following statistics reflect the tragedy the world is facing in this regard:
  - 80% of humanity lives below the poverty line
  - Poorest 40% of the world population account for 5% of global income
  - Richest 20% accounts for 75% of world income
  - Nearly 50 % of the population on the African continent lives on less than a dollar per day (US Dollar used as international norm). Poverty levels are increasing steadily and are much higher in rural than in urban areas
- Older persons are usually the usually the group most affected by the impact of poverty
- Overview of the situation in South Africa:
  - Chronic poverty affects one in four older South Africans.
  - Bulk of chronic poverty affects the black population for instance 33% of black aged 50+ older are affected by chronic poverty in comparison with 7% of whites.
  - Originally designed to provide protection for only the poor whites, the Old Age pension was later extended to blacks
  - In the 1980's this social grant was still approximately twice as much for whites as black South Africans
  - Only in 1993 did the government pensions reach parity for all population groups
  - New older persons grant has played a role in poverty alleviation and income redistribution for blacks. (in 2008 the pension amounted to R940 per month)
- Apart from factors such as inflation and AIDS, this pension has been eroded by the tradition of income sharing to assist other family and household needs
- This results in the basic needs of black older persons are still not met
- Elderly people who regard their financial situation as insufficient have more depressive symptoms than those who don't experience financial difficulty
- Hardships that poor people endure are reflected in study
- Impact of poverty on people's quality of life could be profound affecting every aspect of their existence
- People with greater resources have access to a greater variety of opportunities and services
- Small percentage of black South Africans (the race group most subjected to poverty) have a medical fund that covers their health expenses
- Impact of poverty stretches much further than only being deprived of health care, food and other daily living expenses
- Sense of hopelessness is experienced because poor people feel caught up in a miserable situation, the so called poverty trap with little or no indication of being able to escape
- Hopelessness is a common feeling. This lays the foundation for developing a sense of *learned helplessness*
- **Learned helplessness** refers to a feeling of powerlessness about and lack of motivation that individuals experience after having been exposed to a series of unpleasant events
- Poverty induces uncertainty about the future
- This consequence is linked with hopelessness – refers more to the present situation people find themselves in while uncertainty about the future is about expectations of the way the situation may develop.
- This leads to poor people being even more vulnerable “because poor people do not have safety nets, and consequently have to live with greater levels of apprehension and uncertainty”
- Feeling of alienation from mainstream society causes poor people to often feel like strangers in their own communities
- A sense of rejection is often experienced and a situation of “us” the poor and “them” the non-poor develops
- Also links with mental disorder

- Financial strain is widely regarded as relatively good predictor of developing a future mental disorder
- A broad range of mental disorders has been associated with poverty of both individual and his community – i.e. depression resulting in suicide, anxiety disorders, substance related disorder (alcohol and drugs) and disorders such as schizophrenia where the person loses touch with reality
- Any correlation between two or more factors should be interpreted with caution
- There are two basic questions in this regard:
  - Are all chronic and severe stressors that are associated with poverty likely to cause a mental disorder
  - Is poverty the result of a mental disorder that causes so much restraint and incapability that the individual cannot cope with life and therefore cannot function properly to earn a decent income?

## DEPENDENCY

- Dependency is a key element in the life cycle
- Individuals start their lives as being totally dependent, then move through a long phase of relative dependence and then enter the last stage with an increase in dependency
- Four types of dependency concerning the older adults are:
  - **Physical and medical dependency** – this refers to the *degree to which a person's physical health enables him/her to function relatively independent*. The health of elderly persons should be such a nature that they are largely self-sufficient and are able to perform what is referred to as the 'instrumental activities' of living.
  - **Psychological dependency** – refers to extent to which *individual's cognitive abilities* (esp. capacity to process info and make decisions) and their *emotional functioning* enable them to function independently and maintain their emotional wellbeing. Certain deficits in cognitive functioning of the elderly. This occurs mostly when they experience illnesses such Alzheimer's disease or emotional disorders eg. Depression that serious psychology dependency sets in.
  - **Social dependency** – involves the *capacity to maintain satisfying interpersonal relationships* and to obtain need social support from the community. In order to support successful ageing elderly should keep and strengthen their friendship relationships.
  - **Financial dependency** – closely linked with poverty. People *financially less dependent on others* tend to experience a greater feeling of well-being than those who are dependent. People who financially dependent are restricted from achieving even relatively small goals. Their expectations are blocked and their experience of self-fulfilment is seriously damaged. Feelings of inferiority and uncertainty are common.
- Due to results of factors such as AIDS and urbanization of children who traditionally cared especially for the rural elderly in the past, have led to a decrease in size and quality especially in countries like South Africa.

## MAJOR LIFE EVENTS AND DAILY HASSLES

- Experiences of both major life events and daily hassles ( little irritations & frustrations such as flat tyre, traffic jam , the unavailability of parking) can be linked with numerous negative physical health outcomes, as well as mental health and psychological well being
- Impact of a single dramatic life event esp. if it were expected is not as significant in the long run as some people think ;
- It is rather the unexpected life event or clustering of daily hassles which has cumulative and significant effect on adjustment
- Chronic daily hassles are better indication of psychological and physical disorder than a single major life event.



- More daily hassles is experienced in early and middle adulthood than in late adulthood
- This is understandable as the situations the elderly find themselves in have less potential for such hassles to occur
- Elderly people prefer to make fewer choices than young adults
- Type of hassles change with age
- Older adults report more health related hassles, but fewer problems with parents, children, spouses, work, relatives and money than the younger adult groups
- Intensity of emotional reactions to these stressors remains similar throughout the various adult life stages
- Confirms that emotions should never be played down, just because they are different
- This principle also applies to race, language gender and socio-economic status

### **ACTIVE LIFETSYLE**

- Social activity has always been widely associated with general psychological well-being this led to the viewpoint of the **activity theory**
- *Activity theory* – older adults try to maintain their level of social interaction by substituting new roles when old roles have become redundant or are no longer available.
- Activity theory also claims that older adults are successful in replacing social roles they have lost, they will experience more life satisfaction, higher self-esteem, and a sense of well-being
- Criticism on activity theory cast a shadow over the reliability of theory
  - Even though individuals were active it did not influence their longevity (how long they will live)
  - The greater the social activity, the greater the life satisfaction is also questioned
  - Activity theory does not take into account that successful ageing is relative” what is wonderful and great for one may be lousy and dreadful for another
  - Direction of the casual relation (if any) between social activity and psychological well-being
- Social activities do not necessarily make elderly people contented; rather, contented elderly people play a role in the reason why they are more involved in social activities.
- Due to the above mentioned criticism, the **continuity theory** was formulated.
- *Continuity theory* – older adults will suffer loss of well-being and the negative effects of being excluded from social roles (if exclusion goes against their will)
- Implication of continuity theory – either forced retirement or forced activity will lead to lower adjustment and self-esteem in older adults
- Thus the uniqueness of the individual and the situation is the central focus point, a viewpoint that makes this theory popular among many psychologists

### **RELIGION AND SPIRITUALITY**

- Religion and spirituality are two terms not easily defined. No accepted definition exists for each concept
- Religion could be defined as: organized systems of beliefs that has aim to worship and honour God or god
- Spirituality is in essence a response to the search by the human being for meaning in his/her life
- It is not organized system such as religion, but rather a private and individualized connection with God or a god
- People who are religious may or may not be spiritual, and people who are spiritual may be or may not be religious
- Research data show that RS (religion/spirituality) holds various advantages for adults of all ages
  - Higher general psychological well –being and life satisfaction
  - Fewer physical health problems and even lower mortality rate
  - Fewer mental health problems such as depression and lower suicide rate
  - More positive relationships with other people and a better social network from which to draw emotional support and encouragement

- Several explanations have been offered for the above advantages:
  - *Many institutional religions place high demands and requirements on their members, eg prohibition of alcohol, drugs (including tobacco) and extramarital sex. They engage in less such unhealthy behaviours could be a possible explanation better health*
  - *It is well known that meditation is an effective stress reliever that could reduce blood pressure and decrease heart rate. (Meditation is the act of relaxing the body and focusing one's mind on a specific target or goal. In the process inner calm and peacefulness is achieved). As prayer or chanting, reading RS writings and watching or listening to RS programmes are regarded as forms of meditation, the practitioners of these RS customs thus employ effective techniques against stress and other health vulnerabilities*
  - *Members of RS communities are known for the social support they provide to members. The psychological contribution of this social support and accompanying assurance, comfort and consolation to the individual's psychological and physical well-being should never be underestimated. However, it's not only a matter of receiving social support. At the same time individual members also learn to focus beyond themselves and their own problems, seeing and assisting other with their struggles, receiving much gratification from it in the process*
  - *RS could also be beneficial because they provide a positive outlook and hope. Meaning RS individuals are able to place their problems and suffering in a broader and eternal context of human suffering and 'Hereafter' where there will be no more pain and misery. It's generally accepted and known that hope is one of the strongest forces to combat suffering. A related advantage is that RS provides individuals with a meaning and purpose in life. This in turn is a good preventative and therapeutic factor against existential crises (who and why am I) and related symptoms eg. Depression and anxiety.*

## **LONELINESS**

- We must distinguish between lonely (loneliness) and being alone (aleness)
- Loneliness is the pain of being alone whereas aleness is the joy of being
- Loneliness can be defined as unpleasant and distressing emotional state where an individual experiences feelings of emptiness and isolation
- One can feel lonely even if surrounded by a crowd
- Aleness most people often long to get away from 'madding crowd' just to be on their own for a while
- Being alone may heal, whereas loneliness can hurt
- Some people who prefer to live alone are therefore no lonelier than people who live with friends
- People in early and middle adulthood view loneliness as a major problem of the elderly
- Loneliness is usually a stable characteristic across adult lifespan
- Perception that loneliness primarily occurs during late adulthood is refuted
- There is an increase in loneliness among a portion of elderly, esp. those of advanced age: 40% - 50% of people aged 80 years and older report feelings of loneliness

### **Life Satisfaction Across The Lifespan**

- No difference in level of satisfaction between older and younger adults regardless of economic and political situation of the countries they live in.
- Personality characteristics such as optimism are relatively stable over the lifespan and could thus expect that life situations would also follow the same pattern
- Older adults experience greater life satisfaction than younger adults
- Correlation between age and life span is U shaped
- U-shaped distribution concerning life satisfaction and age was reported in 72 countries that formed part of the research including SA.

- Life satisfaction peaks during adulthood reaches a minimum during middle adulthood esp. in the 40's and then peaks during early adulthood
- Researchers offer 3 possible reasons for this
  - <sup>1</sup> Many individual in their 40's realise that their aspirations will be fulfilled – this has a depressive effect
  - <sup>2</sup> Happy people live longer than cheerless & dispirited people resulting in more happy people being represented in the old age group
  - <sup>3</sup> Comparative process at work during late adult years means individuals start to realise that they are better off than many of their peers
- Dissimilar results regarding life satisfaction and age should be seen in perspective
- Experience of life satisfaction is very subjective and varies from person to person
- Experiences vary from person to person and situation to situation, but also from society to society where different norms and value systems exist

- More women than men report feeling lonely, but this difference lessens with age – for those over 80 there is almost no difference between the genders
  - Living with a partner and experiencing feelings of closeness lowers rates of loneliness
  - Contact with children is important guard against loneliness. However having children but not having a close relationship with any of them is associated with higher rates of loneliness than being childless
  - Wealth can play an important role in combating loneliness, but its effect declines over the age of 75
  - As far as SA students are concerned, they are significant less lonely than Australian students; black students are more lonely than white students (at a historically white university) and no gender differences were found. It seems that conflict at home plays an important role in loneliness in this age group.
  - Many situations such as divorce and having no close friends can cause loneliness
  - Widely accepted that death of a spouse usually causes the most intense and extensive feelings of loneliness
  - Emotionally the surviving spouse loses his/her most psychologically important and intimate relationships - For many the anchor and the purpose of their existence is gone. They ceased to be loved and are deprived of the opportunity to love.
  - Death of spouse immediately removes the source of many of the person's social interactions which adds to loneliness. Psychological symptoms such as depression and anxiety are common in such situations.
  - Researchers have identified several personality factors that play a role in loneliness: suspiciousness, self-consciousness, shyness, an external locus of control, submissiveness and lack of self-confidence
  - People who feel lonely also tend to be irritable and evaluate other people negatively
  - Loneliness has a significant impact on people of all ages
- 
- Despite many people's objective evaluation of older people (e. g frailty in appearance, health problems, reduced social interaction) many elderly people view themselves as ageing successfully. This could be due to positive outlook on life
  - Other factors play a role – such as the stereotypical reactions of others, their own sense of control, and socio-economic stability, while religion and spirituality may provide a sense of support
  - Just as with other age groups, some elderly persons may develop mental disorders. These disorders are generally related to the particular vulnerabilities that older persons may experience

## Chapter 7 Death and Grief

Summary by Nicky Ray & Mirténez Ernst

### WHAT IS DEATH

- Many people regard death as - “A person is dead when they die” or “A person is dead when a medical doctor says they are dead”
- The viewpoints are based on what is seen on TV or in the movies where death is naively portrayed and is out of touch with reality
- One of the main reasons why determining a person is dead is complicated is that the stance of medical science has been significantly clouded by other factors such as politics, ethics, the law and human rights
- Definition of death is determined by the specific perspective of death held by the definer
- The situation becomes even more complex where it is a matter of life and death, such as when one party is about to benefit, but there is the possibility that another party can be harmed
- Definition of death by *Dorland’s Illustrated Medical Dictionary (2007)*:  
*The permanent and thus irreversible cessation of all of the following vital bodily functions:*
  - Total cerebral function, usually assessed by EEG as flat-line
  - Spontaneous function of the respiratory systems; and
  - Spontaneous function of the circulatory system.
- **Clinical death:**
  - The few minutes after which all the external signs of life such as consciousness, heartbeat, breathing, reflexes and brain function are absent, but the metabolic processes of the body’s tissues still proceed
  - It is possible to restore all the body’s functions and bring the person back to life
  - Some people report near-death experiences, such as moving down a long dark tunnel towards a bright light at the end, a great feeling of spiritual peace, seeing landscapes that are breathtakingly beautiful, finding themselves outside of their bodies and meeting spirits of family members or friends who have died previously
- **Brain death: (also called irreversible coma or cerebral death)**
  - Characterised by the absence of electrical activity in the brain
  - The state is irreversible and is characterised by a total unresponsiveness to all stimuli and the absence of all reflexes
  - The higher brain centres (cerebral cortex) die earlier than the lower brain centres (the brain stem)
  - The result is that although the higher brain centres are dead, the person can still breathe and has a heartbeat
  - If the higher brain centre has been deprived of oxygen for more than 5 to 10 minutes, the individual will either never recover their mental and motor abilities, or recover them with severe impairment
  - They can remain with or without the aid of a ventilator and other life-support systems in a vegetative or comatose state for years.

**Longest coma recorded** – 37 years, after which the patient died.

**Longest coma from which a person awoke** – 19 years

- When are organs removed from the body to transplant into another patient?
  - Procedure is performed after total brain death has occurred, before tissue deprivation sets in
  - Organ must be undamaged – time is of utmost importance
  - Doctors usually have 3 – 5 hours to transplant a heart, up to 12 hours for liver transplant and 24 - 48 hours to transplant a kidney

- Most doctors say that both the higher and lower brain centres should have stopped functioning to meet the criteria of brain death
- Other experts argue that criteria for brain death should only include death of the higher brain centre – as the individual as a human being is no longer alive

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## DEATH ANXIETY

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The fear of death, intensely feared by most.

- **Fear of physical suffering**  
The fear of terminal illnesses such as cancer is especially prominent. The pain and removal of body parts (limbs & breasts) is overwhelming. Dependency and loss of control may also result in fear.
- **Fear of isolation and loneliness**  
People act strangely & artificially towards dying people because they do not know how to handle the situation. This may cause the dying person to feel “different”. Many old people develop a fear that they will be avoided and therefore will become isolated and lonely when dying.
- **Fear of non-being**  
Human beings are the only creatures who live with the constant awareness that they will someday die. This knowledge of our ultimate non-being can lead to intense anxiety
- **Fear of cowardice and humiliation**  
Many people fear that they will become cowards in the face of death. The result is a ‘fear of fear itself’ can develop.
- **Fear of failing to achieve important goals**  
Some people define their lives in terms of accomplishments. I.e. “I really want to write 2 more books before I die.” We may fear death because it will deprive us of achievement.
- **Fear of the impact of death on those who outlive you:**  
Many fear the financial, psychological and emotional impact that death has on loved ones and survivors.
- **Fear of punishment or of the unknown:**  
Some religions preach that sinners are doomed after death and will, for example, burn in Hell. The fear that they may fall in to this category evokes intense fear of death. Religion can also have the opposite effect and that their faith reduces their fear of death.
- **Fear of the death of others:**  
People are also afraid of losing a loved one and that they have to experience physical and psychological suffering.

Each of the fears above could also be experienced regarding the death of a loved one.

**Thanatophobia** – abnormal and excessive fear of death and dying which could consume one’s thinking and behaviour to such an extent that it becomes difficult to engage in normal daily activities with any pleasure

May resemble an anxiety attack – breathlessness, dizziness, excessive sweating, nausea, dry mouth, feeling ill, shaking, heart palpitations, and an inability to speak or think clearly.

Could refer to death of loved on or oneself.

Factors determining the occurrence and intensity of death anxiety:

- **Age:** fear of death tends to change with age. Young adults may fear they die too soon. Middle adulthood, the fear of death is centred around the impact on loved ones. Most people in late adulthood are less anxious about death than individuals in middle adulthood. People with high ego integrity should have lower death anxiety
- **Gender:** women from various cultures show higher levels of death anxiety than men. Women in general have higher anxiety levels than men. Women view death in more emotional terms. Men perceive death more cognitively. Differences in emotional expressiveness between the 2 genders may be at the root of the differences between genders. Men tend to have higher self-esteem.
- **Religion:** the relationship between death anxiety and religion is too complex to provide a simple and definitive answer. Religion may either relieve death anxiety or increase it. The non-religious and deeply religious have low anxiety of death. Moderately religious have highest death anxiety – they believe in afterlife, but fear they will go to Hell.
- **Personality characteristics:** high self-esteem may act as a buffer against death anxiety; they are able to cope with a death situation. Psychological problems such as anxiety and depression may contribute to death anxiety. There is a link between death anxiety and a sense of purpose. Higher sense of purpose = lower death anxiety. Relationship between death anxiety and life regret.

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## STAGES OF DYING

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Elizabeth Kübler-Ross - Person who has made greatest contribution to our understanding of the process of death and the needs of dying person.

Stages of death (stages of reaction a person goes through)

- **Denial** – the first typical reaction i.e. People may say “This isn’t possible, there must be a mistake”. This denial serves as a buffer against reality they cannot accept.
  - **Anger** – individual realises that death is approaching and often expresses anger. “Why me? Many other people smoke and don’t get lung cancer”. The anger may be directed at other people who are blamed for the individual’s condition.
  - **Bargaining** – individuals try to negotiate to postpone death (eg. with God) “promise to live a better life”
  - **Depression** – anger is replaced by powerful feeling of loss which may cause depression. Person may withdraw and cry easily. People should not try to cheer up the patient. Should be given the possibility to work through the nearing death.
  - **Acceptance** – Has had adequate time and help in working through the previous stages. Has come to terms with the fact that death is inevitable. Person may appear without feeling. Give the impression they are quietly waiting.
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- These stages do not always occur in the same sequence. Often overlap and not all individuals experience all the stages.
  - Openness of communication comes as a relief to the dying patient. Patient and family encouraged to express negative feelings necessary for process of catharsis (release of tension).
  - People differ in their experiences of death. Culture, personality traits and philosophy of life all influence their reactions.
  - Kübler-Ross criticized for underestimates the role of hope. Sustaining hope through the stages is important
  - Environmental factors also play role in attitude towards death
  - Examples of variables that have not been sufficiently explored are: nature of terminal illness(eg. AIDS vs. Cancer) and effects on person’s reactions, gender differences, effect of physical milieu, cultural/ethnic background of dying person – especially in SA,

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## GRIEF

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- Normal common response to loss
- Usually refers to death of a loved one – term is used by psychologists to indicate social/symbolic loss as a result of divorce, unemployment & old age
- Grief can be experienced on psychological, physical and social levels

### Four phases and patterns of grieving:

- **Numbness**
  - characterised by dull emotions, while feeling of unreality, confusion and disbelief
  - inability to comprehend the loss
  - evident in expressions “I don’t believe it”; “It can’t be happening”; “It feels like a dream”
  - individual appears to act automatically, almost resembling robot
  - phase generally occurs during first few hours or days of loss
  - usually doesn’t last longer than a month
- **Yearning**
  - occurs as symptoms of numbness phase decrease
  - preoccupation with thoughts and intense longing of deceased loved one
  - denial occurs in many cases
  - person may ‘see’ or ‘hear’ deceased for fleeting moments
  - suicide may be considered due to intense yearning and desire to be re-united with deceased
  - people may withdraw and prefer to be left alone
  - ‘why’ question about the death are prominent
  - resulting anger is aimed at almost everyone: God, doctors, deceased for dying
  - uncontrollable crying while person feels restless and finds sleeping a challenge
  - guilt feelings are a familiar characteristic & panic about the future
  - physical symptoms: headache, backache, stiff neck, trembling, nausea, abdominal discomfort
  - phase usually lasts about 1 or 2 years
- **Disorganisation and despair**
  - reality sets in that loved one is dead and will never return
  - depression is a common consequence
  - despair is such that person’s life becomes ‘disorganised’
  - symptoms (anger, guilt, withdrawal) continues, but intensity decreases as time passes
  - could return on certain meaningful dates i.e. birthdays & anniversaries
  - phase usually starts after about 6 months to a year
- **Reorganisation**
  - person begins to accept the loss
  - realisation of constructing a new life without loved one, sets in
  - focus placed more on living than dead
  - regain energy and neglected duties return to normal
  - increased sense of self-confidence
  - social activities and interaction with friends increase
  - possibility of new relationship is considered
  - phase may start towards end of first year or as late as 3 to 5 years after death of loved on
- Every person is unique and will act differently, depending on personality, coping style, relationships, past experiences and cultural & religious background
- Loss of a loved one is one of the most traumatic events experienced

- Grief may impair psychological and social functioning to the extent of having to receive professional help – this level of grief reached = **complicated grief / pathological grief**
- Symptoms of complicated grief are much more intense than normal grief and last longer

Risk factors that may contribute to development of complicated grief:

- of a very close or highly dependent relationship with the deceased
  - a sudden, unexpected and violent death
  - a lack of support from family, friends or colleagues
  - the co-occurrence with other stressors (e.g. unemployment, divorce)
  - traumatic childhood experiences (e.g. abuse or neglect)
  - a history of mental disorder, especially depression and anxiety
  - personality characteristics, especially lack of resilience and adjustability
- Grieving has positive outcome: individual may undergo intense religious/spiritual experience and develop a new perspective on life and their personal experience, appreciating things and people around them
  - Others may emerge from experience with greater self-confidence and mental strength

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## **SPECIFIC LOSSES**

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Intensity and manifestation of grief can be influenced by meaningfulness and importance of the role the deceased played in the person's life.

### **THE LOSS OF A CHILD**

- Feelings of guilt are often expressed by parents who have lost a child
- Guilt feelings can be realistic or unrealistic and are based on person's role as parent/protector, or something he/she should have done/not done
- Feelings of getting 'stuck/trapped' in person's grief makes productive mourning difficult and delays the healing process

Types of guilt reactions of grieving parents:

- ✦ **Death causation guilt** – belief that child's death was in some way caused by the parent
  - ✦ **Relationship guilt** – parents' belief that they failed in their parental role
  - ✦ **Moral guilt** – parent's conviction that child's death is punishment/retribution for some sin or wrongdoing
  - ✦ **Survival guilt** – when a parent feels guilty for having survived and feels that death of the child is against natural order of life
  - ✦ **Grief guilt** – develops when grieving parents do not feel/exhibit 'proper' emotions/behaviour usually expected by society in such situations
  - ✦ **Recovery Guilt** – related to grief guilt: start to occur when parents recover from the grief and start to enjoy life again
- Grandparents experience similar patterns of grief when a grandchild dies
  - Also a strong need to stay in touch with own child – parent of the lost grandchild
  - Grief experienced by grandparents is usually threefold: <sup>1</sup> grieved their beloved grandchild <sup>2</sup> grieve for their own beloved son/daughter <sup>3</sup> grieve for themselves



## THE LOSS OF A SPOUSE OR PARTNER

- Mostly happens during late adulthood when person is often at their most vulnerable

### Three patterns of grief:

- ✦ **Common grief** – high levels of grief and depressive symptoms that usually decrease over time
  - ✦ **Resilient grief** – low levels of grief and depression and the highest quality of life
  - ✦ **Chronic grief** – highest levels of grief and depression, lowest self-esteem, highest marital dependency and more sudden deaths
- Majority of people in chronic cluster may meet the criteria for *complicated grief*
  - About 15% of bereaved spouses experience **chronic grief syndrome** – intense unresolved grief for more than a year
  - Depression and anxiety are the two reactions most associated with loss of a spouse
  - Depression does not decrease significantly even two years after the loss
  - People most likely to experience depression and anxiety are young widows and widowers, and those with a history of depression
  - Loss of income increases possibility of anxiety among widows
  - No significant decline in anxiety is noted in first 7 months after loss by both genders
  - Men usually experience more emotional difficulty and adjustment problems to everyday life with their partner
  - In even of terminal illness, men are more likely to start grieving and experiencing depressive symptoms before the death of their spouse
  - Mortality (death) rate increases in surviving spouse after death of partner
  - High risk period: usually first 12 months after the loss – risk higher for men than women
  - Stress and social support are prominent factors
  - Without caring support, many survivors (esp. men) fall victim to self-neglect
  - Hospitalisation of a partner is associated with an increased risk of death among elderly people

## LOSS OF AND OLDER PARENT

- Regardless of the life phase children find themselves in, the death of a parent is a very traumatic experience and requires own unique adjustments
- Signifies the end of the oldest and longest relationship the individual has ever had
- Death of a parent also has symbolic meaning to adult children, especially when both parents are deceased
- Apart from loss of security and support, means relinquishing (giving-up) of 'inner child' within themselves
- One's life as 'somebody's child' is forever gone – one now 'stands alone' to face onslaughts of life
- 'Buffer against death' is removed
- Child suddenly aware he/she is the next generation – strong reminder they are next in line of mortality
- Death of an elderly parent is less traumatic than death of a younger parent
- Death of parent or spouse is less stressful than death of a child
- Grief and resulting symptoms will be determined by the quality of the relationship between the deceased and the survivor(s)