

suggests some aspects of identity development (for example, gender) are completed early in life, while other aspects develop more in adolescence and beyond.

Make your answer stand out

Identity is a complex topic. Because of its subjective nature it is very difficult to measure and test empirically. A good answer will make this difficulty very clear, without becoming too bound up with the philosophical debates about what consciousness and identity are. It is easy to focus on the social aspects of identity development and the importance of group membership. However, you need to remember that the ability to develop relationships with others and become members of a group depend on a range of other abilities and factors including social and communication skills, which in turn rely on cognitive and language abilities. Linking your evaluation to these other factors will demonstrate your ability to synthesise the information you have learnt.

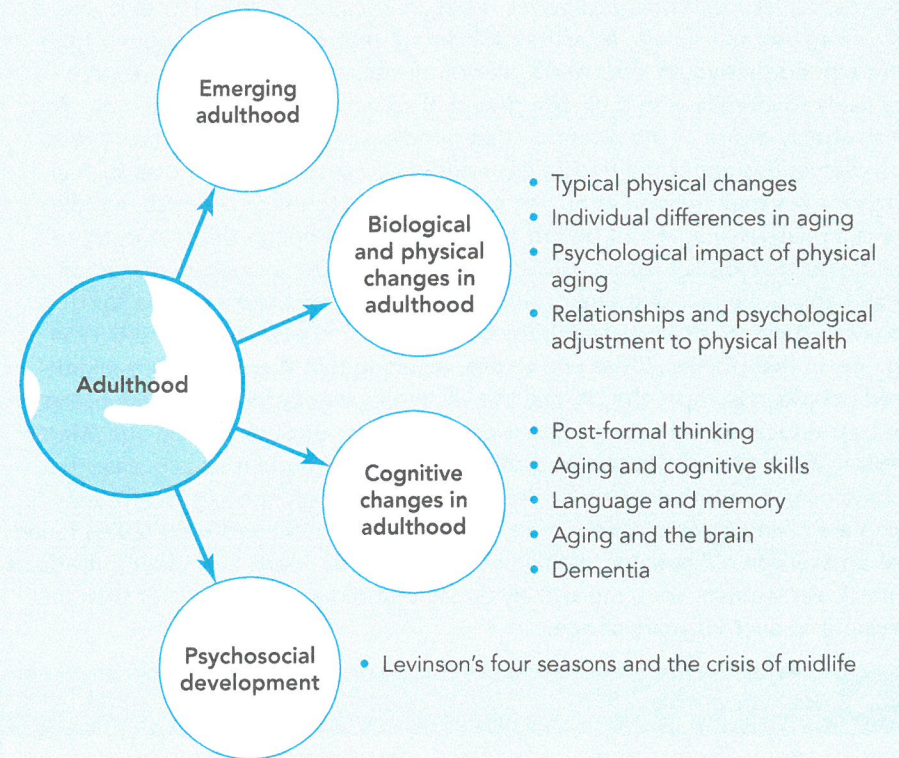
Explore the accompanying website at www.pearsoned.co.uk/psychologyexpress

- Prepare more effectively for exams and assignments using the answer guidelines for questions from this chapter.
- Test your knowledge using multiple choice questions and flashcards.
- Improve your essay skills by exploring the You be the marker exercises.

Notes



Adulthood



A printable version of this topic map is available from www.pearsoned.co.uk/psychologyexpress

Introduction

Developmental psychologists usually agree that in Western industrialised societies young people enter adulthood between the ages of 18 and 20 years. Unlike adolescence, which is usually heralded by the onset of puberty, adulthood has no obvious physical marker to announce its arrival. However, most people reach their final height at this age and our organs and body systems have also reached maturity (Wold, 2004). In addition, there are cultural, social and psychological markers that help determine the shift to adulthood and these may differ across cultures. For many years middle adulthood has been described in the literature as beginning at 40 years of age: current average life expectancy in the UK is 80 years (ONS, 2010), thus making 40 years the midpoint of life. However, life expectancy in the UK has almost doubled over the past century and attitudes towards aging have changed considerably, meaning that identifying middle age in social and psychological terms is becoming much harder. For example, a UK survey (Abrams, Eilola, & Swift, 2009) found that while most people (71 per cent) agreed that youth ends at 45 years, individuals aged 50–60 years were less likely to identify with their age groups than younger and older people. You are probably aware of the attention that middle age gets in the popular press, with discussions about the midlife crisis and whether or not celebrities such as Madonna are middle-aged at 50 years. However, in terms of research, middle age is a relatively neglected period of the lifespan, although this is starting to change (Brim, Ryff, & Kessler, 2004). One reason for the increased interest in middle age is the fact that one of the largest cohorts in European and North American history – the post-war baby boomers, born between 1946 and 1964, are now in their forties, fifties and sixties, meaning that there are more middle-aged people in Europe, the UK and the USA than ever before. In addition, this is the best-educated, richest and fittest cohort to pass through middle age (Martin & Willis, 2005; Metz & Underwood, 2005). Older adulthood is usually described as beginning at approximately 65 years of age, although once again attitudes to aging are changing as people live longer. Abrams, Eilolala and Swift (2009) found that on average old age was defined as starting at 63 years, but, older individuals, in particular women, were more likely to say that old age started later than this, placing it at over 70 years of age.

→ Revision checklist

Essential points to revise are:

- Understand the way in which cognitive abilities change across adulthood
- Be able to evaluate the idea that a midlife crisis is inevitable
- Be able to discuss critically the relationship between physical aging and psychological well-being in adulthood
- Critically understand the impact of social and cultural beliefs on adult experiences

Assessment advice

- It is easy to assume that aging is all about decline. However, it is important to remember that a lifespan approach to development proposes that development is multidirectional. Thus, as some aspects of functioning decline, other aspects improve.
- A good example of this is cognitive functioning, where processing speed usually declines with age, but increases in knowledge and experience can improve decision making.
- The extent to which decline takes place seems to be related to a number of factors, including biology, our socio-cultural environment and individual experiences. The relationship between these different factors is complex and should be explored carefully. As with other areas you have studied, remember to take a critical approach to aging and to take all aspects of development into consideration from cognitive through to social. Good assessment answers will try to take account of many factors and make links between the different areas of psychology.

Sample question

Could you answer this question? Below is a typical essay question that could arise on this topic.

* Sample question

Essay

The negative effects of aging are inevitable: you cannot fight nature. Discuss the accuracy of this statement for psychological aspects of aging.

Guidelines on answering this question are included at the end of this chapter, whilst further guidance on tackling other exam questions can be found on the companion website at: www.pearsoned.co.uk/psychologyexpress

Emerging adulthood

- It is increasingly recognised that the transition into adulthood is a critical point in the lifespan (Arnett, 2000; 2006).
- Entering adulthood is about much more than physical maturity or reaching a specific chronological age.
- It usually means being independent in psychological and economic terms.

- The point at which a young person enters adulthood will therefore be determined by choices about whether or not to go on to college or university, as well as individual differences in psychological development.
- Cultural expectations and beliefs about adulthood are also going to be important. In developing countries, marriage is often a marker of entry into adulthood and this often occurs much earlier than in Western societies (Arnett, 2000).
- The growing trend for young people delaying their entry into the adult world in Western society has led to the introduction of the term 'emerging adulthood' to describe the period between adolescence and adulthood (Arnett, 2000; 2006).
- This period is usually described as ranging from 18 to 25 years of age and is characterised by exploration and experimentation with identity, lifestyle and career (Arnett, 2006).
- Arnett also describes emerging adults as able to be self-focused because they have few duties or commitments to others (for example, no children or aging parents to look after).
- Emerging adulthood is an age of possibilities, with many young people optimistic about their plans for the future (Arnett, 2006).
- The move from adolescence to adulthood is marked by continuity for most individuals: well-adjusted adolescents continue to be well-adjusted as adults, and troubled adolescents become troubled adults (Schulenberg et al., 2006).
- However, for some people the move to adulthood is less straightforward and the increased responsibility and independence of adulthood proves to be a difficult one to cope with; for others, this shift is a positive one that provides them with the opportunity to turn their lives around and follow a more positive course (Schulenberg & Zarrett, 2006).
- Most young people of this age do not see themselves as fully fledged adults; however, they do not feel like adolescents either (Arnett, 2000).
- Young people see adulthood as a psychological state in which an individual feels able to assume responsibility for their actions and capable of interacting with other adults (especially parents) as equals (Sassler, Ciambone, & Benway, 2008) and making independent decisions (Shulman & Ben-Artzi, 2003).
- The idea that adolescence can bridge the gap between childhood and adulthood no longer works in modern society, where the timing and sequencing of traditional experiences that represent the process of becoming an adult, such as leaving home, finishing school, starting work and getting married and having children, are more flexible than they used to be (Furstenberg, Kefalas, & Napolitano, 2005).
 - Social norms and expectations in relation to all these processes have changed dramatically since the post-war years. In the UK, for example, there is an expectation that more young people will stay in education

- for longer and this is encouraged by government policy, which aims to promote post-16 education (DfES, 2007).
- This social change, made in response to economic changes in the nature of available employment, has been influenced by changes in the labour market; increasing technologies have, for example, changed the emphasis in skills needed for jobs in the UK in the twenty-first century (Friedberg, 2008).
- This need for longer education has meant that many young people delay their entry into the economic market, which in turn leads to financial independence being delayed until the early or mid-twenties for many young people today (Cohen & Cashon, 2003).
- This often means that young people are still living in the family home in their early twenties (Heath, 2008) and increased economic dependency on parents is a well-recognised feature of emerging adulthood.
- However, the reason for this dependency is not just financial. A number of demographic factors influence this dependency, including gender and social class.
 - Males are much more likely to be still living at home in their early twenties than females: in the UK in 2006, for example, 58 per cent of young men aged 20–24 years and 39 per cent of young women of the same age were still living with their parents (Heath, 2008).
 - Young people from middle-class families also tend to leave home at a younger age than their peers from working-class families, usually because they are more likely to go to university at the age of 18 years, although many return once they have completed their studies (Ford, Rugg, & Burrows, 2002).
 - Even if they do go to university, students from working-class backgrounds are more likely than their middle-class peers to remain living at home with their parents (Patinotis & Holdsworth, 2005).

Test your knowledge

- 10.1 What factors influence when we negotiate the move to adulthood?
- 10.2 What psychological factors are seen as important for 'being an adult'?
- 10.3 How do demographic factors affect progression in this period of development?

Answers to these questions can be found on the companion website at:
www.pearsoned.co.uk/psychologyexpress

Further reading Emerging adulthood

| Topic | Key reading |
|--------------------------|---|
| Conceptions of adulthood | Sassler, S., Ciambone, D., & Benway, G. (2008). Adulthood upon returning to the parental home. <i>Sociological Forum</i> , 23, 670–698. |

Biological and physical changes in adulthood

It is easy to imagine that physical changes in adulthood are all about decline rather than development. However, this is not inevitable and when and if deterioration of physical abilities takes place depends on a number of factors other than biological age. These include lifestyle choices and demographic factors such as socio-economic status, job type and gender.

Typical physical changes

- Young adults are generally at the peak of physical fitness.
- However, the aging process has already begun: the body has been aging since birth, but it is not until middle age that we begin to see the effects of this aging.
- Only minor physical changes are seen in the twenties and thirties, but many people begin to notice physical changes in their forties.
- One of the most noticeable effects is a loss of elasticity in the skin, especially in the face. This results in the lines and wrinkles that are seen as one of the first signs of aging.
- Both genders may experience greying of the hair or the hair may thin.
- Weight changes typically seen across the lifespan include weight gain in middle age, followed by weight loss when people reach their sixties (Whitbourne, 2005).
- Aging involves a decline in efficiency in most bodily systems from the twenties onwards.
- Strength and flexibility begin to wane in both genders in middle age (Samson et al., 2000); motor performance slows (Newell, Vaillancourt, & Sosnoff, 2006) and reaction times decrease.
- However, it seems that avoiding a sedentary lifestyle will make such deterioration less marked (Earles, & Salthouse, 1995).
- Both moderate exercise and a healthy diet have been found to protect against stroke, heart disease and late onset diabetes (Yung et al., 2009).
- Women experience the menopause in middle age, with the hormonal changes that result in the loss of the ability to reproduce in middle to late adulthood.
- An increase in the incidence of chronic disease, such as osteoarthritis, hypertension and heart disease, is also seen in older adults.

Individual differences in aging

- Individual differences in physical functioning increase with age (Harris et al., 1992).
- Measurements such as aerobic capacity, strength and reaction times vary more widely among 70-year-olds than 20-year-olds.

- This is in part due to lifestyle choices noted earlier – for example, physically active older adults are more likely to retain strength (Amara et al., 2003).
- This is perhaps not so surprising, given that muscles atrophy if not used and the heart functions less well if the individual leads a sedentary lifestyle (Rosenbloom & Bahns, 2006).
- Health problems may also contribute to differences in decline. A classic study in the 1960s showed how deterioration in physical and psychological functioning in men aged 65–91 was linked to subclinical disease (Birren et al., 1963).
- Socio-economic status is reported to make a difference to health and disability. Studies using self-reported measures of health demonstrate greater problems among older people in disadvantaged socio-economic groups (Marmot et al., 2001). This probably demonstrates the advantages of having greater material resources and opportunities to promote health and lifestyle.

Key term

Subclinical disease: when a person has an illness that demonstrates no recognisable clinical signs or symptoms, they are said to have subclinical disease. This may be because the disease is in a very mild form or because it is at an early stage of development.

Psychological impact of physical aging

- There are many negative stereotypes associated with aging in our society. 'Old' is often associated with unattractive, meaning that adults of retirement age may see themselves as 'past it' or a drain on society.
- There is an increasing drive to maintain physical looks through interventions such as cosmetic surgery (Rohrich, 2000), although as Grossbart and Sarwer (2003) note, it is likely that cosmetic surgery patients are looking for more than changes in their physical appearance, such as improvements in body satisfaction, self-esteem or quality of life.
- There is evidence that cultural attitudes towards the physical changes of aging can influence the way in which these are experienced. For example, menopause is experienced by women in all societies, but there are differences in how this is experienced.
 - Hot flushes are more likely to be reported and viewed as a negative experience in Western cultures, where the menopause is viewed as a loss, than in cultures where menopause represents a healthy, positive life stage (Flint, 1982; Gold et al., 2000; McMaster, Pitts, & Poyah, 1997).
 - Attitudes towards the menopause help to explain individual differences in the experience of menopause in Western society. While some view this as a medical condition to be treated by medication, others see it as a normal transition (Alder & Ross, 2000).

- The majority of people have some type of chronic physical health problem by the time they reach 65, but, there is enormous variability in terms of the impact that such health problems have on individual functioning. This is thought to be affected by:
 - how long the individual has had a health problem
 - illness severity and experience of pain
 - psychological factors such as personality and attitude, which may mediate the impact of these illnesses on feelings of well-being
 - optimistic individuals (those with a positive outlook on life) have been found to live longer (Snowdon, 2002).

Relationships and psychological adjustment to physical health

- In early adulthood, an individual is concerned with developing the ability to share intimacy, seeking to form relationships and find intimate love.
- The trend towards greater intimacy with the opposite sex that began in adolescence continues in early adulthood (Reis et al., 1993).
- Long-term relationships are formed and often marriage (or cohabitation) and children result.
- Young adults tend to have more friends than middle-aged or older adults and a number of reasons for this have been suggested.
 - As adults marry, have children and take on increasing responsibilities in other areas of life, so their social networks shrink (Fischer et al., 1989).
 - According to socio-emotional selectivity theory, the realisation that life is decreasing prompts adults to narrow their choice of social partners to those who bring most emotional pleasure, usually family and close friends (Carstensten, 1992).
- However, friendships do remain important across the lifespan, even if greater selectivity is shown and the quality of friendships is closely related to well-being in adulthood (Pinquart & Sorensen, 2000).
- The importance of a supportive social network for physical as well as psychological health has been noted (Charles & Mavandadi, 2004).
- Evidence suggests having a small, harmonious group of friends is related to better cardiovascular, endocrine and immune systems.
 - Having good friends and happy family relationships keeps blood pressure in the normal range and improves the body's ability to deal with stress (Uchino, Cacioppo, & Kiecolt-Glaser, 1996).
 - This is thought to be because emotional and social functioning are closely linked even in infancy and the two are co-dependent (Charles & Mavandadi, 2004).

- Social relationships affect health and well-being through the effects they have on emotional regulation.
 - Negative features, such as separation from caregivers, abuse and emotional deprivation, raise stress levels in infants, which disrupts neural development, making these individuals more susceptible to stress in later life (Gunnar & Quevedo, 2007).
 - Warm, responsive parenting helps infants cope with stressful events and, similarly, close relations in later life help people keep their emotions in check and avoid stress-related illness (Charles & Mavandadi, 2004).

Test your knowledge

- 10.4 How might psychological and social factors affect physical aging?
 10.5 What impact do the physical changes associated with aging have on our psychological well-being?

Answers to these questions can be found on the companion website at:
www.pearsoned.co.uk/psychologyexpress

Further reading Biological and physical changes in adulthood

| Topic | Key reading |
|--|---|
| Psychological impact of physical aging | Netz, Y. Wu, M., Becker, B. J., & Tenenbaum, G. (2005). Physical activity and psychological well-being in advanced age: A meta-analysis of intervention studies. <i>Psychology and Aging</i> , 20, 272–284. |

Cognitive changes in adulthood

Post-formal thinking

- Piaget's theory of cognitive development focused very clearly on the years of childhood and adolescence. However, we now recognise that cognitive development goes beyond this and a fourth stage of cognitive development called *post-formal thought* has been suggested by a number of theorists (for example, Commons, Richards & Armon, 1984; Sinnott, 1994; Yan & Arlin, 1995).
- This stage has been suggested to be typified by relativistic thinking.
 - Perry (1970) studied cognitive growth in college students and found there was a shift from the initial assumption when entering college that there was an absolute truth to be found to a gradual recognition that questions might have many answers.
 - This led to the confusion of not knowing which was the 'right answer'.

- Eventually, however, many understood that some opinions are better supported than others and were able to commit one position by choosing between the relative perspectives.
- This move from absolutist to relativist thinking is thought to result in the use of a greater variety of thinking styles (Zhang, 2002).
- It is suggested that advanced thinkers relish the challenge of finding paradoxes and inconsistencies in ideas in order to attempt to reconcile them (Basseches, 1984).
- However, the extent to which this is a developmental sequence is subject to debate as this type of thinking has only been demonstrated in a minority of adults, particularly those who have experienced higher education, suggesting an important role for experience in developing adult thinking skills (Sinnott, 1996).
- Alternatively, it may be that these studies are only demonstrating one type of advanced thinking, linked to a particular set of experiences.
 - Adults have been shown to function cognitively at their highest in areas in which they have developed some expertise (Byrnes, 1996).
 - The 'expert' not only knows and remembers more about their specialist area but is also a more effective and efficient thinker (Proffitt, Coley, & Medin, 2000).
 - It may therefore be that a university education simply trains graduates to be experts in relativistic thinking.

Key term

Relativistic thinking: in this way of thinking, it is recognised that knowledge depends upon the subjective perspective of each individual and there is therefore no absolute truth: problems can be viewed in different ways and there may be more than one solution to a problem. Knowledge is relative and situational. Learners at this stage therefore critically reflect on multiple perspectives and determine the most suitable answer depending on the situation.

CRITICAL FOCUS

Post-formal thought

Read the paper by Kitchener, Lynch, Fischer, and Wood, (1993)

(available online at: <https://gseweb.harvard.edu/~ddl/articlesCopy/Kitchener-et-al1993DevRangeReflectJudgem.pdf>).

Kitchener and colleagues, like many other theorists working in this area, suggest that an age-related trend can be seen in the development of reflective judgement, a skill thought to be linked to relativistic thinking. However, as Kitchener notes, in this study, age may in fact be confounded by experience. Thus, while this paper provides some evidence for a developmental progression in reflective judgement and relativistic thinking, it cannot say definitively what causes these developmental trends. So, although these cognitive changes may be purely age related, there are other factors that Kitchener and colleagues suggest may influence this change in thinking. They note specifically that education may account for the differences they found as the older participants were at college and the younger ones were not.

* Sample question

Information provider

Design a study to investigate the idea of post-formal operational thinking. What are the key issues you will test? State the research design and methods you will use, providing a justification for the approach chosen. Explain where you will get participants from and how they will be chosen, giving the reason for your choice.

Aging and cognitive skills

- There is some evidence to support the suggestion that mental abilities decline with age. Elderly adults have been found to perform worse than younger adults on Piagetian cognitive tasks, for example (Blackburn & Papalia, 1992).
- However, these studies have been cross-sectional in design and it is therefore suggested that this difference is actually caused by a cohort effect, brought about because the older adults who participated in these studies generally had less formal schooling than most younger adults today.
- Other studies that have taken a longitudinal approach have found cognitive skills either stay stable or improve over time (Salthouse, 2009).
- This is also supported by studies that have shown older adults in college perform as well as their younger classmates on cognitive tests (Blackburn, 1985).
- However, it has been argued that longitudinal studies also suffer from a methodological problem: practice effects (Salthouse, 2009).
- This would mean that the age trends seen in longitudinal comparisons are misleading: we do not actually get better at cognitive tasks as we age, but because of learning and experience (Salthouse, 2009).
- An alternative interpretation of this idea is that this practice might provide a protective role for cognitive functioning. Cognitive training studies, for example, have shown that in many cases cognitive decline in older people can be reversed (Blaskewicz Boron, et al., 2007).
- Bielak (2010) calls this the 'use it or lose it' hypothesis of cognitive aging.
- Evidence also suggests that different factors affect age-related changes in functioning.
 - Functioning based on accumulated knowledge, such as performance on tests of vocabulary or general information (known as crystallised abilities) are consistently found to increase until at least age 60 (Salthouse, 2009).
 - Decline is less likely in the absence of cardiovascular and other chronic diseases (Wendell et al., 2009).
 - Higher socio-economic status is linked to slower decline (Fotinos et al., 2008).
 - Involvement in a complex and intellectually stimulating environment promotes good functioning (Valenzuela, Breakspear, & Sachdev, 2007).

- Evidence from the British cohort study has shown that maintaining an active lifestyle can help to slow the process of cognitive decline linked to aging (Richards, Hardy, & Wadsworth, 2003).

Language and memory

- Research on language development tends to focus on the changes that take place in infancy and childhood, with the belief that in adulthood language skills are maintained (Thornton & Light, 2006).
- However, there is evidence that language development continues even into late adulthood: vocabulary increases (Willis & Schaie, 2005) and older adults often maintain or even improve their knowledge of words and what they mean (Burke & Shafto, 2004).
- However, in late adulthood some decline in language abilities may appear that could link to physiological changes which take place in old age, such as hearing difficulties leading to problems in distinguishing speech sounds (Gordon-Salant et al., 2006).
- Loss of memory skills may also result in problems of word retrieval – for example, the tip-of-the-tongue phenomenon that is typified by feeling confident a word is known but just out of reach (Thornton & Light, 2006).
- This decline is often compensated for by using very familiar words and much shorter sentences (Burke & Shafto, 2006).
- It may also explain the greater reliance on filled pauses, which is often seen in older adults (for example, saying ‘um’ or ‘er’), and may provide a means of ‘buying time’ to retrieve the correct word.
- The factors responsible for declining language skills in older people are likely to be general cognitive-processing skills rather than language-specific ones (Obler, 2005).
- These include the decrease in information-processing speed and the decline in working memory, which is often seen as people age (Waters & Caplan, 2005).

CRITICAL FOCUS

Practice effects

Practice effects occur when a participant in a study is able to perform a task and then perform it again at some later time. This can mean that they become better at performing the task. According to Salthouse, the very fact that an individual has already been tested on a cognitive task could change their performance the next time they are tested – they have learnt how to do the task and so will find it easier and perform better. According to Salthouse this makes cross-sectional comparisons better measures of age-related change than longitudinal studies, because they do not involve testing

the same individuals again. This demonstrates the way in which the method chosen by a researcher can influence the outcomes of a study. You may remember from Chapter 1 that there is often more than one way of designing a study and there is rarely a ‘right’ way. Usually a researcher has to decide which method will give the best answer to a question by considering what variables are most important to control for and the margin of error they are prepared to accept. Which approach do you think is best in this case? Is it better to risk the influence of practice by carrying out a longitudinal study in which the same people repeat the same measures over time? The advantage of this, of course, is that participants act as their own control and any between-subject external factors such as differences in gender, socio-economic and educational experience are eliminated. Alternatively, is it more important to ensure that the effects of practice are controlled by using a cross-sectional design that holds the possibility of cohort effects?

Aging and the brain

- Between the ages of 20 and 90 years of age the brain shrinks, losing between 5 and 10 per cent of its weight (Enzinger et al., 2005).
- A decrease in volume has also been observed.
 - The volume of the brains of older adults is around 15 per cent less than that of younger adults (Shan et al., 2005).
 - Brain volume reduces by 0.22 per cent every year between the ages of 20 and 65 years, then by 0.40 per cent per year from 65 to 80 years of age (Fotinos et al., 2008).
 - This is thought to be because of a combination of loss of dendrites, damage to myelin and the death of brain cells.
- Some areas of the brain shrink more than others as we age. The prefrontal cortex is one area that reduces in size and this has been linked to a decrease in cognitive function such as working memory (Grady et al., 2006).
- Recent evidence has supported the idea that it is the structural changes in the brain which cause the loss of functioning (Fan et al., 2008).
- However, we do not really know whether brain shrinkage leads to cognitive decline or vice versa and it is possible this cause and effect model is too simplistic as it fails to consider a number of environmental factors that may influence the impact of any biologically based changes in brain structure.
 - Fotinos et al., (2008) found a complex relationship between socio-economic status, structural changes in the brain and cognitive decline.
 - They carried out a large-scale neuroimaging study in which adults aged between 20 and 80 years of age underwent MRI scans and cognitive testing at the start of the study, then were retested and scanned 3 years later.
 - They found that in older adults with no cognitive decline, those of higher socio-economic status showed more loss of brain volume when compared to individuals of lower socio-economic status.

- This does not mean that high socio-economic status is related to greater loss of brain volume, but, rather, older adults from higher socio-economic groups respond differently to the same loss of brain volume than individuals from lower socio-economic backgrounds.
- Normally it is expected that high levels of loss of volume are linked to serious functional problems, such as those associated with dementia, which is the relationship seen in individuals of low to moderate socio-economic status.
- However, in individuals of higher socio-economic status, the same structural decline seems to be better tolerated – that is, it does not affect functioning.
- It has therefore been concluded that higher socio-economic status protects against cognitive decline. It is thought that one of the protective factors is a higher level of education.

Dementia

- The most common form of dementia, accounting for between 50 and 70 per cent of all dementia, is Alzheimer's disease.
- Alzheimer's is progressive, meaning that it involves a gradual decline in skills. It is also irreversible.
- The disease is characterised by gradual deterioration in memory, reasoning, language and, eventually, physical functioning.
- Most people with Alzheimer's are 65 and older, making it predominantly a disease of old age.
- However, up to 5 per cent of people with the disease have what is known as early onset Alzheimer's. This form of the disease often appears when someone is in their forties or fifties.
- Many of the risk factors for Alzheimer's are ones we cannot change, such as age and genetics.
- However, it is now commonly believed that Alzheimer's disease occurs as a result of complex interactions between genes and other risk factors such as diet and lifestyle choices.
- This is an example of the diathesis-stress model (see Chapter 2).
- This means that in individuals with the genetic potential for Alzheimer's disease, certain environmental factors such as lifestyle choices may trigger Alzheimer's.
- Without those triggers the individual might not develop dementia.
- For example, it has been found that there is a link between obesity and Alzheimer's disease. Kivipelto et al. (2005) found obesity in middle age to be associated with an increased risk of dementia and Alzheimer's disease later in life.
- Other studies have suggested that health problems in middle age, such as high blood pressure and Type 2 diabetes, also increase the risk for dementia, including Alzheimer's disease.

- Obesity, high blood pressure and diabetes are all health problems that can affect the heart and blood vessels and it is thought that if the vessels in the brain are affected, this can result in dementia.
- It has also been found that older adults with Alzheimer's disease are more likely to have heart disease than individuals without Alzheimer's (Hayden et al., 2006).
- It therefore makes sense that avoiding the risk factors associated with heart disease, such as smoking, obesity and a sedentary lifestyle, might also protect against dementia.

Key term

Dementia: this is an umbrella term used to refer to any brain disorder in which the main symptoms include deterioration of mental functioning. Individuals with dementia often lose the ability to look after themselves. They may also no longer recognise familiar places or people – including close family members such as their children or a spouse (Clark, 2006).

Test your knowledge

- 10.6 How might physical health influence cognitive decline?
- 10.7 Why might socio-economic status be a protective factor in cognitive aging?
- 10.8 What are the problems associated with cross-sectional and longitudinal studies of aging?

Answers to these questions can be found on the companion website at:

www.pearsoned.co.uk/psychologyexpress

Further reading Cognitive skills and aging

| Topic | Key reading |
|--------------------------------|---|
| Post-formal thought | Kitchener, K. S., Lynch, C. L., Fischer, K. W., & Wood, P. K. (1993). Developmental range of reflective judgement: The effect of contextual support and practice on developmental stage. <i>Developmental Psychology</i> , 29(5), 893–906. Available online at: https://gseweb.harvard.edu/ddl/articlesCopy/Kitchener-et-al1993DevRangeReflectJudgem.pdf |
| 'Use it or lose it' hypothesis | Bielak, A. M. (2010). How can we not 'lose it' if we still don't understand how to 'use it'? Unanswered questions about the influence of activity participation on cognitive performance in older age: A mini-review. <i>Gerontology</i> , 56(6), 507–519. |
| Study design | Salthouse, T. A. (2009). When does age-related cognitive decline begin? <i>Neurobiology of Aging</i> , 30, 507–514. |

Psychosocial development

Levinson's four seasons and the crisis of midlife

According to Levinson (1986; 1996), the lifespan can be divided into four seasons: pre-adulthood, early adulthood, middle adulthood and late adulthood (see Table 10.1).

- Each season or era lasts 20–25 years and has a distinct character.
- The transition between eras requires a basic change in the character of a person's life, which may take between three and six years to complete.
- Within the broad eras are periods of development, each of which is characterised by a set of tasks – for example, in the early adult transition period, the two primary tasks are to move out of the pre-adult world and to make a preliminary step into the adult world.
- A major theme throughout the various periods is the existence of 'the dream' – a vision of life's goals.
- Levinson proposed that adults go through a repeated process of building a life structure and assessing and altering it during transition periods.
- For Levinson, the transition from age 40 to 45 is an especially significant time of life – a time of midlife crisis when men and women question their entire life structure, raising unsettling questions about where they have been and where they are heading.
- Levinson based his theory on a series of in-depth interviews and characterised 80 per cent of the men he studied as experiencing intense inner struggles and disturbing realisations in their early forties; women, however, experience significant crisis during the transition at age 30, as well as in the transition to middle age.
- This theory is important because of the clear focus on adult development. Along with Erikson, Levinson is perhaps the major theorist of this time period. To what extent, however, is his image of midlife crisis supported by the evidence?

There is support for Levinson's idea that early adulthood is the time we explore vocational possibilities.

- The evidence supports a process of making tentative commitments and revising them as necessary before establishing yourself in what you hope will be a suitable occupation (Super, Savickas, & Super, 1996).
- More than twice as many tentative and exploratory vocational decisions are seen at age 21 than at age 36, and this is true for both men (Philips, 1982) and women (Jenkins, 1989).
- Careers tend to peak during the forties (Simonton, 1990), when there is a tendency for adults to define themselves in terms of their work.

Table 10.1 Levinson's stages of development

| Stage | Age | Season | Characteristics |
|---------------------------|-------|--------|--|
| Pre-adulthood | 0–17 | Spring | Childhood and adolescence. During this time one usually lives with the family, which provides protection, socialisation and support of growth |
| Early adult transition | 17–21 | | Period of questioning. Young people make the transition from adolescence to early adulthood and explore the possibilities for an adult identity. They form 'the dream' – a vision of their life goals |
| Entering the adult world | 22–28 | Summer | Adults build their first life structure, often by making and testing a career choice and by getting married/ forming a stable relationship. They work to succeed, find a supportive partner and/or mentor and do not question their lives much |
| Age 30 transition | 28–33 | | Period of questioning. Adults ask whether their life choices and relationships are what they want. If not they may make small adjustments in their life structures or plan major changes such as a career change, divorce or return to education |
| Settling down | 33–40 | | This is time for building and living a new and often different life and for 'making it' or realising 'the dream'. An adult may outgrow their need for a mentor and become their own person. Adults at this stage tend to be ambitious, task-orientated and unreflective |
| Midlife transition | 40–45 | Autumn | This is a major period of questioning. Successful adults ask whether the dreams they formulated as young adults were worth achieving. If they have not achieved their dreams they face the reality that they may never achieve them and may again make major changes in their life structure. They terminate early adulthood and initiate middle adulthood |
| Entering middle adulthood | 45–50 | | Although adults' physical and mental powers are somewhat diminished after 40, they are normally still ample for 'an active, full life' throughout middle adulthood. If conditions for development are reasonably favourable, middle adulthood can be an era of personal fulfilment and social contribution. This means, that adults have to come to terms with the three major developmental tasks of the midlife transition: (1) reviewing their lives in early adulthood and reappraising what they have done with it; (2) modifying the negative elements of the present structure and testing new choices; (3) dealing with the polarities in their lives. |
| Age 50 transition | 50–55 | | A period of questioning. A crisis is possible, especially if none occurred during the midlife transition |

Table 10.1 Continued

| Stage | Age | Season | Characteristics |
|---------------------------------|-------|--------|---|
| Culmination of middle adulthood | 55–60 | Autumn | A satisfying era (similar to the earlier settling down stage) if adults have adjusted to role changes |
| Late adult transition | 60–65 | Winter | Time to prepare for retirement and coming physical decline, making this a major turning point |
| Late adulthood | 65–? | | Adults now create a new life structure for retirement and aging |

- However, factors such as personality and gender seem to mediate career success. Conscientiousness, extraversion and emotional stability are associated with job performance (Ozer & Benet-Martinez, 2006) and, even at the start of the twenty-first century, many women still subordinate career goals to family goals (Kirchmeyer, 2006).

There is much less evidence to support Levinson's suggestion of a midlife crisis.

- Many studies support the idea that midlife is a time of self-reflection and even a time when goals may change (Hermans & Oles, 1999).
- However, the image of the adult experiencing a crisis during midlife remains largely unsubstantiated (Hedlund & Ebersole, 1983).
- As they age, many people show increased satisfaction with their jobs, are more involved in their work and less interested in seeking out new jobs (Rhodes, 1983).
- The evidence suggests that middle life may well be challenging, but only a vulnerable few will experience this as a crisis (Freund & Ritter, 2009).

KEY STUDY

Levinson with Darrow, Klein, Levinson and Mckee (1978). *The season's of a man's Life* and Levinson with Levinson (1996). *The seasons of a woman's life*

Levinson based his theory of adult development on a series of in-depth interviews with 40 adult males between 35 and 45 years of age at the time the interviews were carried out during the late 1960s (Levinson, et al., 1978). He was motivated to carry out this study because he wanted to try and make sense of his own midlife transition. A clinical psychologist trained in psychoanalysis, Levinson called the interviews 'biographical', explaining to participants that the primary task was to construct the story of a man's life. The aim was to cover the entire life sequence from childhood to the present time in each person's life. Through his study Levinson claims to have discovered that the lifecycle evolves through a sequence that may be expressed in terms of age, eras and seasons of life, as described earlier in this chapter. The men that Levinson interviewed worked as either as biology professors, novelists, business executives or industrial labourers. The biographical interviews lasted one or two hours and from six to ten interviews were carried out with each participant. The questions asked focused on the individual's accounts of their own experiences in their post-adolescent years, focusing

on topics such as the men's background (education, income, etc.) and beliefs about issues such as religion and politics. The men were also asked about major events or turning points in their lives. Over half the men Levinson spoke to described midlife as the last chance to reach their personal goals. These goals were linked to key events such as reaching a particular level of income or career point such as supervisor or full professor. These men described their lives as stressful but manageable. The remaining men felt negatively about their lives because they were in a dead end or pointless job. Some of them felt this way despite a good income. A very small number of these men had decided to do something about this 'flawed life structure' and had started to rebuild their lives/careers.

In the 1980s Levinson interviewed 45 women of the same age (Levinson with Levinson with Levinson, 1996). The sample comprised equal numbers of women who were either homemakers, college instructors or businesswomen. He found that in general women go through the same type of lifecycles that men do. However, they were less likely to enter adulthood with specific goals and, as a result, were less likely to define success in terms of key career events. Rather than focusing on external events, women usually sought changes in personal identity in midlife. For example, they might become more independent or self-reliant in middle age. Often such changes were closely linked to the family lifecycle. It is notable that the homemakers found traditional patterns difficult to sustain and often paid a big price in restrictions on self-development; career women experienced considerable stress and difficulty in breaking down barriers in formerly 'male' occupations and in pushing for a more equitable division of housework.

Thus, according to Levinson, an individual's life structure is shaped by the social and physical environment. Many individuals' life structures primarily involve family and work, although other variables such as religion, race and economic status may also be important.

Levinson, D. J., with Darrow C. N., Klein, E. B., Levinson, M. H., & Mckee, B. (1978). *The seasons of a man's life*. New York: Ballantine Books and Levinson, D. J., with Levinson, D. J. (1996). *The seasons of a woman's life*. New York: Knopf

Test your knowledge

- 10.9 What are the main tasks of Levinson's four seasons of aging?
10.10 What are the pros and cons of the evidence on which Levinson based his idea of a midlife crisis?

Answers to these questions can be found on the companion website at:
www.pearsoned.co.uk/psychologyexpress



Sample question

Problem-based learning

Read the following scenario.

Annabel, a close friend, is teetering on the verge of a midlife crisis. There are only six months left until her fortieth birthday and she's not happy at waving goodbye to her thirties. Your friend turns uncharacteristically quiet when the subject turns to her milestone birthday. She has told you that she is really dreading this birthday and her fear is getting worse as the big day

draws closer. On deeper probing you find out that she feels she has not really achieved anything worthwhile in her life and is starting to feel resentful about her own situation. A mother of three children, she has devoted the past ten years to bringing up her family and supporting her husband as he climbs the career ladder. Annabel once had her own promising career in marketing, but didn't feel she could balance the demands of full-time work and having a young family. While she loves her children dearly and doesn't regret the time spent with them, she feels that her own life has been on hold and as she reaches her fortieth birthday she is starting to wonder if she has left it too late to make her mark on the commercial world. She is confused and uncertain about what to do next. Is it too late for her to go back to marketing, given her time out of the workplace? Should she try to develop a new career or should she just accept her status as 'homemaker' – after all, her husband has a secure, well-paid job so she has no financial reason to work. Annabel admits that in many ways she is very lucky: the family live in a five-bedroom house in a pleasant part of town, the children are in good schools, everyone is healthy and happy and she has a good relationship with her husband. Yet she can't quite get rid of the nagging feeling that there should be more to life.

Can you help this friend improve her well-being? What advice might you give and what practical solutions can you devise?

? Sample question

Essay

To what extent does the evidence support the idea that the midlife crisis is an inevitable stage of adulthood?

Further reading Psychosocial development

| Topic | Key reading |
|----------------|--|
| Midlife crisis | Freund, A. M. & Ritter, J. O. (2009). Midlife crisis: A debate. <i>Gerontology</i> , 55(5), 582–591. |

Chapter summary – pulling it all together

- Can you tick all the points from the revision checklist at the beginning of this chapter?
- Attempt the sample question from the beginning of this chapter using the answer guidelines, opposite.

- Go to the companion website at www.pearsoned.co.uk/psychologyexpress to access more revision support online, including interactive quizzes, flashcards, You be the marker exercises as well as answer guidance for the Test your knowledge and Sample questions from this chapter.

Answer guidelines

* Sample question

Essay

The negative effects of aging are inevitable: you cannot fight nature. Discuss the accuracy of this statement for psychological aspects of aging.

Approaching the question

Your answer should aim to provide a detailed evaluation of the possible effects of biological aging on cognitive and psychosocial functioning. You will need to consider the impact of the environment and individual experiences as well as biological factors.

Important points to include

- This is essentially a question about the roles of nature and nurture and how they affect development. You should therefore start by outlining this age-old controversy, showing how it is relevant to the topic of aging. You might want to explain that it is generally accepted today both nature and nurture play a part in development; the question is now about the relative contributions of each.
- You now need to consider the evidence surrounding a range of cognitive and psychosocial functions in adulthood such as:
 - post-formal thinking
 - crystallised abilities
 - language
 - dementia
 - relationships.
- For each topic you choose, remember to consider both biological and environmental explanations.

Make your answer stand out

While this can easily be answered by taking a 'compare and contrast' approach to the question, a good answer will go beyond this. You should remember to take a critical stance, evaluating the methodological approaches of any research studies cited. Try to link the different aspects of development,

including physical, cognitive, social and emotional, to show how each influences the other. Try to use what you have learnt about other periods of development to inform your thinking here. For example, it is generally accepted that cognitive skills are socially situated and experience helps determine a child's ability to perform certain tasks. Why, therefore, should development progress any differently in adulthood? Making these links and applying the principles learnt elsewhere shows synthesis of knowledge and will make your answer stand out.

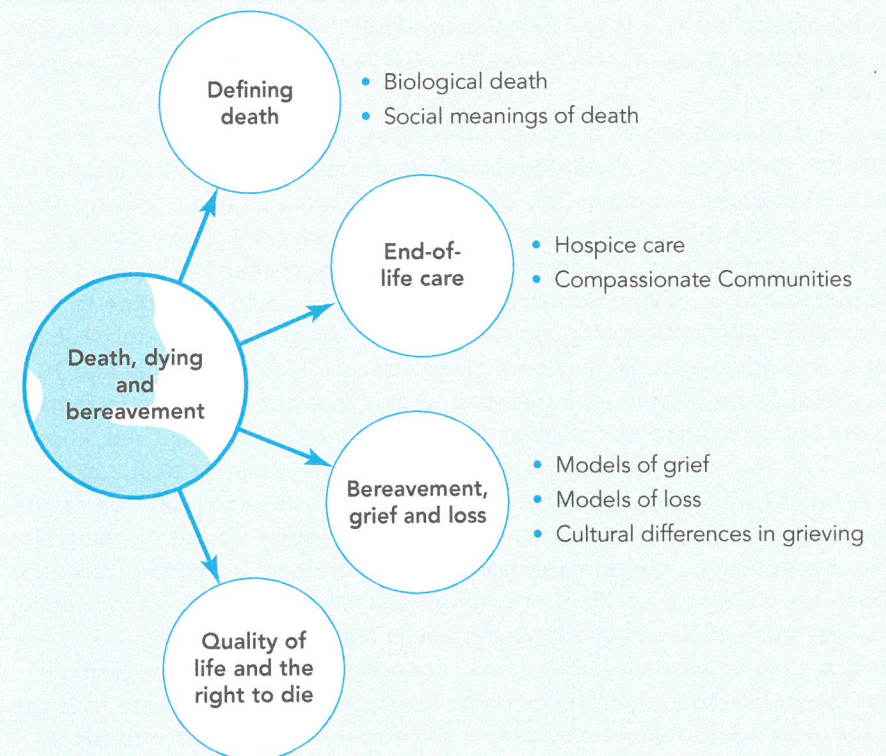
Explore the accompanying website at www.pearsoned.co.uk/psychologyexpress

- Prepare more effectively for exams and assignments using the answer guidelines for questions from this chapter.
- Test your knowledge using multiple choice questions and flashcards.
- Improve your essay skills by exploring the You be the marker exercises.

Notes

11

Death, dying and bereavement



A printable version of this topic map is available from www.pearsoned.co.uk/psychologyexpress