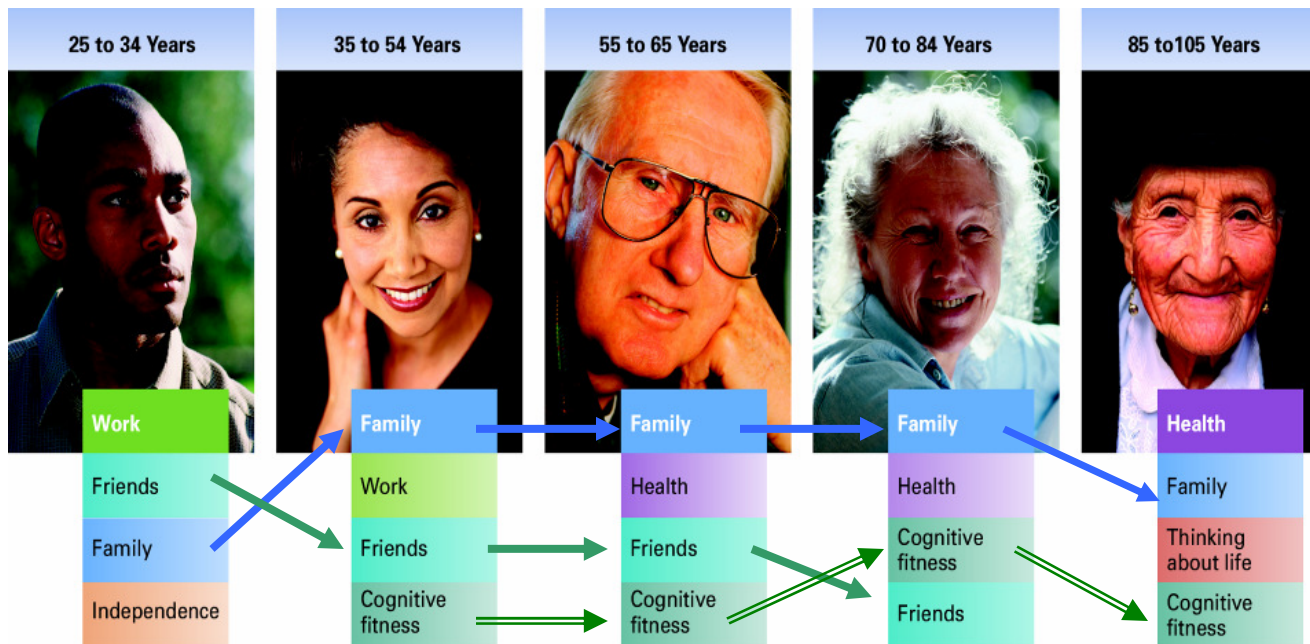


Degree of Personal Life Investment at Different Points in Life

When different age groups were surveyed, they rated the following as important in their life.



Successful Aging

There are large individual differences in the patterns of change for older adults.

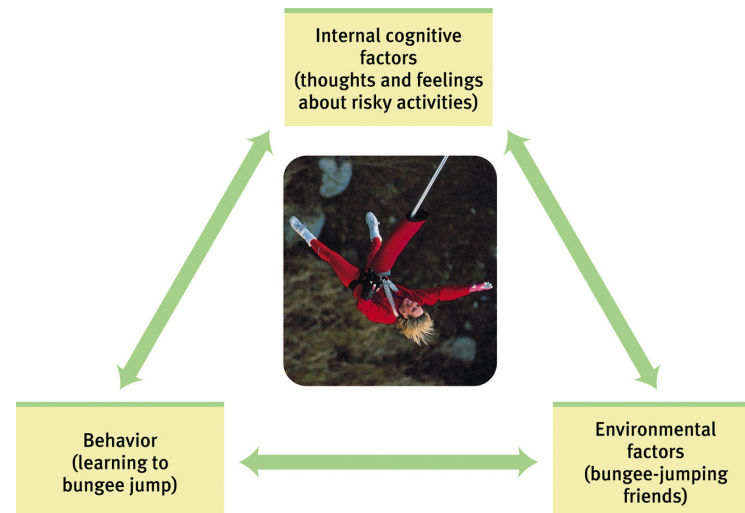
- Normal aging (the most common pattern): Psychological functioning often peaks in early midlife, levels off until the late 50's or 60's, then modestly declines through the early 80's with declines prior to death.
- Successful aging: Individuals whose physical, cognitive and socioemotional development is maintained longer than for most individuals and declines appear later than most people.
- Pathological aging: Individuals in late adulthood that show greater than average declines. They may have mild cognitive impairments in early old age, develop Alzheimer disease, or have a chronic disease that impairs daily functioning.

Socio-economic Status

In the United States (2014), the socioeconomic gap between the lowest 5% (the most impoverished) and the top 5% (the richest) adults was 10 years for women and 15 years for men ([page 410](#)).

There are many reasons for this gap (e.g. type of job, access to health care), but the psychological factors (behavior and mental health) related to socioeconomic status differences between the wealthy and poor such different rates of smoking, obesity, lack of exercise, and stress.

However, low-income people in their sixties that live in an area with higher average home values and a higher portion of college graduates, the life expectancy is a longer than normally predicted. The general expectation is that the social norm is to exercise and eat healthy, rather than access to better health care.



Successful Aging

Many factors can help with successful aging such as:

- proper diet,
- an active lifestyle (regular exercise),
- mental and cognitive stimulation,
- engaging with society (e.g. attend meetings, participate in church activities, or go on trips),
- good social relationships and support,
- realistic sense of control,
- selective, optimize and compensate their choices,
- flexibility,
- positive coping skills,
- emotionally selective,
- own their home and live there as long as possible.

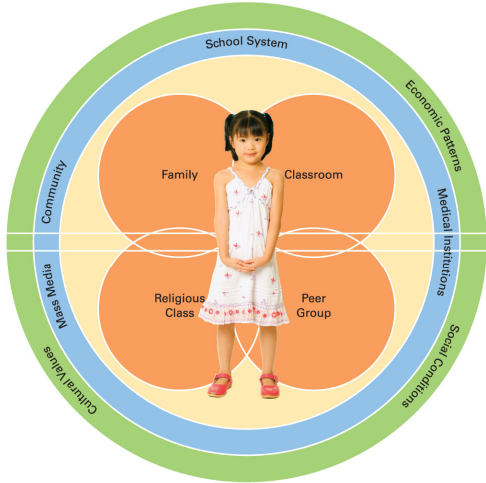
With the maintenance of good health and the absence of disease, many abilities can be maintained and in some cases can be improved as we grow older ([Santrock, p. 421](#)).

Successful Aging

Successful aging means drawing on what gives your life meaning to live life fully, no matter how your body behaves ([page 405](#)).

However, successful aging also depends on whether the wider world offers older people the support they need to function at their best—having the right person-environment fit ([page 405](#)).

The Ecological, Developmental Systems Approach (page 22)

 <p>Belsky, <i>Experiencing the Lifespan</i>, 5e, © 2019 Worth Publishers George Shellye/Masterfile Credit: Red Chopsticks/Getty Images</p>	<p>Ecological, developmental systems approach: An all-encompassing outlook on development that stresses the need to embrace a variety of approaches, and emphasizes the reality that many influences affect development.</p>
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Bronfenbrenner was one of the first psychologists to emphasize that real-world behavior has many different causes.

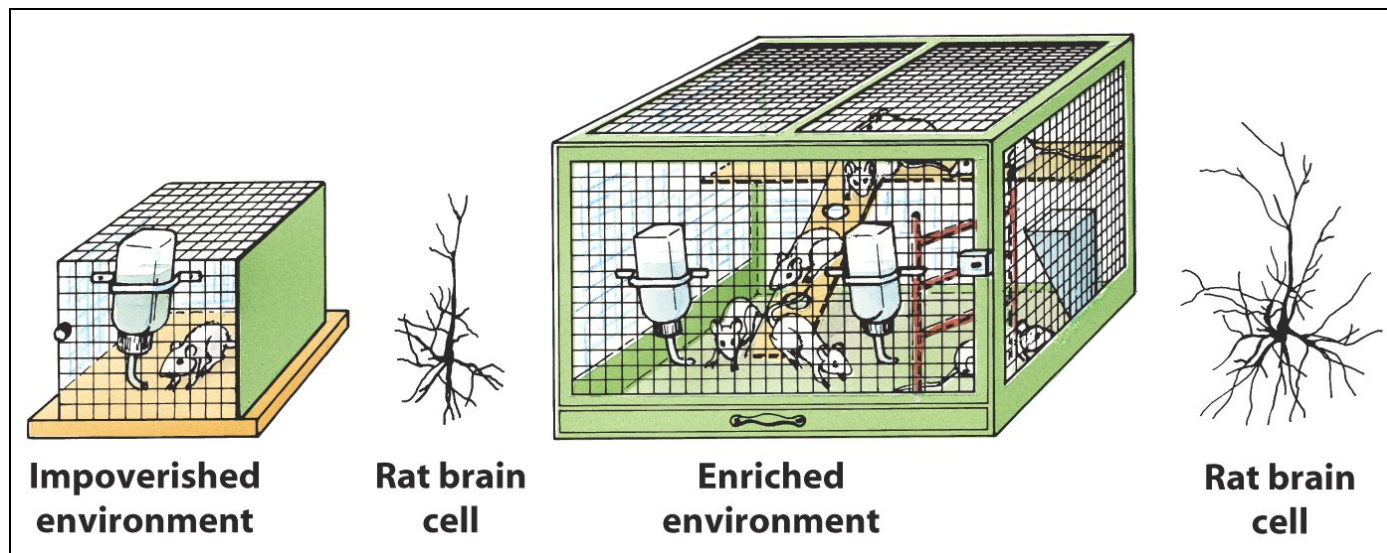
- There are immediate relationships that have a stronger influence on the individual such as the **family, classroom, peer group and religious class** (there may be others) as shown in the center of the circle.
- The next set of influences influence the family, classroom, peer group, etc. and are more indirect and environmental such as the **mass media, community, schools, and medical institutions**.
- Much broader social factors would be our **culture, economic and social conditions**.

Successful Aging: Activity Theory of Aging

The activity theory of aging says that life satisfaction in late adulthood is highest when people maintain the level of activity they engaged in earlier in life. Whatever you enjoyed at a younger age, you should do your best to continue those activities.

Successful Aging: Mental and Cognitive Stimulation

To study the effects of experience on development, researchers reared rats in two different laboratory environments. One is an impoverished environment and the other is an enriched environment ([page 118](#)).



When you look at the brains of adults who led lives that provided mental challenges such as learning new activities, they developed more neural connections in the brain. Although, these adults didn't reduce the likelihood of developing Alzheimer's disease, they were less likely to be impaired by it.

Successful Aging: Close Nurturing Relationships

Loving marriages are associated with longevity of life. Strong family relationships encourage us to go do the doctor, take care of ourselves, and stimulates the production of the hormone oxytocin, which reduces our response to stress.

Successful Aging: Realistic Sense Control

Stressors challenge you to do something to eliminate or overcome the stressor. If you perceive realistic control over stressful events, it can reduce the physiological and cognitive impact of stressor.

Deciding what you have control over and what you do not have control over can be difficult.

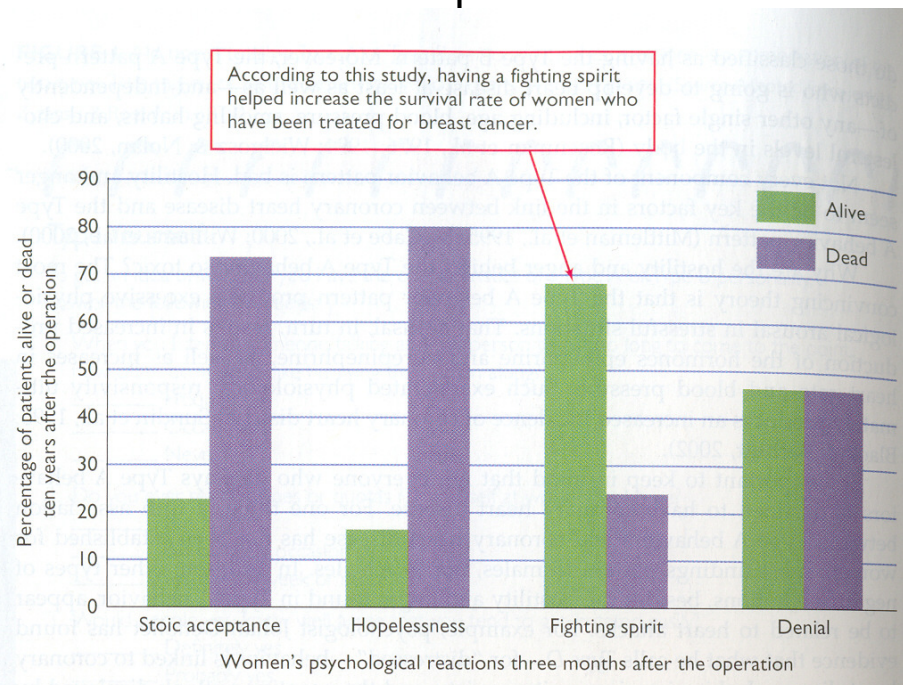
- A former student said that while he was in the Army deployed in Afghanistan, it was less stressful to seek out the insurgents instead of waiting for them to attack the camp/base.
- You can't control the price of gas, but you can control your driving habits.

Successful Aging: Realistic Sense Control

Having a sense of control over a stressful situation reduces the impact of stressor and decreases the feelings of anxiety and depression.

- Your sense of control had to be realistic to be adaptive. Unrealistic perceptions of control over debilitating diseases can add to the stress. Sometimes the control needs to be refocused.
 - Well-adjusted cancer patients accepted that they could not control the disease, but they could control the consequences.

FIGURE 2 The relationship between women's psychological response to breast cancer three months after surgery and their survival ten years after the operation (Pettingale et al., 1985). What implications do these findings have for the treatment of people with cancer?


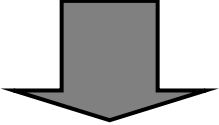


Successful Aging: Realistic Sense Control

When residents of a nursing home were involved in the decision making process (e.g. deciding daily activities, where they received visitors, when they would attend a movie screening, etc), they were more active, alert, sociable, healthier and lived longer compared to residents where the decisions were made for them.



In hospitals and nursing homes, patients may learn to feel helpless because they are not given opportunities to make decisions or exert control over their own lives.

Nursing Home “Engaged”	Nursing Home “Disengaged”
Involved in deciding <ul style="list-style-type: none"> • daily activities • Where they received visitors • When they would attend movie screenings 	Not involved in deciding <ul style="list-style-type: none"> • daily activities • Where they received visitors • When they would attend movie screenings
The decisions were made with the input of the residents <div style="text-align: center;">  </div> More active, alert, sociable, healthier, and lived longer lives	These decisions were made for them <div style="text-align: center;">  </div> Less active, alert, sociable, healthier, lived shorter lives

Successful Aging: Selective Optimization with Compensation Theory

As we grow older, we have reduced capacity to perform demanding tasks and loss of physical abilities. The selective optimization with compensation theory says that successful aging is linked with three main factors:

- selection
- optimization
- compensation

We need to select what we deem important, maintain/optimize performance in areas we deem important with practice or new technologies and discover ways to compensate for areas we have reduced performance (e.g. writing things down when we are mental taxed).



[Gregory A. Pankau](#)
[February 17 at 2:01 PM](#)

An Airbus 380 is on its way across the Atlantic. It flies consistently at 800 km/h in 30,000 feet, when suddenly a Eurofighter with Tempo Mach 2 appears.

The pilot of the fighter jet slows down, flies alongside the Airbus and greets the pilot of the passenger plane by radio: "Airbus flight, boring flight isn't it? Take care and have a look here!"

He rolls his jet on its back, accelerates, breaks through the sound barrier, rises rapidly to a dizzying height, only to swoop down almost to sea level in a breathtaking dive. He loops back next to the Airbus and asks, "Well, how was that?"

The Airbus pilot answers: "Very impressive, but now have a look here!"

The jet pilot watches the Airbus, but nothing happens. It continues to fly stubbornly straight, with the same speed. After five minutes, the Airbus pilot radioed, "Well, what are you saying now?"

The jet pilot asks confused: "What did you do?" The other laughs and says, "I got up, stretched my legs, went to the back of the flight to the bathroom, got a cup of coffee and a cinnamon cake.

The moral of the story is:

When you are young, speed and adrenaline seems to be great. But as you get older and wiser, comfort and peace are not to be despised either.

This is called S.O.S.: Slower, Older, Smarter.

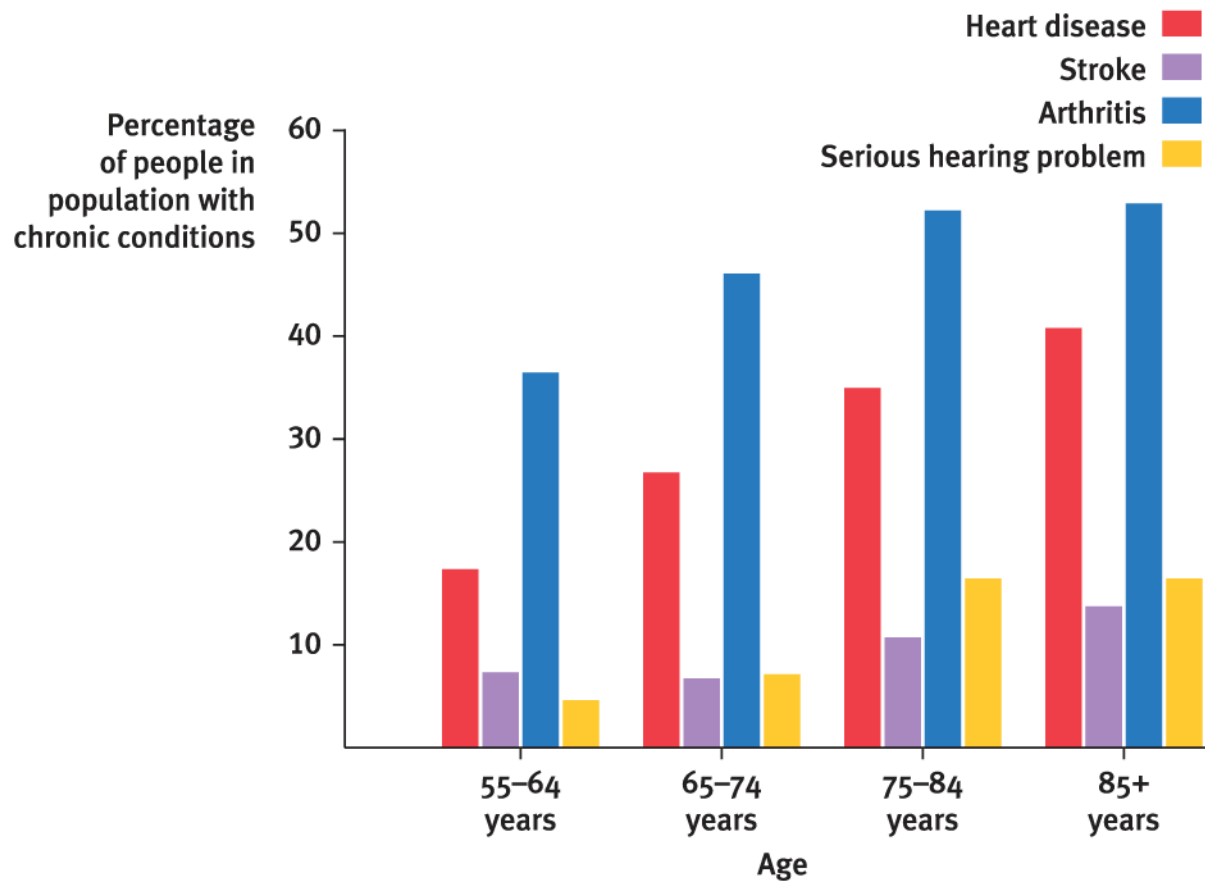
Dedicated to all my friends who like me likes the S.O.S. approach! ✈️ ▪

Declines in Aging

There are normal parts of aging

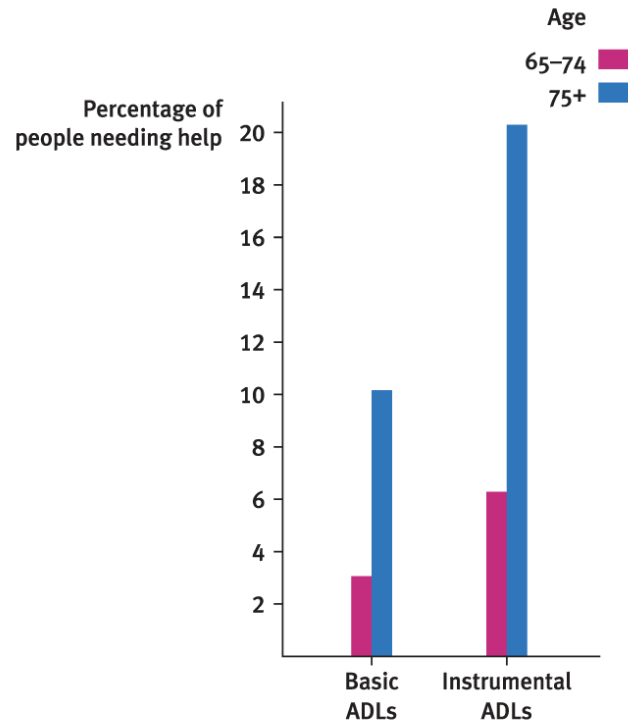
1. Chronic disease is often normal aging at the extremes.
2. Activities of Daily Living (ADL) impairments are a serious risk during the old-old years.
3. The human lifespan has a defined limit.

Figure 14.1: Prevalence of selected chronic health conditions among U.S. adults in middle and later life:



Belsky, *Experiencing the Lifespan*, 5e, © 2019 Worth Publishers

Figure 14.2: Percentages of people needing assistance with instrumental ADLs (Activities of Daily Life) and basic ADLs in the young-old years and over age 75.



Belsky, *Experiencing the Lifespan, 5e*, © 2019 Worth Publishers

- **Basic ADLs** refer to problems with fundamental self-care activities, such as standing or going to the bathroom, or feeding oneself.
- **Instrumental ADLs** refer to troubles performing tasks important for living independently, such as cooking and cleaning.

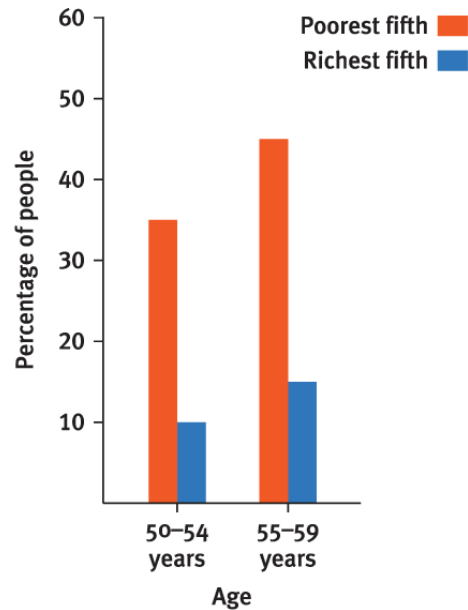
Limits of the Lifespan

The human lifespan does appear to have a somewhat defined limit around 100 years.

- Physical exercises and diet does appear to increase the likelihood of extending your life. However, if there are life extending technologies, would these only be available to those with wealth?
- Even if we could live longer, would we use that extra time effectively? Do we use our current time effectively?

Disabilities and Socioeconomic Status

Life Disabilities is influenced by socioeconomic status and gender (not shown)



Belsky, *Experiencing the Lifespan, 5e*, ©
2019 Worth Publishers

Figure 14.3: Percentage of affluent and low-income people in their fifties with disabilities living in the United Kingdom.

Education and Life Expectancy

The length of telomeres (“caps” at the end of our DNA) is associated with life expectancy. Shorter telomeres are associated with a shorter life expectancy. Those with a high school education had shorter telomeres than those with a college education.

Question: Is this an experimental study or a correlational study?

Erik Erikson's Psychosocial Development

Table 9.4

Erik Erikson's Psychosocial Stages of Development


Life Stage	Psychosocial Conflict	Positive Resolution	Negative Resolution
Infancy (birth to 18 months)	Trust vs. mistrust	Reliance on consistent and warm caregivers produces a sense of predictability and trust in the environment.	Physical and psychological neglect by caregivers leads to fear, anxiety, and mistrust of the environment.
Toddlerhood (18 months to 3 years)	Autonomy vs. doubt	Caregivers encourage independence and self-sufficiency, promoting positive self-esteem.	Overly restrictive caregiving leads to self-doubt in abilities and low to self-esteem.
Early childhood (3 to 6 years)	Initiative vs. guilt	The child learns to initiate activities and develops a sense of social responsibility concerning the rights of others; promotes self-confidence.	Parental overcontrol stifles the child's spontaneity, sense of purpose, and social learning; promotes guilt and fear of punishment.
Middle and late childhood (6 to 12 years)	Industry vs. inferiority	Through experiences with parents and "keeping up" with peers, the child develops a sense of pride and competence in schoolwork and home and social activities.	Negative experiences with parents or failure to "keep up" with peers leads to pervasive feelings of inferiority and inadequacy.
Adolescence	Identity vs. role confusion	Through experimentation with different roles, the adolescent develops an integrated and stable self-definition; forms commitments to future adult roles.	An apathetic adolescent or one who experiences pressures and demands from others may feel confusion about his or her identity and role in society.
Young adulthood	Intimacy vs. isolation	By establishing lasting and meaningful relationships, the young adult develops a sense of connectedness and intimacy with others.	Because of fear of rejection or excessive self-preoccupation, the young adult is unable to form close, meaningful relationships and becomes psychologically isolated.
Middle adulthood	Generativity vs. stagnation	Through child rearing, caring for others, productive work, and community involvement, the adult expresses unselfish concern for the welfare of the next generation.	Self-indulgence, self-absorption, and a preoccupation with one's own needs lead to a sense of stagnation, boredom, and a lack of meaningful accomplishments.
Late adulthood	Ego integrity vs. despair	In reviewing his or her life, the older adult experiences a strong sense of self-acceptance and meaningfulness in his or her accomplishments.	In looking back on his or her life, the older adult experiences regret, dissatisfaction, and disappointment about his or her life and accomplishments.

Source: Adapted from Erikson (1964).

Psychosocial Development (Erikson): Generativity versus stagnation (mid-adulthood)

The crisis revolves around whether or not the individual will contribute to society or stagnate.

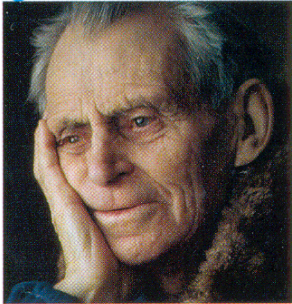
Where will I go with my life? Will I focus others or focus on me? What gives life meaning?

Generativity	Stagnation
<p>Through child rearing, caring for others, productive work, and community involvement, the adult expresses unselfish concern for the welfare of the next generation.</p>  <p>(image source: Carpenter and Huffman)</p>	<p>Self-indulgence, self-absorption, and a preoccupation with one's own needs lead to a sense of stagnation, boredom, and a lack of meaningful accomplishments.</p>

- Healthy adults have established a career and mature relationships with others. In Erikson's view, the primary responsibility is the guidance of the next generation. This can occur by raising children, guiding younger generations, creation of ideas, art, products, etc.
- Stagnation involves the lack of productivity, boredom, and interpersonal impoverishment.

Psychosocial Development (Erikson): Ego Integrity versus Despair (late adulthood)

Was my life meaningful?

Ego integrity	Despair
<p>In reviewing his or her life, the older adult experiences a strong sense of self acceptance and meaningfulness in his or her accomplishments.</p>	<p>In looking back on his or her life, the older adult experiences regret, dissatisfaction, and disappointment about his or her life and accomplishments.</p>  <p>(image source: Carpenter and Huffman)</p>

- Healthy people are those who have adapted and accepted to the triumphs and disappointments in their lives. They are able to look back at their lives and conclude that they were special and had meaning. They also accept the inevitability of death as a necessary part of the life cycle and do not fear it.
- Individuals who have not been able to accept some of the inevitable failures in their life and who have led selfish, uncaring lives experience despair because they realize life is short and no time to start a new life or try to out new paths to integrity.

Barriers to Successful Aging: Ageism

Social engagement is important for successful aging, but social engagement can be discouraged due to prejudice. When the prejudicial attitudes are because of age, it is called ageism.

Older adults are often perceived as incapable of

- thinking clearly,
- learning new things,
- enjoying sex,
- contributing to the community or
- holding responsible jobs.

Many older adults are too polite to confront these prejudicial attitudes or perceive their behavior as consistent with these stereotypes and prejudicial attitudes.

The negative stereotypes and prejudicial attitudes of aging can prevent society from recognizing the assets of late adulthood—their expertise, emotional balance and motivation to contribute to society.

Barriers to Successful Aging: Stereotype Threat

Standardized tests attempt to make the conditions in which people take the test as uniform as possible. However, it is impossible to standardize all conditions including expectations that we might have with regards to groups of people and their performances.

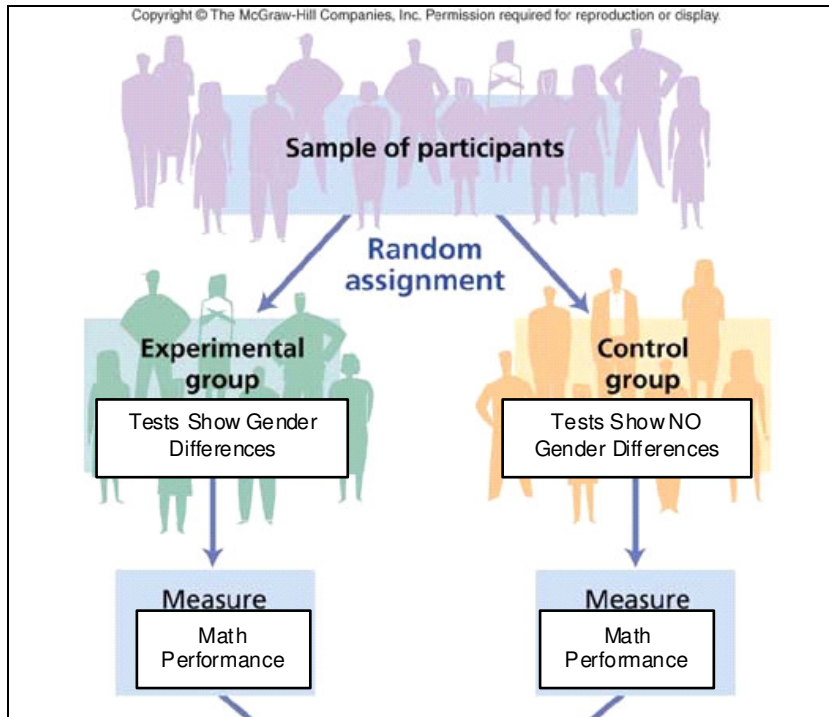
Stereotype Threat: A psychological predicament in which the fear that you will be evaluated in terms of a negative stereotype about a group to which you belong creates anxiety and self-doubt. This anxiety and self-doubt lowers performance in a particular domain that is important to you.

For example:

- Women and math
- Minorities and academic performance
- The elderly and memory

These negative stereotypes that exist within a society can evoke anxiety and undermines performance on assessments of academic performance ([REDACTED]).

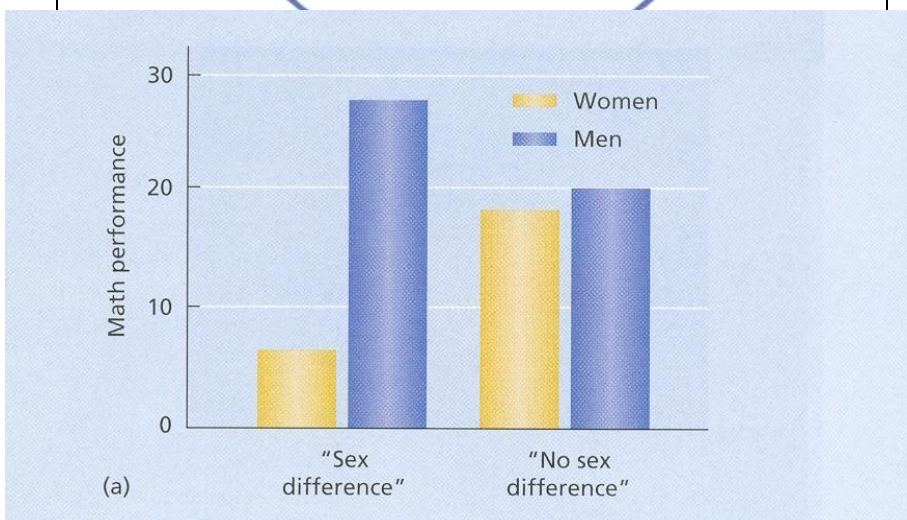
Stereotype Threat



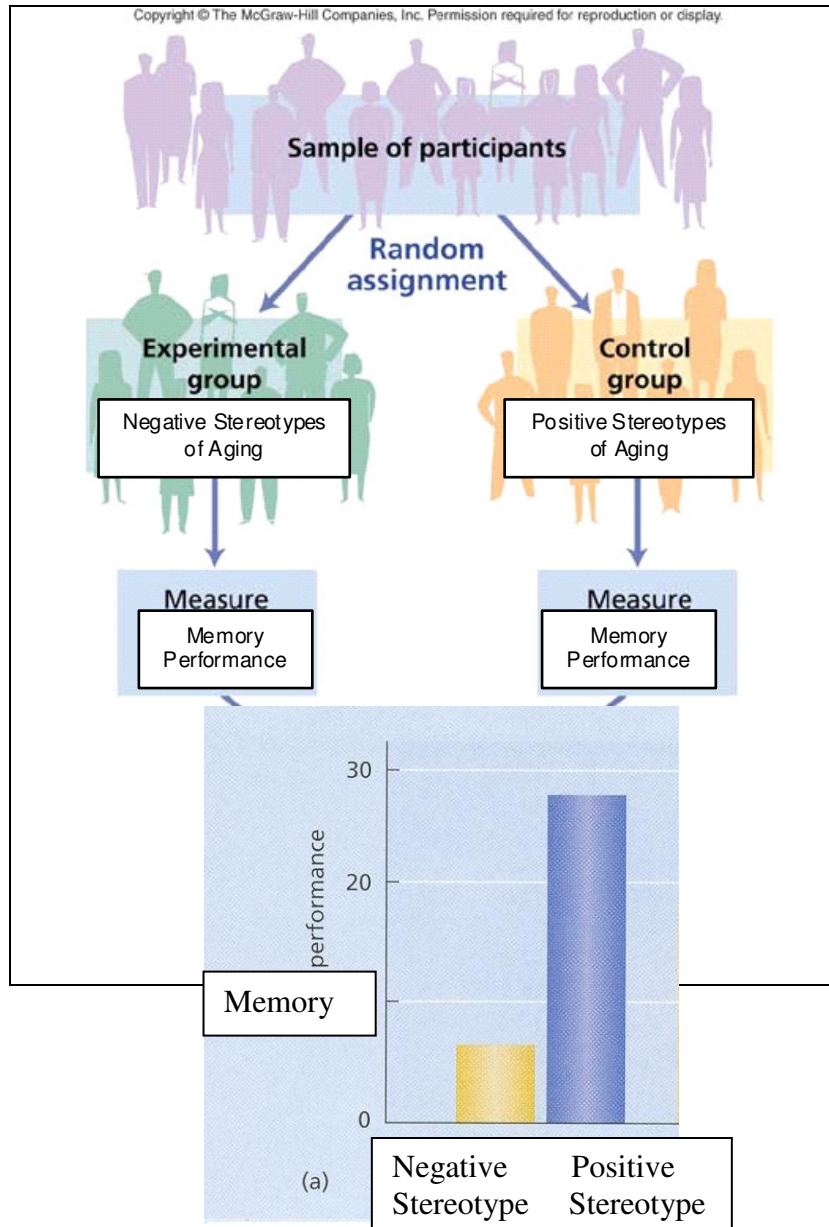
Men and Women who were good at math were selected. Both were equally capable.

They were randomly assigned to the expectations about the exam (IV)

Their math performance was assessed (DV)



Stereotype Threat



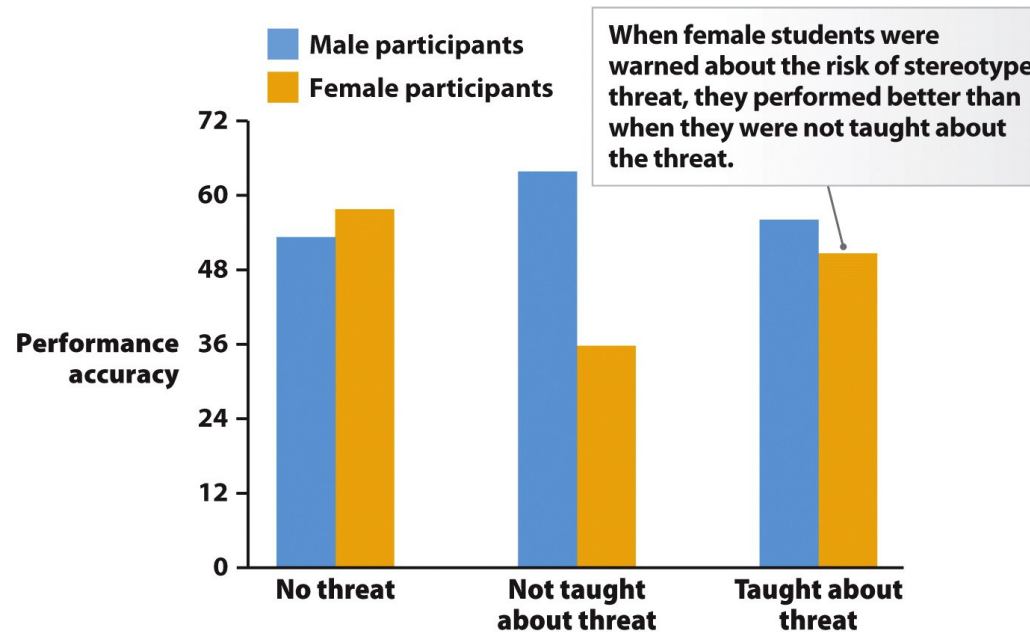
Participants were identified by their views of aging.

They had positive stereotypes of aging and negative stereotypes of aging.

Their memory performance was assessed .

Stereotype Threat

Informing people about the negative consequences of stereotype threat can reduce its effect.



Psychological Science, 4/e Figure 8.41
© 2013 W. W. Norton & Company, Inc.

Focusing on your positive characteristics of your lives does also reduce the effects of the negative stereotypes of your group. Other studies have found that bolstering peer relationships reduces the stereotype threat ([page 351](#)).

Stereotype Threat

While there are real declines in physical and mental abilities, it is not the same across individuals. Many older adults live a healthy, active, and self-sufficient life. If you activate the stereotype of mental declines and physical declines in the elderly, people can start acting in ways consistent with this stereotype. Those who hold the stereotype are more likely to perceive these declines in behaviors and thinking in the elderly.

However, activating a positive stereotype can reduce (not eliminate) the declines.

Cultures that have a negative stereotype regarding the elderly—especially with memory, we observe a reduction in memory performance. Cultures that have a positive view of growing old don't observe the declines (some declines in memory have to do with memory speed, not performance. When time restrictions are removed from a testing condition, the elderly perform as well as their younger counterparts).

- Elderly Chinese who live in China had **good** memory abilities.
- Elderly Chinese who lived in the United States for most of their lives had **declining** memory abilities.
- Elderly Americans who lived in the United States for most of their lives had **declining** memory abilities.

Difficulties that Occur with Aging

Figure 14.4: How an 85-year-old might see the world:

They may have difficulties finding the bottle of medicine or have difficulties reading the print in a book.



Left: Image Source/Getty Images; right: MayaCom/iStock/Getty Images

There are changes in vision as we grow older beyond the difficulty to see close objects. These changes occur gradually and may be difficult to notice such as difficulties seeing in dim light, being bothered by glare, a direct beam of light hitting the eye, and difficulties distinguishing between certain colors ([page 413](#)).

Table 14.1 Age-related Sensory-Motor Changes and Interventions

Changes	Interventions
<p>VISION</p> <p>Problems with seeing in dimly lit places, sensitivity to glare</p>	<ul style="list-style-type: none"> • Use strong, indirect light and avoid using fluorescent bulbs. • Buy appliances with large letters, nonreflective surfaces, and adjustable lighting. • Consider giving up driving at night and in the rain.
<p>HEARING</p> <p>Loss of hearing for high-pitched tones</p>	<ul style="list-style-type: none"> • Reduce background noise. • Speak distinctly while facing the person (<i>there can be difficulties distinguishing between the word time and dime</i>). <ul style="list-style-type: none"> • It can be frustrating for those with difficulties hearing to constantly ask people to repeat things, hesitate to ask, and increase the risk of loneliness. • Install wall-to-wall carpeting and double-paned windows in a home. • Don't be wary about checking out hearing-aid technology. You can still look just as young—and feel much more connected to the world—with a device nestled in your ear. <ul style="list-style-type: none"> • <i>Hearing aids help with conduction deafness (brittle middle ear bones), but cannot help with sensorineural deafness (damage to hair cells due to loud noises—protect your hearing!).</i>

MOTOR ABILITIES

Slower reaction time

Osteoporosis and

osteoarthritis Gait problems

Be careful in speed-oriented situations.

Search out exercise programs and try to follow through.

Install low-pile carpeting to prevent tripping, grab bars, and other assistive devices at home. (The lighting interventions suggested above will also help prevent falls.)

Regularly play video games!

Unfortunately, economic barriers can make these interventions difficult.

Neurocognitive Disorders (NCDs, Popularly Called Dementia)

Major neurocognitive disorder (NCD, dementia): The general term for any illness involving serious, progressive cognitive decline that interferes with a person's ability to live independently. (A minor neurocognitive disorder is the label for a less severe impairment in memory, reasoning, and thinking which does not compromise independent living).

In the early stages, people forget basic semantic information (semantic information is basic facts about the world around them).

- They cannot recall core facts about their lives such as the name of their town or how to get home
- Impairments in executive functions can include “personality changes” such as erratic behavior from a normally conscientious person or withdrawal from the world if they are normally quite social ([page 421](#)).

As the disease progresses, abstract reasoning becomes difficult. People can no longer think through options when making decisions, their language abilities are compromised (see story about Agatha Christie). People cannot name common objects such as a show or a bed. Judgment is gone. Older adults may act inappropriately—undressing in public, running out in traffic. They may wander aimlessly and behave recklessly, unaware that they are endangering their lives ([page 422](#)).

In the later stages of this disease, people may be unable to speak or move. Ultimately, they are bedridden, unable to remember how to eat or swallow. At this point, complications such as infections or pneumonia often lead to death ([page 422](#)).

On average, the time from diagnosis until death is about 4 to 10 years. Over age 85, 1 in 3 people develop memory problems this severe.

Neurocognitive Disorders (NCDs, Popularly Called Dementia)

Those who are diagnosed with subjective cognitive declines or mild cognitive impairments can improve by being open to new experiences, with cognitively enriching lifestyles. People who have advanced degrees (“well educated”) provide a buffer for the onset of Alzheimer’s disease. However, once these declines become clear that it is due to Alzheimer’s disease, these people decline faster.

The only strategy for stimulating neural growth is with rats. Rats who exercise show neural growth. While exercise has not been tested in humans, it is a reasonable step to take by reducing the risk of cardiovascular problems and physical declines which increase the risk of independent living and associated problems with the lack of independence.

Table 14.2: Tips for Helping People with Cognitive Disorders

<p>1. Provide clear cues to alert the person to his surroundings, such as using note cards and labeling rooms and objects around the home (e.g., use a picture of the toilet and tub at the door to the bathroom); use strong, contrasting colors to highlight the difference between different rooms in the house.</p>
<p>2. Protect the person from getting injured by double-locking the doors, turning off the stove, and taking away the car keys.</p>
<p>3. Offer a highly predictable, structured daily routine.</p>
<p>4. Don't take insulting comments personally. Try to understand that "it's the disease talking."</p>
<p>5. Remember that there is a real person in there. <i>Respect the individual's personhood</i> .</p>
<p>6. Try to see the silver lining; this is a time to understand what's really important in life, to grow as a person and show your love.</p>
<p>7. Definitely join a caregiver support group—and contact the Alzheimer's Association http://www.alz.org</p>

When dealing with the elderly, avoid the [cultural] (your author uses the word natural) temptation to infantilized people when they develop old-age difficulties ([page 432](#)). Treating people with respect and the need for autonomy (in the United States) is important at all ages.

As a larger social issue, the United States has a long way to go in providing optimal environments to people approaching the upper end of life (or those with disabilities). Society is not currently designed for older adults. Assisted living and continuing care, like excellent child care, is available to those with high socioeconomic status. Reimbursement for nursing homes care is low.

Table 14:3 Choosing a Nursing Home: A Checklist

The General Milieu
<ul style="list-style-type: none"> • Is the setting appealing, with user-friendly features that take into account sensory and motor disabilities (e.g., carpeting on floors to prevent falling; adequate indirect lighting; dining areas that don't magnify hearing problems; no long hallways; clear differentiation between corridors)?
<ul style="list-style-type: none"> • Can the person have her own room, and is privacy allowed? Are there pleasant outdoor areas? Have residents decorated their living spaces?
<ul style="list-style-type: none"> • How many residents live here? Studies agree that smaller facilities provide better care.
<ul style="list-style-type: none"> • Are there good rehab facilities and enriching activities?
The Staff
<ul style="list-style-type: none"> • Now spend time observing and talking to the aides. Is the staff nurturing? Do they feel committed to this work? Do they feel they have too much to do? Are they happy with this organization?
<ul style="list-style-type: none"> • Ask about staff turnover: How many people have left within the last few months? More stability may signal better quality care.
The Residents
<ul style="list-style-type: none"> • If possible, interview a resident and/or a family member. What are the negatives and positives of this place?
<ul style="list-style-type: none"> • Is there a residents' council? Do consumers have input into how this place is run? Do older people here feel comfortable lodging complaints?
<ul style="list-style-type: none"> • And, if you are contemplating entering continuing care, spend a few nights living at your prospective home. Apart from everything else, it's imperative to know: <i>Will I fit in socially here?</i>