Late Adulthood

Psychosocial Development
Theories of Late Adulthood

- Self theories: search to maintains one’s integrity and identity
  - Integrity vs. Despair

Identity Theory: Identity vs. role confusion

- Identity assimilation: identity remains the same and new experiences incorporated
- Identity accommodation: people adapt to new experiences by changing the self-concept
Selective Optimization with Compensation

- Individuals set their own goals, assess their own abilities, and then figure out what they want to achieve despite the limitations and declines of later life.

- Readiness to make selective changes, is a measure of self efficacy.
Stratification Theories

- Theories emphasizing social forces limit individual choice and direct life

- Stratification by Age: segregation of oldest citizens, forced retirement, restricted housing
  - disengagement theory: person’s social sphere increasingly narrows with age, resulting in passivity
  - activity theory: view that elderly people need to remain active in a variety of social spheres and only become withdrawn unwillingly
Stratification by Gender and Ethnicity

- Sexual Discrimination: women make up 60% of population in US over 65
  - Male dominated societies: pension plans focusing on lifetime of continuous employment puts women at disadvantage because of care-giving roles
  - Reluctance of family to let aged female live alone

Ethnic Discrimination: Critical race theory-long standing racism, less access to elderly resources

Some research opposes these theories!
Dynamic Theories

- Theories that emphasize change and readjustment
  - Continuity theory: each person experiences change and responds to it at every stage the way they did in younger years
  - Source of continuity is temperament
Keeping Active

- Continuing education: 1 out of 5 older adults enroll in classes, motivated by personal desire or social development
  - Elderhostel: people age 55 and older can live on college campuses and take special classes during college vacation periods

Volunteer Work: Commitment to community
40% of elderly involved in volunteering
Keeping Active

- Religious Involvement: religious faith increases with age, helps elderly feel more connected

- Political Activism: more politically active than any other age group, increases power of aging population

**All Enhance life and increase life span!**
Social Convoy

- The family members, friends, acquaintances who over through life with an individual
  - Long term marriages: married elders tend to be happier, healthier, and wealthier
  - Marriage generally changes for the better in late adulthood
Widowhood

- Widows: 4 times as many as widowers because women take better care of their health, loss of a close friend and lover, as well as income, status, and a broken social circle.

- Widowers: easier for women than men to live without a spouse, less plans for themselves, smaller social circle, more dependent on wives, more likely to remarry, more lonely.

- Relationships with younger generations remain important.
The Frail Elderly: 2 % of worlds population

- People over age 65 who are physically ill or cognitively impaired

- Crucial Sign of frailty: person’s inability to perform, safely, and adequately the various tasks of self-care. (ADLS): self-care

- Instrumental Activities of Daily Life (IADLs): shopping, paying bills, taking medications, making appointments

- # increasing due to: more people reaching old age, medical care prolonging life, medical care focuses on prolonging rather than enhancing life, and resources
Age and Self-Efficacy

- Autonomy and control are best defenses against becoming dependent
- Loss of control is best predictor for becoming frail
- Most frail elderly cared for by relatives, can become taxing if done by one family member
Elder Abuse

- Sometimes become problematic if caregivers experience emotional problems or substance abuse
- Other risk factors include social isolation and powerlessness
- Rate of elder abuse at 5% rate

Types: financial, neglect, physical, and sexual. Abuse can take place in homes and in nursing homes.
Final Exam

- Difference between geriatrics and gerontology
- Concept of Ageism
- Physical changes during late adulthood
- Theories on Aging
- Lifestyle to increase longevity
- Cognitive decline in later adulthood
- Dementia: Alzheimer's, Vascular dementia
- Self, Stratification and dynamic theories
- Frail elderly