B.Sc PSYCHOLOGY

6th SEM CORE COURSE

UNIVERSITY OF CALICUT

PSY6B03-DEVELOPMENTAL PSYCHOLOGY-II

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Prepared by

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COURSE CODE	PSY6B03
TITLE OF THE COURSE	DEVELOPMENTAL PSYCHOLOGY-II
SEMESTER IN WHICH THE COURSE TO BE TAUGHT	5TH
NO. OF CREDITS	3
NO. OF CONTACT HOURS	48 (3hrs/week)

Objectives of the course:

- **To study emotional and social development of life span periods.**

- **To study the vocational development and adjustments in adulthood.**

- **To understand the period of late adulthood.**

Course Details

MODULE NO.	NAME OF MODULE	MODULE HOURS
1	Emotional development	12
2	Social development	10
3	Vocational development	12
4	Late adulthood	14

Module-1

- Emotion a complex experience of consciousness, bodily sensation, and behaviour that reflects the personal significance of aa thing, an event, or a state of affairs.

- In 1972, psychologist Paul Ekman suggested that there are six basic emotions that are universal throughout human cultures: fear, disgust, anger, surprise, happiness, and sadness

- In the 1980s, Robert Plutchik introduced another emotion classification system known as the "wheel of emotions." This model demonstrated how different emotions can be combined or mixed, much the way an artist mixes primary colors to create other colours

- In 1999, Ekman expanded his list to include a number of other basic emotions, including embarrassment, excitement, contempt, shame, pride, satisfaction, and amusement.

- **Key elements of emotion**

  1. Subjective Experience

  2. Physiological Response

  3. Behavioral Response

- Subjective Experience: there are a number of basic universal emotions that are experienced by people all over the world regardless of background or culture, researchers also believe that experiencing emotion can be highly subjective. These emotions might occur simultaneously, or you might feel them one after another.

- Physiological Response: Many of the physiological responses you experience during an emotion, such as sweaty palms or a racing heartbeat, are regulated by the sympathetic nervous system, a branch of the autonomic nervous system. If you've ever felt your stomach lurch from anxiety or your heart palpate with fear, then you realize that emotions also cause strong physiological reactions.

- Behavioral Response: Our ability to accurately understand these expressions is tied to what psychologists call emotional intelligence, and these expressions play a major part in our overall body language.

- **Types of Emotions**

- psychologist Paul Ekman established the following six universal emotions

  1. Happiness: Many people strive for happiness, as it is a pleasant emotion accompanied by a sense of well-being and satisfaction. Happiness is often expressed by smiling or speaking in an upbeat tone of voice

  2. Sadness: All of us experience sadness now and then. Someone might express sadness by crying, being quiet, and/or withdrawing from others. Types of sadness include grief, hopelessness, and disappointment

  3. Fear: Fear can increase heart rate, cause racing thoughts, or trigger the fight-or-flight response. It can be a reaction to actual or perceived threats. Some people enjoy the adrenaline rush that accompanies fear in the form of watching scary movies, riding roller coasters, or skydiving.

  4. Disgust: Disgust can be triggered by a physical experience, such as seeing or smelling rotting food, blood, or poor hygiene. Moral disgust may occur when someone sees another person doing something they find immoral or distasteful.

  5. Anger: Anger can be expressed with facial expressions like frowning, yelling, or violent behavior. Anger can motivate you to make changes in your life, but you need to find a healthy outlet to express anger so it doesn't cause harm to yourself or others.

  6. Surprise: Surprise can be pleasant or unpleasant. You might open your mouth or gasp when you're surprised. Surprise, like fear, can trigger the fight-or-flight response.

- EMOTIONAL BEHAVIOUR IN INFANCY TO MIDDLE ADULTHOOD

1. Infancy

- The expression of emotions during infancy promotes the transition from complete dependency to autonomy.

- Expressions of joy promote social interaction and healthy attachment relationships with primary caregivers. The expression of sadness encourages empathy and helping behaviour, and the expression of anger signals protest and discomfort.

- Infants unique tendency to experience and express particular emotions and the threshold for expressing those emotions is usually referred to as their temperament or characteristic emotionality.

- By four to five months of age, infants selectively smile at familiar faces and at other infants, and their caregivers begin to share positive emotional exchanges with them.

- During the second six months of life, as infants gain limited cognitive and memory capacities, they begin to express particular emotions based on context.

2. Toddlerhood and early childhood

- During the toddler period, in conjunction with rapid maturation of the frontal lobes and the limbic circuit in the brain, recognition of the self emerges. As a result, the toddler strives to become more independent, and the expression of anger and defiance increases in that struggle for autonomy.

- The ability to differentiate the self from others also promotes basic empathetic behaviour and moral understanding.

- The emergence of emotional self-regulation is particularly important during early childhood and occurs in the context of family and peer relationships. Open expression of positive emotions and warm, supportive relationships between parents and children promote effective emotional self-regulation.

- Frequent expression of negative emotions in the family increase the experience of distressing and dysregulated emotions that may lead to psychopathology.

3. Middle and late childhood

- During middle and late childhood, stable self-concepts based on the child's typical emotional experiences emerge. Also during middle and late childhood, children begin to understand that a single situation or event can lead to the experience of multiple, mixed emotions. This capacity likely emerges with the cognitive capacity to understand multiple aspects of a situation, called decentration.

- Children also learn emotional display rules as they progress through middle and late childhood. For example, a child learns to look happy even though she feels upset when a friend or family member gives her an undesirable gift. The use of display rules tends to increase as children begin to consider what consequences their actions may have for others.

4. Adolescence

- Adolescents become less emotionally dependent on their parents, but this emotional autonomy often emerges after a period of conflict and increased experience of negative emotions.

- Young adolescents often experience more negative affect, girls often experience a longer period of elevated negative affect than boys.

- Adolescents tend to experience more extreme emotions, both negative and positive, than their parents even in response to the same events.

5. Early adulthood

- In early adulthood, emotional changes are going to be more noticeable than the physical ones. This is an important stage in adult emotional and psychological development, and we strive to find our place in the world.

- During this time, important life decisions are made about career and living arrangements.

6. Young adulthood

- Most young adults aged 18 and over will:

- Move into adult relationships with their parents

- See the peer group as less important as a determinant of behaviour

- Feel empathetic

- Have greater intimacy skills

- Complete their values framework

- Carry some feelings of invincibility

- Establish their body image

7. Middle adulthood

- People do undertake a sort of emotional audit, revaluate their priorities, and emerge with a slightly different orientation to emotional regulation and personal interaction in this time period.

- Middle adulthood has been regarded as a period of reflection and change.

- Because of the shifting hormone levels, women going through menopause often experience a range of other symptoms, such as anxiety, poor memory, inability to concentrate, depressive mood, irritability, mood swings, and less interest in sexual activity.

- TEMPERAMENT

- The basic foundation of personality, usually assumed to be biologically determined and present early in life, including such characteristics as energy level, emotional responsiveness, demeanour, mood, response tempo, behavioural inhibition, and willingness to explore.

- Temperament has an emotional basis, but while emotions such as fear, excitement and boredom come and go, temperament is relatively consistent and enduring

- Temperament can be modulated by environmental factors; parental response

- **different classifications of temperament**

- The concept of temperaments is nothing new. In fact, it was first proposed by the father of medicine, Hippocrates, in the fourth century B.C., suggesting that human behavioral tendencies and moods are linked to four humors. Of course, there was nothing funny about the "humors" in this context, which simply signified to Hippocrates the four distinct types of bodily fluids: blood, yellow bile, black bile, and phlegm (Merenda, 1987).

- Hippocrates's belief that changes in bodily fluids cause our moods and dispositions may sound ridiculous to you. However, his attempt at a physiological explanation for behavioral differences was a step in the right direction when everyone else thought our mental states, creativity, and poor decisions were controlled or caused by Olympian gods, muses, and evil spirits.

- Although Hippocrates was the first to think of a connection between bodily fluids and behavior, it was a physician named Galen of Pergamon in the second century A.D, who further developed and promoted the concept of temperaments. According to Galen, the optimal proportions of these four bodily fluids resulted in a balanced disposition and physical appearance (Merenda, 1987). After all, the word temperament originates from the Latin word temperamentum, which means a mixture of correct proportions of elements. Yet, any imbalance of these fluids, Galen thought, was the root cause of distinct emotions, moods, behaviors, and specific physical characteristics (Merenda, 1987). Hence, based on the supposed excess of each bodily fluid, he developed the four classic temperaments.

- Temperament 1: Sanguine: Sanguine means blood in Latin. Thus, as you may have already guessed, the sanguine temperament was associated with an excess of blood. Galen described people with sanguine temperaments as optimistic, social, and lively (Dammeyer & Zettler, 2018). In other words, individuals with a sanguine temperament tend to be talkative, friendly, and carefree. People have also attributed artistic tendencies and being imaginative to sanguine temperaments, as well as the tendencies to be disorganized and easily bored.

- Temperament 2: Phlegmatic: The phlegmatic temperament is associated with, well, phlegm - like the gooey mucus you cough up when you have a cold. Yet, unlike how tense and restless you might feel when your lungs are covered with phlegm, the phlegmatic temperament symbolizes being content, peaceful, and relaxed (Dammeyer & Zettler, 2018). And since phlegm is relatively dense, slow to move, and sticky, people thought phlegmatic individuals were slow to warm up to social situations and tended to stick to their routines, and were unwilling to welcome drastic changes to their lifestyles.

- Temperament 3: Choleric: The origin of the word choleric is from Greek kholerikos, which means gall or yellowish-green bile. Thus, the choleric temperament is linked to this shiny fluid that is less dense than blood. What did this signify for the thinkers in antiquity? According to them, individuals with choleric temperaments were short-tempered, irritable, and quick to react (Dammeyer & Zettler, 2018). Moreover, choleric individuals were also thought to be excitable and impulsive go-getters, who were more ambitious than others.

- Temperament 4: Melancholic: Even if you have never heard of the three temperaments we have discussed so far, you might be somewhat familiar with the name of the fourth. In fact, many people use the words melancholy or melancholic when they talk about feeling sad or gloomy. Nonetheless, the melancholic temperament isn't limited to sitting

quietly in a corner and nursing your sorrows. Melancholic comes from the Greek words melan (black) and khole (bile), which simply means black bile. In ancient times, people called the dark and viscous humor located in the kidneys and spleen black bile. Given these organs are rich in blood, what they likely observed was the dark sediment of blood in these organs upon their removal from an animal's body. Regardless, the thinkers in those times attributed traits such as being reserved, quiet, cautious, and analytical to this elusive bodily fluid.

- SELF DEVELOPMENT

- Self concept-self of sense, descriptive and evaluative mental picture of one's ability and traits

- Self definition-cluster of characteristics used to describe oneself

- Single representation-first stage in development of self-definition, in which children describe themselves in terms of individual, unconnected characteristics and in all-or-nothing terms

- Real Self- The self one actually is.

- Ideal self-The self one would like to be

- Representationalmappings-Secondstageindevelopmentofselfdefinition, in which a child makes logical connections between aspects of the self but still sees these characteristics in all-or-nothing terms

- Self esteem-The judgement a person makes about his or herself-worth

1) Role of family in emotional development

    - Mother's role:-Feeding is not the only, or even the most important things babies get from their mother. Mothering includes the comfort of close bodily contact and, in the satisfaction of an innate need to cling

- Father's role:- The father's role entails emotional commitment, and often direct. Responsible fathering-father's active involvement in meeting a child's financial, physical and emotional needs.nvolvement in the care and upbringing of children.

2) Role of parenting in emotional development

Parenting style

- The dimensional approach to parenting styles has typically focused on the role of three parenting style dimensions in children's development:
- 1) Affection, i.e. positive affect, responsiveness, and support in parent- child relationship.
- 2) Behavioral control, i.e., the regulation of the child's behaviour Through firm and consistent discipline (e.g., limit setting, maturity demands, monitoring)
- 3) Psychological control, i.e., parents' control of the child's emotions and behavior through psychological means (e.g., love withdrawal,guilt induction)

Different parenting style

- Baumrind described three different parenting styles:
- 1. Authoritative parenting, characterized by a high level of both parental affection and behavioral control;
- 2. Authoritarian parenting, characterized by a harsh and punitive control and low affection.
- 3. Permissive parenting, characterized by a high affection but low behavioural control.

3) Role of peer relations in emotional development

- Positive peer relationships make critical contributions to healthy social emotional development.

- Peer relationships provide a unique context in which children learn a range of critical social emotional skills, such as empathy, cooperation, and problem-solving strategies.

- Peer relationships can also contribute negatively to social emotional

- development through bullying, exclusion, and deviant peer processes

- Close relationships in adulthood: We have learned from Erikson that the psychosocial developmental task of early adulthood is "intimacy versus isolation" and if resolved relatively positively, it can lead to the virtue of "love." In this section, we will look more closely at relationships in early adulthood, particularly in terms of love, dating, cohabitation, marriage, and parenting.

- Middle adults do not exhibit an immunity to problems in relationships.

- The course of love changes over time, and these changes may become evident by middle adulthood. The ideal form of love in adulthood involves the three components of passion, intimacy, and commitment—called consummate love, or complete love. This type of love is unselfish, devoted, and most often associated with romantic relationships. Unfortunately, achieving consummate love, as Sternberg noted, is similar to losing weight. Getting started is easy; sticking to it is much harder.

- For many middle-age couples, passion fades as intimacy and commitment build. In other words, many middle adults find themselves in a marriage typified by companionate love, which is both committed and intimate but not passionate. Yet love need not be this way, nor do such changes necessitate the end of a long-term relationship. In contrast, many middle adult couples find effective ways of improving their ability to communicate, increasing emotional intimacy, rekindling the fires of

passion, and growing together. The understanding that evolves between two people over time can be wonderful.

- In all age groups, friends provide a healthy alternative to family and acquaintances. They offer support, direction, guidance, and a change of pace from usual routines. Although many young adults manage to maintain at least some friendships, family, school, and work can become greater concerns for middle adults. Life responsibilities reach an all-time high, so time for socializing is often at an exceptional premium. For this reason, middle adults generally maintain fewer close friendships than their newlywed and retired counterparts, although this is not always the case. Yet where quantity is lacking, quality predominates. People often nourish some of the closest ties between friends during middle adulthood.

- As adults wait later to marry and start families, more and more middle adults find themselves raising small children. This is not the typical pattern, however. By the time most parents reach middle age, their children are at least of adolescent age.

- for middle adults, the search is for generativity, or fulfillment through such activities as raising children, working, or creating.

- Witnessing their children on the verge of becoming adults can trigger a midlife crisis. The adolescent journey into young adulthood reminds middle-age parents of their own aging processes and the inescapable settling into middle and later adulthood

- Some teenagers ignite so much tension at home that their departure to college or into a career acts as a relief to parents. Other parents experience the empty nest syndrome after all of their children leave home. Without the children as a focal point for their lives, they have trouble reconnecting to each other and rediscovering their own individuality separate from parenthood.

- Middle-age parents typically maintain close relationships with their grown children who have left home. However, many parents report feeling as if they continue to give more than they receive from their relationships with their children.

- Most middle adults characterize the relationship with their parents as affectionate. Indeed a strong bond often exists between related middle and older adults. Although the majority of middle adults do not live with their parents, they usually maintain frequent and positive contact. And, perhaps for the first time, middle adults see their parents as fallible human beings.

- Middle adults normally react with intensity and pain to the death of one or both parents. (Of course, this holds true for individuals at all stages of the lifespan.)

- During late adulthood, many people find that their relationships with their adult children, siblings, spouses, or life partners change. Roles may also change, as many are grandparents or great-grandparents, caregivers to even older parents or spouses, or receivers of care in a nursing home or other care facility.

- Adult life changes, marriage and family in adulthood

- The stages of adulthood examined here include: Early Adulthood (ages 22--34). Early Middle Age (ages 35--44), Late Middle Age (ages 45--64), and Late Adulthood (ages 65 and older)

- In terms of mean-level change, people show increased selfconfidence, warmth, self-control, and emotional stability with age. These changes predominate in young adulthood (age 20–40). Moreover, mean-level change in personality traits occurs in middle and old age, showing that personality traits can change at any age.

- This is the stage of life when most people complete their education. They are likely to begin a career or take a full-time job. Many people also marry and start a family during

early adulthood. During this time, people have a harder time fighting diseases like the flu.

- adulthood, the period in the human lifespan in which full physical and intellectual maturity have been attained. Adulthood is commonly thought of as beginning at age 20 or 21 years. Middle age, commencing at about 40 years, is followed by old age at about 60 years

- They found that strong family life was one of the strongest predictors of life satisfaction at each stage. Psychological well-being and life satisfaction are closely related. Having quality time with family and participating in family activities together can have a positive impact on one's mental well-being.

- During late adulthood, many people find that their relationships with their adult children, siblings, spouses, or life partners change. Roles may also change, as many are grandparents or great-grandparents, caregivers to even older parents or spouses, or receivers of care in a nursing home or other care facility.

- Marriage is a powerful creator and sustainer of human and social capital for adults as well as children, about as important as education when it comes to promoting the health, wealth, and well-being of adults and communities.

Module 2

Social Development

- Process of socialization from infancy to middle adulthood

- Socialization consists of four stages from infancy to adulthood. They are- (1) The oral stage, (2) The anal stage, (3) The oedipal stage and (4) Adolescence.

- The First Stage- The Oral Stage: The stage begins with the birth of the child and continues up to the completion of one year. Before birth, the child remains in the mothers womb is in the foetal form and is warm and comfortable. At birth, the little infant must breathe himself, to be and he must be protected from cold, wet and other discomforts.

- For everything, the child cries a great deal. By means of crying, the child establishes its oral dependency. The child here develops some definite expectations about the feeding time. The child also learns to give signals for his felt needs. In this stage, the child is involved in himself and his mother. If the father or some other person is providing the proper care for the child, that person, will also be performing the role of mother. Froud called this stage- stage of primary identification

- The Second State-The Anal Stage: The second stage normally begins soon after the first year and is completed during the third year. It is here that the child learns that he cannot depend entirely on the mother and that he has to take some degree of care for himself. Toilet training is the main focus of new concern. The child is taught to do some tasks such as toileting, keeping clothes clean etc.

- The child in this stage internalizes two separate roles-his own role and that of his mother. The child receives care and also loves from the mother and learns to give love in return. The child is enabled to distinguish between correct and incorrect actions. The correct action is rewarded and the incorrect action is not rewarded or punished.

- The Third Stage-The Oedipal Stage: The third stage mostly starts from the fourth year of the child and extends upto puberty (the age of 12 or 13 years). It is in this stage the child becomes the member of the family as a whole. It is here the child has to identify himself with the social role ascribed to him on the basis of his sex.

- According to Freud, the boy develops the 'Oedipus complex'-the feeling of jealousy towards father and love towards mother. In the same way, the girl develops the "Electra complex"- the feeling of jealousy towards the mother and love towards the father. Freud believed that the feelings are aiming sexual. But most of the writers do not subscribe to this opinion. They say that the child of four, five or six rarely has a clear knowledge of sex or sexual function.

- After the age of sex, the child is able to understand the sexual difference. The boy tries to identify himself with the father and the girl with the mother. When the children go to the school or mix with other children they prefer to join their respective playgrounds. In this period interest for learning various begins skills.

- In this stage the boy make three kinds of identification- (1) He identifies with his father and brothers (sex-role identification), (2) He identifies with all his siblings (role of child in the family), and (3) He identifies with the whole family as a member.

- Thus, in this stage the child internalizes clearly his role, the role of the father, mother and siblings of each sex (brother and sister). He also realizes that the father has a dominant role in the family, more dominant than that of the mother. The parents help the children to make proper sex identification.

- The Fourth Stage-The Stage of Adolescence: The four stage starts with the period of adolescence. Due to the physiological and the psychological change, that take place within the individuals this stage assumes importance. During this stage, the boys and girls try to become free from parental control. At the same time, they cannot completely

escape from their dependence on their parents. Hence, they may experience a kind of strain or conflict in themselves.

- They want to be free in doing various activities. But the parents continue to control many of their activities. This is particularly true of sexual activity.

- In the modern society, the parents intend to give more freedom to the boys and girls to do some of their activities independently. The parents try to lessen the open expression of their emotional attachment towards the adolescent children.

- They encourage them to select their line of education, their occupation and their life-partners. They expect the adolescent child to accept responsibility and learn new roles assigned to them. The adolescents thus learn new roles and new behavior patterns Hence, in the modern society the transition from the adolescent stage to the adult stage is more difficult than in the traditional societies. In the traditional societies all such life decisions are mostly made by the parents.

- VYGOTSKY'S THEORY OF SOCIAL DEVELOPMENT

- Vygotsky's perspective called sociocultural theory focuses on how culture-the values and beliefs customs and skills of a social group is transmitted to the next generation.

- According to Vygotsky's sociocultural theory, social interaction between children and more knowledgeable members of their culture leads to ways of thinking and behaving essential for Success in that culture

- Knowledge is not generated from within the individual but rather is constructed through interaction with other people and objects in the culture, such as books.

- This suggests that knowledge can best be advanced through interaction with others in cooperative activities.

- Zone of proximal development : It is defined as the distance between the actual development level determined by independent problem solving and the level of

potential development determined through problem solving under adult guidance or more capable peers

- That is the difference between what the learner can achieve indipendently and he can achieve with guidance of others

- ZPD has 4 stages

- Stage 1 : Assistance provided by more knowledgeable others

- Stage 2: Assistance provided by self

- Stage 3: Automatization through practice

- Stage4: De automatization

- ATTACHMENT: Attachment is a close emotion albond between two people. There is no shortage of theories about infant attachment.

- Development of attachment: Freud emphasized that infants become attached to the person or object that provides oral satisfaction. For most infants, this is the mother, since she is most likely to feed the infant. But a study conducted by Harry Harlow clearly demonstrated that feeding is not the crucial element in the attachment process and that contact comfort is important.

- Types of attachment

- 1. Securely attached babies: use the caregiver as a secure base from which to explore the environment. When in the presence of their caregiver, securely attached infants explore the room and examine toys that have been placed in it. When the caregiver departs, securely attached infants might mildly protest, and when the caregiver returns these infants reestablish positive interaction with her, perhaps by smiling or climbing on her lap. Subsequently, they often resume playing with the toys in the room.

- 2. Insecure avoidant babies show insecurity by avoiding the caregiver. In the Strange Situation, these babies engage in little interaction with the caregiver, are not distressed

when she leaves the room, usually do not reestablish con tact with on her return, and may even turn their back on her. If contact is established, the infant usually leans away or looks away.

- 3. Insecure resistant babies often cling to the caregiver and then resist her by fighting against the closeness, perhaps by kicking or pushing away. In the Strange Situation, these babies often cling show insecurity by avoiding the caregiver. In the Strange Situation, these babies engage in little interaction with the caregiver, are not distressed when she leaves the room, usually do not reestablish con tact with on her return, and may even turn their back on her .

- 4. Insecure disorganized babies are disorganized and disoriented. In the Strange Situation, these babies might appear dazed, confused, and fearful. To be classified as disorganized, babies must show strong patterns of avoidance and resistance or display certain specified behaviors, such as extreme fearfulness around the caregiver.

- **Bowlby's Ethological theory of attachment**

- Bowlby maintains both infants and their primary caregivers are biologically predisposed to form attachments. He argues that the newborn is biologically equipped to elicit attachment behavior. The baby cries, clings, coos, and smiles. Later, the infant crawls, walks, and follows the mother. The immediate result is to keep the primary care giver nearby; the long-term effect is to increase the infant's chances of survival.

- Following are four such phases based on Bowlby's conceptualization of attachment

- **Phase1:** From birth to 2months.Infants instinctively direct their attachment to human figures. Strangers, siblings, and parents are equally likely to elicit smiling or crying from the infant.

- **Phase 2:** From 2 to 7 months. Attachment becomes focused on one figure, usually the primary caregiver, as the baby gradually learns to distinguish familiar from unfamiliar people.

- **Phase3:** From 7 to 24 months. Specific attachments develop. With increased locomotor skills, babies actively seek contact with regular caregivers, such as the mother or father.

- **Phase4:** From 24 months on. Children become aware of others' feelings, goals, and plans and begin to take these into account informing their own actions.

- Factors affecting attachment

- • Basic temperament

- • Physical contact

- • Birth processes

- • Mode of delivery (caesarian or normal)

- • Breast feeding

- • Parental mental states

- • Duration of distress

- • Maternal age

- • Socio-economic status

- • Culture

- **Marital Life Style & Parenthood in Young Adulthood**

- Marriage (in a variety of forms) is universal and meets basic economic,emotional, sexual, social, and child raising needs.

- Monogamy marriage to one mate-is the norm in most developed societies.Polygamy- a man's marriage to more than one woman at a time-is common in Islamic countries, African societies, and parts of Asia

- Married people tend to be happier than unmarried people though thosein unhappy marriages are less happy than those who are unmarried or divorced.

- The transition to married life brings major changes in sexual functioning, living arrangements, rights and responsibilities, attachments, and loyalties. Among other things, marriage partners need to redefine the connection with their original families, balance intimacy with autonomy, and establish a fulfilling sexual relationship

- **Sexual activity after marriage**

- However, married couples report more emotional satisfaction from Sex than single or cohabiting couples (Waite & Joyner, 2000).

- Some married people seek sexual intimacy outside of marriage, especially after the first few years, when the excitement of sex with the spouse wears off or problems in the relationship surface.

- It is hard to know just how common extramarital sex is, because there is no way to tell how truthful people are about their sexual practices, but surveys suggest that it is much less common than is generally assumed

- In one survey, only about 21 percent of men and 11.5 percent of women who were ever married reported having had extra marital relations during their married lives.

- Extra marital activity was more prevalent among younger cohorts than among those on or before.1940.

- However, fear of AIDS and other sexually transmitted dis-eases may Have curtailed extramarital sex since its reported peak in the late 1960s and early 1970s.

- In a nationwide survey, only about 2 percent of married respondents admitted having been Unfaithful during the previous year

- **Factors That Influence Marital Success**

- **Emotional maturity:** How you and your partner handle situations, the more emotional mature the couple is, the higher the success rate

Emotionally mature people...

- make their own decision

- take responsibility and accept the consequences of their actions

- Share others frustrations, failures, and disappointments

- Deal with reality rather than fantasy

- Age of marriage: Often a sign of emotional maturity

- Teen marriages often struggle: Financial stress. Emotional stress. Still figuring yourself out, independence issues. Rushed in to relationship.

- Social activities control: Enjoy activities together, common interests. Also enjoy activities with other people without partner feeling insecure or jealous.

- Parental Approval: Need family support, especially whenever you have children attitude toward marriage does not mean living "Happily Ever After" ...It takes work! Positive attitude from both partners = long and happy marriage/positive results.

- **Parenthood**: A first baby marks a major transition in parents' lives. This totally dependent new per- son changes individuals and changes relationships. As children develop, parents do, too.

- Men's and Women's Involvement in Parenthood: Both women and men often have mixed feelings about becoming parents. Along with excitement, they May feel anxiety about the responsibility of caring for a child and the commitment of time and energy it entails.

- Fathers spend considerably more commitment time with children than mothers in television or video viewing, outdoor play, and coaching or teaching sports. Some fathers

do much more, sharing parenting equally with mothers family patterns vary across cultures and have changed greatly in western societies.

- Today women are having fewer children and having them later in life, and an increasing number choose to remain childless.

- Fathers are usually less involved in child raising than mothers, but some share parenting equally and some are primary caregivers.

- Marital satisfaction typically declines during the childbearing years. Expectations and division of tasks can contribute to a marriage's deterioration or improvement.

- Women and men are equally affected by the stress of a dual earner lifestyle, but they may be affected in different ways. Family-friendly workplace policies may help alleviate stress.

- A new theory of gender roles proposes that both men and women generally benefit from combining multiple roles, but this depends on the number of roles they carry, time demands, and satisfaction derive

- Empty nest syndrome: Empty nest syndrome refers to the distress and other complicated emotions that parents often experience when their children leave home

- This empty nest syndrome that many parents of adult children experience is not a clinical disorder or diagnosis. It reflects the emotional ambivalence of a normal life transitional period. While people often focus on the negative emotional aspects, this time in someone's life can open the door to new possibilities.

- Symptoms

- Empty nesters may feel: Sadness, Loss, Depression, Loneliness, Distress, Worry or anxiety over their child's well-being, A loss of purpose and meaning in life, Increased marital tensions.

- It's natural for children to leave the parental home when they've reached a certain developmental stage, and empty nest syndrome is generally not as bad as parents may fear, as long as they have built a stable and healthy bond with their child. On the other hand, if the parent and child had a relationship of conflict, detachment, hostility, or resentment, both parent and child may experience emotional turmoil after the child's departure from home. The best outcome includes a meaningful relationship and support between all individuals. A positive relationship gives all parties a good chance at healthy interaction, which is necessary for young adults moving toward independence, as well as for parents who are advancing in age.

- The mandate of empty nest syndrome is to update one's identity, to reshape it from one of parent of a child to parent of an adult child; it is an adjustment that can be expected to take time.

- Therapy with a licensed health care practitioner may be wise if loneliness, depression, or sadness are overwhelming or impeding everyday life.

- For many, coping with an empty nest is mitigated by remaining in contact with the child. A parent can keep in touch with their child via weekly text, email, or phone calls. In times of stress and loneliness, reaching out for social support can also be helpful, especially from parents in a similar situation. In addition, diligent self-care—in the form of a healthy diet, plenty of sleep, exercise, and downtime—is recommended.

- Instead of focusing on the child's departure, some people cope with the transition through shifting their attention to hobbies, travel, friendships, and career or education goals.

- Attraction, love and close relationships- adult marriage life.

- Attraction depends on: the person who is doing the evaluation; the similarities and differences between the evaluator and the person evaluated; the situational context in which they are interacting.

- Reasons for building close relationships:

  - the need for affiliation- a desire to establish and maintain relationships with others; affiliation provides- emotional support, attention, opportunity.

  - The need for intimacy – a desire for close and affectionate relationships in which personal information

- Emotions that block us from forming relationships

  - Loneliness : it is a subjective experience and not dependent on the number of people we have surrounding us; our feelings of loneliness are strongly influenced by how we evaluate our personal relationship

- Social Anxiety- Is a feeling of discomfort that arises from a person's expectations of negative encounters with others. Tendencies include: Sensitivity and fearfulness of disapproval and criticism; foresee negative outcome to anticipated social interactions which arouses anxiety. Fear of being evaluated by others

- The patterns we have in our relationships largely grow from habits learnt from our earliest relationships. Patterns of attachment styles evolve into working models

- Working model- mental representation of what an individual expects to happen in a close relationship

- Theories on attraction

  1. Reward theory- the degree of attraction we feel toward another person varies according to the frequency with which that person rewards

  - Simply being near people we like is rewarding(physical proximity)

 - When others agree with our ideas (similsrity)

- When others fulfill our needs (complementarity)

2. Reinforcement-affect theory
   - This theory builds on the basic principles of learning (classical conditioning)
   - We associate positive affect with people and events that are rewarding to us
   - We associate negative affect with those that are distasteful to us

- Factors that influence attraction
  - Physical proximity- It facilitates: # familiarity, # opportunity for interaction
  - Similarity – proportion and importance
  - Complementarity
  - Competence
  - Physical attractiveness- dimensions (facial expression, physique)
  - Reciprocal attraction
  - Disclosure

- Evaluating relationship- social exchange theory, Intimacy

- Social exchange theory described as an economic model of relationships as it looks at the rewards vs costs that you have in a relationship.

- Intimacy- we refer specifically to a close sexual relationship. The concept of initimacy, however, is much broader. It varies in meaning from one relationship to another. Dimensions include- physical, intellectual, emotional, shared activities

- Factors influencing Intimacy
  - Emotional expression v/s doing
  - Timing and meaning of sex

- Adult Marriage life

  -the purpose of marriage: meet the needs of the group by forming alliances with other groups. Through the ages, marriage was an economic and political alliance: dowry,

land, mutual defense and enough people to produce wealth, work the land, exchange goods.

- Moral development- theories: Piaget, Kohlberg

- Jean Piaget identified stages of moral development in which a child adheres to rules and makes decisions. Piaget was mainly interested in three aspects of children's understanding of moral issues: rules, moral responsibility, and justice. The stages at which children understand rules correlate with the stages of cognitive development.

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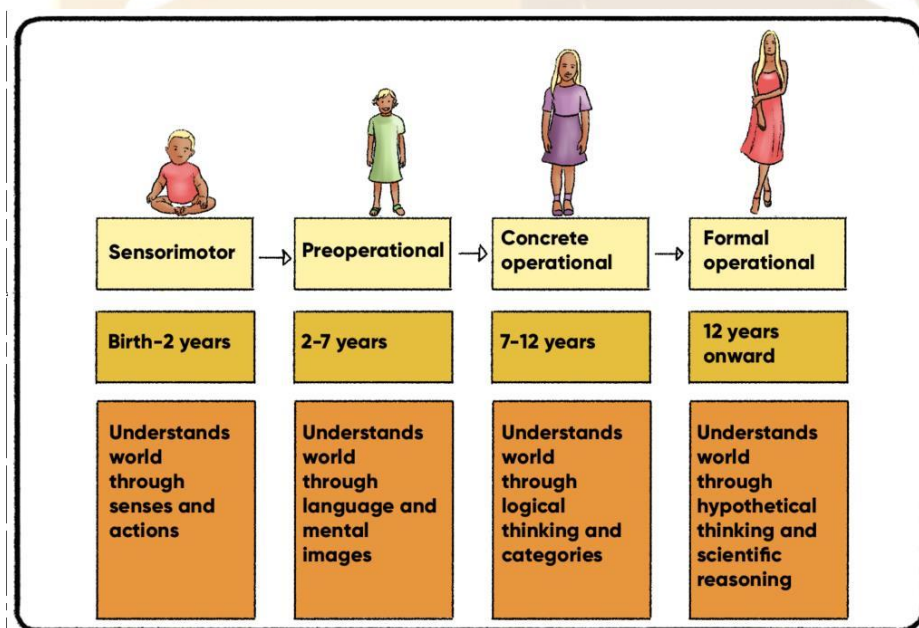
- According to Piaget, the basis of children's reasoning and judgment about rules and punishment changes as they get older. Just as there are universal stages in children's cognitive development, there are stages in their moral development.

- Piaget devised experiments to study children's perceptions of right and wrong. Part of his research included the telling of a story about something another child did, like breaking a jar of cookies. Then, he would ask children whether they thought that action was right or wrong. He wanted to know the logic behind their moral reasoning

- Kohlberg's Theory of Moral Development: Kohlberg's theory of moral development is a theory that focuses on how children develop morality and moral reasoning. Kohlberg's

theory suggests that moral development occurs in a series of six stages and that moral logic is primarily focused on seeking and maintaining justice.

- Kohlberg developed his theory of moral development and the six stages he identified as part of this process.

- Moral development is the process by which people develop the distinction between right and wrong (morality) and engage in reasoning between the two (moral reasoning).

- American psychologist Lawrence Kohlberg developed one of the best-known theories exploring some of these basic questions. His work modified and expanded upon Jean Piaget's previous work but was more centered on explaining how children develop moral reasoning.

- Kohlberg extended Piaget's theory, proposing that moral development is a continual process that occurs throughout the lifespan. Kohlberg's theory outlines six stages of moral development within three different levels.

- Kohlberg based his theory on a series of moral dilemmas presented to his study subjects. Participants were also interviewed to determine the reasoning behind their judgments in each scenario.

- Stages of Moral Development

Kohlberg's theory is broken down into three primary levels. At each level of moral development, there are two stages. Similar to how Piaget believed that not all people reach the highest levels of cognitive development, Kohlberg believed not everyone progresses to the highest stages of moral development.

Levels of Moral Development	Age	Stages Included in This Level
Preconventional Morality	0 to 9	Stage 1: Obedience and punishment Stage

		2: Individualism and exchange
Conventional Morality	Early adolescence to adulthood	Stage 3: Developing good interpersonal relationships Stage4: Maintaining social order
Postconventional Morality	Some adults; rare	Stage 5: Social contract and individual rights Stage 6: Universal principles

Module 3: Vocational Development

- the primary task of vocational choice: A Primary Task Of Early Adulthood Is Vocational Choice. The Process Of Defining Occupational Goals And Launching A Career Are Challenging, And Involve A Whole Series Of Decisions And Actions That Culminate In Most People Settling Into A Job Or Profession Sometime During Their Twenties. Like So Many Developmental Processes, This One Starts At A Very Young Age, Proceeds Through Several Typical Steps, And Can Take A Variety Of Pathways. Work Represents A Crucial Life Domain, And Plays An Important Role All During Middle And Late Adulthood, Potentially Influencing Psychological And Economic Well-being, Sense Of Purpose, Cognitive And Social Development, And How The Psychosocial Task Of Generativity Versus Stagnation Will Be Negotiated During Middle Adulthood. Many Young People Are Confronted With Discrimination And Exclusion As They Negotiate This Process.

- CAREER: The Term 'Career' In Career Development Refers To All The Activities Which A Person Does In His/her Lifetime. These Activities Include The Personal, Occupational, And Social Life Of The Person. Thus, A Career Refers To The Life Pattern Of A Person. Development Is The Modification Of Behavior As A Result Of Growth And Learning. It Normally Involves A Progressive Change. Thus, Career Development Means The Overall Development Of The Lifestyle Of A Person. It involves a Person's Experiences That Contribute To The Formation Of His/her Identity Including Life Experiences, Education, Career Choices, On-the-job Training, Level Of Professional Achievement, And Degree Of Satisfaction

- Work and Leisure in Middle Adulthood: A Number Of Studies Have Found That Job Satisfaction Tends To Peak In Middle Adulthood This Satisfaction Stems From Not Only Higher Wages, But Often Greater Involvement In Decisions That Affect

The Workplace As They Move From Worker To Supervisor Or Manager. Job Satisfaction Is Also Influenced By Being Able To Do The Job Well, And After Years Of Experience At A Job Many People Are More Effective And Productive. Another Reason For This Peak In Job Satisfaction Is That At Midlife Many Adults Lower Their Expectations And Goals (Tangri, Thomas, & Mednick, 2003). Middle-aged Employees May Realize They Have Reached The Highest They Are Likely To In Their Career. This Satisfaction At Work Translates Into Lower Absenteeism, Greater Productivity, And Less Job Hopping In Comparison To Younger Adults (Easterlin, 2006).

- Selecting a job: Most People End Up In Their Career Sub-optimally:

- They Fall Into Their Careers By Chance.

- They Pick From A Few Common Choices: Doctor Lawyer, Teacher, Electrician, Psychologist, Etc.

- With A Career Advisor, Human, Video, Computer, Or Text, They Inventory, Abilities, Skills, Interests (If They Have Them, Passions), And Values.

- The Latter Approach Would Seem Optimal, But It's Not:

- It Too Often Yields Unrealistic Goals. For Example, The Person Dreams Of Making A Solid Living As An Environmentalist, Performer, Sports Executive, Or Visual Artist. Unless You're Brilliant, Talented, Connected, Or Dogged—ideally All The Above—they Will Soon Discover Why The Words "Starving" And "Artist" So Often Adjoin.

- Most Careers Don't Require A Narrowly Constrained Set Of Attributes. For Example, There Are Introverted And Extroverted Psychotherapists, Brilliant And Merely Workmanlike Ones, and Science And Feeling-oriented Ones.

- There Are Tens Of Thousands Of Careers, Most of That Have Many Variants. Even With A Computer To Screen Careers, You'll Be (Not Very Validly) Matched To A Few From Just A Few Hundred. Much Better Fits Could Remain Buried.

- Work life balancing: Work–life balance (WLB) is a somewhat recent phenomenon, arising from employees' concerns about the demands expected by their work (Guest, 2002). The perceived increase in these demands can be traced to three factors (Guest, 2002). Changes in the work environment, Changes in life, Changes in individual attitudes

- WLB is achieved when there is little conflict between individuals' work and personal roles.

- WLB is considered to be the degree of autonomy that people have over the demands of various roles and their ability to meet these demands.

- Vocational adjustment in Middle Adulthood- Establishing and maintaining a comfortable standard of living, for example, has become increasingly difficult in recent years. As a result of increased use of automation and because of the trend toward merging small companies with larger ones, many middle-aged persons are thrown out of work. They may find that the jobs for which their training and experience have fitted them no longer exist and that they lack the training and experience for jobs that do exist; thus they are forced into the ranks of the unemployed.

- The vocational adjustments of middle-aged men and women are complicated by a number of new conditions in the working environment. Some of the most important of these are

- Unfavorable social attitudes

- Hiring Policies

- Increased Use of Automation

- Group Work

- Role of the wife

- Compulsory Retirement

- Dominance of Big Business

- Relocation

- CONDITIONS INFLUENCING VOCATIONAL SATISFACTION IN MIDDLE ADULTHOOD: Good vocational adjustment in early adulthood will not necessarily guarantee the same in middle age because the conditions contributing to good adjustment at one age often differ from those at another. Some of the conditions that influence the vocational adjustments of middle-aged men and women are,

- Satisfaction with Work: Middle-aged men and women who like their work will make far better vocational adjustments than those who have stayed on jobs they disliked because of earlier family responsibilities and who now feel "trapped."

Module 4: Late adulthood

Old age is the closing period in the life span. It is a period when people "move away" from previous, more desirable periods-or times of "usefulness." As people move away from the earlier periods of their lives, they often look back on them, usually regretfully, and tend to live in the present, ignoring the future as much as possible. Age sixty is usually considered the dividing line between middle and old age

- Characteristic:

- Old Age Is a Period of Decline

- There Are Individual Differences in the Effects of Aging

- Old Age Is Judged by Different Criteria

- There Are Many Stereotypes of Old People

- Social Attitudes toward Old Age

- The Elderly Have a Minority-Group Status

- Aging Requires Role Changes

- Poor Adjustment is Characteristic of Old Age

- The Desire for Rejuvenation Is Widespread in Old Age

- Gerontology: Gerontology is the study of the social, cultural, psychological, cognitive, and biological aspects of aging. Gerontology can be a rewarding field Allowing you to practice a range of skills to improve the health of older adults.

- Two main types of gerontology are social gerontology and biogerontology. As their names indicate, social gerontology deals more with the social and emotional aspects of aging while biogerontology studies the physical and biological aspects.

DEVELOPMENT IN LATE ADULTHOOD

A. Physical development in late adulthood: The physical decline that accompanies aging usually occurs slowly, and sometimes lost function can even be restored.

1. The aging brain: The Shrinking, Slowing Brain: On average, the brain loses 5 to 10 percent of its weight between the ages of 20 and 90. Brain volume also decreases.

   - A study found that the volume of the brain was 15 percent less in older adults than younger adults.
   - Aging has also been linked to a reduction in synaptic functioning and the production of some neurotransmitters, including acetylcholine, dopamine, and gamma-aminobutyric acid (GABA)

2. Sleep

   - Fifty percent or more of older adults complain of having difficulty sleeping, which can have detrimental effects on their lives
   - Sleep time and sleep efficiency declined in older adults
   - Poor sleep is a risk factor for falls, obesity, a lower level of cognitive functioning, and earlier death
   - Many of the sleep problems of older adults are associated with health problems
   - Trouble holds a chronic prevalence in old age and results in daytime sleepiness.

3. Immune system

   - Less efficient immune function is a mark of old age.
   - Exercise can improve immune system functioning.
   - Because of the decline in the functioning of the immune system that accompanies aging

4. Physical appearance and movement

- In late adulthood, the changes in physical appearance that began occurring during middle age become more pronounced. Wrinkles and age spots are the most noticeable changes.

- Weight usually drops after we reach 60 years of age. This likely occurs because of muscle loss, which also gives our bodies a "sagging" look

- Older adults move more slowly than young adults

- Dental problems: Less saliva and less ability for oral hygiene in old age increases the chance of tooth decay and infection.

5. Sensory development (hearing, smell & taste, touch & pain)

- Vision With aging, visual acuity, color vision, and depth perception decline. Several diseases of the eye also may emerge in aging adults.

- Visual processing speed declines in older adults.

- Diminished eyesight makes it more difficult to read in low lighting and in smaller print.

- Hearing impairment usually does not become much of an impediment until late adulthood. Only 19 percent of individuals from 45 to 54 years of age experience some type of hearing problem.

- Smell and Taste Most older adults lose some of their sense of smell or taste, or both.

- These losses often begin around 60 years of age

- Touch and Pain with aging, individuals could detect touch less in the lower extremities (ankles, knees, and so on) than in the upper extremities (wrists, shoulders, and so on)

6. The circulatory and respiratory systems

- Heart: becomes less efficient in old age with a resulting loss of stamina.

- Cardiovascular disorders increase in late adulthood

- 57 percent of 80-year-old men and 60 percent of 81-year-old women had hypertension, and 32 percent of the men and 31 percent of the women had experienced a stroke

B. Cognitive development in late adulthood

- Cognitive mechanics are more likely to decline in older adults than are cognitive pragmatics

- Speed of processing declines in older adults.

- Older adults' attention declines more on complex than simple tasks.

- working memory also declines.

- Decision making is reasonably well preserved in older adults.

- Poor health is related to decreased performance on intelligence tests by older adults.

C. Socio-emotional development in late adulthood: Adaptable, caution, depressed mood, fear and mental disorder.

DEVELOPMENT OF PERSONALITY AND SELF, FAMILY AND RELTIONSHIP

1. Personality

Researchers have found that several of the Big Five factors of personality continue to change in late adulthood (The Big Five factors of personality are openness, conscientiousness, extraversion, agreeableness, and neuroticism.) and in another study older adults were more conscientious and agreeable than middle-aged and younger adults A higher level of

conscientiousness has been linked to living a longer life than the other four factors Following are the results of three other studies of the Big Five factors in older adults:

- The transition into late adulthood was characterized by increases in these aspects of conscientiousness: impulse control, reliability, and conventionality.

- Perceived social support predicted increased conscientiousness in older adults.

- More severe depression in older adults was associated with higher neuroticism and lower extraversion and conscientiousness

- Elevated neuroticism, lower conscientiousness, and lower openness were related to an increased risk of older adults' developing Alzheimer disease across a period of six years

- Affect and outlook on life are also linked to mortality in older adults. Older adults characterized by negative effects don't live as long as those who display more positive affect, and optimistic older adults who have a positive outlook on life live longer than their counterparts who are more pessimistic and have a negative outlook on life.

2. Self

- Self-esteem rose considerably in the fifties and sixties, and then dropped significantly in the seventies and eighties. Why might self- esteem decline in older adults Explanations include deteriorating health physical and negative societal attitudes toward older adults

- Possible Selves Possible selves are what individuals might become, what they would like to become, and what they are afraid of becoming (Bolkan& Hooker, 2012; Markus & Nurius, 1987). Acceptance of ideal and future selves decreases and acceptance of past selves increases in older adults

- Self-Control Although older adults are aware of age-related losses, most are able to maintain a sense of self-control. In developed countries such as Denmark, the United States, and Great Britain, adults in their sixties and seventies reported having more

control over their lives than did their counterparts in their forties and fifties. Older adults in Denmark reported the highest perceptions of control. Self-control plays an important role in older adults' engagement in healthy activities.

FAMILY AND RELATIONSHIPS

- 1. Life style diversity: Older adult men are more likely to be married than older adult women. Retirement alters a couple's lifestyle and requires adaptation.

- Married older adults are often happier than single older adults.

- There are social, financial, and physical consequences of divorce for older adults. More divorced older adults, increased longevity, and better health have led to an increase in remarriage by older adults.

- Some older adults perceive negative pressure about their decision to remarry after becoming widowed or divorced, although the majority of adult children support the decision of their older adult parents to remarry

- 2. Attachment: Older adults have fewer attachment relationships than younger adults; attachment anxiety decreases with increasing age; attachment security is linked to psychological and physical well-being in older adults; and insecure attachment is associated with a greater perceived negative caregiving burden in caring for Alzheimer disease patients.

- 3. Older adult parents and their adult children: Approximately 80 percent of older adults have living children, many of whom are middle-aged. Increasingly, diversity characterizes the relationships of older parents and their adult children. Adult daughters are more likely than adult sons to be involved in the lives of aging parents. An important task that adult children can perform is to coordinate and monitor services for an aging parent who becomes disabled. Ambivalence can characterize the relationships of adult children with their aging parents.

- 4. Great grand parenting: Because of increased longevity, more grandparents today are also great grandparents. One contribution of great-grandparents is knowledge of family history. One research study found that young adults have a more involved relationship with grandparents than with great-grandparents.

- 5. Friendship: There is more continuity than change in friendship for older adults.

- 6. Social support and social integration: Social support is linked with improved physical and mental health in older adults. Older adults who participate in more organizations live longer than their counterparts who have low participation rates

- 7. Altruism and volunteering: Altruism is linked to having a longer life. Volunteering is associated with higher life satisfaction, less depression and anxiety, better physical health, and more positive emotions.

Biological theories of aging

- There are many theories about the mechanisms of age related changes.

- All valid theories of aging must meet three broad criteria:

- The aging changes that the theory addresses must occur commonly in all members of a humans.

- The process must be progressive with time. That is, the changes that result from the proposed process must become more obvious as the person grows older.

- The process must produce changes that cause organ dysfunctions and that ultimately cause a particular body organ or system to fail.

- Aging by Program, where biological clocks act through hormones to control the pace of aging.

- Gene Theory, which considers aging to be the result of a sequential switching on and off of certain genes, with senescence being defined as the time when age-associated deficits are manifested.

- Autoimmune Theory, which states that the immune system is programmed to decline over time, leading to an increased vulnerability to infectious disease and thus ageing and death.

Vocational adjustment and adjustment to retirement in late adulthood

- Vocational Adjustment refers to the amount, if any, of adjustment to different tools, skills, and job situations which the Social Security Disability system deems reasonable for you based on your age, education, and work experience. In most cases, vocational adjustment works for you if you are nearing retirement age, but can make obtaining Social Security Disability Benefits more difficult if you are under 50 years old.

- In most cases, a vocational specialist will look over your Social Security Disability file. Based on how much residual functioning capacity you have (i.e., whether you can do heavy, medium, light, or sedentary work and whether you can perform skilled or unskilled labor), the vocational specialist will make recommendations regarding whether vocational adjustment can be expected of you.

- In most cases, if you are under 50 years old and are remotely capable of performing any kind of work at all, you will be expected to make vocational adjustments. The older you get, the more the SSA needs to show that work is available for you which would require less vocational adjustment before they can disqualify you for Social Security Disability Benefits.

- In practice, those who are near retirement age (defined as ages 60-64) can not be expected to make any vocational adjustment which would require learning to use

new tools or procedures. Those who are nearing retirement age (50-60) may be expected to make slight adjustments, but will generally not be expected to make a vocational adjustment which includes using skills which they have never used. Those who are younger are generally expected to be able to acquire new skills and learn new procedures as long as work exists for which they could reasonably be trained.

- FACING DEATH AND LOSS: All deaths are different, just as all lives are different. The experience of dying is not the same for an accident victim, a patient with terminal cancer, a person who commits suicide, and someone who dies instantaneously of a heart attack.

- Yet, all people are human, and just as there are commonalities in adults' lives, there are similarities in the way adults face death at different ages.

- Three Approaching death: 1. Physical and Psychological issues, 2. Pattern of grieving and 3. Special losses

- **Psychological issues:** Psychological changes often begin to take place even before there are overt physiological signs of dying.

- **Kubler-Ross five stage theory**

- Elisabeth Kübler-Ross, a pioneer in the study of death and dying, suggested that people pass through five stages as they adjust to the prospect of death: denial, anger, bargaining, depression, and acceptance. Although research shows that people who are dying do not necessarily pass through each of these stages in the exact order, all of these reactions are commonly experienced.

- Stage 1: Denial

- Denial is thought to be a person's initial reaction on learning of the diagnosis of terminal illness. Denial is a defense mechanism by which people avoid the

implications of an illness. They may act as if the illness were not severe, it will shortly go away, and it will have few long-term implications. In extreme cases, the patient may even deny that he or she has the illness, despite having been given clear information about the diagnosis. Denial, then, is the subconscious blocking out of the full realization of the reality and implications of the disorder.

- Stage 2: Anger

- A second reaction to the prospect of dying is anger. The angry patient is asking, "Why me? Considering all the other people who could have gotten the illness, all the people who had the same symptoms but got a favorable diagnosis, and all the people who are older, dumber, more bad-tempered, less useful, or just plain evil, why should I be the one who is dying?"

- The angry patient may show anger toward anyone who is healthy, such as hospital staff, family members, or friends. Angry patients who cannot express their anger directly by being irritable may do so indirectly by becoming embittered. exciting things that they will not be able to do because those events will happen after their death. Anger is one of the harder responses for family and friends to deal with. They may feel they are being blamed by the patient for being well. The family may need to work together with a therapist to understand that the patient is not really angry with them but at fate; they need to see that this anger will be directed at anyone who is nearby, especially people with whom the patient feels no obligation to be polite and well behaved. Unfortunately, family members often fall into this category.

- Stage 3: Bargaining

- Bargaining is the third stage of Kübler Ross's formulation. At this point, the patient abandons anger in favor of a different strategy: trading good behavior for good health. Bargaining may take the form of a pact with God, in which the patient agrees

to engage in good works or at least to abandon selfish ways in exchange for better health or more time. A sudden rush of charitable activity or uncharacteristically pleasant behavior may be a sign that the patient is trying to strike such a bargain.

- Stage 4: Depression

- Depression, the fourth stage in Kübler-Ross's model, may be viewed as coming to terms with lack of control. The patient acknowledges that little can now be done to stay the course of illness. This realization may be coincident with a worsening of symptoms, tangible evidence that the illness is not going to be cured. At this stage, patients may feel nauseated, breathless, and tired. They may find it hard to eat, to control elimination, to focus attention, and to escape pain or discomfort.

- Stage 5: Acceptance

- The final stage in Kübler-Ross's theory is acceptance. At this point, the patient may be too weak to be angry and too accustomed to the idea of dying to be depressed. Instead, a tired, peaceful, though not necessarily pleasant calm may descend. Some patients use this time to make preparations, deciding how to divide up their remaining possessions and saying goodbye to old friends and family members.

Pattern of grieving

- Grief is a highly personal experience. Recent research has challenged earlier notions of a single, "normal" pattern of grieving and a "normal" timetable for recovery. For example, a widow talking to her late husband might once have been considered emotionally disturbed; now this is recognized as a very common and helpful behavior. And while some people recover fairly quickly after bereavement, others never completely get over it.

- Anticipatory grief: The family and friends of a person who has been ill for a long time prepare themselves for the loss through anticipatory grief, symptoms of grief

experienced while the person is still alive. Anticipatory grief may help survivors handle the actual death more easily.

- **Grief work: Three stage pattern**

- Stage 1: Shock and disbelief

- This first phase may last several weeks, especially after a sudden or unexpected death. Immediately following a death, survivors often feel lost and confused. Their shock, and their inability to believe in the death, may protect them from more intense reactions. Shortness of breath, tightness in the chest or throat, nausea, and a feeling of emptiness in the abdomen are common. As awareness of the loss sinks in, the initial numbness gives way to overwhelming feelings of sadness, which are commonly expressed by frequent crying.

- Stage 2: Pre-occupation with the memory of the dead

- The second phase may last 6 months or longer. The survivor tries to come to terms with the death but cannot yet accept it. Frequent crying continues, and often insomnia, fatigue, and loss of appetite.

- Stage 3: Resolution

- The final phase has arrived when the bereaved person renews interest in everyday activities. Memories of the dead person bring fond feelings mingled with sadness, rather than sharp pain and longing. A widower may still miss his dead wife; but he knows that life must go on, and he becomes more active socially. He gets out more, sees people, pick up old interest, and perhaps discovers new ones.

- **Grief therapy:** Most bereaved people eventually are able, with the help of family and friends, to come to terms with their loss and resume normal lives. For some, however, grief therapy-treatment to help the bereaved cope with their loss- is indicated. Professional grief therapists help survivors express sorrow, guilt, hostility, and anger.

They encourage clients to review the relationship with the deceased and to integrate the fact of the death into their lives so that they can be free to develop new relationships and new ways of behaving toward friends and relatives.

- **Special losses:**

- **Surviving a spouse:** Widowhood Is one of the greatest Emotional Challenges That can Face many human being It means not only the loss of a life partner but the disruption of virtually every aspect of the survivor's life.

- In a classic ranking of stressful life events, the event identified as requiring the most adjustment was death of a spouse. Yet widowhood can be seen as a developmental experience.

- Many studies have found older adults to be better adjusted to widowhood than younger adults. A common interpretation is that loss of a spouse is more traumatic in young adulthood, when it is less expected. In the short term, younger widows do have more psychological problems.

- Burdened with full responsibility for breadwinning and parenthood, and often with a drastically reduced standard of living, they may lack the time or energy to develop a new social life.

- They may find themselves resenting their children and feeling guilty about their resentment. Physical health, however, is more likely to be adversely affected when occurs in middle age.

- Remarriage: Elderly widowers are more likely to remarry than widows, much as men of any age are more likely than women to remarry after divorce. Men have more potential partners.

- And men usually feel more need to remarry mainly in need of companionship and relief from loneliness; women more frequently can handle their own household needs, are

sometimes reluctant to give up survivors' pension benefits, or do not want to end up caring for an infirm husband.

- Losing a parent: On a deeper level, the death of a parent can be a maturing experience. From an organismic perspective, it can push adults into resolving important midlife developmental issues: achieving a stronger sense of self and of personal choice, along with a greater sense of responsibility, commitment and attachment to others and a more pressing realistic awareness of their own mortality.

- Losing a child: The death of a child, no matter at what age, comes as a cruel, unnatural shock, an untimely event that, in the normal course of things, should not have happened.

- The parents may feel that they have failed, no matter how much they loved and cared for the child, and they may find it hard to let go.

- The death of a child can weaken and destroy a marriage. On espouse may blame the other.

- Unresolved issues stemming from a child's death may lead to a divorce, even years later.

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