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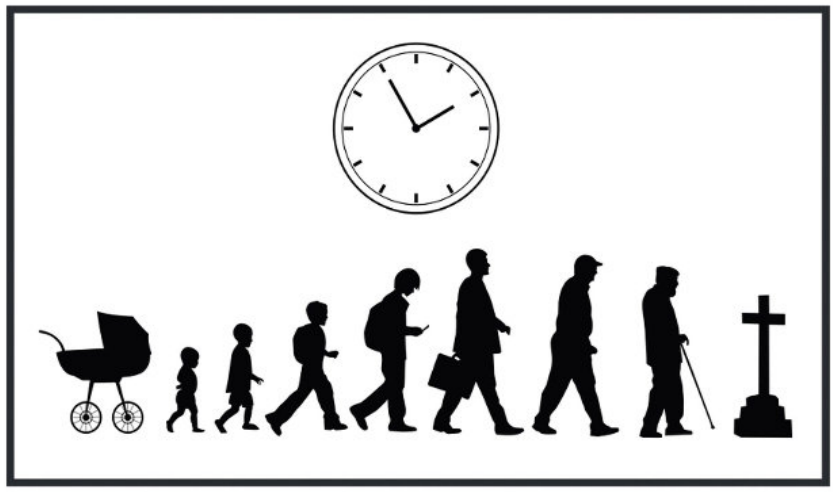

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From the desk of
Dr. T. X. A. ANANTH, BBA, MSW, MBA, MPhil, PhD,
President – University Council

Dear Learner,
Welcome to DMI – St. Eugene University!
I am sure you are expert in using the PC Tablets distributed by us. Now your world is open to Internet and using the tablet for your educational learning purposes. The very same book you are holding in your hand now is available in your V-Campus portal. All the teaching and learning materials are available in your portal.
As our Chancellor, Rev. Fr. Dr. J. E. Arulraj, mentioned, it is not just the success for DMI-St. Eugene University alone, it is success for the technology, it is success for the great nation of Zambia and it is success for the continent of Africa.
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I am happy at the efforts taken by the University in publishing this book not only in printed format, but also in PDF format in the Internet.

With warm regards

Dr. T. X. A. ANANTH
President – University Council

ABOUT THE AUTHORS

Dr. V. Stephen, professional social worker with more than two decades of experience in the field of Women Empowerment, Water and Sanitation, HIV / AIDS, TB, Social Research, NGO Networking, Micro Finance, Local Governance and Community Health at grass root, middle and senior levels and teaching. With his rich field experience in varied sectors of the society, he found his calling to teach Social Work and took up the responsibility of an Associate Professor in Social Work at DMI - St. Eugene University, Lusaka, Zambia. He has been working with DMI St. Eugene University from June 2018 to till date.

His areas of expertise in project management, programme implementation and supervisory support gained over the years of having worked with governmental / non-governmental organizations and funding agencies is immensely helping him to empower the student community to be employable. His technical skills and language skills are only adding credence to his flair for teaching using the tech platform effectively, thereby ensuring not only better reach but also engagement leading to enduring understanding for the students he teach.

His passion for research had lead him to publish 15 papers post his Doctorate in Social Work he obtained in the year 2014 having specialised in the area of local governance and women empowerment. He has also developed a keen interest in statistical analysis of data and has sharpened his analytical acumen over the years and he never shies away from passing his knowledge to fellow researchers and students alike.

He continues to strive to attain higher pinnacles in academia and is ethically bound and committed to ensure effective professional social work practice.

The Co-author **Mr.T. Velmurugan B.S.W., M.S.W., (Ph. D)** is working as Lecturer, Admission Coordinator, Vice-Principal (Academic) and Quality Assurance Officer at DMI - St. Eugene University, Zambia from 2015 onwards to till today. Before the current employment, he was with DMI – St. John Baptist University, Mangochi, Malawi for two years in the capacity as HOD in social work department. He has more than 10 Years of teaching and industrial experience in India and Abroad. He completed both Bachelor and Master degree in Social Work at India, specialist in community development from 2003 to 2008. At present, he is pursuing his Ph.D., in Social Work at Zambia. In his academic career, he taught to Bachelor and Master degree students on Social Work, Research Methodology and Field Work Practicum. He has published several articles in reputed journals and presented papers in different conferences. He is basically self-motivated and theme oriented team player.

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CHAPTER – I

MEANING OF GROWTH AND DEVELOPMENT

Meaning of Growth and Development

Growth is the progressive increase in the size of a child or parts of a child. Development is progressive acquisition of various skills (abilities) such as head support, speaking, learning, expressing the feelings and relating with other people. Growth and development go together but at different rates.

Human Growth: Human growth from infancy to maturity involves great changes in body size and appearance, including the development of the sexual characteristics. The growth process is not a steady one: at some times growth occurs rapidly, at others slowly. Individual patterns of growth varies widely because of differences in heredity and environment. Children tend to have physiques similar to those of their parents or of earlier forebears; however, environment may modify this tendency. Living conditions, including nutrition and hygiene, have considerable influence on growth.

Human Development is the study of how people grow and change. These changes traditionally looked at how people's thoughts, feelings, behaviors and physical bodies changed and grew in childhood and adolescence. For a very long time, experts thought that development only happened up to a certain point. Once a person reached adulthood, psychologists believed, they were pretty much done with growth and change. Life span development is the study of how humans grow and change throughout their entire life.

What is Development?

Life begins at conception when a new organism is created with the mother's ovum fertilized by the father's sperm. From that point till death an individual keeps on growing and changing. Such changes are not random but orderly and they generally follow a pattern. Development is the process by which organisms grow and change systematically over the entire life period i.e., from conception till death. Developmental changes are not only growth or additions to human organisms, they also involve decay. A child loses the milk teeth in the process of development and an old person may show

decay in several areas of functioning.

Development involves systematic changes in a direction in all aspects from size and proportion of the body to the ways of thinking, living and feeling. Thus, development is the total process of change in which all aspects of a person are interrelated and integrated. For example, a 13 year-old girl undergoes physical and biological changes in her body and such changes are related to her mental, social and emotional development also.

So now we know that:

• Development involves systematic changes throughout the entire life period.

• Developmental changes are interrelated.

• Development proceeds in a definite direction.

Development Task

A development task is one that arises predictably and consistently at or about a certain period in the life of the individual. The concept of development tasks assumes that human development in modern societies is characterized by a long series of tasks that individuals have to learn throughout their lives. Some of these tasks are located in childhood and adolescence, whereas others arise during adulthood and old age. Successful achievement of a certain task is expected to lead to happiness and to success with later tasks, while failure may result in unhappiness in the individual, disapproval by the society, and difficulty with later tasks.

Development tasks arise from three different sources. First, some are mainly based on physical maturation (e.g., learning to walk). Second source of developmental tasks relates to socio-structural and cultural forces. Such influences are based on, for instance, laws (e.g., minimum age for marriage) and culturally shared expectations of development (e.g., age norms), determining the age range in which specific developmental tasks have to be mastered. The third source of developmental tasks involves personal values and aspirations. These personal factors result from the interaction between ontogenetic and environmental factors, and play an active role in the

emergence of specific developmental tasks (e.g., choosing a certain occupational pathway).

Development of the Human Body

Human development is the process of growth to maturity. The process begins with fertilization, where an egg released from the ovary of a female is penetrated by sperm. The egg then lodges in the uterus, where an embryo and later fetus develop until birth. Growth and development occur after birth, and include both physical and psychological development, influenced by genetic, hormonal, environmental and other factors. Development and growth continue throughout life, through childhood, adolescence and through adulthood to senility, and are referred to as the process of ageing.

Before birth

Development before birth, or prenatal development (from Latin natalis, meaning 'relating to birth') is the process in which an embryo and later fetus develops during gestation. Prenatal development starts with fertilization, the first stage in embryogenesis, which continues in fetal development until birth.

Fertilization:

Fertilization occurs when the sperm successfully enters the ovum's membrane. The chromosomes of the sperm combine with those of the egg to form a single cell, called a zygote, and the germinal stage of prenatal development commences. The germinal stage refers to the time from fertilization, through the development of the early embryo, up until implantation. The germinal stage is over at about 10 days of gestation.

The zygote contains a full complement of genetic material and develops into the embryo. Briefly, embryonic developments have four stages: the morula stage, the blastula stage, the gastrula stage, and the neurula stage. Prior to implantation, the embryo remains in a protein shell, the zona pellucida, and undergoes a series of cell divisions, called mitosis. A week after fertilization the embryo still has not grown in size, but hatches from the zona pellucida and adheres to the lining of the mother's uterus. This induces a decidual reaction,

wherein the uterine cells proliferate and surround the embryo thus causing it to become embedded within the uterine tissue.

The embryo, meanwhile, proliferates and develops both into embryonic and extra-embryonic tissue, the latter forming the fetal membranes and the placenta. In humans, the embryo is referred to as a fetus in the later stages of prenatal development. The transition from embryo to fetus is arbitrarily defined as occurring 8 weeks after fertilization. In comparison to the embryo, the fetus has more recognizable external features and a set of progressively developing internal organs. A nearly identical process occurs in other species.

Embryonic Development:

Human embryogenesis refers to the development and formation of the human embryo. It is characterised by the process of cell division and cellular differentiation of the embryo that occurs during the early stages of development. In biological terms, human development entails growth from a one-celled zygote to an adult human being. Fertilisation occurs when the sperm cell successfully enters and fuses with an egg cell (ovum). The genetic material of the sperm and egg then combine to form a single cell called a zygote and the germinal stage of prenatal development commences. Embryogenesis covers the first eight weeks of development; at the beginning of the ninth week the embryo is termed a fetus.

The germinal stage refers to the time from fertilization through the development of the early embryo until implantation is completed in the uterus. The germinal stage takes around 10 days. During this stage, the zygote begins to divide, in a process called cleavage. A blastocyst is then formed and implanted in the uterus. Embryogenesis continues with the next stage of gastrulation, when the three germ layers of the embryo form in a process called histogenesis, and the processes of neurulation and organogenesis follow.

In comparison to the embryo, the fetus has more recognizable external features and a more complete set of developing organs. The entire process of embryogenesis involves coordinated spatial and temporal changes in gene expression, cell growth and cellular

differentiation. A nearly identical process occurs in other species, especially among chordates.

Fetal Development:

A fetus is a stage in the human development considered to begin nine weeks after fertilization. In biological terms, however, prenatal development is a continuum, with many defining feature distinguishing an embryo from a fetus. A fetus is also characterized by the presence of all the major body organs, though they will not yet be fully developed and functional and some not yet situated in their final location.

Maternal Influences:

The fetus and embryo develop within the uterus, an organ that sits within the pelvis of the mother. The process the mother experiences whilst carrying the fetus or embryo is referred to as pregnancy. The placenta connects the developing fetus to the uterine wall to allow nutrient uptake, thermo-regulation, waste elimination, and gas exchange via the mother's blood supply; to fight against internal infection; and to produce hormones which support pregnancy.

The placenta provides oxygen and nutrients to growing fetuses and removes waste products from the fetus's blood. The placenta attaches to the wall of the uterus, and the fetus's umbilical cord develops from the placenta. These organs connect the mother and the fetus. Placentas are a defining characteristic of placental mammals, but are also found in marsupials and some non-mammals with varying levels of development. The homology of such structures in various viviparous organisms is debatable, and in invertebrates such as Arthropoda, is analogous at best.

After Birth

Childhood is the age span ranging from birth to adolescence. In developmental psychology, childhood is divided up into the developmental stages of toddlerhood (learning to walk), early childhood (play age), middle childhood (school age), and adolescence (puberty through post-puberty). Various childhood factors could affect a person's attitude formation. Pre-pubescence (This matches with the social stage of childhood, typically 0-11 years)

- Neonate (newborn) (0–28 days)

- Infant (baby) (1 month – 12 months)
- Toddler (1–2 years)
- Play age (3–5 years)
- Elementary school age (6–8)
- Preadolescence (The child in this and the previous phase are called schoolchild (schoolboy or schoolgirl), when still of primary school age.) (9–11 years)

Stages of Human Development

When you examine the sequence of changes over the entire life span you find broad patterns in different phases of life. A baby shows patterns of behavior which are different from a young adult who, in turn, is different from an old person, although, as we have discussed earlier, changes are very slow and unnoticeable from one day to the next. Development proceeds through different phases which exhibit typical patterns.

Across the life-span, we develop in stages. These stages are broad patterns of development characterized by some dominant features. In each stage of development a person shows typical capabilities, patterns of behaviour and characteristic modes of functioning. These, in turn, make the person ready to face typical challenges and events in life.

Developments in early childhood, for example, prepare the child for formal education in case he can go to school. Biological development during adolescence prepares the individual for marriage and family roles. Life events, such as schooling, marriage, job and social expectations of an individual vary from one stage of life to another. In order to face these challenges, for different life events and to meet the social demands or expectations, a person must accomplish the required skills or reach the expected level of development.

As a result each stage of development involves different developmental tasks. The way one looks at the stages of development and the developmental tasks may vary from one society to another depending on how one conceptualizes human development and goals of life.

Some of the important features of stages are as follows.

1. Each stage of life is based on the developments upto the previous stage and is also a preparation for the next phase of life. Thus, each stage shows consolidation of previous developmental changes and a preparation for development during the future stages of life.
2. Within a person, the rate of development of different aspects of his/her functioning varies from one stage to another. For example, growth of brain cells and physical motor skills are much faster during infancy compared to adulthood.
3. There are variations between individuals in the rate of their development and progression from one stage to another. Thus, the time or chronological age of transition from one stage of development to another may vary from person to person.

Human development from conception to death is generally viewed as occurring through eight stages. The major developments during each of these stages are described below:

1) Pre-natal Stage:

The developments from conception till birth of a baby constitute the prenatal stage. The approximate period of prenatal development is taken to be 9 calendar months or 10 lunar months (i.e., 280 days), although babies are not born exactly after 280 days of conception. Biologically it takes about 266 days from conception for a fetus to become ready for the birth process. Actual birth of normal full term baby may take place any time after that.

Prenatal stage is further divided into three phases. The first phase - the germinal period - is the period from conception until implantation. Conception occurs when a sperm penetrates the wall of a ripened ovum forming a zygote. In about 8-14 days, the zygote gets firmly attached to the wall of the mother's uterus. This is called implantation which brings the germinal period to end.

The second phase of prenatal development is the period of the embryo which lasts from the beginning of the third week to the end of the eighth week. During this time all major organs are formed and the heart begins to beat.

The third phase is the period of the fetus. It lasts from the third prenatal month until the baby is born. The major organ systems begin to function and the growth of the organism is quite rapid.

2) Infancy Stage:

The period from birth to two years constitutes the infancy stage of life. During the prenatal period the fetus faces the task of preparing itself for the birth process and to overcome the odds against normal development. Thus, the new born baby has the capacity for all life sustaining activities such as breathing, sucking and swallowing, and discharging bodily waste.

The neonate (birth to one month) also displays several reflexes as well as skills which help the process of development. The new born infant responds to pressure or touch on the cheek by turning the head towards the touch and opening the mouth. This automatic and involuntary response or reflex, known as rooting reflex, helps the baby feed from the mother's breasts or a nipple by orienting her to the breast or bottle. Feeding is further facilitated by sucking reflex by which the neonate sucks on objects placed into the mouth.

The rooting reflex disappears over the first few weeks of life and is replaced by voluntary head turning. The sucking reflex is also gradually modified over the first few months of life as sucking comes under voluntary control. Among many other reflexes, full tern neonates display swimming reflex of active movements of the arms and legs and involuntary holding of breath when in the neonate is immersed in water. The swimming reflex keeps the infant floating in water for sometimes. Although this reflex disappears in the first 4-6 months, some swimming instructors have used this reflex to teach infants preliminary swimming long before they can walk.

Much before birth, the fetus responds to sounds and within few hours after birth, the neonate can discriminate between different sounds of language (e.g. /ba/ and /ga/ sounds) and between mother's voice and other human voice. This shows that human infants are remarkably well prepared to receive spoken language and learn the same. During infancy, the physical and motor

development is quite rapid. Primarily due to maturation, children show regularity in development of locomotion and motor skills. They are able to raise their head by about 2 months, sit with support by 4 months, walk with support by 9 months and walk on their own by 10-12 months.

3) Early Childhood Stage:

Broadly it covers the period from 2 to 6 years of age. This is the time during which the child who has become mobile is able to widen the sphere of his/her activities beyond the caregivers and the family. Through his/her interaction with the wider society and the environment the child learns the rules of appropriate social behaviour and develops mental abilities which prepare him/her for formal education and schooling.

As we pointed out earlier, most 1-2 year olds or toddlers appear to be quite clumsy in their movements and physical motor activities. But as children mature their locomotion skills become refined and graceful. Body balance while walking and running improves noticeably. A 3-year-old can run in a straight line and can jump smoothly without falling down. A 4-year-old can skip, jump on one foot and catch a large ball thrown from a distance. By the age six, the child is physically quite capable of coordinated actions which require maintaining body balance. Small muscles coordination required for fine motor activities such as putting in shirt buttons or copying a simple figure improve quite dramatically during the early childhood years.

Capacity for sustained attention continues to improve during the early childhood as also during the middle childhood and early adolescent years. A 3-year-old child may persist on a task such as colouring with crayons, playing with toys or watching TV for no more than 15-20 minutes at a stretch. By contrast, a 6-year-old can be found to be working on an interesting task for an hour or more. Such improvements in attention may be, at least partly, due to maturational changes in the central nervous system. An area of the brain called reticular formation (which is responsible for regulation of attention) continues to develop until puberty. Children also become more selective in their attention. They are able to

concentrate and focus on relevant aspects of the total stimulation ignoring irrelevant or distracting stimuli. As children become more attentive, their perceptual skills or ability to identify finer aspects of objects also improves.

4) Middle Childhood:

As children reach the age of schooling, growth becomes more gradual and rate of physical change becomes slower until puberty at about 11-13 years when there is again a rapid 'growth spurt'. However, during the middle childhood years, eye-hand and small muscle coordination continues to develop. Physical activities become more vigorous; children can run faster and jump higher and their reaction time (i.e. the time they need to respond to a stimulus) becomes quicker. This makes them more proficient at action games. With the improvements in small muscle coordination, 6-7 year-old children can copy complex figures (such as a diamond), colour patterns and figures and assemble tools and model toys. Children also become more skillful in using tools (such as screwdrivers) and in games requiring skillful eye-hand coordination such as throwing, catching and hitting targets.

Mental capacity of children also shows significant improvement during the middle childhood years. Their thinking becomes more logical and systematic particularly in respect of concrete objects, events and experiences. But given abstract situations their thinking fails to follow logical principles. For example, 10 year olds can engage in simple arithmetic operations and draw some inferences in concrete situations, but they cannot think of different hypothetical outcomes in situations which require abstract thinking. Middle childhood years are also the time for quest for knowledge and mastery. Memory and conceptual knowledge improve facilitating logical thinking beyond the immediate situation. Children can also engage in aesthetic activities such as music, art and dance and develop hobbies of their own. School age children have learned most of the social standards regarding sex-roles and accept their gender as an unchanging aspect of themselves and their personality.

5) Adolescence Stage:

Adolescence is a period of transition from childhood to adulthood and a period of significance for human development. It is the period from the onset of puberty till attainment of adulthood. Puberty marks the beginning of sexual maturity and reproductive capacity of an individual. Adolescence is characterised by rapid biological and physical change and these changes are associated with many psychological challenge.

The hormones and other biological factors are responsible for a growth spurt or rapid physiological changes as well as beginning of primary and secondary sexual characteristics. The primary characteristics, such as ovulation and menstruation among the girls and production of semen among the boys, are directly related to reproduction and primary sex organs.

The secondary sexual characteristics are associated changes visible on the body such as development of breast among the girls, beard among the boys and growth of underarm and pubic hair among the boys as well as girls.

Physically adolescents show a sudden and rapid growth or a growth spurt. During a period of about nine years (from 10 to 19) boys gain over 36 cms. in height and 25 kgs. in weight whereas girls gain over 24 cms. in height and 21 kgs. in weight. By the end of adolescence growth spurt, 98% of adult growth is achieved.

6) Early Adulthood Stage:

The period from the end of adolescence, i.e., from approximately 19 years to about 35 years of age is generally viewed as the early adulthood period. This is the period in which social roles and relationships are materialized. The young adult becomes a fully functioning social being assuming the role of a married family person and developing intimate social and sexual relationships.

Although most of the physical growth is over by the end of the teen age, some developments do occur during the early adulthood. These are mostly related to the process of slow decline with the aging process. For example, lenses of the eyes begin to lose flexibility and tissues supporting the teeth weaken. Reaction time, strength of the body muscles and capacity of the sense organs

reach their peak during the twenties and decline by the mid-thirties. On the whole, however, physical change is less dramatic and slow during this stage of life.

7) Middle Adulthood Stage:

The period of life from about thirty five years of age to sixty is viewed as the mid-life during which people become aware of some decline in their physiological functions. Muscular strength and performance of major organ systems such as digestive and circulatory systems deteriorate. Middle adulthood is characterised by some dramatic changes in the functioning of reproductive system and sexual activity. Such changes are called climacteric. During the climacteric period, women experience menopause or cessation of menstrual cycle during the late forties or early fifties. For males, climacteric involves reduction in sex hormones and reduced functioning of the prostrate gland all of which may result in reduced sexual drive.

8) Old Age:

The period of life from the sixties till death is the period of old age. However, with increasing life expectancy and longer work period there is a delayed onset of the actual feeling of old age. Besides retirement from active work life, the old people have to cope with many other challenges such as their own declining physical fitness, ill health, death of near ones in the family including possible loss of spouse and loneliness. As people grow old, body metabolism changes and there are wear-and-tear of the body parts and cells. There are also genetically determined changes in the biological clock in the body that limit the length of our lives. As individuals approach the closing phase of life, there is also an appraisal of the extent to which their lives have become meaningful and worthwhile.

According to Erickson, those who evaluate their life positively attain a sense of integrity and do not usually have much anxiety over death. Otherwise, old people may experience a sense of despair over not having been able to contribute much to the society and the limited time that is left for them to do something. Erickson characterises this crisis as one of integrity and despair. There are

wide individual variations in the way old people prepare to face death and other challenges of old age.

Development Stages of Child Development

The acquisition of milestones occurs in a certain sequence in the areas of physical, emotional, and mental abilities. A child graduates from one stage of development to the next after reaching certain milestones. For instance, a child learns to crawl before walking and running. The six stages of child development begin at birth.

Newborn Development:

Between the time of birth and one month, the newborn child exhibits movements that are automatic in in response to external stimuli, according to "Child Development: An Illustrated Guide." Some milestones include the rooting reflex, where a newborn opens his mouth and turns his head toward your hand when you stroke his cheek; the grasp reflex, which is when the newborn involuntarily grasps at any object put in his hands such as your finger; and the startle reflex, where a child stiffens, extends his arms and legs and then quickly brings his arms together in front of his chest in response to sudden noises or position changes. At this stage, a newborn is able to see objects that are close to his eyes such as his parents' faces, recognize certain smells, move his head from side to side, smile and cries to indicate his needs.

Infant Development:

Between one and 12 months, infants displays new developmental abilities. A three-to-six-month-old child is able to control her head movements and play with her hands together. An infant is able to sit without support, respond to her name and babble between six and nine months old. Between nine and twelve months, a baby can crawl, stand with support and pick up objects with her index finger and thumb or a pincer grasp.

Toddler Development:

Children between one and three years old are toddlers. At this age, they display ritualistic behavior, such as a bedtime routine, which gives them a sense of reliability and comfort. Although toddlers are clumsy, they can walk without help, go up a staircase, jump in place,

hold a crayon, draw a circle, build a tower of two blocks, follow simple directions and use short sentences.

Pre-schooler Development:

Preschool development occurs between the ages of three and five years. This stage of child development is characterized by increased refinement of fine motor skills, according to the book "Maternity and Pediatric Nursing." The preschooler can throw a ball over his head, skip, hop, stand on one foot for 10 seconds or longer, draw a person with features, take care of his toileting needs and dress himself. He can also have long conversations.

School-Age Development:

The school-age developmental stage is between six and 12 years old. Children at this stage are more capable, independent and responsible, according to the book "The Developing Person through Childhood and Adolescence." The school-age child has greater motor skills and begins to develop secondary sexual characteristics. Peer relationships become important here and are typically with members of the same sex.

Adolescent Development:

According to the Centers for Disease Control and Prevention, during the adolescent years, physical, mental, cognitive and sexual changes occur. Girls are physically mature while boys might still be maturing. Teenagers develop their identity and opinions. They have concerns about their looks. Eating disorders may occur at this time. Adolescents develop interest in members of the opposite sex and spend more time with their friends and less time with their parents.

Major Adjustment of Infancy

Four major adjustments during the infancy stage

- Temperature Changes- while in the mother's uterus, the temperature remains constant at about 100 Fahrenheit or 38 degrees centigrade while in the postnatal environment it is between 70 F or 21degrees centigrade.
- Breathing- after birth, when the umbilical cord is cut off, the infant must inhale and exhale air on his own, unlike before birth, where the oxygen is supplied from the placenta to the umbilical cord.

- Taking Nourishment- the fetus received regular nourishment through the umbilical cord but after birth, the infant has to suck and swallow his nourishment alone.
- Elimination- the excretory organs of the infant start to function a few minutes of hours after birth. Elimination of waste products was previously by way of the umbilical cord and the placenta of the mother.

Emotional Behaviour in Babyhood

Emotional learning begins at a very young age, as children discover a wide range of emotions, and evolves as they grow. This topic aims to provide a better understanding of the key stages of emotional development, its impacts, interrelated skills, and the factors that influence emotional competence.

The theoretical perspective taken toward emotional development in childhood is a combination of functionalist theory and dynamical systems theory: A child's encounters with an environment can be seen as dynamic transactions that involve multiple emotion-related components (e.g., expressive behaviour, physiological patterning, action tendencies, goals and motives, social and physical contexts, appraisals and experiential feeling) that change over time as the child matures and in response to changing environmental interactions.

Emotional and Social Behaviour Childhood

Childhood is a time when babies are totally dependent upon their parents and caregivers for their protection and care. Consistent, adequate, gentle care can encourage the infant to develop the capacity to trust people.

Age Period	Emotional development milestones	Social development milestones
Birth to 4 Months	• Attachment of baby to adult(s) taking place • Early trust develops • Eating/sleeping	• Turns head toward familiar voice • Will begin to smile when talked with or held

Age Period	Emotional development milestones	Social development milestones
	schedules vary greatly • By 4 months can be comforted when unhappy	• By two months shows excitement and pleasure when held • Visually attracted to bright colors and contrasts • By two months may gurgle to get attention • Appears to enjoy being held
4 to 8 Months	• Attachment of baby to adults occurs • Early trust develops • Eating/sleeping schedules becoming more regular • Enjoys playing peek-a-boo and begins to grab at blanket • Uses cry to call for attention, not always a distress call	• Enjoys being held • Smiles to show pleasure • Less smiling around strangers (by 8 months)
8 to 14 Months	• Strong attachment to adult(s) • Fears can be shown, especially to things such as Santa, clowns, fast moving objects and large	• Smiles easily and shows enjoyment of people • Demonstrates signs of independence • Beginning of understanding that

Age Period	Emotional development milestones	Social development milestones
	dogs • Infant can tantrum when frustrated	some behaviors are acceptable and some are not • Watches people and their activities • Prefers to be with others while playing

Hazards in Babyhood

1. **Separation from Mother:**
   Unless a stable and satisfactory substitute is provided, babies who are separated from their mothers develop feelings of insecurity which are expressed in personality disturbances that may lay the foundation for later maladjustments.

2. **Failure to Develop Attachment Behavior:**
   Babies who fail to establish attachment behaviour with their mothers, or some stable mother-substitute, suffer from feelings of insecurity similar to those associated with separation from their mothers. In addition, they do not experience the pleasures that come from close, personal relationships. This handicaps them in establishing friendships as they grow older.
3. **Deterioration in Family Relationships:**
   The deterioration in family relationships that almost always occurs during the second year of life is psychologically hazardous because babies notice that family members have changed attitudes toward them and treat them differently. As a result, they usually feel unloved and rejected – feelings which lead to resentment and insecurity.

4. **Overprotectiveness:**
   Babies who are overprotected and prevented from doing what they are capable of doing become over dependent and afraid to do what other babies of their ages do. This, in time, is likely to lead to abnormal fear of school – school phobia – and excessive shyness in the presence of strangers.
5. **Inconsistent Training:**
   Inconsistent child-training methods – which can be the result of permissiveness or of parents' feelings of inadequacy in the parental role – provide poor guidelines for babies. This slows down their learning to behave in approved ways.
6. **Child Abuse:**
   When parents are unhappy in their parental roles or when a frictional relationship exists between them, some babies become the targets of anger and resentment. The babies are either neglected of abused. The second year of life is a more common time for child abuse than the first because babies are more troublesome to their parents and this triggers the outlet of anger, resentment, and other unpleasant emotions engendered in the relationship of the parents.

Early childhood: Emotional and Social Behaviour

Early childhood is a stage in human development. It generally includes toddlerhood and sometime afterwards. Play age is an unspecific designation approximately within the scope of early childhood.

In psychology the term early childhood is usually defined as the time period birth until the age of eight years, therefore covering infancy, kindergarten and the early school years up to grades 3.

Social emotional behaviour growth and development includes children understanding a sense of 'self', relationships with others and sociability. The emotional development includes expressions, attachment and personality. Children manifest fear of dark and monsters and around the age of three notice whether they are a boy or a girl and start acting that way. Boys are usually more aggressive, whilst girls are more caring. However, aggression is manifested in two different ways: boys are more physically aggressive, while the

girls are more socially aggressive (name-calling and ignoring). In this stage the individual differences become more prominent.

Emotional Behaviour

Emotional behaviour is a complex task that begins in infancy and continues into adulthood. The first emotions that can be recognised in babies include joy, anger, sadness and fear. Later, as children begin to develop a sense of self, more complex emotions like shyness, surprise, elation, embarrassment, shame, guilt, pride and empathy emerge. Primary school children are still learning to identify emotions, to understand why they happen and how to manage them appropriately. As children develop, the things that provoke their emotional responses change, as do the strategies they use to manage them.

Very young children's emotions are mainly made up of physical reactions (e.g., heart racing, butterflies in stomach) and behaviours. As they grow, children develop the ability to recognise feelings. Their emotions are also increasingly influenced by their thinking. They become more aware of their own feelings and better able to recognise and understand other peoples. Thus, an emotional reaction of a 10-year-old is likely to be far more complex than that of a three-year-old. The experience of emotion includes several components:

- Physical responses (e.g., heart rate, breathing, hormone levels)
- Feelings that children recognise and learn to name
- Thoughts and judgements associated with feelings
- Action signals (e.g., a desire to approach, escape or fight)

Key points for supporting children's emotional development

Providing effective support for children's emotional development starts with paying attention to their feelings and noticing how they manage them. By acknowledging children's emotional responses and providing guidance, parents, caretakers and school staff can help children understand and accept feelings, and develop effective strategies for managing them.

Tune into children's feelings and emotions:

Some emotions are easily identified, while others are less obvious. Tuning into children's emotions involves looking at their body language, listening to what they are saying and how they are saying it, and observing their behaviour. This allows you to respond more effectively to children's needs and to offer more specific guidance to help children manage their emotions.

Help children recognise and understand emotions:

Taking opportunities to talk with children and teach them about emotions helps children to become more aware of their own emotions as well as those of others. Encouraging children to feel comfortable with their emotions and providing them with practice in talking about their feelings helps children to further develop ways to manage their emotions.

Set limits on inappropriate expression of emotions:

It is very important for children to understand that it is okay to have a range of emotions and feelings, but that there are limits to the ways these should be expressed. While acknowledging children's emotions, it is therefore very important to set limits on aggressive, unsafe or inappropriate behaviours.

Be a role model:

Children learn about emotions and how to express them appropriately by watching others especially parents, caretakers and school staff. Showing children the ways you understand and manage emotions helps children learn from your example. This includes examples of saying: 'Sorry, I lost my temper' (because no parent is perfect) and then showing how you might make amends.

Social Behaviour

Social behaviour involves learning the values, knowledge and skills that enable children to relate to others effectively and to contribute in positive ways to family, school and the community. This kind of learning is passed on to children directly by those who care for and teach them, as well as indirectly through social relationships within the family or with friends, and through children's participation in the culture around them. Through their relationships with others and their growing awareness of social values and expectations, children

build a sense of who they are and of the social roles available to them. As children develop socially, they both respond to the influences around them and play an active part in shaping their relationships.

Key points for supporting children's social development

Children's earliest and most extensive learning about social relationships occurs in the family. Parents and caretakers can support positive social development when they model respect and consideration and encourage children to be similarly respectful in all their relationships.

- Provide care and support by tuning into children's needs. Show you are willing to listen and take children's feelings into consideration.
- Help children to develop social skills by providing coaching and teaching them to think through and solve the day-to-day social difficulties they encounter. Supervise and support children's social activities without taking over.
- Ask questions that encourage children to put themselves in someone else's shoes. Questions like "How would you feel if …?" help children learn skills for perspective-taking. Asking questions in a supportive way helps children to think through situations and encourages them to take others' feelings and perspectives into account.
- Discuss moral issues with children and encourage them to state their opinions and reasons.

Late childhood: Emotional and Social Behaviour

Late Childhood extends from the age of 6 years to 12 years, beginning with the child's entry into formal schooling and ending in the advent of puberty. This is the period of excellence and pseudo - maturity. New interests develop for the child and besides some maturity in sex; the child also develops certain amount of physical and mental growth. As regards sex, it remains dormant, but it emerges with great force at the end of this stage. This stage, is therefore, called 'latency period'.

At both its beginning and end, late childhood is marked by conditions that profoundly affect a child's personal and social

adjustments. The beginning of late childhood is marked by the child's entrance into first grade in school. For most of the young children, this is a major change in the pattern of their lives, even when they have had a year or more of experience in some pre-school institution. Entrance into first grade is a milestone in every child's life; therefore it is responsible for many of the changes that take place in terms of attitudes, values and behaviour.

Although it is possible to mark off the beginning of late childhood fairly accurately, one cannot be so precise about the time when this period comes to an end because sexual maturity - the criterion used to divide childhood from adolescence - comes at varying ages. This is because there are marked variations in the ages at which boys and girls become sexually mature. As a result, some children have a longer - than - average late childhood, while for others it is shorter than the average.

Parents, educators and psychologists apply various names to the late childhood and these names reflect the important characteristics of the period. Parents' name this period as – the troublesome age and quarrelsome age; educators call it as - elementary school age and critical period, and psychologists named the late childhood as - gang age, creative age and play age.

Emotional Behaviour

Children at this stage discover that expression of emotions, especially the unpleasant emotions, is socially unacceptable to their age-mates. As a result they acquire a strong incentive to learn to control the outward expressions of their emotions. Characteristically, emotional expressions in late childhood are pleasant ones compared with the early childhood stage. A normal child at this stage believes in the sharing of love and affections. At this stage children also experience such emotions like - anger, fear, joy, anxiety etc.

- During late childhood stage it allows children to control and understand their emotions, and as children develop empathy as such they begin noticing and identifying the emotions in others
- During this stage children also become more skilled at expressing their emotions in words, and this may increase control of their emotions

- Children start to begin to realise what they are good at and what they aren't and as a result the child may become self-conscious in situations where they feel inadequate. The child might feel uncomfortable or embarrassed around other people they don't know or certain activities and sports if they feel they are not good at them.

Social Behaviour

The late childhood stage is also a stage of socialisation of the ego-centric nature of the child. The primary school provides an ideal situation for such socialisation. The child's social environment and its functions are widening. Both the classroom and the playground situations train him how to feel, think and act together with others, share joy and sorrow with them. He also learns some of the social rules and norms through active participation in society. The child at this stage is engaged in social interaction and learns the spirit of sharing with others.

- During the stages of late childhood relationships at school are usually restricted to members of the same sex. The child's relationship will change towards others and the child will generally have multiple social contacts outside the family. Social skills such as sharing, communication and conflict resolution are further develop during this stage
- Morals further develop during this time and children acquire a greater sense of right and wrong as well as a better understanding of what is acceptable behaviour in their society. As a result, children have a clear idea to make decisions that are wrong or right even in new situations
- Children may tend to still 'Show off' in front of their friends and family to gain attention. During this lifespan stage children place increasing importance on being accepted by others such as their parents, friends, peers and even their teachers. So they may change their behaviour in order to achieve approval

While parents might not have as much say over who their child befriends as they did when they were younger, there are still things that adults can do to guide kids towards friendships that are happy and healthy. Parents can start by encouraging their child to talk to

other kids but avoid being pushy. If a child seems interested in only playing with one best friend, parents might consider coaxing the child into hanging out with other children as well.

School is a great place to make friends, but participating in activities outside of school such as playing softball or taking art classes to provide further opportunities for developing positive social relationships.

Healthy friendships are marked by cooperation, kindness, trust, and mutual respect. So what should parents do if their child seems to be in an unhealthy friendship? Remembering that all friendships have their ups and downs can be helpful. The occasional conflicts or arguments are not necessarily a sign that the relationship is destructive or unhealthy. If, however, the friendship becomes a source of stress or anxiety, then it's time to take action.

Parents should start by talking to their child and encouraging him to share his feelings with the friend. Adults should also help children understand the importance of walking away from the situation, especially if the friend is being physically or emotionally hurtful. Finally, parents and other adults can try to establish some distance between the child and the friend. For example, a teacher might choose to seat kids who are having conflicts apart from each other.

CHAPTER – II
DEVELOPMENTAL TASKS OF ADOLESCENCE

Puberty is the period during which growing boys or girls undergo the process of sexual maturation. Puberty involves a series of physical stages or steps that lead to the achievement of fertility and the development of the so-called secondary sex characteristics, the physical features associated with adult males and females (such as the growth of pubic hair). While puberty involves a series of biological or physical transformations, the process can also have an effect on the psychosocial and emotional development of the adolescent.

Facts about Puberty

- Puberty is the period of sexual maturation and achievement of fertility.
- The time when puberty begins varies greatly among individuals; however, puberty usually occurs in girls between the ages of 10 and 14 and between the ages of 12 and 16 in boys.
- Both genetic and environmental factors are involved in the timing of puberty.
- Body fat and/or body composition may play a role in regulating the onset of puberty.
- Puberty is associated with the development of secondary sex characteristics and rapid growth.
- Central precocious puberty (CPP) is puberty that occurs earlier than normal due to release of hormones from the hypothalamus of the brain.
- Girls are more likely than boys to have precocious puberty.
- Puberty may also be accompanied by emotional and mood changes.
- Some medical conditions may worsen or first become apparent at puberty.

Age of Puberty

The onset of puberty varies among individuals. Puberty usually occurs in girls between the ages of 10 and 14, while in boys it generally occurs later, between the ages of 12 and 16. In some

African-American girls, puberty begins earlier, at about age 9, meaning that puberty occurs from ages 9 to 14.

Adolescent girls reach puberty today at earlier ages than were ever recorded previously. Nutritional and other environmental influences may be responsible for this change. For example, the average age of the onset of menstrual periods in girls was 15 in 1900. By the 1990s, this average had dropped to 12 and a half years of age.

Factors determines Puberty

The timing of the onset of puberty is not completely understood and is likely determined by a number of factors. One theory proposes that reaching a critical weight or body composition may play a role in the onset of puberty. It has been proposed that the increase in childhood obesity may be related to the overall earlier onset of puberty in the general population in recent years.

Leptin, a hormone produced by fat cells (adipocytes) in the body, has been suggested as one possible mediator of the timing of puberty. In research studies, animals deficient in leptin did not undergo puberty, but puberty began when leptin was administered to the animals. Further, girls with higher concentrations of the hormone leptin are known to have an increased percentage of body fat and an earlier onset of puberty than girls with lower levels of leptin. The concentration of leptin in the blood is known to increase just before puberty in both boys and girls.

Leptin, however, is likely only one of multiple influences on the hypothalamus, an area of the brain that releases a hormone known as gonadotropin-releasing hormone (GnRH), which in turn signals the pituitary gland to release luteinizing hormone (LH) and follicle-stimulating hormone (FSH). LH and FSH secretion by the pituitary is responsible for sexual development.

Genetic factors are likely involved in the timing of puberty, and the timing of puberty has often been described to "run in families." Additionally, a gene has been identified that appears to be critical for the normal development of puberty. The gene, known as GPR54, encodes a protein that appears to have an effect on the secretion of GnRH by the hypothalamus. Individuals who do not have a functioning copy of this gene are not able to enter puberty normally.

Physical Changes during Puberty in girls and boys

Both Bodies:

- Girls and boys may get acne (zits or pimples) on their faces and body. If pimples are stressing them out or causing problems in their life, talk to a doctor.
- They start to sweat more, and may have body odor (when their sweat smells bad). They may want to shower more and start using deodorant.
- Hair grows under their armpits.
- Hair grows around their genitals — this is called pubic hair.
- They may grow more hair on their arms and legs, and the hair may get darker.
- They may feel some pain in their arms and legs as they grow (growing pains)

Boys:

- Their voice gets lower or deeper. It may crack sometimes while it's changing, but that's totally normal and eventually goes away. Their Adam's apple (bump in your throat) might get bigger and more visible as this happens.
- Their penis and testicles get bigger.
- Hair may grow on their face, chest and back.
- Their chest and shoulders get broader.
- They may have swelling around their nipples during puberty. This can look like the start of breasts, but it usually goes away. This happens to about half of boys, and it can last for a few months or up to a few years.

Girls:

- Their breasts develop and get bigger.
- Their hips get wider and your body may become more curvy.
- Girls start getting their period.
- Their labia may change color and grow bigger.

The changes that happen during the process of puberty have a typical pattern in both boys and girls, with a generally predictable sequence of events. In most girls, the first sign of puberty is the beginning of breast development (breast buds), which occurs at an

average age of approximately 11 years. In girls, the growth of pubic hair typically begins next, followed by the growth of hair in the armpits. A minority of girls, however, begin to develop pubic hair prior to breast development. The onset of menstruation (having periods) usually happens later than the other physical changes and usually occurs around two and a half years after the onset of puberty.
A regular pattern of ovulation, corresponding to achievement of fertility, usually develops rapidly once a girl begins having menstrual periods. However, girls who have a later onset of menstruation (after age 13) tend to have lower rates of regular ovulation in the years following the onset of menstruation. Studies have shown that one-half of adolescent girls who first begin to menstruate after age 13 will not ovulate regularly over the next four and a half years.
In boys, an increase in the size of the testicles is the first change observed at the onset of puberty. Enlargement of the testicles begins at an approximate average age of 11 and a half years in boys and lasts for about six months. After enlargement of the testicles, the penis also increases in size. Enlargement of the testicles and penis almost always occurs before the development of pubic hair. The next stage is the growth of pubic hair and hair in the armpits. Next, the voice becomes deeper and muscles increase in size. The last step is usually the development of facial hair. Fertility is achieved in males near the onset of puberty, when a surge in testosterone triggers the production of sperm.
The sequence of changes in puberty has been characterized by physicians and is referred to as sexual maturity rating (SMR) or Tanner stages, named after a physician who published a description of the sequence of physical changes in puberty in 1969. Tanner stages are determined by the development of the secondary sex characteristics and encompass changes in the size and appearance of the external genitalia, the development of pubic hair, and breast development in girls. Tanner stages allow doctors to classify the extent of development of sex characteristics into five distinct steps ranging from stage 1 (prepubertal) to stage 5 (mature adult type).

Other bodily changes during puberty in boys and girls

The "growth spurt":

A rapid increase in height, referred to as a growth spurt, usually accompanies puberty. This rapid increase in height typically lasts for two to three years. About 17%-18% of adult height is attained during puberty. Although the increase in height affects both the trunk and the limbs, growth in the limbs usually happens first. The growth spurt characteristically occurs earlier in girls than in boys, with girls having the growth spurt approximately two years prior to boys, on average. In girls, the growth spurt typically precedes the onset of menstruation by about six months.

Bone growth and mineralization:

Puberty is accompanied by growth of bones and increases in bone density in both boys and girls. In girls, bone mineralization peaks around the time of the onset of menstrual periods, after the time of peak height velocity (growth spurt). Studies have shown that bone width increases first, followed by bone mineral content, and lastly by bone density. Because of the lag between bone growth and achievement of full bone density, adolescents may be at increased risk for fractures during this time.

Weight changes:

Changes in weight and body composition occur in both boys and girls. Adolescent girls develop a greater proportion of body fat than boys, with redistribution of the fat toward the upper and lower portions of the body, leading to a curvier appearance. While boys also have an increase in the growth of body fat, their muscle growth is faster. By the end of puberty, boys have a muscle mass about one and a half times greater than that of comparably sized girls.

Other changes:

Maturation of the cardiovascular systems and lungs results in an increased working capacity of these organs, associated with an overall increase in endurance and strength. These changes are more pronounced in boys than in girls.

Emotional changes occur in puberty in boys and girls

Both boys and girls can experience emotional changes that accompany the myriad physical changes of puberty. These changes are not the same for all adolescents. Changes can occur in the way a teen responds to family or friends and views him- or herself. Many

adolescents experience mood swings, anxiety, confusion, and sensitivity. On the other hand, not all emotional changes of puberty are related to negative thoughts or feeling upset. Puberty is also a time in which the young person learns about his or her own interests and goals and learns to relate to others in a more mature way. While some emotional changes are a normal part of puberty, it is important to seek medical help if these emotional changes are unusually severe, affect day-to-day functioning, or result in thoughts of harming oneself or others.

Medical conditions associated with normal puberty

While puberty is a normal condition and not an illness, many medical conditions and illnesses may first appear during puberty. Some conditions potentially associated with puberty include the following:

- Acne: Acne is an inflammation of the sebaceous glands and hair follicles of the skin, which is most pronounced on the face but may occur on the neck, back, chest, or other areas. The hormonal changes in puberty lead to the development of acne in many adolescent boys and girls.
- Gynecomastia: Gynecomastia is the term used to describe enlargement of the male breasts. The hormonal changes of puberty can cause a transient gynecomastia in normal boys that typically lasts for six to 18 months. Pubertal gynecomastia occurs at an average age of 13 in boys and affects up to one-half of normal adolescent boys.
- Anemia: The normal pubertal progression in males is associated with increases in the ferritin (iron) and hemoglobin concentrations in the blood, but this increase is not observed in females. Adolescent girls tend to consume less iron-containing foods than boys, and this, combined with blood losses through menstrual bleeding, may place adolescent girls at risk for anemia.
- Sexually transmitted diseases (STDs): If teens become sexually active at puberty, they are at risk for HIV and other sexually transmitted infections.

- Scoliosis: Because of rapid growth during puberty, scoliosis (abnormal curvature of the spine) can be worsened or may first become apparent during puberty.
- Vision changes: Near sightedness (myopia) has a high incidence during puberty because of growth in the axial diameter of the eye.
- Musculoskeletal injuries: Adolescents may be particularly prone to musculoskeletal injuries during the growth spurt and during growth of muscle mass. Since bone growth usually precedes full bone mineralization, adolescents are at risk for fractures. Also, since the growth in the limbs usually occurs prior to growth in the trunk, some joints may be left with a limited range of motion that increases the risk for sprains and strains.
- Dysfunctional uterine bleeding: Girls who have recently begun menstruating may have irregular, prolonged, or heavy menstrual bleeding. Anovulation (not ovulating) is the most common reason for abnormal menstrual bleeding in adolescent girls.

Effects of changes during Puberty

Effects on Attitudes and Behavior Changes:

It is understandable that the widespread effects of puberty on children's physical well-being would also affect their attitudes and behaviour. However, there is evidence that the changes in attitudes and behaviour that occur at this time are more the result of social than of glandular changes, though the glandular changes unquestionably play some role through their influence on body homeostasis. The less sympathy and understanding the pubescent child receives from parents, siblings, teachers, and peers and the greater the social expectations at this time, the greater the psychological effects of the physical changes.

The most common, serious, and persistent of puberty changes on attitudes and behaviour are given below:

Desire for Isolation:

When puberty changes begin, children usually withdraw from peer and family activities and often quarrel with peers and family members. They spend much time in daydreaming about how misunderstood and mistreated they are and in experimenting with

sex through masturbation. Part of this withdrawal syndrome includes refusal to communicate with others.

Boredom:

Pubescent children are bored with the play they formerly enjoyed, with schoolwork, with social activities, and with life in general. As a result, they do as little work as they can, thus developing the habit of underachieving. This habit is accentuated by not feeling up to par physically.

Incoordination:

Rapid and uneven growth affects habitual patterns of coordination, and the pubescent child is clumsy and awkward for a time. As growth slows down, coordination gradually improves.

Social Antagonism:

The pubescent child is often uncooperative, disagreeable, and antagonistic. Open hostility between the sexes, expressed in contrast criticism and derogatory comments, is common at this age.

As puberty progresses, the child becomes friendlier, more cooperative, and more tolerant of others.

Heightened Emotionally:

Moodiness, sulkiness, temper outbursts, and a tendency to cry at the slightest provocation are characteristic of the early part of puberty. It is a time of worry, anxiety, and irritability, as may be seen in details below.

1. **Insufficient Growth Hormone:** An insufficient amount of growth hormone in late childhood and early puberty causes the individual to be smaller than average at maturity.
2. **Insufficient Gonadal Hormones:** If the gonadal hormones are not released in adequate amounts soon enough to check the growth hormone, growth of the limbs continues too long, and the individual becomes larger than average. Insufficient amounts of gonadal hormones also affect the normal development of the sex organs and the secondary sec characteristics, with the result that the individual remains childlike or takes on characteristics of the opposite sex, depending on when the interruption in the developmental cycle occurs.

3. **Excessive Supply of Gonadal Hormones:** An imbalance in the functioning of the pituitary gland and the gonads can cause production of an excessive amount of gonadal hormones at a very young age, resulting in the onset of puberty sometimes as early as five or six years of age. This is known as precocious puberty or puberty precox. While such children are sexually mature in that their sex organs have begun to function, they are still small in stature and the secondary sex characteristics are not as well developed as in those who mature at the usual age.

   Depression, irritability, and negative moods are especially common during the premenstrual and early menstrual periods of girls. As pubescent children become more mature physically, they become less tense and exhibit more mature emotional behaviour.

Loss of Self Confidence:

The pubescent child, formerly so self-assured, becomes lacking in self-confidence and fearful of failure. This is due partly to lowered physical resistance and partly to the constant criticism of adults to peers. Many boys and girls emerge from puberty with the foundations of an inferiority complex.

Excessive Modesty:

The bodily changes that take place during puberty cause the child to become excessively modest for fear that others will notice these changes and comment on them unfavourably.

Although all children exhibit some of these attitudes and behaviour patterns, they are more marked before sexual maturity is attained, or during what Buhler has called the "negative phase".

Girls, as a general rule, are more seriously affected by puberty than boys, partly because they usually mature more rapidly than boys and partly because more social restrictions begin to be placed on their behaviour, just at a time when they are trying to free themselves from such restrictions. More has discussed the reason why boys are not as greatly affected by puberty changes as girls:

Puberty appears to have been a more gradual affair. It did not burst on them with the rapidity of development that the girls experienced.

The impulses aroused may have been just as strong or stronger for the male but he had more chance to adjust to them as they grew.

Because they reach puberty earlier, girls show signs of disruptive behaviour sooner than boys do. However, girls' behaviour sooner than boys do. However, girls' behaviour stabilizes earlier than that of boys, and they begin to act more as they did before the onset of puberty, just as boys will do later.

How seriously puberty changes will affect behaviour will be greatly influenced by the ability and willingness of pubescent children to communicate their concerns and anxieties to others and, in that way, get a new and better perspective on them. As Dunbar has explained, "The affective reaction to change is largely determined by the capacity to communicate. Communication is a means of coping with anxiety which inevitably accompanies stress". Pubescent children who find it difficult or impossible to communicate with others exhibit more negative behaviour than those who can and will communicate.

The psychological effects of puberty are also complicated by the social expectations of parents, teachers, and other adults. Boys and girls are expected to act according to certain standards appropriate for their ages. They find this relatively easy if their behaviour patterns are at the appropriate developmental levels. However, children who are maturationally unready to fulfill the social expectations for their ages are likely to have problems.

Adolescence:

Adolescence, transitional phase of growth and development between childhood and adulthood. The World Health Organization (WHO) defines an adolescent as any person between ages 10 and 19. This age range falls within WHO's definition of young people, which refers to individuals between ages 10 and 24.

In many societies, however, adolescence is narrowly equated with puberty and the cycle of physical changes culminating in reproductive maturity. In other societies adolescence is understood in broader terms that encompass psychological, social, and moral terrain as well as the strictly physical aspects of maturation. In these societies the term adolescence typically refers to the period between ages 12 and 20 and is roughly equivalent to the word *teens*.

Adolescence (from Latin adolescere, meaning 'to grow up') is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood (age of majority). Adolescence is usually associated with the teenage years, but its physical, psychological or cultural expressions may begin earlier and end later. For example, puberty now typically begins during preadolescence, particularly in females. Physical growth (particularly in males), and cognitive development can extend into the early twenties. Thus age provides only a rough marker of adolescence, and scholars have found it difficult to agree upon a precise definition of adolescence.

A thorough understanding of adolescence in society depends on information from various perspectives, including psychology, biology, history, sociology, education, and anthropology. Within all of these perspectives, adolescence is viewed as a transitional period between childhood and adulthood, whose cultural purpose is the preparation of children for adult roles. It is a period of multiple transitions involving education, training, employment and unemployment, as well as transitions from one living circumstance to another.

During adolescence, issues of emotional (if not physical) separation from parents arise. While this sense of separation is a necessary step in the establishment of personal values, the transition to self-sufficiency forces an array of adjustments upon many adolescents.

Furthermore, teenagers seldom have clear roles of their own in society but instead occupy an ambiguous period between childhood and adulthood. These issues most often define adolescence in Western cultures, and the response to them partly determines the nature of an individual's adult years. Also during adolescence, the individual experiences an upsurge of sexual feelings following the latent sexuality of childhood. It is during adolescence that the individual learns to control and direct sexual urges.

Some specialists find that the difficulties of adolescence have been exaggerated and that for many adolescents the process of maturation is largely peaceful and untroubled. Other specialists

consider adolescence to be an intense and often stressful developmental period characterized by specific types of behaviour.

Developmental Tasks of Adolescence

A developmental task is a task that arises at or about a certain period in life, unsuccessful achievement of which leads to inability to perform tasks associated with the next period or stage in life.

Developmental Task	Nature of Task
1. Learning to get along with friends of both sexes.	To learn to look upon girls as women and boys as men; to become an adult among adults; to learn to work with others for a common purpose, disregarding personal feelings; to lead without dominating.
2. Accepting one's physical body and keeping it healthy.	To accept one's body; to keep it healthy through good nutrition, exercise, disease prevention, and other health practices.
3. Becoming more self-sufficient.	To develop affection for parents without dependence upon them; to develop respect for older adults without dependence upon them.
4. Making decisions about marriage and family life.	To explore attitudes toward family life and having children; to acquire the knowledge necessary for home management and, if desired, child rearing.
5 Preparing for a job or career.	To develop career/vocational goals and ways to reach these goals; to be able to make a living.
6. Acquiring a set of values to guide behavior.	To develop an outlook toward life based on what is important.

Developmental Task	Nature of Task
7. Becoming socially responsible.	To participate as a responsible person with friends at home, and in the community; to develop personal moral values to guide behavior.

Behavioural Tasks of Adolescence

Separation

- Adolescents reject their parents and families while they acknowledge their dependence upon them.
- Learning to make decisions requires experiencing mistakes as well as successes, for the mistakes are often the more valuable learning experiences.
- Parents must be aware of areas in which adolescents may be permitted to fail.

Identification

- Begins with defining "who one is not" and from this investigation gradually a sense of self emerges
- Process usually involves identifying with esteemed role models and "trying on" their traits and personalities.
- Adolescents commonly go through stages of portraying others' personalities.
- Adolescents should be encouraged to test themselves but reasonable goals should be set and their performance compared to appropriate standards.

Peer Relationships

- Acceptance into a peer group is a requirement for achieving independence and separating from one's family.
- Parents are less able to choose their adolescents' friends for them.
- Peer approval, peer rejection and peer pressure are central determinants of adolescent behavior.

- Parents can help adolescents in both selecting appropriate peers as well as more objectively assessing the influence of peers on their behavior.

Emerging Sexuality

- Adolescents today are faced with conflicting and paradoxical expectations generated by our culture.
- Despite the proliferation of sex education programs and a permissive media, most adolescents are surprisingly deficient in their sexual knowledge.
- Youth cannot divulge their ignorance, for to do so would be viewed as a definite sign of immaturity of social ineptness and thus is to be avoided at all costs.

Defiance of Authority

- Stage where everything their parents say is wrong and everything parents do is embarrassing for them.
- Even benevolent authority must be challenged from time to time by adolescents if they are to develop a sense of autonomy
- An overly permissive environment can lead adolescents to act out in search of limits, whereas a more authoritarian approach leads to defiance in search for independence.
- Normal adolescence inevitably involves situations where adolescents attempt to defy conventional authority by trying to overpower or outmaneuver their parents or other authority figures.
- It is not the occurrence of these events which is significant but the manner in which adolescents attempt to exercise power which is crucial.

Emotional and Social Aspects of Adolescence

Adolescence is a time of big social changes, emotional changes and changes in relationships. These changes show that the child is forming an independent identity and learning to be an adult.

Emotional aspects of adolescence

Moods and feelings:

Adolescence might show strong feelings and intense emotions, and their moods might seem unpredictable. These emotional ups and downs can lead to increased conflict. They happen partly because

the child's brain is still learning how to control and express emotions in a grown-up way.

Sensitivity to others:

As they get older, they will get better at reading and understanding other people's emotions. But while they are developing these skills, they can sometimes misread facial expressions or body language.

Self-consciousness:

Teenage self-esteem is often affected by appearance or by how teenagers think they look. As they develop, they might feel self-conscious about their physical appearance. They might also compare their body with those of friends and peers.

Decision-making:

Adolescence might go through a stage where they seem to act without thinking a lot of the time. Their decision-making skills are still developing, and they still learning that actions have consequences and even risks sometimes.

Social Aspects of Adolescence

Identity:

Young people are busy working out who they are and where they fit in the world. Adolescence trying out new clothing styles, music, art, friendship groups and so on. Friends, family, media, culture and more shape their choices in these years.

Independence:

Adolescence will probably want more independence about things like how they get to places, how they spend their time, whom they spends time with, what they spend money on and so on. As adolescence becomes more independent, it'll probably mean some changes in their family routines and relationships, as well as adolescence's friendships.

Responsibility:

Adolescence might be keen to take on more responsibility both at home and at school. This could include things like cooking dinner once a week or being on the school council.

New experiences:

Adolescence is likely to look for new experiences, including risky experiences. This is normal as they explore their own limits and

abilities, as well as the boundaries they have. They also need to express themself as an individual. But because of how teenage brains develop, adolescence might sometimes struggle with thinking through consequences and risks before they try something new.

Values:

This is the time adolescence starts to develop a stronger individual set of values and morals. They will question more things, and they are also learning that they are responsible for their own actions, decisions and consequences. The words and actions help shape our adolescence's sense of 'right' and 'wrong'.

Influences:

Adolescence's friends and peers might influence them, particularly their behaviour, appearance, interests, sense of self and self-esteem. We still have a big influence on long-term things like our adolescence's career choices, values and morals.

Sexual identity:

Adolescence might start to have romantic relationships or go on 'dates'. But these aren't always intimate relationships. For some young people, intimate or sexual relationships don't occur until later on in life.

Media:

The internet, mobile phones and social media can influence how your child communicates with friends and learns about the world.

Relationship Aspects of Adolescence

One of the big changes we might notice is that adolescence wants to spend more time with friends and peers and less time with family.

At the same time, it might seem like adolescence are having more arguments. This is normal, as children seek more independence. It's also because adolescence is starting to think more abstractly and to question different points of view. On top of this, adolescence might upset people without meaning to, just because they don't always understand how their words and actions affect other people.

It might help to know that conflict tends to peak in early adolescence and that these changes show that they are maturing. Even if we feel like we are arguing with adolescence a lot now, it isn't likely to affect our relationship with adolescence in the longer term.

But it might be a good idea to develop some ways of managing conflict to help us through this stage in our relationship.

Adolescent Stress

For many parents, the adolescent period can seem like a whirlwind of rapidly changing emotions. In fact, some earlier theories about adolescent development proposed that "storm and stress" was to be expected, and suggested adolescents characteristically tended to over-react to everyday situations. However, more recent research refutes that outdated notion. Developmental experts have since learned that what may appear as "storm and stress" is actually the natural outcome of youth learning to cope with a much larger array of new and unfamiliar situations.

In addition to navigating new and uncharted territory, teens growing up in today's society are subjected to increased demands on their physical, mental, and emotional resources. Social relationships outside the family have exponentially increased with the advent of electronic social networking (e.g. Facebook, Twitter, etc.).

Academic standards have become more stringent. Sports and other recreational pursuits are more competitive. While teens are learning to cope with these challenges it should be expected that they will have a diverse range of emotions, and may experience fluctuating emotions throughout the day or week.

Therefore, teens must learn how to respond to new and unfamiliar situations at the same time they are experiencing increased demands on their physical, mental, and emotional resources. Such a scenario can certainly increase stress; however, the ability to adaptively cope with stress is influenced by many factors. Certain genetic factors, such as temperament, make some people more sensitive to stress. On the other hand, certain environmental factors such as family and community can help to mitigate the effect of stress by enabling youth to become more resilient in the face of stress.

As mentioned, one factor that can influence our response to stress is temperament. Temperament refers to a genetically-determined tendency to behave in a particular way. We are each born with temperamental differences that are observable at birth. For instance, some babies are more sensitive and reactive to stress while other

babies are not. These more sensitive babies react swiftly and sharply to a light shining in their eyes, or to a sudden loud noise. They will also take longer to calm down, and are more difficult to soothe and comfort.

Other babies are more easygoing and less reactive to stress. They react to a bright light or loud noise by simply closing their eyes, or turning away. They calm down quickly and are easier to soothe and comfort. Thus, adolescents born with more sensitive temperaments may have a more difficult time coping with stressful situations, and may require greater assistance to learn effective techniques to manage their stress. More about temperamental differences can be found in the sensory-motor developmental article.

However, just because youth are born with a more sensitive temperament does not mean they are doomed to suffer. There are many protective factors that can help to mitigate the effects of stress, and serve to increase youths' resilience in the face of stress. Resilient youth will experience fewer negative reactions and negative behaviors in response to stress, and fewer adverse consequences as a result.

One such protective factor is the social support provided by family, peers, teachers, coaches, etc. Social support enables youth to practice handling stressful and challenging circumstances while simultaneously knowing that if they should need help someone is nearby and willing to assist them. Therefore, social support enables youth to gain experience managing stressful situations and to gain confidence while doing so.

Perhaps an analogy can illustrate how social support functions. Suppose you want to learn how to swim. Swimming is a skill that must be practiced in the water, much like stress management is a skill that must practiced while in the midst of stress. Clearly you can't learn how to swim unless you actually get into the water. But it is much easier to get into the water if you know someone is nearby and ready to rescue you should you begin to drown. Social support works the same way as a lifeguard or buoy would. It's there if you need it, and its mere presence permits safe opportunities for developing and practicing new skills.

In a related way, a sense of safety and security is another protective factor. Youth who feel secure and safe tend to cope with stress much better than youth who feel unsupported, unsafe, or unprotected by their immediate environment (family, community, school). Rules, boundaries, and limitations serve to create a sense of safety and comfort. Youth feel more comfortable and relaxed when they know what is expected of them. For instance, youth who attend schools with a high degree of staff to student engagement, high academic standards, and clear and consistent behavioral expectations, tend to be more resilient because they have more opportunities to gain the knowledge and experience necessary to successfully overcome tough obstacles.

Likewise, youth who have parents and caregivers who establish rules and healthy boundaries, along with opportunities to practice independent decision-making skills (while making some mistakes along the way), are far better equipped to cope with life's ups and downs. Thus, when social support is coupled with a balance of age-appropriate limitations and freedoms, it creates a sense of safety and security that can mitigate the effect of stress.

Besides temperament, social support, and security, culture also plays a key role in determining how people respond to stress. There is a great deal of cultural variation with regard to emotional expression: ranging from very high emotional expression, to very low emotional expression (emotional restriction). Since family and community members serve as role models, youth will adopt the culturally accepted methods of expressing emotions surrounding stress. When teens observe respected members of their community expressing their emotions in a responsible and respectful manner they are more likely to follow this pattern of emotional expression.

While environmental factors can certainly serve to protect against the negative effects of stress, the same environmental factors can serve to increase the negative effects of stress. To begin with, some youth grow up in chronically stressful environments. The additional demands of adolescence can become over-burdensome and puts these youth at greater risk for developing problems such as

depression and anxiety, alcohol or other drug use, teen pregnancy, and violence.

Likewise, just as the presence of social support has a positive influence on stress management, the lack of social support has a negative effect. Youth who do not feel loved, wanted, or valued by their family, school, or community lack the necessary social support for the development of effective stress management skills, and fail to develop the confidence needed to tackle challenging situations or circumstances. The presence or absence of social support helps to explain why two youth from the same unsafe community, with similarly abusive family backgrounds, can turn out so differently. Inevitably, the successful one of the pair had strong social support from a church member, a community youth group leader, a coach, a teacher, a grandparent, or even a neighbor.

Similarly, youth who must question their security and personal safety are also less likely to successfully manage their stress because survival becomes their primary concern. Youth who regularly experience or witness violence (e.g., domestic violence, abuse, bullying, gang violence) in their home, school, or community do not feel safe and secure. When survival becomes the primary concern, short-term needs are the primary consideration and long-term consequences become irrelevant. Choices are made based on what is most likely to ensure survival in the short-term, not what is most likely to result in long-term benefits.

Likewise, if youth have no guidelines or rules and do not know what is expected of them they are more likely to make poor choices and to experience negative consequences as a result. Other youth may know what is expected of them, but do not believe their success or failure matters to anyone. These youth tend to give-up easily when faced with tough situations. Therefore, they never gain the experience needed to successfully manage stress, and lack confidence in their ability to cope with challenging situations.

Culture can also negatively influence youths' ability to effectively cope with stress. Similarly, if the prevailing method of handling negative emotions is through physical means such as fighting, or the

response to stress is to use alcohol and other drugs, youth will usually learn to handle their own stress in the same way.

Cognitive Development

Adolescence marks the transition from childhood into adulthood. It is characterized by cognitive, psychosocial, and emotional development. Cognitive development is the progression of thinking from the way a child does to the way an adult does.

There are 3 main areas of cognitive development that occur during adolescence. First, adolescents develop more advanced reasoning skills, including the ability to explore a full range of possibilities inherent in a situation, think hypothetically (contrary-fact situations), and use a logical thought process.

Second, adolescents develop the ability to think abstractly. Adolescents move from being concrete thinkers, who think of things that they have direct contact with or knowledge about, to abstract thinkers, who can imagine things not seen or experienced. This allows adolescents to have the capacity to love, think about spirituality, and participate in more advanced mathematics. Youth who remain at the level of a concrete thinker focus largely on physically present or real objects in problem solving and, as a result, may present with difficulty or frustration with schoolwork as they transition throughout high school. Clinicians can help parents recognize this problem to help adolescents adjust to the educational pace.

Adolescents may also experience a personal fable as a result of being able to think more abstractly. The personal fable is built on the fact that if the imaginary audience (peers) is watching and thinking about the adolescent, then the adolescent must be special or different. For decades, this adolescent egocentrism was thought to contribute to the personal fable of invincibility (e.g., other adolescents will get pregnant or get sexually transmitted infections) and risk-taking behavior.

Several studies have found that adolescents perceive more risk in certain areas than adults but that being aware of the risks fails to stop adolescents from participating in risk-taking behavior. Neuroimaging studies demonstrate that adolescents may experience

greater emotional satisfaction with risk-taking behavior. This satisfaction can predispose adolescents to engage in behavior despite being aware of risks.

In addition, concrete-thinking adolescents may be unable to understand the consequences of actions (e.g., not taking medications), may be unable to link cause and effect in regard to health behavior (e.g., smoking, overeating, alcohol, drugs, reckless driving, and early sex), and may not be prepared to avoid risk (e.g., having condoms and avoiding riding with intoxicated drivers). Alternatively, youth who feel the personal fable is threatened can present with stress, depression, or multiple psychosomatic symptoms.

Third, the formal operational thinking characteristic of adolescence enables adolescents to think about thinking or meta-cognition. This characteristic allows youth to develop the capacity to think about what they are feeling and how others perceive them. This thought process, combined with rapid emotional and physical changes that occur during puberty, causes most youth to think that everyone is thinking not just about what they are thinking about but about the youth themselves (imaginary audience).

The imaginary audience can be detrimental to youth obtaining clinical care and services. For example, youth with chronic illnesses may hide or deny their illnesses for fear that the imaginary audience (peers) may learn about their condition or to prove to the audience that the condition does not exist. It is important to remember that the audience is very real to the adolescent. By being aware and sympathetic to the adolescent's concerns, as a clinician, you might be able to find solutions to address the health needs and social needs of the patient.

Adolescent Psychosocial Development

The psychosocial development that occurs during this period can be characterized as developmental tasks that emphasize development of autonomy, the establishment of identity, and future orientation.

The first area of adolescent development establishment of autonomy occurs when the adolescent strives to become emotionally and economically independent from parents. This struggle begins during

early adolescence (ages 12-14 years), which is characterized by forming same-sex peer groups, with decreasing interest in family activities and parental advice.

During this time, adolescents are concerned with how they appear to others. The peer group, which is typically same-sex, is often idealized and has a strong influence on the adolescent's development. As a result, adolescents may use clothing, hairstyles, language, and other accessories to fit in with their peers. Similarly, adolescents who do not identify with any peers may have significant psychological difficulties during this period.

Adolescents become less preoccupied with their bodily changes as they approach the end of puberty. The adolescent's attention shifts from being focused on self to adopting the codes and values of larger peer, parental, or adult groups. Clinicians who treat adolescents can help by discussing with families that this process of pubertal maturation will often require role readjustments among and between family members, which can sometimes result in increased stress and conflict.

During middle adolescence (ages 15-17 years), the peer group becomes a mixed-sex peer group and assumes a primary social role for the adolescent. Adolescents begin to have short, intense "love" relationships, while looking for the "ideal" partner. It is not uncommon for adolescents to have crushes on adults during this stage. Family conflict is likely to be at its peak. As adolescents' independent functioning increases, adolescents may examine their personal experiences, relate their experience to others, and develop a concern for others.

By late adolescence (ages 18-21 years), adolescents have developed a separate identity from parents. Simultaneously, adolescents may move away from their peer group and strive to achieve adult status. Adolescent conflict with parents may very well decline during this stage. As adolescents begin to enter more permanent relationships, they establish responsible behavior and their personal value system matures.

Pediatric health care professionals should be aware that most adolescents seek independence in a gradual fashion, and a sudden

shift from parents can be a warning sign that the adolescent needs help in transitioning. In fact, some studies have demonstrated that 11-year-old girls spend 68% of their time with family and 22% with friends compared with 46% and 44%, respectively, in 18-year-old girls.

Anticipatory guidance for parents about the emerging needs of independence will help to inform parents about this important developmental stage, provide guidance in promoting independence in a safe setting, and alleviate some of the problems experienced in the family. Development of clinic policies that promote an adolescent's need for privacy, confidentiality, and involvement in decision-making can aid in this transition.

The second task of adolescence is for youth to develop a sense of identity. Identity relates to one's sense of self. It can be divided into 2 areas: self-concept and self-esteem. Self-concept refers to an adolescent's perception of self-one's talents, goals, and life experiences. It can also relate to identity as part of ethnic, religious, and sexual identity groups. Self-esteem relates to how one evaluates self-worth.

In 1950, Erikson described the psychosocial crisis that was occurring during this stage as "identity vs. role confusion" (13-19 years). As adolescents transition into adults, they start to think about their roles in adulthood. Initially, it is common for adolescents to experience role confusion about their identity and describe mixed ideas and feelings about the specific ways in which they feel they fit into society. As a result, they may experiment with a range of behaviors and activities to sort out this identity. Adolescents may experiment with different peer groups or different styles of dress or behavior as a way of searching for their identity. Some degree of rebellion away from the family's image is part of the adolescent's search for identity.

Erikson described that an adolescent's inability to settle on an identity or career path can result in identity crisis. Although this stage likely lasts for a short period, because of the current extension of adolescence and young adulthood, with more youth obtaining advanced degrees or vocational training, it may take more time for youth to establish their identity.

Adolescents with a chronic illness may have a harder time developing a positive identity or self-image because of the impact of the illness on body image and the limited ability to achieve independence. Pediatric health care professionals can support adolescent identity development by encouraging parents to allow adolescents to have the space and time to independently make health care decisions and to participate in and explore a range of activities that can promote this development.

Inadequate development of self-identity can result in poor self-esteem in the adolescent. Poor self-image and esteem have been associated with poor adjustment (depression or suicide), school underachievement, substance use, and other risk-taking behaviors. Educating parents about the importance of praise and acceptance during this stage may be helpful to ensure that adolescents emerge from it with a secure identity.

The ability for future orientation is the third area of adolescent psychosocial development. This stage usually occurs during late adolescence (ages 18-21 years). Youth have gained the cognitive maturity that is necessary to develop realistic goals pertaining to future vocation or career, have developed a sense of self-identity, and are most likely refining their moral, religious, and sexual values. It is during this time that youth also expect to be treated as an adult. As autonomy increases, youth are given more responsibility. They are also provided with more access to alcohol and drugs.

Supporting social and emotional development in adolescence

Social and emotional changes are part of adolescence's journey to adulthood. We have a big role to play in helping adolescence develop grown-up emotions and social skills. Strong relationships with family and friends are vital for adolescence's healthy social and emotional development.

Here are some ideas to help us support adolescence's social and emotional development.

Be a role model:

We can be a role model for positive relationships with our friends, children, partner and colleagues. Adolescence will learn from seeing

relationships that have respect, empathy and positive ways of resolving conflict.

We can also role-model positive ways of dealing with difficult emotions and moods. For example, there'll be times when they're feeling cranky, tired and unsociable. Instead of withdrawing from them, we could say, 'I'm tired and cross. I feel I can't talk now without getting upset. Can we have this conversation after dinner?'

Get to know our child's friends:

Getting to know our child's friends and making them welcome in our home will help us keep up with our child's social relationships. It also shows that we recognise how important our child's friends are to our child's sense of self.

If we're concerned about our child's friends, we might be able to guide our child towards other social groups. But banning a friendship or criticising our child's friends could have the opposite effect. That is, our child might want to spend even more time with the group of friends we've banned.

Listen to our child's feelings:

Active listening can be a powerful way of strengthening our relationship with our child in these years. To listen actively, we need to stop what we're doing when our child wants to talk. If we're in the middle of something, make a time when we can listen. Respect our child's feelings and try to understand their perspective, even if it's not the same as ours. For example, 'It sounds like you're feeling left out because you're not going to the party on Thursday night'.

Be open about our feelings:

Telling our child how we feel when they behave in particular ways helps our child learns to read and respond to emotions. It also models positive and constructive ways of relating to other people. It can be as simple as saying something like 'I felt really happy when you invited me to your school performance'.

Talk about relationships, sex and sexuality:

If we talk about relationships, sex and sexuality in an open and non-judgmental way with our child, it can promote trust between us. But it's best to look for everyday times when we can easily bring up these issues rather than having a big talk.

When these moments come up, it's often good to find out what our child already knows. Correct any misinformation and give the facts. Use the conversation as a chance to talk about appropriate sexual behaviour. And let our child know we're always available to talk about questions or concerns.

Focus on the positive:

There might be times when we seem to have a lot of conflict with our child or our child seems very moody and so on. In these times, it helps to focus on and reinforce the positive aspects of our child's social and emotional development. For example, we could praise our child for being a good friend, or for having a wide variety of interests, or for trying hard at school and so on.

Implications for Practice

The pediatric health care professional is poised to educate adolescents and their parents about the psychosocial and developmental aspects of adolescence. Explaining that the adolescent's physical development may be asynchronous with the psychosocial, emotional, and cognitive development may help to avoid unrealistic expectations and smooth the process. It is helpful to provide adolescents with appropriate education about the social and emotional changes that occur during this timeframe.

The goal of youth during this stage is to gain independence and establish a secure identity of who they are. Recommendation to parents and guardians to continue to provide parental or supervisory monitoring and model positive health behaviors and conflict resolution is critical for ensuring that teens remain safe while gradually becoming more independent.

There are different parental styles that have been demonstrated to be helpful. The American Academy of Pediatrics endorses the authoritative style where parents have a balanced approach with unconditional love, combined with clear boundaries and consistent discipline. This perspective is based on research demonstrating that adolescents who have an authoritative parent are less depressed, enter into risk-taking behaviors at later ages, and succeed better academically than parents who use other approaches. It is also important for parents to recognize that parental acceptance of

adolescent separation and identity formation is necessary for healthy self-esteem and self-concept and enables the adolescent to return to the family later.

Clinicians can use the primary care visit to promote independence among adolescents. Starting during early adolescence, the parent and the adolescent should be seen together initially to assess the emotional and psychiatric health of adolescents and understand how family dynamics may contribute to symptoms experienced, identify not only sources of stress within families but predominant modes of coping with stress, and encourage parental involvement with the adolescent's school, extracurricular activities, and knowledge about their child's friends. These steps can protect against future delinquency and risk-taking behavior.

Spending time separately with the parent and the adolescent can help the adolescent independently be able to voice concerns about health information while simultaneously building confidence. Health care professionals can use the interview time to ask open-ended questions that allow the adolescent to consider a range of options, help the adolescent understand how emotions can affect decision-making, and identify skill-building activities that promote self-esteem, independence, and self-management of medical conditions.

As adolescents' relationships evolve, they may become interested in dating, intimacy, and sex-related experimentation. Health care professionals should create a climate that is sensitive to personal issues, including sexual identity development and sexual orientation, so that youth feel comfortable discussing different types of sexual activity, fantasies, and attractions. Adolescents will also need appropriate health information about avoiding risk-taking behavior, such as drug use and unsafe sexual behavior, skills that enhance their ability to negotiate difficult situations with peers, and career guidance.

Clinicians' advice or explanation should be adapted to the cognitive level of the adolescent. Adolescence is also an appropriate time for clinicians to discuss career options for youth. Resources can include local or distant college, military service, or a specific program, such as Job Corps. Job Corps is a comprehensive residential, educational,

and job-training program that has assisted approximately 2 million adolescents and young adults gain the vocational and social skills training necessary to obtain long-term jobs and further their education.

CHAPTER – III

DEVELOPMENTAL TASKS OF EARLY ADULTHOOD

The life stage called early adulthood defines individuals between the ages of 20 and 35, who are typically vibrant, active and healthy, and are focused on friendships, romance, child bearing and careers. Yet serious conditions, such as violent events, depression and eating disorders, can negatively impact young adults.

In young adulthood, developmental tasks are mainly located in family, work, and social life. Family-related developmental tasks are described as finding a mate, learning to live with a marriage partner, having and rearing children, and managing the family and one's home. A developmental task that takes an enormous amount of time of young adults relates to the achievement of an occupational career. Family and work related tasks may represent a potential conflict, given that the individual's time and energy are limited resources.

Thus, young adults may postpone one task in order to secure the achievement of another. With respect to their social life, young adults are also confronted with establishing new friendships outside of the marriage and assuming responsibility in the larger community.

1) Selecting a mate: Until it is accomplished, the task of finding a marriage partner is at once the most interesting and the most disturbing of the tasks of early adulthood.

2) Learning to live with a marriage partner: After the wedding there comes a period of learning how to fit two lives together. In the main this consists of learning to express and control one's feeling that is anger, joy, disgust, so that one can live intimately and happily with one's spouse.

3) Starting a family: To have the first child successfully.

4) Rearing children: With the gaining of children the young couple take over a responsibility far greater than any responsibility they have ever had before. Now they are responsible for human life that is not their own. To meet this responsibility they must learn to meet the physical and emotional needs of young children. This means learning how to manage the child, and also learning to adapt their own daily and weekly schedules to the needs of growing children.

5) Managing a home: Family life is built around a physical center, the home, and depends for its success greatly upon how well-managed this home is. Good home management is only partly a matter of keeping the house clean, the furniture and plumbing and lighting fixtures in repair, having meals well cooked, and the like.
6) Getting started in an occupation: This task takes an enormous amount of the young person's time and energy during young adulthood. Often he becomes so engrossed in this particular task that he neglects others. He may put off finding a spouse altogether too long for own happiness.
7) Taking on civic responsibility: To assume responsibility for the welfare of a group outside of the family such as a neighbourhood or community group or church or a political organisation.
8) Finding a congenial social group: Marriage often involves breaking of social ties for one or both young people, and the forming of new friendships. Either the man or the woman is apt to move away from former friends. In any case, whether old friendships are interrupted by distance or not, the young couple faces something of a new task in forming a leisure time pattern and finding others to share it with. The young man loses interest in some of his former bachelor activities, and his wife drops out of some of her purely feminine associations.
Early adulthood can be a very busy time of life. Havighurst (1972) describes some of the developmental tasks of young adults. These include:

- Achieving autonomy: trying to establish oneself as an independent person with a life of one's own
- Establishing identity: more firmly establishing likes, dislikes, preferences, and philosophies
- Developing emotional stability: becoming more stable emotionally which is considered a sign of maturing
- Establishing a career: deciding on and pursuing a career or at least an initial career direction and pursuing an education
- Finding intimacy: forming first close, long-term relationships
- Becoming part of a group or community: young adults may, for the first time, become involved with various groups in the

community. They may begin voting or volunteering to be part of civic organizations (scouts, church groups, etc.). This is especially true for those who participate in organizations as parents.

- Establishing a residence and learning how to manage a household: learning how to budget and keep a home maintained.
- Becoming a parent and rearing children: learning how to manage a household with children. Making marital adjustments and learning to parent.

Vocational Adjustment

The word vocation has the high-minded meaning of "calling" (although the adjective, vocational, has acquired a less high-minded connotation and is used to refer to work "below" the professional or college/university-educated level). Vocation as calling is usually applied to the clergy or other small special groups, but it can refer broadly to people's choices about what to do with their lives. It is in this sense that vocational adjustment can be defined as the study of behavior in life choice and the antecedents, concomitants, and consequences of such choice. As such, vocational adjustment is also known as the psychology of careers, career referring to the carrier or vehicle one uses to traverse one's "course of life" (curriculum vitae).

For the majority of people, however, especially those in the lower socioeconomic strata, there is usually little choice in the matter: They are expected and they need to "go to work," and so they take the jobs that are available. In this case, vocational adjustment is equivalent to the psychology of work, that is, the study of behavior in jobs or occupations or employment. In this regard, vocational adjustment overlaps with industrial organizational psychology but differs from it in that vocational psychology's focus is on the person's progression and development through the work life, whereas industrial organizational psychology views work from the perspective of the work organization.

Objectives of Vocational Adjustments

a) Getting into a career:

Selecting a vocation is not that easy these days since the number of choices are numerous. Young people are often confused as to what

should they pursue. Selection of a vocation depends on one's education and training, career interests and values, opportunities available etc.

b) Establishing a Career:

Not all people embark on the vocation of their dreams. Even for those who enter their chosen field, initial experiences can be discouraging. Selecting avocation depends on one's work values, work environment and workload, relationship with colleagues, relationship with superiors. Adjusting to unanticipated disappointments in salary, supervisors, and co-workers is difficult. As new workers become aware of the gap between their expectations and reality, it becomes difficult to adjust with the work environment, benefits, relation with colleagues, relation with superiors and adjustment to job itself. After a period of evaluation and adjustment, young adults generally settle into their work. Although the desire for advancement tends to decline with age, most people still seek challenges and find satisfaction in their work roles. Besides opportunity, personal characteristics affect career progress. A sense of self - efficacy-belief in one's own ability to be successful-affects career choice and development. Access to an effective mentor-a person with advanced experience and knowledge who is emotionally invested in the junior person's development and who fosters a bond of trust-is jointly affected by the availability of willing people and the individual's capacity to select an appropriate individual.

c) Combining Work and Family:

Women work because they want to or have to (or both).The dominant family form to day is the dual-earner marriage, in which both husband and wife are employed. Most dual earner couples are also parents, since the majority of

Vocational Interests

As noted earlier, Walter Bingham, another pioneer in vocational psychology, advanced a broad definition of aptitude that encompassed both capability and motivation. Admitting the difficulty of measuring strength and persistence of "vocational

purpose," Bingham advocated instead the use of interest measures as part of aptitude assessment for four reasons:

(a) Interest indicates satisfying work;
(b) People with the same interests are congenial, hence the occupation will be congenial;
(c) Interests are related to abilities; and
(d) Assessing interests may uncover occupational fields that the counselee might overlook.

One of Bingham's students, Edward Strong, published the first validated vocational interest inventory. Strong used the empirical key method to construct a separate interest scale for each occupation, consisting of items that discriminated between the occupational group and a reference group of men or women in general, and validating the scales through follow-up studies. Later, with the introduction of the "homogeneous key" scales consisting of highly inter-correlated items basic interest scales were added to the instrument. Still later, even more basic general interest theme scales were added. Over the years, the measurement of vocational interests has achieved a level of technical development second only to abilities.

Concept of vocational education and training

These goals function as reference points for the definition of competencies, which must be developed in vocational education and training:

- The first goal, individual vocational adjustment, denotes the ability of individuals to develop relationships with their environment and to create their educational pathways and life in society in a responsible and self-directed way. Individual vocational adjustment refers to cross-occupational competencies, such as self-management skills, problem-solving skills, communication skills, or meta-cognitive skills.
- The second goal, safeguarding of human resources, subsumes every aspect of educational systems that facilitate individual abilities to act at work and in the labour market (individual economic user perspective) and provide workforce (social demand perspective).

- The third goal, warranty of social participation and equal opportunities, focuses on the relationship between VET and social structures; i.e., to minimise dependencies between social background and educational-, life-, and income opportunities, and to enhance social integration and participation of young adults in processes of shaping the social and political community.

Vocational Adjustment refers to the amount, if any, of adjustment to different tools, skills, and job situations which the Social Security 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 Benefits more difficult if you are under 50 years old.

Marital Adjustment in Early Adulthood

During the period of life between ages 20 and 40, many people get married. Watch this lesson to look at some of the issues that can crop up in a marriage, including physical and emotional infidelity and spousal abuse. In early adulthood or the time of life between adolescence and middle age. During this time, many couples decide to get married. And though many relationships are happy, some face serious issues. These issues can come at any point in life, but they are often associated with early adulthood because that's when the majority of couples marry.

Marital adjustment generally refers to characteristics of the conjugal relationship that promote a harmonious and well-functioning marriage. Typically, an adjusted marital relationship has been defined as one in which partners agree on important issues, have few conflicts and resolve them when they occur, communicate effectively with one another, feel satisfied with the marriage and with each other, share common interests, and engage in the same activities. Satisfaction is often conceived of as a component of marital adjustment and refers to an individual's attitudes and feelings toward the spouse and the marriage.

Marital adjustment has long been a popular topic in studies of the family, probably because the concept is believed to be closely related to the stability of a given marriage. Well-adjusted marriages

are expected to last for a long time, while poorly adjusted ones end in divorce. Simple as it seems, the notion of marital adjustment is difficult to conceptualize and difficult to measure through empirical research. After more than half a century of conceptualization about and research on marital adjustment, the best that can be said may be that there is disagreement among scholars about the concept, the term, and its value. In fact, several scientists have proposed abandoning entirely the concept of marital adjustment and its etymological relatives.

Predicting Marital Adjustment

How is the marital adjustment of a given couple predicted? According to Lewis and Spanier's (1979) comprehensive work, three major factors predict marital quality; social and personal resources, satisfaction with lifestyle, and rewards from spousal interaction.

In general, the more social and personal resources a husband and wife have, the better adjusted their marriage is. Material and nonmaterial properties of the spouses enhance their marital adjustment. Examples include emotional and physical health, socioeconomic resources such as education and social class, personal resources such as interpersonal skills and positive self-concepts, and knowledge they had of each other before getting married. It was also found that good relationships with and support from parents, friends, and significant others contribute to a well-adjusted marriage. Findings that spouses with similar racial, religious, or socio-economic backgrounds are better adjusted to their marriages are synthesized by this general proposition.

The second major factor in predicting marital adjustment is satisfaction with lifestyle. It has been found that material resources such as family income positively affect both spouses' marital adjustment. Both the husband's and the wife's satisfaction with their jobs enhances better-adjusted marriages. Furthermore, the husband's satisfaction with his wife's work status also affects marital adjustment. The wife's employment itself has been found both instrumental and detrimental to the husbands' marital satisfaction. This is because the effect of the wife's employment is mediated by both spouses' attitudes toward her employment. When the wife is in

the labor force, and her husband supports it, marital adjustment can be enhanced. On the other hand, if the wife is unwilling to be employed, or is employed against her husband's wishes, this can negatively affect their marital adjustment. Marital adjustment is also affected by the spouses' satisfaction with their household composition, by how well the couple is embedded in the community, and the respondent's health.

Parents' marital satisfaction was found to be a function of the presence, density, and ages of children. Spouses (particularly wives) who had children were less satisfied with their marriages, particularly when many children were born soon after marriage at short intervals. The generally negative effects of children on marital satisfaction and marital adjustment could be synthesized under this more general proposition about satisfaction with lifestyle.

It has been consistently found that marital satisfaction plotted against the couple's family life-cycle stages forms a U-shaped curve. Both spouses' marital satisfaction is quite high right after they marry, hits the lowest point when they have school-age children, and gradually bounces back after all children leave home.

This pattern has been interpreted as a result of role strain or role conflict between the spousal, parental, and work roles of the spouses. Unlike right after the marriage and the empty-nest stages, having children at home imposes the demand of being a parent in addition to being a husband or wife and a worker. When limited time and energy cause these roles to conflict with each other, the spouses feel strain, which results in poor marital adjustment.

As seen above, the concept of family life cycle seems to have some explanatory power for marital adjustment. Researchers and theorists have found, however, that family life cycle is multidimensional and conceptually unclear. Once a relationship between a particular stage in the family life cycle and marital adjustment is identified, further variables must be added to explain that relationship variables such as the wife's employment status, disposable income, and role strain between spousal and parental roles. Furthermore, the proportion of variance in marital adjustment "explained" by the family's position in its life cycle is small, typically less than 10 percent. In the case of our

analysis above, it is only 3 percent for both husbands and wives. Thus, some scholars conclude that family life cycle has no more explanatory value than does marriage or age cohort.

The last major factor in predicting marital adjustment is the reward obtained from spousal interaction. On the basis of exchange theory, Lewis and Spanier summarize past findings that 'the greater the rewards from spousal interaction, the greater the marital quality'. Rewards from spousal interaction include value consensus; a positive evaluation of oneself by the spouse; and one's positive regard for things such as the physical, mental, and sexual attractiveness of the spouse. Other rewards from spousal interaction include such aspects of emotional gratification as the expression of affection; respect and encouragement between the spouses; love and sexual gratification; and egalitarian relationships.

Married couples with effective communication, expressed in self-disclosure, frequent successful communication, and understanding and empathy, are better adjusted to their marriages. Complementarity in the spouses' roles and needs, similarity in personality traits, and sexual compatibility all enhance marital adjustment. Finally, frequent interaction between the spouses leads to a well-adjusted marriage. The lack of spousal conflict or tensions should be added to the list of rewards from spousal interactions.

Consequences of Marital Adjustment

It has been widely shown that married persons tend to be better adjusted in their lives than either never-married, separated, divorced, or widowed persons. This seems true not only in the area of psychological adjustments such as depression and general life satisfaction, but also in the area of physical health. Married people are more likely to be healthy and to live longer. Two factors should be considered to account for this relationship. First, psychologically and physically well-adjusted persons are more likely to get married and stay married. Second, the favorable socioeconomic status of married persons may explain some of this relationship. Nevertheless, scholars generally agree that marriage has a positive effect on personal adjustment, in both psychological and physical aspects.

If marriages in general affect personal adjustment in a positive fashion, it is likely that well-adjusted marriages lead to well-adjusted lives. Past research shows just this, though the findings should be cautiously interpreted. Some people tend to favorably answer 'adjustment' questions, whether the questions are about their marriages, their personal lives in general, or their subjective health. The apparent positive relationship may be spurious. Nevertheless, if the psychological adjustment is a composite of the adjustments in various aspects of life (i.e., marriage, family, work, health, friendship, etc.), high marital adjustment should lead to high psychological adjustment. In addition, positive effects of well-adjusted marriages on physical health may be accounted for, in part, by psychosomatic aspects of physical health.

This relationship provides an important policy implication of marital adjustment. Well-adjusted marriages may reduce health service costs, involving both mental and physical health. This is in addition to the more obvious reduction in social service costs derived from unstable and/or unhappy marriages. Children of divorce who need special care and domestic violence are just two examples through which poorly adjusted marriages become problematic and incur social services expenses.

Does marital adjustment affect the stability of a marriage? Does a better-adjusted marriage last longer than a poorly adjusted one? The answer is generally yes, but this is not always the case. Some well-adjusted marriages end in divorce, and many poorly adjusted marriages endure. As for the latter, John Cuber and Peggy Harroff conducted research on people whose marriages 'lasted ten years or more and who said that they have never seriously considered divorce or separation'. They claim that not all the spouses in these marriages are happy and that there are five types of long-lasting marriages.

In a 'conflict-habituated marriage,' the husband and the wife always quarrel. In a 'passive-congenial marriage,' the husband and the wife take each other for granted without zest, while 'devitalized marriages' started as loving but have degenerated to passive-congenial marriages. In a 'vital marriage,' spouses enjoy together such things as hobbies, careers, or community services, while in a

'total marriage,' spouses do almost everything together. It should be noted that even conflict-habituated or devitalized marriages can last as long as vital or total marriages. For people in passive-congenial marriages, the conception and the reality of marriage are devoid of romance and are different from other peoples.

What then determines the stability of marriage and how the marital adjustment affects it? It is proposed that although marital adjustment leads to marital stability, two factors intervene; alternative attractions and external pressures to remain married. People who have both real and perceived alternatives to poorly adjusted marriages other romantic relationships or successful careers may choose divorce. A person in a poorly adjusted marriage may remain in it if there is no viable alternative, if a divorce is unaffordable or would bring an intolerable stigma, or if the person is exceptionally tolerant of conflict and disharmony in the marriage.

Nevertheless, it should be emphasized that even though marital stability is affected by alternative attractions and external pressures, marital adjustment is the single most important factor in predicting marital stability. Lack of large-scale longitudinal data and adequate statistical technique have hampered scholars' efforts to establish this link between marital adjustment and stability. Given recent availability of longitudinal and technological development, this area of research holds a high promise.

Marital Issues during early adulthood

Infidelity (synonyms include: cheating, adultery (when married), being unfaithful, or having an affair) is a violation of a couple's assumed or stated contract regarding emotional and/or sexual exclusivity. Other scholars define infidelity as a violation according to the subjective feeling that one's partner has violated a set of rules or relationship norms; this violation results in feelings of sexual jealousy and rivalry.

What constitutes an act of infidelity depends upon the exclusivity expectations within the relationship. In marital relationships, exclusivity expectations are commonly assumed, although they are not always met. When they are not met, research has found that psychological damage can occur, including feelings

of rage and betrayal, lowering of sexual and personal confidence, and damage to self-image. Depending on the context, men and women can experience social consequences if their act of infidelity becomes public. The form and extent of these consequences are often dependent on the gender of the unfaithful person.

Spousal abuse, also referred to as domestic violence or intimate partner violence, is a behavioral cycle that involves emotional, physical, or sexual violence inflicted on an individual in a domestic context, such as cohabitation or marriage. Anyone can be a victim, regardless of race, gender, age, sexual orientation, or economic background.

The consequences of spousal abuse extend beyond perpetrators and victims, affecting their immediate family, friends, and communities. Children witness spousal abuse, neighbors may be pulled into the violence, the abused may withdraw from family and friends, and so on. Spousal abuse goes beyond the walls of any one person's home.

Spousal abuse, a more narrowly defined version of domestic violence, entails a variety of mechanisms employed by one partner to control or manipulate the other partner. One partner may be the sole abuser, or in some cases both partners actively abuse each other in one or more ways. Spousal abuse can be physical, sexual, or psychological in nature.

Social Adjustment during Early Adulthood

Social adjustments at every age are determined by two factors: first, how adequately people play the social roles that are expected of them and, second, how much personal satisfaction they derive from playing these roles. One of the important developmental tasks of middle age is achieving civic and social responsibility. How successfully middle-aged people master this task will affect not only their social adjustments but also their personal adjustments and happiness.

However, the success with which early adulthood people master this developmental task may be determined by physical or social factors over which they have little or no control. Poor health or a physical

disability may prevent them from engaging in social or civic activities they would otherwise enjoy.

Studies of social adjustments at early adulthood have shown that there are certain factors conducive to good social functioning at this age.

Important Conditions to Good Social Functioning

- Reasonably good health – to enable participation in group activities.
- A strong liking for social activities – to motivate putting forth the effort needed to take part in these activities.
- Previous acquisition of social skills – to ensure self-confidence and to be able to feel at ease in social situations.
- Absence of circumstances, such as family responsibilities or insufficient financial resources, that limit the ability to function as the social group expects.
- A social status that is compatible with peers in desired social groups and that allows affiliation with community organizations.
- A willingness to play follower roles graciously even though leadership roles were customary in adolescence and early adulthood.

On the whole, middle-aged people make better social adjustments than younger ones because they must depend more on people outside the home for companionship than they did earlier.

A study of patterns of social relationships among early adulthood couples has revealed that close-knit social networks are most common when the husband and wife have grown up and lived in the same area. Loose social networks, by contrast, are more common among those who have moved from place to place, especially upwardly mobile middle-class couples.

Because early adulthood people derive more satisfaction from social contacts where there is a close personal relationship than from the greater social distance that characterizes acquaintanceships, they usually prefer the former to the latter. This is true of men as well as of women and of those from the higher social classes as well as those from the lower classes.

Late Adulthood

Late adulthood is the stage of life from the 60s onward; it constitutes the last stage of physical change. Average life expectancy in the United States is around 80 years; however, this varies greatly based on factors such as socioeconomic status, region, and access to medical care. In general, women tend to live longer than men by an average of five years.

During late adulthood the skin continues to lose elasticity, reaction time slows further, and muscle strength diminishes. Hearing and vision so sharp in our twenties decline significantly; cataracts, or cloudy areas of the eyes that result in vision loss, are frequent. The other senses, such as taste, touch, and smell, are also less sensitive than they were in earlier years. The immune system is weakened, and many older people are more susceptible to illness, cancer, diabetes, and other ailments. Cardiovascular and respiratory problems become more common in old age. Seniors also experience a decrease in physical mobility and a loss of balance, which can result in falls and injuries.

Major Tasks of Late Adulthood

We have seen that, over the course of their lives, most individuals are able to develop secure attachments; reason cognitively, socially, and morally; and create families and find appropriate careers. Eventually, however, as people enter into their 60s and beyond, the aging process leads to faster changes in our physical, cognitive, and social capabilities and needs, and life begins to come to its natural conclusion, resulting in the final life stage, beginning in the 60s, known as late adulthood.

Managing Loss:

As we enter the twilight phase, one of the main tasks we're confronted with is learning to manage loss. Some of the challenges we must face are retirement from a career, with its ensuing loss of status and power, as well as the loss of a nearly life-long identity with work.

Another marker of this era is the lessening of vitality and stamina, as well as for some a decline in health and the ability to recuperate from

illness. Also, this is the time when we're more likely to lose friends and relatives to death.

The good news from all this is we must somehow challenge the illusion of permanence, to stop identifying so strongly with the material world and deeply explore the mysteries of the eternal, to find our true identity in Spirit. This is one of the keys to successfully dealing with loss, as well as gaining in wisdom.

Recapturing Innocence:

Time to play, time to learn, time to take long walks on the beach or just be. Once a person has traversed this passage, they've typically given up a number of responsibilities and obligations and have more choices as to how to spend their time. There's now time to enjoy life, to travel, to involve themselves in creative and novel pursuits, or to enjoy their family and particularly their grandchildren. As an older friend once said to me, 'Being older you can get away with just being yourself, without having to make excuses.'

For women in particular, going through menopause can mean an opportunity to come forward as one of the wise grandmothers of the community. This a time when women can regain, or perhaps gain for the first time, the sense that her life is her own, that she can truly be herself without having to compromise or be beholden to others' demands.

Fostering Generativity:

Psychologist Erik Erickson, who defined the tasks of various developmental stages from birth to old age, suggests that this is the primary task for this period of life. If a person isn't generative isn't involved in promoting something larger than themselves, something that will benefit future generations then they face the risk of a tailspin into feelings of helplessness and despair.

Sometimes we're so impacted by personal, community, or world events that it prompts us to re-evaluate our priorities, to take a direction that more fully incorporates new ethical and spiritual values that foster generativity.

Adjustment to Parenthood

Parenthood is a life decision:

Recognize that you may be resistant to giving in to the changes that occur with parenthood. Embrace the challenges instead of resisting them.

Make a shift in priorities:

It's not just about you anymore. You have a powerful role as a parent in your child's life. Make a life decision that your child is going to have a parent who is plugged in.

It is important that a child has both parents in their life:

Each parent plays an important role in the child's development. Although mothers tend to be the primary parent in a child's life, fathers need to expand their definition of success as a man to include what kind of father they are and what kind of connection they have with their children. According to the American Academy of Pediatrics, 'The mere presence of a father is far less important than the nature of his involvement with his children. When fathers play a visible and nurturing role in their children's lives, the children have better emotional and social outcomes and are more likely to have stronger coping and adaptation skills, be better equipped to solve problems, stay in school longer, have longer-lasting relationships and have a higher work productivity.'

The most powerful role model in a child's life is the same-sex parent:

It is imperative that this parent has a strong, positive presence in the child's life. A child's personality is largely formed by the age of 5. The early years are very critical because the child is looking to the same-sex parent and modeling him/her. The child picks up voice intonation, as well as whether the parent really values time together. Whether the child feels special or not comes from both parents but especially the same-sex parent.

Life is about choices: Weigh all the costs. When you make a choice, there are costs in other places. If you choose to make your home life a priority, then there may be sacrifices professionally and socially. Likewise, if you choose to spend most of your time at work, your home life may suffer. Children are demanding. If protecting your

home life means you can't work 70 hours a week, then you may need to make changes.

Don't bring baggage into your current life:

No matter how legitimate your pain may be from a prior situation, don't carry those bags into your current lifestyle. Heal those painful feelings and get closure on it, or you will contaminate your current life.

Make emotional deposits:

People are like bank accounts. If all we ever do is make withdrawals, we'll wind up emotionally bankrupt. You can't give away what you do not have. If you're not emotionally available to your child, you're cheating him/her. Make taking care of yourself a gift to your child.

Children mirror what they are exposed to:

If they are exposed to stress, tension, frustration, or anger, they will mirror that behaviorally as well as internally. They reflect what they experience.

Make a priority to nurture your relationship as husband and wife: Leave the children with a babysitter for an evening and spend some time together. The greatest gift you can give your child is to nurture the relationship with his/her parents.

Decompress:

Taking care of a child as well as other duties, such as caring for the household, can be exhausting. If you sense your spouse is frustrated, stressed or tired, treat him/her to a day off while you take care of the children.

Becoming a parent, especially for the first time, is a life-changing event. Psychologists, who have done research into the levels of stress attributed to various critical situations in our lives, suggest that the adjustment to the birth of a baby is not far removed from the stress attributed to death and divorce! This sounds really negative and incredibly daunting. After all, the latter two events involve traumatic loss, while birth surely involves the opposite? Upon reflection however, it becomes clear that the birth of a baby especially the first involves losses and inevitable changes.

For most couples the confirmation of that first pregnancy is greeted with joy and celebration. Even in cases where the pregnancy may not have been planned, the news is usually accepted with positivity and acceptance. The focus is placed on the excitement of the new addition to the family and extended family become part of the anticipation and planning. Parenting books are read, ante natal classes attended, baby departments are explored and lists made of the requirements for this new little person. It is generally anticipated with joy at times tinged with some anxiety regarding the health of the baby and the birth process. When the first scan shows the reality of the miracle which is developing in the mother's body, the parents begin to actively bond with their baby. The emphasis is largely positive and a great deal of time and energy is put into the planning of the baby's arrival and the hopes that the parents have for this new addition to their family.

As with everything in life, there cannot be all positives. Like laws of science, you cannot have a positive without a negative. The problem for most new parents is that no-one prepares them for the inevitable negatives. When I have asked new parents, in the throes of the chaos of the first few weeks and months of their baby's arrival, if they would have believed it if someone had mentioned that there would be negatives, they almost always say no! The rest of the conversation goes something like this. I really did think that, even though many of my friends told me that there would be terrible days, sleepless nights, hours of colic-related distress, total disorganisation etc., I just thought that it would be different for me. Further, because I have always been so organised and am so well prepared, I would sail through it. Sure there would be challenges but I would keep on top of it all."

The reality is that becoming a parent involves many losses and it is important to recognise this and to develop realistic expectations of the road ahead.

What are these losses?

1) For the mother:

The loss of her pre-baby body. For many women, this comes as a shock. Many believe that, once the baby is delivered, her body will

return to its pre-baby shape. For some this may be so, but for most, it takes many months to begin to fit into those pre-baby jeans and skirts. This leads to loss of self esteem, as the new mother feels increasingly unattractive and decidedly unromantic. Many new Moms also feel isolated and cut off from previous friends – especially her childless friends. Her world becomes centred around feeding, nappy changing, catching up on sleep and keeping up with chores. She loses her interest in sex- bed becomes a place for sleep only! She is just too exhausted to even think of anything else in bed.

2) For the father:

He loses the partner he had pre-baby. This leads to confusion and misunderstandings. Although for many fathers, life continues much as it was especially if he is at work all day with adults and the usual routines, he will also be exhausted from the erratic nights and the extra demands placed on him. Often the loss of the other income (even if only for a while) places stress on him. Many fathers have shared that they become anxious about the reality that the mother and child are so totally dependent on him at this time. Fathers have shared with me that they cannot understand the change in their partners the transition from 'lover' to 'mother' seems an enormous one. While they understand the reasons, they feel cut off and confused. They also feel enormous ambivalence regarding how to get the balance between being the 'hunters who bring home the bacon' and the nurturing, hands on Dads that they hope to be.

3) For the couple:

The loss of spontaneity. Pre baby it was possible to do things on the spur of the moment. To have leisurely Sunday mornings reading the papers and sipping cappuccinos they could go out to restaurants on the spur of the moment. They now have to plan things carefully. Pack bags, bottles, prams and other baby essentials.

And even if they do get out for a meal eventually, either the baby becomes restless or they are so exhausted by the time they order the meal, that they would rather have stayed at home and gone to sleep when the baby slept!! Another issue which can cause enormous issues is that most new parents do not have any prior communication about how they hope to parent their baby. Huge

problems can emerge as suddenly they realise that each is hoping to parent in the way they were parented.

Challenges faced by new parents

There are many challenges faced by new parents that can affect their emotional and mental wellbeing, including:

- Recovery from birth while caring for a newborn
- Lack of confidence in your ability to understand baby's needs
- Exhaustion while adapting to a demanding sleep/feed schedule
- Physical demands of breastfeeding – pain associated with latching-on, cracked nipples and mastitis
- Inability to breastfeed
- The demands of running a household while managing your own and the baby's needs
- Navigating the expectations and advice of family and friends.

We know many new parents also struggle with the way the important relationships in their lives can change and evolve or even drop away. This can include partners, friends, family and work colleagues.

CHAPTER – IV
DEVELOPMENTAL TASKS OF MIDDLE AGE

Middle age or adulthood (or midlife) refers to the period of the lifespan between young adulthood and old age. This period lasts from 20 to 40 years depending on how these stages, ages, and tasks are culturally defined. The most common age definition is from 40 to 65, but there can be a range of up to 10 years (ages 30-75) on either side of these numbers. The mid-thiries or the forties through the late 60s can be our guide.

Research on this period of life is relatively new and many aspects of midlife are still being explored. This may be the least studied period of the lifespan. And this is a varied group. We can see considerable differences in individuals within this developmental stage. There is much to learn about this group. In the United States, the large Baby Boom cohort (those born between 1946 and 1964) are now midlife adults and this has led to increased interest in this developmental stage.

Definition of Middle Age

A large part of adult life is made up of the mid-life period. This has been associated with many descriptive terms: mid-life syndrome, mid-life crisis, middlescence, empty nest syndrome, second adolescence, second honeymoon, age of fulfillment, menopause, and 'boom' (becoming one's own man). This is a time that Theodore Lidz, one of the authorities on the human life cycle, describes as being "initiated by an awareness that the peak years of life are passing, and that the body is slowing down".

Middle age is not defined solely by chronological age, but is a product of biological, social, and psychological factors. As a period in the life cycle, middle age poses many obstacles, or developmental tasks, to personal growth. Failure to deal successfully with these tasks may have a negative impact on a person's physical and psychological health.

Developmental Tasks during Middle Age

In young adulthood, developmental tasks are mainly located in family, work, and social life. Family-related developmental tasks are described as finding a mate, learning to live with a marriage partner,

having and rearing children, and managing the family home. A developmental task that takes an enormous amount of time of young adults relates to the achievement of an occupational career. Family and work-related tasks may represent a potential conflict, given that individuals' time and energy are limited resources. Thus, young adults may postpone one task in order to secure the achievement of another. With respect to their social life, young adults are also confronted with establishing new friendships outside of the marriage and assuming responsibility in the larger community. During midlife, people reach the peak of their control over the environment around them and their personal development. In addition, social responsibilities are maximized. Midlife is also a period during which people confront the onset of physiological changes. Developmental tasks during midlife relate to, for example, achieving adult responsibilities, maintaining a standard of living, assisting children with the transition into adulthood, and adjusting to the physiological changes of middle age (e.g., menopause).

Developmental Tasks

1. Adjusting to the body's physical and physiological changes
2. Adjusting to the reality of the work situation
3. Assuring economic security for old age
4. Helping children leave home and become responsible adults
5. Maintaining contact with children and grandchildren
6. Reorganizing living arrangements
7. Readjusting to being a couple again
8. Participating in the community
9. Assuring adequate medical supervision for old age
10. Making living arrangements for one's own parents
11. Reaffirming the values of life that have real meaning
12. Losing parents and experiencing associated grief.
13. Launching children into their own lives.
14. Adjusting to home life without children (often referred to as the empty nest).
15. Dealing with adult children who return to live at home (known as boomerang children in the United States).

16. Becoming grandparents.
17. Preparing for late adulthood.
18. Acting as caregivers for aging parents or spouses.

Externally the seminal event is usually sickness or death in the family, but it can also involve major upheavals with children, careers, and core relationships. Up to the early forties, the business of building a career, raising children and other measures of success remains fairly predictable. Middle age disrupts and forever changes this pattern. The world begins to take a more somber turn with illness, loss of relationships, career changes and poor outcomes being more frequent and unpredictable.

These external events include:

- Death in the family
- Children moving out of the house
- Chronic illness
- Losing, starting or changing jobs
- Retiring, voluntarily or involuntarily
- Parents moving into assisted living
- Marriage or divorce
- Memory loss

Each one of these events unto themselves present a formable challenge, but arriving in uneven clusters, as is the case in midlife, they can destabilize and exhaust even the most competent adult.

Psychosocial tasks of mid-life

Erikson stated that the primary psychosocial task of middle adult-hood ages 45 to 65 is to develop generativity**,** or the desire to expand one's influence and commitment to family, society, and future generations. In other words, the middle adult is concerned with forming and guiding the next generation. The middle adult who fails to develop generativity experiences stagnation, or self-absorption, with its associated self-indulgence and invalidism.

1. Move to valuing wisdom over valuing physical prowess:

Personally, this has been the hardest task for them, to accept that they just do not have the energy to work as much as many hours as they did when they were younger, to acknowledge that they have to cut back and so "no" to some contracts, activities and people.

2. Shift from socializing versus sexualizing in human relationships:

Oh, did they remember to mention that about half of American men over 40 have at least occasional problems with impotence?

3. Cathectic flexibility versus cathectic impoverishment:

They have to admit it; they had to look up the word cathexis. It means emotional investment in an object, activity or idea. A lot of research shows this to be important in middle age. There is some discussion about how women change their views and values from early to late adulthood. An earlier page discussed this same issue with regard to Levinson's research on men's development.

4. Mental flexibility versus mental rigidity:

During middle age, people need to guard against becoming "set in their ways" and remain open to alternate means of accomplishing goals.

Crisis in Middle Age

Perhaps middle adulthood is best known for its in famous midlife crisis: a time of reevaluation that leads to questioning long-held beliefs and values. The midlife crisis may also result in a person divorcing his or her spouse, changing jobs, or moving from the city to the suburbs. Typically beginning in the early or mid-40s, the crisis often occurs in response to a sense of mortality, as middle adults realize that their youth is limited and that they have not accomplished all of their desired goals in life. Of course, not everyone experiences stress or upset during middle age; instead they may simply undergo a midlife transition, or change, rather than the emotional upheaval of a midlife crisis. Other middle adults prefer to reframe their experience by thinking of themselves as being in the prime of their lives rather than in their declining years.

During the male midlife crisis, men may try to reassert their masculinity by engaging in more youthful male behaviors, such as dressing in trendy clothes, taking up activities like scuba diving, motorcycling, or skydiving.

During the female midlife crisis, women may try to reassert their femininity by dressing in youthful styles, having cosmetic surgery, or becoming more socially active. Some middle adult women try to look

as young as their young adult children by dying their hair and wearing more youthful clothing. Such actions may be a response to feelings of isolation, loneliness, inferiority, uselessness, non-assertion, or unattractiveness.

Middle-aged men may experience a declining interest in sexuality during and following their male climacteric (male menopause). Fears of losing their sexual ability have led many men to leave their wives for younger women to prove to others (and to themselves) that they are still sexually capable and desirable. In contrast, middle-aged women may experience an increasing interest in sexuality, which can cause problems in their primary relationship if their significant other loses interest in sexual activity. This leads some middle-aged women to have extramarital affairs, sometimes with younger sexual partners.

The field of life-span development seems to be moving away from a normative crisis model to a timing of events model to explain such events as the midlife transition and the midlife crisis. The former model describes psychosocial tasks as occurring in a definite age-related sequence, while the latter describes tasks as occurring in response to particular life events and their timing. In other words, whereas the normative crisis model defines the midlife transition as occurring exactly between ages 40 and 45, the timing-of-events model defines it as occurring when the person begins the process of questioning life desires, values, goals, and accomplishments.

Middle age is when most of them achieve the highest status in their professions. Because they have proven themselves, as a middle adult they are able to have more choice over their work tasks, hours and conditions. They receive more money have more vacation time and other fringe benefits because they have earned it. These tend to be limited in authority and creativity, in contrast to the type of positions which are occupied by people in middle age.

What about people who are still stuck in a dead end, low paying job at age 55? Chances are, they are not too happy. Income is related to life satisfaction at the lower end, that is, people who are living in poverty are more depressed than people who are not. However, there is not much relationship overall.

Adjustment to Physical Changes in Middle Age

The vast majority of physical changes observed during late adulthood are closely related to the process of advanced aging. Physical functioning and daily activities are curtailed as the organ systems degenerate. Many of the symptoms of organ degeneration appear prominently in middle adulthood, but they become even more pronounced as people progress through late adulthood.

The aging process in late adulthood is termed senescence. The general effects of aging combine to make the body's organ systems work less efficiently. For quite a while, people can compensate for the declining efficiency of their organs and the body in general, but the decline becomes dramatic later in this stage.

Changes in Weight & Height:

The loss of weight in men that begins in middle adulthood continues through late adult- hood. Elderly women begin to lose weight in gradual increments during this stage. Decreasing physical activity, less food consumption, lower metabolism, poorer health, and related factors result in a reduction of muscle and tissue mass and hence weight.

Reductions in weight also continue into late adulthood for both men and women. This loss in height is caused by compression of the spinal column and the softening of muscle and bone tissue. The changes also result in the characteristically stooped posture, with the head held forward and down from the body, seen in older people.

Teeth:

Total loss of teeth occurs in a sizable minority of people between the ages of sixty-five and seventy-four. Advanced age is associated with a higher incidence of periodontal disease and gingivitis, inflammations of gum tissue that contribute highly to tooth loss. Many of the dental problems of old age, however, are the result of earlier neglect.

Dental problems contribute to poor eating habits that lead to malnutrition. Some elderly people do not get dentures to replace missing teeth for financial reasons; others have poorly fitting dentures. As a result, they may eat only foods that are easy to chew, eliminating many vegetables, fruits, and meats from their diet.

Muscular & Skeletal System:

The ability to move about becomes more restricted as aging advances because of changes in muscle and bone functioning. Muscles atrophy, reducing strength and restricting movement. Loss of elasticity in muscle tissue reduces flexibility, causing stiffness. Osteoporosis leads to easier bone breakage, kyphosis ("humpback" posture), and scoliosis (S-curved spinal column). Back pain increases in frequency and intensity, reflecting deterioration of the vertebrae.

Arthritis and rheumatism are the most prevalent musculoskeletal disorders among the elderly. Other conditions that often cause disability or discomfort at this stage are muscle cramps, bursitis in the shoulder or elbow, and gout (a metabolic disorder that results from uric acid crystals forming at joint areas, especially in the feet).

Cardiovascular System:

The effects of aging on the heart and blood vessels that became increasingly apparent in middle adulthood worsen in late adulthood. There is further accumulation of fatty material in the heart muscle and in the arteries (atherosclerosis), the heart valves thicken, and arterioscle restricted, rosis (hardening of the arteries) becomes more pronounced. These conditions cause higher blood pressure, extra stress on the heart, and related cardiovascular problems, although regular exercise has been found to be beneficial in maintaining cardiovascular responsiveness.

Decreased cardiac output further jeopardizes the health and well-being of the elderly. The slower heart rate of older people results in a decreased level of oxygen in the blood, which is why elderly people tire more easily and cannot endure stress as well as younger people.

Coronary heart disease increases steadily during late adulthood. It is a leading cause of death at this stage of life. Coronary heart disease stems from a diminished supply of oxygen to the heart muscle through the blood caused by hypertension, atherosclerosis, or coronary aneurysm (ruptured blood vessel in the heart muscle). Over a long period of time, it can lead to heart attack or congestive heart failure.

Respiratory System:

The lungs have lowered capacity for inhaling and exhaling air in late adulthood. There are three causes of this reduced capacity. First, a change in collagen composition of the lungs causes them to become less elastic and thus less capable of expanding and contracting. Second, the diaphragm and chest muscles that help expand and contract the chest weaken. Third, age-related conditions such as scoliosis reduce chest capacity.

Among the most common serious respiratory conditions among the elderly are cancer of the lungs, emphysema, and pneumonia. Lung cancer increases considerably during late adulthood; it is associated with chronic conditions such as smoking, pollution, and occupational hazards. Emphysema is a condition involving destruction of lung tissue that results in lowered lung elasticity. People with emphysema have difficulty breathing and moving about freely. Pneumonia is an inflammation of the lungs. It increases in incidence in old age because of decreased lung efficiency, poor circulation, and lowered resistance to infection. Pneumonia is a particular risk for an elderly person who is bedridden for an extended period of time because physical inactivity prevents the lungs from clearing themselves.

Digestive System:

Digestive problems generally increase through adulthood. In old age, the most commonly reported digestive disorders are constipation, hernia, gallbladder conditions, gastritis (heartburn), and diverticulitis. Constipation and hemorrhoids are frequent complaints of the elderly. Their concern with not having a regular daily bowel movement may be more of a matter of socialization than a true effect of aging, however. Of greater concern for many elderly individuals is the high rate of hemorrhoids and the reliance on laxatives to produce regular bowel movements. This often is related more to dietary practices than to the aging process as well. These conditions may be controlled by adding more fiber to the diet in the form of grain bran, fresh fruits, vegetables, and nuts or by taking dietary supplements containing fiber. In general, between twenty and thirty grams of dietary fiber should be consumed by adults daily for effective control of constipation and hemorrhoids.

Hiatal hernia, a condition in which a portion of the stomach slides up next to the esophagus, is common among the elderly, especially among overweight or obese individuals. Hiatal hernia causes indigestion, gastritis, chest pain, and difficulty in swallowing. It can be treated with therapeutic methods or surgery if severe.

Diverticulitis is an inflammation of a portion of an intestine that causes pain, nausea, and a change in bowel habits. It is usually treated without surgery, unless the affected area of the intestine perforates or ruptures. Gallbladder problems in old age usually involve gallstones or inflammation of the gall- bladder. The gallbladder stores bile from the liver. Gallstones sometimes form from insoluble substances in the bile. They don't cause serious problems unless they block the duct leading from the gallbladder to the intestine. "Gallbladder attacks" are very painful, how- ever, and may be accompanied by nausea and vomiting.

Genitourinary System:

Elderly people are susceptible to a variety of dis- orders in the reproductive organs and the urinary system (kidneys, bladder, and urethra). As people age, there is a decrease in the blood flow through the kidneys as well as a gradual decrease in the kidneys' efficiency to remove wastes from the blood. Among people of advanced age, urinary incontinence (the inability to retain urine in the bladder until voluntarily released) is a very real and embarrassing problem. These changes bring on certain conditions that affect the functioning of the urinary system. Men commonly experience enlargement of the prostate gland, which causes blockage of the urine flow. This encourages bladder infections and other complications. The most common types of cancer affecting this system in elderly men are cancer of the bladder and of the prostate gland. Women have more urinary system problems than men throughout life. Bladder infections, such as cystitis, are frequent. In late adulthood, women are at increased risk for problems of the vaginal area, prolapsed uterus, and cancer of the cervix, vulva, and breasts. Breast cancer is a leading cause of death among elderly women.

Brain & Nervous System:

Several developmental changes in the brain and central nervous system are related to advanced aging. First, the speed of nerve cell transmission slows with age. Second, brain and nerve cells diminish in number. These two factors, plus decreased transmission of oxygen to the brain, produce the slowing in reaction time that is commonly observed among elderly individuals.

Reaction time affects perception and memory as well as the soundness of various reflexes. Progressively slower reaction times endanger the safety of the elderly people, especially when they are driving. Many states now require extra testing for issuance of driver's licenses to the elderly.

Reduced availability of oxygen to the brain can contribute to other conditions that are troublesome to elderly individuals. Sleep disturbances, memory difficulties, and general irritability are related to decreased cerebral blood flow and to changes in the biochemical functioning of the brain in old age. Insomnia is a frequent complaint among the elderly. There is a general trend to need less sleep as age increases. A newborn infant may sleep about sixteen hours daily, whereas school-age children sleep about ten hours, and adults about eight. Elderly people may be able to sleep only five hours or so a night.

Vision:

Age-related changes in vision during late adulthood include an increase in the threshold of light needed to stimulate retinal cells; a decrease in acuity (sharpness of vision) due to changes in the lens, pupil size, and accommodation (focusing ability); and a decrease in adaptation to dark and light environments.

Elderly people can expect to experience several eye disorders that can limit visual ability: "specks" in a visual field due to loose cells floating within the vitreous humor of the eyeballs; cataracts; glaucoma; macular degeneration, or a decreased blood supply to the retina, causing loss of visual sharpness when looking directly ahead but not in the peripheral vision areas; and drooping eyelids. The risk of blindness increases considerably after age sixty, often because of glaucoma.

Hearing:

Perhaps the most significant sensory change during late adulthood is hearing loss. It sometimes leads to a complete withdrawal from social interaction. Hearing handicaps increase considerably with age. About half of all people older than sixty-five have some hearing loss. These losses occur earlier in men than women, perhaps because men were more likely to be exposed to hazardous noise on the job.

The loss of hearing for high-frequency sounds that was first noticed during middle adulthood continues. Loss of hearing in the mid to low-range frequencies becomes more likely with age. Many elderly people become deaf because of damage to the cochlea hair cells, hardening of the bones, and nerve damage to the structures of the inner ear that transmit sound waves to the brain.

Taste and smell:

Taste and smell perception decline in old age. Many elderly people remark that food tastes bland, and season it heavily with salt, pepper, and other condiments to improve its flavor. This loss of taste is attributed to a decrease in the number of taste buds and to the need for stronger stimulation to taste receptors in the mouth. People do not smell odors as well in late adulthood. This is because of a decrease in the number of nerve fibers in the nose. This decline has important safety implications. Elderly people sometimes cannot easily smell food that has burned during cooking or smoke from a house fire.

Vocational Hazards of Middle Age

Growing old is not easy and involves various life changes which demand multiple adjustments requiring stamina, ability and flexibility. The loss of work through retirement is one of the major adjustments for individual ages. For many, this is the first indicator of the impact of aging.

Adjustment to vocational affected by the individual's flexibility as well as the society's readiness and the availability of other resources such as income, health, and social support system (friends, relatives, neighbors). In addition, other affecting factors include the level of control over the time of retirement; the importance of work for him/her; role as main caregiver for parents and/or spouse; marriage

status (married or not); personality type and life style; the intergenerational relationship and how the retiree adapts with previous life transitions.

The extent to which a person excels in selecting the type of profession or job best suited to their abilities, skills, and interests. The terminology varies from occupational adjustment in stressing the matching of occupation to personal objectives and intellects, instead of the matching of the person to objective work conditions. "Vocational adjustment programs are often used for individuals transitioning from one career to another."

Role Changes:

Changing roles is never easy, especially after one has played certain prescribed roles over a period of time and has learned to derive satisfaction from them. Furthermore, too much success in one role is likely to lead to rigidity and may make adjustment to another role difficult.

Also, a person who has played a narrow range of roles is likely to be less flexible than one who has played a wider range and has learned to derive satisfaction from different roles. The person who has played many roles find it easier to shift to a new one. To make a good adjustment to new roles, the individual must, as Havighurst has explained, “withdraw emotional capital from one role and invest it in another one”.

Changing Interests:

A serious hazard to good personal adjustments in middle age comes from the necessity for changing interests as physical strength and endurance decrease and as health deteriorates. Unless middle-aged men and women can develop new interests to replace those they must give up, or unless they have developed enough interests in their earlier years to be able to abandon some of them without feeling their loss too seriously, they are likely to become bored and wonder how they can spend their leisure time.

Like adolescents who become bored when they have too few interests and activities to fill their time, middle-aged people, both men and women, are likely to try to “stir up some excitement.” Usually they do this by seeking out extramarital relationships. While

these may be temporarily satisfying, they are likely to lead to feelings of guilt and shame, to anxiety about being "caught," and to serious problems with the spouse and other family members if they are discovered. This will be discussed in more detail in the following articles.

Status Symbols:

Women's increased interest in status symbols, discussed earlier in this chapter, which is a common characteristic, can be a hazard to good personal and social adjustments if families cannot afford the status symbols they want. In such cases, there are three common reactions on the part of women who crave these symbols. First, they may complain and nag their husbands for not providing the money for these symbols; second, they may overspend and plunge the family into debt; or, third, they may go to work to earn the money themselves. All of these patterns of response to the craving for status symbols tend to lead to frictional relationships with spouses, especially the third pattern, which many men feel reflects unfavourably on their ability to provide for their families.

Unrealistic Aspirations:

Middle-aged people who have unrealistic aspirations concerning their achievements – often carried over from adolescence – face a serious hazard to good personal adjustments when they realize that they have fallen short of their goals and that time is fast funning out.

While this hazard is more likely to have a direct effect on men than on women, women are indirectly affected when their husbands fail to achieve the financial and vocational success they had expected. Even though women who work tend to have more realistic aspirations than men, they may also realize that they have not reached their goals and that time is running short.

Failure to reach any goal can lead to feelings of inferiority and inadequacy, feelings that tend to become generalized and result in a failure complex. People who develop such complexes have a defeatist attitude toward everything they undertake. As a result, their achievements fall even further below their aspirations.

Marital Hazards of Middle Age

Marital adjustment is a life longs process; although in the early days

of marriage one has to give serious consideration. This understanding of individual trait of the spouse is an ongoing process in marriage; because even if two people know each other before or at the time of marriage, there is a possibility that people change during the life cycle. Marital adjustment, therefore, calls for maturity that accepts and understands growth and development in the spouse. If this growth is not experienced and realized fully, death in marital relationship is inevitable.

Sinhaand Mukerjee (1990) defines marital adjustment as, "the state in which there is an overall feeling between husband and wife, of happiness and satisfaction with their marriage and with each other." It, therefore, calls experiencing satisfactory relationship between spouses characterized by mutual concern, care, understanding and acceptance. Sexual compatibility and mutual enjoyment is an important factor contributing to the success of most marital relationship, job of spouse, shape families in a variety of ways. Two major aspects of work directly affect family life:

1. the level of economic rewards associated with work and
2. the conditions associated with performing a job.

No matter how satisfactory and inevitable marriage is some conflict theorists assert that marital relationships reflect and reinforce gender inequalities.

Examples that support such an assertion are:

1. until the past few years, a husband could rape his wife and not be charged;
2. in traditional marriage vows the bride is given away to the groom; and
3. the woman has traditionally taken the surname of the husband after marriage.

Conflict theory helps to explain the extent of violence in families, where care and cooperation are supposed to exist something not easily explained by functionalist theory. Good communication skills do not prevent conflict. Actually a conflict, followed by a confrontation, can produce positive results.

CHAPTER – V
CHARACTERISTICS OF OLD AGE

Old age can be characterised by a number of factors including both physical and mental. These characters are not any stereotypes. Some marks of old age can vary from person to person depending on life situations. There are also some universally accepted general characteristics too.

I. Physical Characteristics

1. Bone and joint: Old bones are marked by thinning and shrinkage. This results in a loss of height (about two inches by age 80), a stooping posture in many people, and a greater susceptibility to bone and joint diseases such as osteoarthritis and osteoporosis.

2. Chronic diseases: Older persons have at least one chronic condition and many have multiple conditions. The most frequently occurring conditions among older persons are uncontrolled hypertension, arthritis, and heart disease.

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

4. Digestive system: About 40% of the time, old age is marked by digestive disorders such as difficulty in swallowing, inability to eat enough and to absorb nutrition, constipation and bleeding.

5. Eyesight: Diminished eyesight makes it more difficult to read in low lighting and in smaller print. Speed with which an individual reads and the ability to locate objects may also be impaired.

6. **Hearing:** By age 75 and older, 48% of men and 37% of women encounter impairments in hearing.

7. Heart: becomes less efficient in old age with a resulting loss of stamina. In addition, atherosclerosis can constrict blood flow.

8. Immune function: Less efficient immune function is a mark of old age.

9. Lungs: expand less providing lesser amount of oxygen as compared too the normal rate and results in lesser energy.

10. Pain: afflicts old people increasing with age up. Most pains are rheumatological or malignant.

11. Sexual activity: decreases significantly with age, especially after age 60, for both women and men. Sexual drive in both men and

women decreases as they age.

12. Skin: loses elasticity, becomes drier, and more lined and wrinkled.

13. Sleep: trouble holds a chronic prevalence in old age and results in daytime sleepiness.

14. Taste buds: diminish so that by age 80 taste buds are down to 50% of normal. Food becomes less appealing and nutrition can suffer.

15. Voice: In old age, vocal chords weaken and vibrate more slowly. This results in a weakened, breathy voice.

II. Mental Characteristics

1. Adaptable: it describes most people in their old age. In of spite the stressfulness of old age, they are described as "agreeable" and "accepting." However, old age dependence induces feelings of incompetence and worthlessness in a minority.

2. Caution: marks old age. This trend towards "risk-taking" stems from the fact that old people have less to gain and more to lose by taking risks than younger people.

3. Depressed mood: According to Cox, Abramson, Devine, and Hollon, old age is a risk factor for depression caused by prejudice. When people are prejudiced against the elderly and then become old themselves, their anti-elderly prejudice turns inward, causing depression. Old age depression often results in suicide.

4. Fear: of crime in old age, especially among the frail, sometimes weighs more heavily than concerns about finances or health and restricts what they do. The fear persists in spite of the fact that old people are victims of crime less often than younger people.

5. Mental disorders: afflict about 15% of the old aged people according to estimates by the World Health Organization. A good number of the old aged people suffer from illness like dementia and depression.

6. Reduced mental and cognitive ability: afflicts old age. Memory loss is common in old age due to the decrease in speed of information being encoded, stored, and received. It takes more time to learn new information. Dementia and Alzheimer are often found among the old aged.

III. General Characteristics of Old Age

1. A Period of Decline: The old age is one marked by decline; both of physical and mental activities. During old age changes are involutional, involving a regression to the earlier stages which is a natural accompaniment of aging. The period of old age during which physical and mental decline is gradual and when compensations can be done for these decline is called senescence and the period during which a more or less complete decline of mental and physical decline takes place is called senility.

2. Individual Differences in the Effect: Aging is common to all but its effect varies from person to person depending on the varied life situations and mental dispositions. Thus, it seems out of point to specify some typical trait of old age.

3. Poor Adjustment: Many elderly develop unfavourable self concepts owing to the unfavourable social attitudes towards them. This result in maladjustive behaviours of different degree. Increased loss of status in the society, a desire to escape helplessness etc. prompts them to behave indifferently.

4. Desire for Rejuvenation: People had been trying to stay young from time immemorial. Witchcraft, potions etc. were used for this end in the ancient time. Today the elderly tries to remain young using medicines. The desire for remaining young is a general characteristic of the elderly.

Developmental Tasks of Old Age

According to Robert Havighurst, 'A developmental task is one that arises predictably and consistently at a certain period in the life of the individual.'

The concept of developmental tasks assumes that human development in modern societies is characterized by a long series of tasks that individuals have to learn throughout their lives. Some of these tasks are located in childhood and adolescence, whereas others arise during adulthood and old age. Successful achievement of a certain task is expected to lead to happiness and to success with later tasks, while failure may result in unhappiness in the individual, disapproval by the society, and difficulty with later tasks.

According to Havighurst developmental tasks arise from three different sources. First, some are mainly based on physical maturation (e.g. learning to walk). Another source of developmental tasks relates to socio-structural and cultural forces. Such influences are based on, for instance, laws and culturally shared expectations of development, determining the age range in which specific developmental tasks have to be mastered (e.g. minimum age for marriage). The third source of developmental tasks involves personal values and aspirations. These personal factors result from the interaction between ontogenetic and environmental factors, and play an active role in the emergence of specific developmental tasks (e.g., choosing a certain occupational pathway). Experts have recognized multiple developmental tasks for the old-aged; a few major ones are listed below:

I. Developmental Tasks for Old Age by Robert Havighurst

1. Adjusting to Deteriorating Health and Physical Strength: The elderly must accept the fact that they are physical weak. They must not engage themselves in activities that require higher health quotient. They should, however, engage in leisure activities that involves mental and physical exercises optimal to their potential.

2. Adjusting to Retirement and Reduced Income: A central developmental task that characterizes the transition into old age is adjustment to retirement. The period after retirement has to be filled with new projects, but is characterized by few valid cultural guidelines. Adaptation to retirement involves both potential gains (e.g., self-actualization) and losses (e.g., loss of self-esteem).

3. Meeting Social and Civil Obligations: This developmental task involves a role change. Unlike the middle age, the elderly has minimal role in economic activities. They must engage themselves in activities associated with wisdom and share their valuable experiences to the younger generation through possible social interactions.

4. Adjusting to Death or Loss of Spouse: One of the most bitter tasks of old age is coping to the death of the spouse. It is difficult one as it contributes to the loneliness of the spouse. This task is more difficult for women who depend on men for their economic sources.

5. Affiliation with Members of One's Age Group: Loneliness is a curse for the old aged. By making healthy friendships with people of same age they can overcome the same to a great extent. Small groups of elderly can be very helpful in this regard.

6. Establishing Good Physical Living Arrangement: A minimum standard of life is required for a successful old age. One has to arrange the same through good planning in his middle age. Elderly has to take good care about their living environment and ensure its quality.

II. Some Other Developmental Tasks

1. Promoting Intellectual Vigor: The elderly are experienced and often educated. In such case they can spend their time in creative activities like research which contributes to the intellectual stream. Their studies and research findings can sometimes prove valuable for the future generation.

2. Developing a point of View about Death: As the culmination of old age is death, the elderly has to develop a vision and world view about death to prepare themselves for the impending future. They have to find some positive thoughts and aspects about death and accept the fact. Religious views and philosophies on death can contribute in regard.

3. Developing a Psycho Historical Perspective: The elderly has to develop a psychological perspective of aging based on historical facts. They have to analyse how aging has been a universal process in the history of mankind and how people of the past psychologically coped up with it. From this analysis he has to sort out a solution for himself personally to cop up with the old age.

As a final comment on developmental tasks, the development of a large part of the population into old age is a historically recent phenomenon of modern societies. Thus, advancements in the understanding of the aging process may lead to identifying further developmental tasks associated with gains and purposeful lives for older adults.

Important Changes in Old Age:

Late adulthood (old age) is generally considered to begin at about age 65. Erik Erikson suggests that at this time it is important to find

meaning and satisfaction in life rather than to become bitter and disillusioned, that is, to resolve the conflict of integrity vs. despair. It has been estimated that by the year 2030, Americans over 65 will make up 20% of the population. Despite the problems associated with longevity, studies of people in their 70s have shown that growing old is not necessarily synonymous with substantial mental or physical deterioration. Many older people are happy and engaged in a variety of activities. Gerontology, an interdisciplinary field that studies the process of aging and the aging population, involves psychology, biology, sociology, and other fields.

Ageism:

Ageism may be defined as the prejudice or discrimination that occurs on the basis of age. Although it can be used against people of all ages, older people are most frequently its target and it may often result in forced retirement. Stereotyping of the elderly is also an aspect of ageism, as seen in such a statement as "He drives like a little old lady."

Physical Changes:

People typically reach the peak of their physical strength and endurance during their twenties and then gradually decline. In later adulthood, a variety of physiological changes may occur, including some degree of atrophy of the brain and a decrease in the rate of neural processes. The respiratory and circulatory systems are less efficient, and changes in the gastrointestinal tract may lead to increased constipation. Bone mass diminishes, especially among women, leading to bone density disorders such as osteoporosis. Muscles become weaker unless exercise programs are followed. The skin dries and becomes less flexible. Hair loss occurs in both sexes. There is also decreased sensitivity in all of the sensory modalities, including olfaction, taste, touch, hearing, and vision.

Cognitive Changes:

The study of cognitive changes in the older population is complex. Response speeds (neural and motor) have been reported to decline; some researchers believe that age-related decrease in working memory is the crucial factor underlying poorer performance by the elderly on cognitive tasks.

- Intellectual changes in late adulthood do not always result in reduction of ability. While fluid intelligence (the ability to see and to use patterns and relationships to solve problems) does decline in later years, crystallized intelligence (the ability to use accumulated information to solve problems and make decisions) has been shown to rise slightly over the entire life span.
- Dementias are usually responsible for cognitive defects seen in older people. These disorders, however, occur only in about 15% of people over 65. The leading cause of dementia in the United States is Alzheimer's disease, a progressive, eventually fatal disease that begins with confusion and memory lapses and ends with the loss of ability to care for oneself.

Retirement:

Retirement at age 65 is the conventional choice for many people, although some work until much later. People have been found to be happier in retirement if they are not forced to retire before they are ready and if they have enough income to maintain an adequate living standard. Chronic health problems such as arthritis, rheumatism, and hypertension increasingly interfere with the quality of life of most individuals as they age.

Widowhood:

Women tend to marry men older than they are and, on average, live 5 to 7 years longer than men. One study found ten times as many widows as widowers. Widowhood is particularly stressful if the death of the spouse occurs early in life; close support of friends, particularly other widows, can be very helpful.

Death and dying:

Death and dying has been studied extensively by Elisabeth Kübler-Ross, who suggested that terminally ill patients display the following five basic reactions.

- Denial, an attempt to deny the reality and to isolate oneself from the event, is frequently the first reaction.
- Anger frequently follows, as the person envies the living and asks, “Why should I be the one to die?”
- Bargaining may occur; the person pleads to God or others for more time.

- As the end nears, recognition that death is inevitable and that separation from family will occur leads to feelings of exhaustion, futility, and deep depression.
- Acceptance often follows if death is not sudden, and the person finds peace with the inevitable.

People who are dying are sometimes placed in a hospice, a hospital for the terminally ill that attempts to maintain a good quality of life for the patient and the family during the final days. In a predictable pattern after a loved one's death, initial shock is followed by grief, followed by apathy and depression, which may continue for weeks. Support groups and counseling can help in successfully working through this process.

Ageism

Ageism is the practice of treating older people as helpless, unproductive and powerless. It is a negative stereotype or myth about growing old expressed in our language and our behavior. It is an assumption that chronological age is the only thing that defines who we are. Ageism is discrimination and prejudice on the basis of age in the workplace and our society in general. The origin of ageism can either be psychological, cultural or economical.

1. Psychological: Ageism stems from our deeply internalised fears of our own ageing and death. In all human societies, youth has been associated with energy, strength, quickness, resilience, biological fertility, and so on. We therefore accord older people a lower social status, since they have fewer life years ahead of them.
2. Cultural: From ancient times most cultures consider elderly as inferior to the youth and the status of the older people was quite a lower one. Human race, though has progressed a lot, still clings on to this basic tendency.
3. Economic: This seems to be the most plausible explanation, as retirement is often accompanied by a more negative perception of the economic value of older people who are frequently portrayed as a fiscal burden with regard to their pension, health and social care costs.

Dimensions of Ageism

1. Ageism in Social Relations and Attitudes: This refers to those attitudes, actions and vocabularies whereby we accord people a diminished social status mainly by reference to their chronological age. It can operate at several levels, from the interpersonal to the institutional.

2. Age Discrimination in Employment: This type of ageism is seen at the workplace where employees are mistreated for their chronological age. They may even get fired owing to their chronological age. This kind of mistreatment often occur at multinational companies and corporate.

3. Age Discrimination in the Distribution of Goods and Services: Often the older people are unfairly discriminated in areas like insurance, or in health care where there are longstanding and well-justified allegations of much informal discrimination against older patients.

Measures against Ageism

- Educate yourself and others about the agieng process and accept it as a natural part of life.
- Get the facts on ageing to combat stereotypes and myths about it.
- Teach children the concept of the life cycle with positive images of old age.
- Challenge yourself to recognize ageism in the things you say and do, then change your language and your actions.
- Recognize ageist jokes and avoid using them.

Old age is the culmination of life cycle ultimately resulting in death. Man, from time immemorial, has been trying to evade the process ageing. However, the outcome of this psychological fear towards ageing is nothing but ageism and fear of death. Old should be seen in a new light. It is the ultimate phase of a man's life and it should be met with enthusiasm. One should develop a vision on death in his or her old age so that he or she may not seem distressed about the upcoming death in the advanced old age. For achieving a peaceful and serene old age one may practice the developmental tasks of his age; engaging oneself in fruitful activities and keeping oneself in the

company of others can help in this regard. The society should ensure that the aged are given due respect and not insulted as in case of ageism. Efforts to utilize their valuable practical knowledge must also be organized. Old age and death are the fate of all and hence to reap respect in the future sow respect in the present.

Adjustments in Old Age

Two of the most difficult developmental tastes of old age relate to areas which are especially important for all adults work and family life. The elderly person faces adjustment problems in these areas which are similar in some respects to those he faced earlier but which are unique in many ways. Not only must he adjust to his working conditions, but he must also adjust to the realization that his usefulness is lessened as he grows older and that his status in the work group decreases. Furthermore, he has the problem of adjusting to retirement when the time comes.

In the family, older men and women must adjust to depending on each other for companionship; to the lack of contact with, and influence over, their children; and often to the loss of a spouse. Unmarried elderly people often face adjustment problems that are more serious than the ones confronting those who are married or who have lost a spouse.

Vocational and family adjustments in old age are complicated by economic factors which play a far more important role "now than they did earlier. Although government aid, in the form of social security, old-age benefits, and Medicare, and the gradual spread of retirement benefits from business and industry alleviate the elderly person's financial problems to some extent, they by no means solve them. This is especially true during periods of spiraling inflation.

Adjustment to Retirement

Until recently, retirement was a problem that affected relatively few workers. Today, however, with the widespread acceptance of compulsory-retirement policies and the growing tendency for men and women to live longer than ever before, retirement is becoming one of the major social problems of our culture. Each year, the gap between the total life span and the span of the working life for men

and women is widened. As a result, the length of the retirement period grows longer and longer for more people.

To the younger person, whose days are so often overly crowded with duties and responsibilities, the years of retirement or semiretirement seem like a golden period of life. By middle age, thoughts of retirement grow increasingly strong, not only because the individual finds the burden of work becoming heavier and heavier as his strength and energy diminish, but also because he realizes that he is waging a losing battle in his competition with younger workers.

When retirement actually comes, however, it may seem far less desirable than it did earlier. For most elderly people, there is j a marked difference between the expectations before retirement and the realities of retirement.

Certain conditions facilitate adjustment to retirement. First, the person who retires voluntarily will adjust better than one who is forced to retire, especially if he wants to continue to work. Second, poor health at the time of retirement facilitates the adjustment, while good health is likely to militate against it. Third, most workers find that tapering off is better than abruptly ending patterns of work and living established many years earlier.

A fourth factor in adjustment is preretirement planning. The individual who has developed an interest in substitute activities which are meaningful to him and which provide many of the satisfactions he formerly derived from his work will not find adjustment to retirement emotionally disturbing. As Back has pointed out, "The more retirement is looked on as a change to a new status, and the less it is perceived as the giving up of a prized status, the better the transition will be accomplished".

Because one of the most difficult aspects of retirement is that of severing social ties at work, a fifth aid to good adjustment to retirement is the provision for social contacts. Those who spend their retirement years in homes for the aged have more opportunities for social contacts and recreational activities than those who remain in their own homes or live with relatives. However, unless such institutions provide opportunities for activities that will promote a

feeling of usefulness, they will not contribute to good adjustment to retirement.

Sixth, because changing a pattern of living becomes increasingly difficult with each passing year, the less change retirement necessitates, the better the individual will adjust to it. It has been reported that those who can stay in their community and who have enough money to live just about as they lived before retirement make the best adjustment to it.

Women, as a whole, adjust more easily to retirement than men. The role change is not as radical for them because they have always played the domestic role, whether they were married or single, throughout their working lives, in addition to their vocational role. Furthermore, because few have held executive positions, they do not feel that they have suddenly lost all their power and prestige. Men, on the other hand, have less readily available means of deriving satisfaction to replace that which their work provided, and as a result, they adjust less Well to the role change necessitated by retirement.

Psychologist Mo Wang made the following recommendations to make the retirement phase a positive one:

1. Continue to work part time past retirement, in order to ease into retirement status slowly.
2. Plan for retirement: this is a good idea financially, but also making plans to incorporate other kinds of work or hobbies into postemployment life makes sense.
3. Retire with someone: if the retiree is still married, it is a good idea to retire at the same time as a spouse, so that people can continue to work part time and follow a retirement plan together.
4. Have a happy marriage: people with marital problems tend to find retirement more stressful because they do not have a positive home life to return to and can no longer seek refuge in long working hours. Couples that work on their marriages can make their retirements a lot easier.
5. Take care of physical and financial health: a sound financial plan and good physical health can ensure a healthy, peaceful retirement.

6. Retire early from a stressful job: people who stay in stressful jobs for fear that they will lose their pensions or won't be able to find work somewhere else feel trapped. Toxic environments can take a severe emotional toll on an employee. Leaving early from an unsatisfying job may make retirement a relief.
7. Retire 'on time': retiring too early or too late can cause people to feel 'out of sync' or to feel they have not achieved their goals.

Whereas these seven tips are helpful for a smooth transition to retirement, Wang also notes that people tend to be adaptable, and that no matter how they do it, retirees will eventually adjust to their new lifestyles.

Adjustment to Loss of Spouse

Loss of a spouse in old age may be due to death or divorce, though it is far more likely to be due to the former. Because it is customary for women to marry men their own age or older than they and because men, on the average, die sooner than women, widowhood in old age is far more common than widowerhood.

People in their sixties and seventies do get divorces, but far less frequently than younger people. No matter how unsatisfactory marriage may be to elderly people, most of them do not contemplate ending it in a divorce court. When they do decide to get a divorce in old are, it is generally not a new decision, but rather something they have contemplated since the early days of marriage but have put off for their children's sake or for economic reasons.

It has been estimated that 50 percent of sixty-year-old women are widows, while 85 percent of women age eighty-five are widows. There are no statistics available concerning the number of men of comparable ages who are widowers, but there is reason to believe that because widowers at every age remarry more than widows do, the percentages would be far less. Thus widowhood is a greater problem than widowerhood during old age.

Adjustment to the death of a spouse or to divorce is difficult for men and women in old age because at this time all adjustments are increasingly difficult to make. When a man's wife dies shortly after he retires, this greatly increases his difficulties in adjusting to retirement. Furthermore, because old age is a period during which interests

narrow, especially social interests, the elderly person who is left alone cannot compensate for this by developing new interests as readily as he could earlier.

The widow usually has the additional problem of a greatly decreased income, which frequently necessitates giving up interests which she might otherwise have retained and which would provide her with opportunities for social contacts. Decreased income often means moving into new, smaller, and less desirable living quarters; going to live with a married child; or living in an institution, all of which require adjustment and further complicate adjustment to the loneliness which widowhood brings.

For the widower, the economic problem is far less serious than the problem of loneliness. Even though he may not always have been satisfied with his marriage, he still could count on his wife to provide companionship and to take care of his physical needs and manage the home. Furthermore, in are more reluctant than women about becoming dependent on their grown children and living in their homes, unless it is an absolute necessity. They also resist going to homes for the aged, partly because it implies loss of independence and partly because they do not like to be surrounded by people who are a constant reminder of their own advancing age. Therefore, they often solve the loneliness and dependency problems of widowerhood by remarrying.

Elderly people, especially women, often try to solve the problem of loneliness in old age by getting a pet, usually a dog or a cat. While a pet undoubtedly provides some of the companionship the lonely person craves, he should also attempt to establish social contacts, although this becomes more difficult with each passing year.

Life Hazards of Old Age

Health: Changes in health and energy are reflected in an increased interest in sedentary pursuits and a decreased interest in activities requiring strength and energy.

Social Status: Older people of the higher social groups usually have a wider range of interests than those of the lower groups. Many of these are carry-overs of interests developed earlier in life.

Economic Status: The older person who has inadequate money to meet his needs may have to give up many interests that are important to him and concentrate on ones that he can afford, regardless of whether they are meaningful to him or meet his needs.
Sex: Women have more interests in old age, just as they do throughout adulthood. Men who are retired often find it difficult to cultivate interests to occupy their time.
Values: Older people may come to value social contacts, rather than hobbies as a compensation for the loneliness that retirement or loss of a spouse brings.

Death, Dying and Bereavement

Living includes dealing with our own and our loved ones' mortality. Elizabeth Kübler-Ross describes five phases of life and grief through which people pass in grappling with the knowledge that they or someone close to them is dying:

1. Denial: 'I feel fine.' 'This can't be happening; not to me.'
2. Anger: 'Why me? It's not fair!' 'How can this happen to me?' 'Who is to blame?'
3. Bargaining: 'Just let me live to see my children graduate.' 'I'd do anything for a few more years.' 'I'd give my life savings if…'
4. Depression: 'I'm so sad, why bother with anything?' 'I'm going to die. What's the point?' 'I miss my loved ones why go on?'
5. Acceptance: 'I know my time has come; it's almost my time.'

Despite Ross's popularity, there are a growing number of critics of her theory who argue that her five-stage sequence is too constraining because attitudes toward death and dying have been found to vary greatly across cultures and religions, and these variations make the process of dying different according to culture. As an example, Japanese Americans restrain their grief so as not to burden other people with their pain. By contrast, Jews observe a 7-day, publicly announced mourning period. In some cultures the elderly are more likely to be living and coping alone, or perhaps only with their spouse, whereas in other cultures, such as the Hispanic culture, the elderly are more likely to be living with their sons and daughters and other relatives, and this social support may create a better quality of life for them.

Dementia and Alzheimer's Disease

Some older adults suffer from biologically based cognitive impairments in which the brain is so adversely affected by aging that it becomes very difficult for the person to continue to function effectively. Dementia is defined as a progressive neurological disease that includes loss of cognitive abilities significant enough to interfere with everyday behaviors, and Alzheimer's disease is a form of dementia that, over a period of years, leads to a loss of emotions, cognitions, and physical functioning, and which is ultimately fatal. Dementia and Alzheimer's disease are most likely to be observed in individuals who are 65 and older, and the likelihood of developing Alzheimer's doubles about every 5 years after age 65. After age 85, the risk reaches nearly 8% per year. Dementia and Alzheimer's disease both produce a gradual decline in functioning of the brain cells that produce the neurotransmitter acetylcholine. Without this neurotransmitter, the neurons are unable to communicate, leaving the brain less and less functional.

Life Conditions Contributing to Happiness in Old Age

- A favorable attitude toward old age developed as a result of earlier pleasurable contacts with elderly people
- Happy memories of childhood and adulthood
- Freedom to pursue a desired life-style without outside interference
- A realistic attitude toward, and acceptance of, the physical and psychological changes that aging inevitably brings
- Acceptance of self and present living conditions even if these fall below expectations
- An opportunity to establish a satisfying, socially acceptable pattern of life
- Continued participation in interesting and meaningful activities
- Acceptance by, and respect from, the social group
- A feeling of satisfaction with present status and past achievements

Decline comes partly from physical and partly from psychological factors. The physical cause of decline is a change in the body cells due not to a specific disease but to the aging process. Decline may

also have psychological causes. Unfavorable attitudes toward oneself, other people, work, and life in general can lead to senility, just as changes in the brain tissue can. Individuals who have no sustaining interests after retirement are likely to become depressed and disorganized. As a result, they go downhill both physically and mentally and may soon die.

Motivation likewise plays a very important role in decline. The individual who has little motivation to learn new things or to keep up to date in appearance, attitudes, or patterns of behavior will deteriorate much faster than one whose motivation to ward off aging is stronger. The new leisure time, which comes with retirement or with the lessening of household responsibilities, often brings boredom which lowers the individual's motivation.