

Chapter 7 (Early Childhood):

PHYSICAL DEVELOPMENT in EARLY CHILDHOOD:

1 - Skeletal growth includes new epiphyses emerging & lose baby teeth. Here we analyze if growth it above, below average etc...

2- Brain development...

- Holds a rapid growth of the PREFRONTAL cortex (what grows for the longest time - only stops at 20 years old or so)! **Still growing for most students.**
- Hemispheres continue to lateralize & take on different functions. The idea here is that left/right hemispheres start to inhibit each other (even though they can do everything). IE: *Right handers will have speech in left hemisphere & left handers can have both.*

HANDEDNESS

Reflects dominant cerebral hemisphere → jointly influenced by nature and nurture (position in uterus and practice).

- Environment: “hand” → the right way, sinistra, religious, environment aspect.
- Distribution of genes too → genetic aspect favours right handers & even the position of the fetus.

BRAIN DEVELOPMENT in EARLY CHILDHOOD:

Left hemisphere

- Language skills
- Handedness

Links among parts of the brain increase...Brain area that work together to help with our brain experiences.

These two sides of the brain (left/right) are connected via a bundle of fibres called the ...

1. **Corpus callosum**... it develops to that the 2 can communicate & interact with each other. Shows the brain's activity to adapt (plastic). A child who has damage to left area (Broca), the damage will also be present in the right.
2. **Cerebellum**: Motor coordination ⇒ this develops & eventually each limb can act independently. IE: One hand up, down → there must be an inhibition of one side. Any coordination of adjustments is done via the cerebellum. Cerebellum is constantly adjusting for little mistakes.

Reticular Formation: Where sleep cycles are established. Sleep stages develop & eventually become like the ADULT sleep cycle. Also where attention takes place (brain can be aroused to certain area).

Hippocampus: Crucial to memory, especially episodic. You see yourself as an actor in your life. Recall of memory processes take place here.

STUDIES DONE WITH THE “2 different people left-right situations” have a split corpus callosum.

INFLUENCE ON PHYSICAL GROWTH & HEALTH:

We have 2 hormones involved in growth.

Growth Hormone	Thyroid-stimulating Hormone
Responsible for all (biological) aside from genitals & brain.	Thyroid gland is responsible for the nervous system. People have to be medicated to either raise thy hormone or decrease it. A problem w/ this hormone can also have cognitive deficiencies.

- Insufficient nutrition (protein, B12, FOLIC ACID etc...) all of these need to be present in normal quantities. If there's hyperactivity problems & problems with memory → it may SOUND like ADHD but maybe not! Nutritional deficiencies can mimic ADHD, dementia etc...
- Infectious diseases: Mainly in countries in which people are not immunized (US because people are scared, cost, keep up with booster etc..)...
- Childhood injuries too: lack of access to proper day care/caregivers for children. Anything social tends to be more expensive for the children → especially in the United States.

Factors related to childhood injuries include: gender and temperament. Poverty levels, single parenthood, low parental education. Ie: If child has hard temperament, they may be more active and thus - more chance to get injured.

Social conditions included 1) international differences, 2) teen parents 3) shortage of HQ child care.

MOTOR DEVELOPMENT in EARLY CHILDHOOD:

Gross-motor Skills	Fine-motor Skills
<p>Eventually graduates into fine motor skills.</p> <ol style="list-style-type: none">1) First thing that improves is balance → the “grossest” motor skill is being able to balance yourself.2) Gait (manner of walker) is smoother (not as chopped up) by age two. Not penguin like!3) Upper-lower body skills are combined into more refined actions by age 5. You can bend down & move something a little better. ⇒ Piaget would say these are 2 schemes combined, bending down and picking up!4) Greater speed & endurance	<p>These require more precise movements. I.e: Grasping w/ a whole hand.</p> <p>With development of fine motor skills → child can do things on their own (ie tie shoes). They “self-help” themselves dress, eat, draw, print etc...</p> <p>Defined: Fine motor skill is the coordination of small muscles, in movements—usually involving the synchronization of hands and fingers—with the eyes.</p>

Individual differences in Motor Skills include...

Gender

- Boys excel in skills using force and power
- Girls excel in skills using balance and agility

Can improve with practice & adult encouragement

PIAGET'S PREOPERATIONAL STAGE:

This takes place b/w ages of 2 to 7. There are gains in mental representations.

The child in this stage is pre (before) operations. This means the child cannot use logic or transform, combine or separate ideas. The child's development consists of building experiences about the world through adaptation and working towards the (concrete) stage when it can use logical thought. During the end of this stage children can mentally represent events and objects (the semiotic function), and engage in symbolic play.

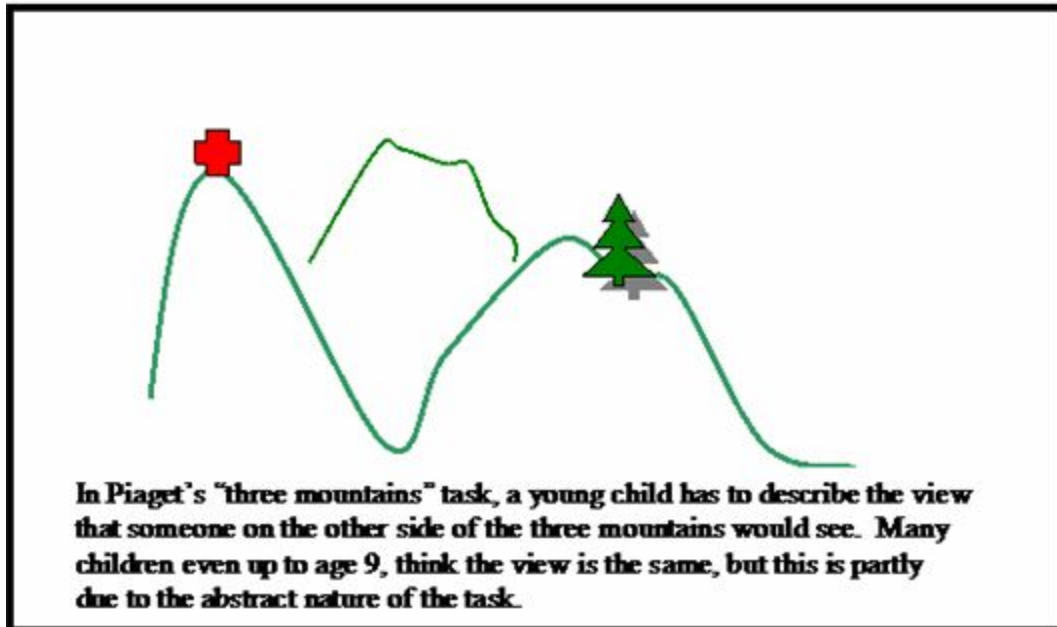
- 1) Make-believe play: detaches from real-life conditions, becomes less self-centered & more complex. Socio-dramatic play develops here.
Contributes to cognitive and social skills. Strengthens mental abilities (sustained attention, memory, language & literacy, creativity, emotional regulation, perspective thinking). **POSITIVE!**
- 2) Symbol-real-world relations.

⇒ Mention of DUAL-REPRESENTATION, viewing a symbolic object as both an object and a symbol (ie a picture is real). Strengthens around age 3. Adult teaching can help: they

have experiences maps, photos, make believe. Pointing out similarities of symbols in the real world.

AND there are limitations in thinking

- 1) Egocentrism: failure to distinguish others' viewpoints from one's own.



- 2) Lack of conservation: understanding that physical characteristics remain the same when appearance changes.

★ **Centration: focus on one aspect to neglect of others.**

In psychology, centration is the tendency to focus on one salient aspect of a situation and neglect other, possibly relevant aspects

★ **Irreversibility: inability to mentally reverse serious of steps.**

It is the inability of the child to understand that the volume can be proven to be the same by undoing the action and pouring the water back into the original glass.

- 3) Lack of hierarchical classification.

& then, once matured....

Egocentrism	<ul style="list-style-type: none"> ▪ Able to take others' perspectives → listens! ▪ Animistic thinking (fake objects being seen as real) results from incomplete knowledge of objects
Logical thought	<ul style="list-style-type: none"> ▪ Conservation evident on simplified tasks ▪ Reasons by analogy about physical changes
Categorization	<ul style="list-style-type: none"> ▪ Hierarchical classification evident in everyday knowledge

EVALUATION OF PIAGET: The development of logical operations (in child) is gradual → however there is disagreement over whether a pre-operational stage really exists. Some deny, others support a flexible stage (related set develops over extended period).

VYGOTSKY'S SOCIOCULTURAL THEORY:

Private speech: Piaget says this would be egocentric speech.

Vygotsky says this is the foundation for all higher cognitive processes. Serves a self-guiding function; increases during challenging tasks. Silent, inner speech! Good to think of as "Inner voice"

Zone of Proximal Development (Includes Scaffolding, support matches needs of learner):

Adults aid learning by adjusting support to the child's overall performance! Effectiveness varies by culture.

⇒ He suggests that teachers use cooperative learning exercises when less competent children develop with help from more skillful peers - within the zone of proximal development. The zone of proximal development, is the difference between what a learner can do without help and what he or she can do with help

Vyg's Theory: Helps us understand cultural variation in cognition. Focuses on language, deemphasizes other routes to cognitive development. Says little about how basic elementary capacities (motor, perceptual, attention, memory, and problem-solving skills) contribute to higher cognitive processes.

CHAPTER 12 (Adolescence):

ERIKSON'S THEORY: IDENTITY vs. ROLE CONFUSIONS:

IDENTITY	ROLE CONFUSION
Defining who you are, what you value and the direction you want to go in life. Here, we're in the adolescent stage. They must	Lack of direction & self-definition. The "earlier" stages are not resolved (ie: relationship w/ others). Make people

<p>decide what they want to do with their life. Do they feel strongly connected to ethnic group? Commitments to vocation, relationships, sexual orientation</p> <p>A healthy resolution in identity vs. role confusion is a healthy ability to choose (exploration). MORATORIUM means that he/she is in a stage of exploring before they decide their path vs FORECLOSED (means that the choice is made for them).</p>	<p>unprepared to make decisions in adulthood. They don't know what to do...</p> <p>Society tends to restrict choices</p> <p>The healthy outcome is ←</p>
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SELF CONCEPT IN ADOLESCENCE:

Unifies separate traits into more abstract descriptions ⇒ the descriptions make sense. From defining yourself very simply (boy, girl, I don't like x or y).

- The adolescent can now say "I'm patient". Ideally describe themselves.
- The SELF-CONCEPT becomes more defined in adolescence & there is a "melding of characteristics" meshed together. Teen learns the they are different in different situations. It's tough to find traits that "transcend" to each situation (despite that you can see a you-ness or me-ness in each situation).
- Note an important part of SELF-CONCEPT is truly the awareness of one's self → you are different from those around you. Babies don't have a self concept (yet).

This ^ (you/me) takes time to develop, which is why adolescents may be confused sometimes. THESE CAN CONTRADICT THEMSELVES (ie: Sitting and studious in class vs. OH you HAVE TO SEE ME FRIDAY).

These are INTEGRATING PRINCIPLES (explain all the ways you act different). Everything is eventually and gradually combined into an organized system (Qualifiers and IP).

Still part of self-concept...

- 1) Value: what are things that are important to you? It's not clear at first! 2-3 years down the line you could get something more accurate.
- 2) Morals: what's right and wrong to you?

SELF ESTEEM IN ADOLESCENCE:

Continues to gain new dimensions (close friendships, romance, job competence).

Self esteem: evaluative component of self concept. Self concept is who you are, self esteem is how you really feel about yourself. So, are you good or bad? Ie: Self concept is who you are, so university student how your academic self esteem is something else → are you a good student, smart, confident?

Generally self esteem rises but drops w/ school → from HS to CEGEP, there's a major drop in self-esteem. *School transitions.*

Parental styles affect this too → you need parents to support, compliment you etc.. This will maintain self-esteem (ie: This MAINTAINS self esteem. That's why it was said a couple of classes ago that warm, good parenting is for more than just babies. It's essential all the while you're living at home (developped). If not there's problems.)

IDENTITY STATUS:

		Commitment	
		High	Low
Ex plo ra ti on	High	identity achievement	identity moratorium
	Low	identity foreclosure	identity Diffusion (you're never clear who you are)

- The idea here is how committed are you to becoming a certain thing? Job?
- How deep is your belief in something (truth)?
- Here is where we can think about why people are so inflexible. Someone who is strict, unchanging & doesn't accept any alternative options → where could we have placed them in adolescents. Low explorations, high commitment... Their identity is likely given to them (**foreclosure**).

HIGH LEVELS OF EXPLORATIONS AND OF COMMITMENT: you're committed after a certain amount of explorations. However given the amount of exploration you have, you're still open to new ideas. **Positive: identity achievement/identity moratorium (haven't committed yet).**

Factors like _____ will affect identity development

- Personality (parent plays a role in defining here)
- Child-rearing practices: attachment
- Peers, friends, schools, communities
- Culture: someone who has a strong cultural identity does very well for self-identity → (as long as this culture is incorporated into society, parents play a role in ensuring this). So i'm Greek, French, Italian, Portuguese, Chinese etc... and proud but still love my Spanish friends & want to learn the language.
- Societal forces

KOHLBERG'S STAGES OF MORAL DEVELOPMENT:

One thing could be good and one thing could be bad but which is better? Dilemma: man's wife is dying from a disease and it's 1 drug that can save her from 1 guy but drug is expensive. What does man do? Man will break into pharmacy at night and steal the drug (MORAL DILEMMA). We're confronted with these MORAL DILEMMAS very often.

STAGE 1: Punishment & obedience.

You break into something, you're breaking the law so don't do it. Do something to avoid being punished → that's it. Low level of moral reasoning. Are you FOR stealing the drug (punishment) if you're against (obedience.)

STAGE 2: Instrumental

Just do what you need to do & if you're ready to suffer consequence then go for it. Not a high level but a little better (not just based on punishment...just wanted to know if it's worth it). ie: The advice of do what you think is good. STEAL (worth it) or NOT STEAL (bro not worth it).

STAGE 3: Good-boy/Good-girl?

Thought of are you going to be perceived as a good person or a bad person? Good person for getting the drug vs. leaving your wife to die and perceived as bad but it becomes a dilemma if you're seen as bad for stealing.

STAGE 4: Social Order Maintenance

Rule must be respected, the order of things. What happens if people steal if they need something? You need to follow the law, calm down bro. ie: cheating on a final exam.

STAGE 5: Social Contract

The idea of ok we can't let somebody die so i'm going to be pro stealing b/c we have a responsibility to **help each other out** and it's the pharmacist that's not respecting social contract. Not everyone can act on this. Not necessarily a rule, but an **obligation**.

STAGE 6: Universal Ethical Principle.

SAVING SOMEONE'S LIFE IS BEYOND ANY RULE IN SOCIETY. Husband should not feel bad about it. You're acting on the principle that someone has the right to live.

Critiques? The question is does it really work this way? Do we really go through stages of moral development? In order words, once at stage 3...do you ever go back? Depends on the context.

Kohlberg (rights and justice orientation) versus Gilligan (ethics of care).

Gilligan notices that Kohlberg's stages are relatively sexist: things that men value, especially social order maintenance. Gilligan found that women will rarely go to "social order maintenance" So...what? Does this mean that they are less mature in terms of moral development? That's what it seems like: that women stopped at stage 3.

So G. comes up with "ETHICS OF CARE": the woman will focus on caring for others, caring for people. G says stage 4 is not a bigger type of moral reasoning.

1: Context (greater involvement in activities involving "care")

2: Differences in gender (females have more involvement in ethics of care for others. This doesn't mean that men don't care though.

Idea of context: weighing our personal choices with the demands society has, it's not that we go through stages but rather → *what are the demands of the society?*

INFLUENCES ON MORAL REASONING

1. Child rearing practices that lead to different levels of moral reasoning...
 - caring/supportive parents
 - discussions with children about moral situation (TALK TO KID).
 - Child feel good or bad about choice?
2. Schools...
JUST and FAIR practices amongst different cultures & genders. This teaches students something about moral reasoning. Also - the way they interact w/ peers.
3. Culture: different cultures value/require different things. Collectivist (others) versus the individualistic (self).

Factors influencing behavior include maturity of moral reasoning, emotions (empathy, sympathy & guilt), temperament, cultural experiences & beliefs, your moral identity, parenting practices (discipline & moral standards), schooling.

PRAGMATIC approach to MORALITY:

Says that moral judgements are practical tools that

a) depend on current context & motivation and

b) freq. Directed at self-serving goals. *This is the stage of reasoning that you will use depends on the context (ie: late for work so you run the light and it'll be worth it b/c you're on time). INSTRUMENTAL.*

Parent-child (Adolescence) Relationships:

- 1) Strives for autonomy however still dependent on parents. The teen FEELS that they are able to do things on their own but are still dependent!
- 2) De-idolize parent: parents (as a child) is the greatest example, best, hero (IDEAL-izing). BUT when child becomes a teen that is diminished → child meets other parents, different ideas, new people, more independent!

This **adolescent crisis** thing is somewhat of a myth! If the teen REALLY acts out, it's because of a parent-adolescent conflict, a conflict that has not been resolved. Major issue*** (Parents can actually facilitate teen's identity and autonomy).

⇒ When the teen has a problem, parent shouldn't turn into an authoritarian parent...they should try to learn and adjust to the child. Authoritative parenting: balance & autonomy-granting w/ monitoring.

Family circumstances that affect appropriate autonomy-granting:

- financial security
- parental work pressures
- stable marriage

Sibling relationships: less intense, in both positive and negative feelings. Attachment remains strong in most cases

SEX differences in ADOLESCENT FRIENDSHIPS:

Girls tend to have more emotional closeness, get together just to talk, self-disclosure/support. Boys share activities (sports), achievement & status, competition/conflict.

CHAPTER 14: EMERGING ADULTHOOD

This is to replace the concept of FIXED AGE for the attainment of adulthood (ie: Canada is 18 years old). There is an time, a phase that you're beginning to have the capacity/desire to be independent → less reliant on your parents. Here is a **PSYCHOLOGICAL DISTANCING**: be in my room more often, not ask my parents for advice. This is a consequence of striving for independence.

The idea of emerging adulthood is merely the beginning of these capacities but you're not an adult until you're actually able to take on true adult responsibilities (buy food, bills etc..). According to this concept if you're 30 and still living at home you're not an adult. It's not about age it's about what you do. This is not necessarily a bad thing, many people still do this.

The timing in what we HAVE to do has changed from our grandparents times! Still, this

changes with culture. I.e: developing countries: lower SES, lower resources, you are forced to get into the workforce early.

What does emerging adulthood permit? More explorations, explore different avenues. Explore IN-BREADTH means exploring many options (too much shows maladjustment). IN-DEPTH means pick one and go in depth about it.

IDENTITY DEVELOPMENT IN EMERGING ADULTHOOD

- 1) Depth: higher in self-esteem, well being, adjustment. In exploring depth of x, we decide whether we want to commit to something or not... We go through cycles of committing.
- 2) BREADTH: committing, re-evaluating, re-committing (part of exploration). This is OK b/c we won't know if we like something unless we explore. However too much breadth can cause anxiety, poor adjustment, depression, deviance...

DUAL-CYCLE model: Fluctuating b/w making new commitments & evaluating older ones.

FOSTERING SUCCESS IN EMERGING ADULTHOOD:

Resilience:

- 1) Cognitive attributes: someone who is able to recognize options, plan out better (etc...), this person will be more resilient. Has problem solving abilities.
- 2) Emotional/social: You must be able to regulate your reaction to things appropriately. Action depends on reactions.
→ Exhibit proper reaction to x situation.
- 3) Social support: friends, family (type of parenting. Support of parents should NOT end at childhood).

Levinson's Season of Life:

- 1) Early adult transition: early adult transition of a period that you like to dream. He thought dreams to be different whether you were a man or a woman. Dreams of career achievement, success in life etc... WOMEN have "split dreams" which gives them an extra outlook on life. A woman may start a career & then have kids
→ could try to juggle.

Often in dreams, people will get mentors (more experienced members of society) to tell them what to do.

- 2) Age-30 transition: Men tend to settle down & it's once they feel secure in their careers. Women remain unsettled → job or relationships commitment problems.

VALIANT'S ADAPTATION to LIFE IN MEN...

Note: Vaillant & Levinson (unlike Erikson) got their data more scientifically & surveyed different people.

20s: Men have intimacy concern. Due to circumstances, you are staying solo.

30's: career consolidation.

50s/60s: Keepers of meaning and wisdom.

70s: You're about to die...were you a good person? Spirituality & reflection.

SOCIAL CLOCK: Refers to age-graded expectancies. Within a given culture, there are things expected to be done by x age. IE: Degree by 25...

Following a social clock means...

- ❖ More self esteem means you're "in-tune" with social clock. To some extent following this clock can give you social stability.
- ❖ Distress if not following, or if you are following behind. This can create person feeling invalid or not accepted by society.

Foreclosure: parents did not permit them to follow dreams. Ie: 40 career change.

SELECTING A MATE: Most select partners similar to themselves.

Social Learning View: We learn as we grow up, we learn about gender roles. What do we place high value on - today relationships are more egalitarian. *What is going to be the best combination of skills, characteristics on either side. This goes according to what we learned growing up, examples of what we've had.*

In general women will look for smart, ambitious, financially good, moral character men. Men will value attractiveness & domestic skills more than women.

Today we have more of an egalitarian view! The old way was traditional.

First child: mom does motherly things. For the second or third child...they tend to have more chores. OR father's will traditional roles - mom's can do that now.

Childhood Attachment Patterns & Adult Romantic Relationships.

Attachment History	WM (what you learned will happen)	Adult Relationships
Secure	Comfortable with intimacy → unafraid of abandonment.	Trust, happiness, friendship.
Avoidant	Emphasize independence (better i don't need a spouse can who the F knows) → mistrust, anxiety about getting close). Somebody getting close means they take everything.	Jealousy, emotional distance, little physical pleasure, unrealistic beliefs. Due to the fact that you expect the other person will behave as so.

Resistant (child was mad a mom for leaving)	SEEK quick love, complete, merging.	Jealousy, desperation, emotional highs and lows.
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The internal working model is model of behaviour that you've acquired growing up & you've applied to your relationship. You've learned what is normal to you. Largely plays on expectancies on what will happen. Even before research, people thought of attachment....

le: Pull someone off street, ask someone who's been abused as a child. What did they learn love was? Assumed person will repeat pattern. Fear of letting anyone get close. Research now shows you can link the type of attachment history to your later behaviour & so working model was developed.

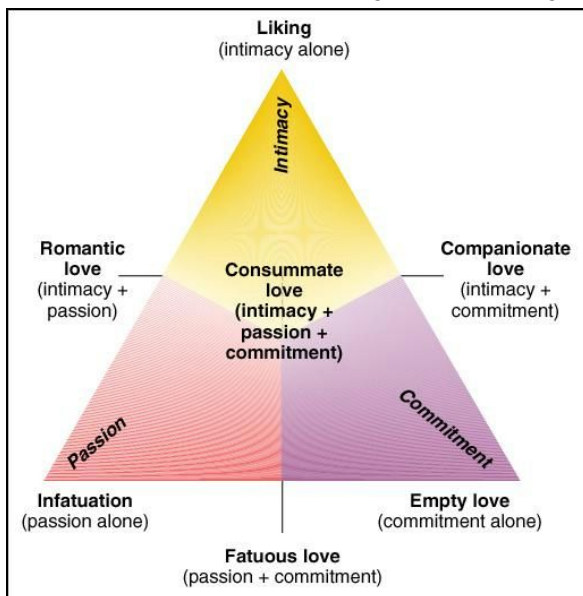
TRIANGULAR THEORY OF LOVE:

- 1) Intimacy: warm, tender, concerned.
- 2) Passion: sexual attraction. This is early & becomes (3) later. Passion gradually fades while (1) and commitment get stronger. Passion replaced by compassionate.
- 3) Compassionate: caregiving, warm, affection.

Class Sternberg Triangle

Intimacy
 Passion
 Infatuation
 Commitment...

To know what kind of love you have w/ your partner → you have to look at these.



Gender & Friendships in Early adulthood.

The difference b/w the two in the way they relate to each other?

Women-women: more intimate. Longer friendships.

Male-male, intimacy is not the norm. It's more about doing stuff.

Research shows truth to ^ these

Female-male: Less offence, less intense, input (difference points of view),

Research says that females like (male-female) relationships b/c they get a more objective input and less emotionally charged. **ADVICE!** Research also says that: Friendship with a woman gives males the opportunity to be emotionally expressive.

Family life Cycle:

1. Early adulthood (leaving home, joining of families on marriage, parenthood).
2. Middle adulthood (popping babies).
3. Late (retirement, spouse dies).

CHAPTER 18 (PART ONE):

EGO INTEGRITY	DESPAIR
Person feels whole, complete, satisfied with overall achievements. They view life in the context of all humanity. Associated w/ more favourable psychological well-being.	Feel many decisions were wrong → yet time is now too short. Bitter, unaccepting of death. Anger & contempt for others.

Adjustment in late life (the third age). This corresponds to Erikson's last stage.

PECK: TASKS OF EGO INTEGRITY

1. EGO differentiation (with the knowledge that our bodies cannot do as much).
→ affirm self-worth through family, friendship, community life.
→ alternative to work-role preoccupation.
2. BODY TRANSCENDENCE: things that you can no longer do, because your body does not and cannot follow. Emphasize cognitive, emotional, social powers.
Alternative method to body preoccupation!
3. EGO TRANSCENDENCE: face reality of death constructively. Taking care of family, insurances ...helps people fear death less.

Peck motions at one's ability to COPE → ego despair deals w/ regret or trying to hold on

to who you were in the past. In E.D. people can't find new, happy ways to do stuff & just depressed about losing capabilities.

JOAN ERIKSON & GEROTRASCENDENCE: This goes beyond ego integrity. Cosmic, transcendent perspective. Directed outward, beyond ourselves. **Heightened inner calm & contentment** → quiet reflection. **The world is bigger than you are** → this calms fear of death.

LABOUIE-VIEF: Emotional Expertise → She's a researcher who studied death and dying of people in 3rd & 4th stage.

Decline in cognitive → affective complexity. AC is forging an emotional identity. We are a complex of emotions that we must fit together to have a cohering self. **HOWEVER** in 3rd age → LV says that we kind of stop doing this & how we again...

AFFECT OPTIMIZATION: Ability to maximize + emotions and lessen negative ones! Contributes to resilience & level of happiness. This is all in contrast to despair.

Here we have more vivid & emotional perceptions. We become experts at reflecting on our own feelings, skillful use of emotion-centered coping. **AND** better insight w/ others.

Reminiscence & Life Review:

Research shows that when people in third age **REMINISCE**, they don't about childhood or teenagers → tend to look at prime of their life only.

Problem is the **KIND** of reminiscing they do.

1. **Self-focused:** usually not positive, negative. What I should have been and should have done. When it's healthy it's more...
2. **OTHER-focused:** How they impacted other people
3. **Knowledge-based:** effective problem-solving strategies. Healthy aging. Not all reminiscence is bad... using what you've learned.

Another form of reminiscence is **LIFE REVIEW:**

Form of Rem. that has a goal, goal for greater understanding. "Who am I now? The idea is can one expand their self-knowledge, to explain who've they've become. They may realize what the purpose/meaning of their life was.

Self Concept & Personality in Late Adulthood:

- 1) **Secure and multifaceted self-concept:** allows for self acceptance & continued pursuit of possible selves. ****old professor example**
- 2) **Shifts in some personality characteristics...**
 - person becomes agreeable, easier to get along with etc...
 - less extroversion because they spend more time in introspection & become more selective w/ who they decide to speak to. "The selected few".
 - Greater acceptance of change.

3) Resilience promotes adaptive functioning.

New Old Age...THIRD AGE → Is not an age of decline (used to be). It's marked by personal fulfillment (self-realization and self-satisfaction). More choice, more volunteer & service opportunities are needed for aging adults.

le: Woman who retired, decides to travel in the span of 2 years. She clearly planned, which is good to do this. The term "retired" insinuated that they are retired from life, society makes things easier etc...

FOURTH age brings a physical decline & need for care.

FACTORS IN PSYCHOLOGICAL WELL-BEING

The greatest one is **control vs dependency**: do you keep control over your life or are you becoming more & more dependent. IF you're perceiving as becoming more dependent as something negative then you're not happy. Some old people refuse help b/c it makes them remember that they have to be dependent. Actually - they're more likely to accept help from NON-family members. The more they perceive control, the happier they will be.

Older parents → you tend to be dependency focused (help them do what they can't) BUT you ignore what they CAN do. Here you stifle your sense of control. Yes - focus on what they need but also foster what they can do (skill, hobby). Give them a sense of being able to do stuff & recognized by others (hey x sees what I can do).

Physical Health: IS a factor. Idea that decline in physical health is related to unhappiness, we do everything possible to take out barriers. There are BARRIERS to what they could do, they just need the resources. THIS is the main factor → not necessarily the "he can't do this anymore, he can't walk". GIVE HIM RESOURCES TO WALK. Like a cane!

Negative Life Changes: Perceived as negative (losing other family members, illness, dementia, physical illness/disease). These are negative life changes that should be dealt with. Goes back to resilience (keeping positive outlook despite changes).

Social Support Interaction: Quality > quantity of social support. Being there all the time is fine but if you're going there out of guilt and no love...what's the point?

Control & Dependency in LATE Adulthood.

You must not only have the DEP-SUPPORT-SCRIPT → cannot ignore independent behaviours.
Another idea of social support: Paradoxical: many people in a home but they don't talk to each other.

1) Dependency-Support Script: attend immediately to dependent behaviours.

- 2) Independence-Ignore Script: ignore independent behaviours.
- 3) Person-environment fit: match b/w person's abilities & demands of living environments.

SOCIAL THEORIES OF AGING

<p>Disengagement theory</p>	<p>Mutual withdrawal between older adult & society.</p> <p>Older adult that is feeling dependent, no longer capable to they disengage from society. Society is to blame for this (word retirement itself hints at this). What society thinks is nice may not be → just help them adapt.</p>
<p>Activity theory</p>	<p>Social barriers cause declining rates of interaction</p> <p>They disengage due to social barriers → which is really what's causing declining rate of cognitive & physical skills. If we really tried, we can extend the ages of healthy & productive living.</p>
<p>Continuity theory</p>	<p>Effort to maintain consistency b/w past & anticipated future.</p> <p>COntinuity theory: People who are more resilient will seek continuity, this is something to be encouraged. Maintains a link b/w what the person was in the past, now and what they can be (athlete becomes coach). IE: Dealership, people been mechanics all their lives eventually get desk jobs, car advisors etc...</p>
<p>Socioemotional selectivity theory</p>	<p>Social networks become more selective with age, extending lifelong selection process. Emphasis on emotion-regulating functions of social contract.</p> <p>Says that people are CHOOSING not to interact w/ environment, they are acting like it's a natural thing for them to do. Society is not to blame. People tend to choose who they want to hang with. We select friends</p>

	according to the benefits “friends” can bring to us.
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Socioemotional selectivity theory maintains that motivation changes as people age and time horizons shrink. According to SST, awareness of the temporal horizons influences goals. Whether consciousness or subconscious, awareness of constraints on time activates changes in goal hierarchies. People who are young and healthy typically view the future as expansive. When people perceive a seemingly endless temporal horizon, they prioritize goals that prepare them for a long and nebulous future. Goals focused on gaining knowledge and information for their future possibilities are prioritized over other goals. As people age, however, and time horizons are constrained, goals increasingly emphasize emotion and meaning.

CHAPTER 18 Part 2:

SOCIAL CONTEXTS OF AGING

- Communities: majority live in suburbs, higher income, better health.
- Neighborhoods
- Housing

Speaking of CONTEXT: What is the context of living as we age? Major of the elderly live in the suburbs, they tend to have higher income & associated with having better health. This has more communion amongst the elderly → you get less of this in the big city, unless you seek it.

Tradeoff? LIVING in the city means that the resources are increased.

People in the third age tend to want to spend their lives in the same home/life as in the past. Same neighborhood, close to where they've lived all their lives (ie: nonna).

Housing arrangements include:

- 1) Ordinary homes → greatest personal control...
- 2) Residential communities: NOT a medical, live independent.
- 3) Nursing homes.