Aging Adults

Physical & Cognitive Development: Young & Middle Adulthood

Young Adulthood (20-40yrs)

- Peak of physical development
- Peak of fluid intelligence (quick and abstract thinking)
- Important life choices are made (career, relationships, morals)

Middle Adulthood (40-65yrs)

- Generally healthy but slight declines in physical abilities
- Menopause (usually around 45-55yrs)
- Overall intelligence may increase
- Peak of career or career changes

Menopause

- The time of natural cessation of menstruation
- Referred to as the biological changes a woman experiences as her ability to reproduce declines
- Usually occurs between age 45 and 55
- Does not usually lead to depression

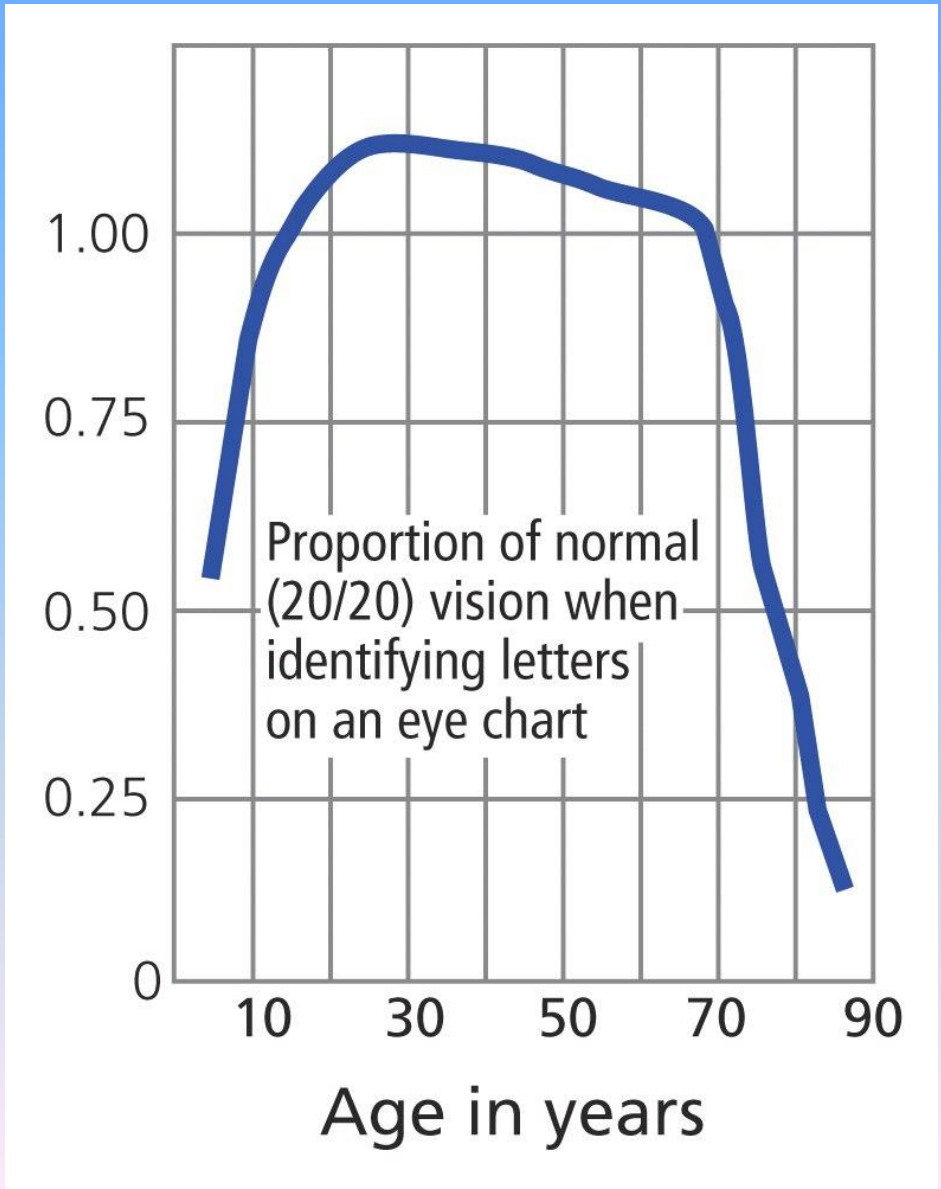
Social & Emotional Development: Young & Middle Adulthood

Young & Middle Adulthood

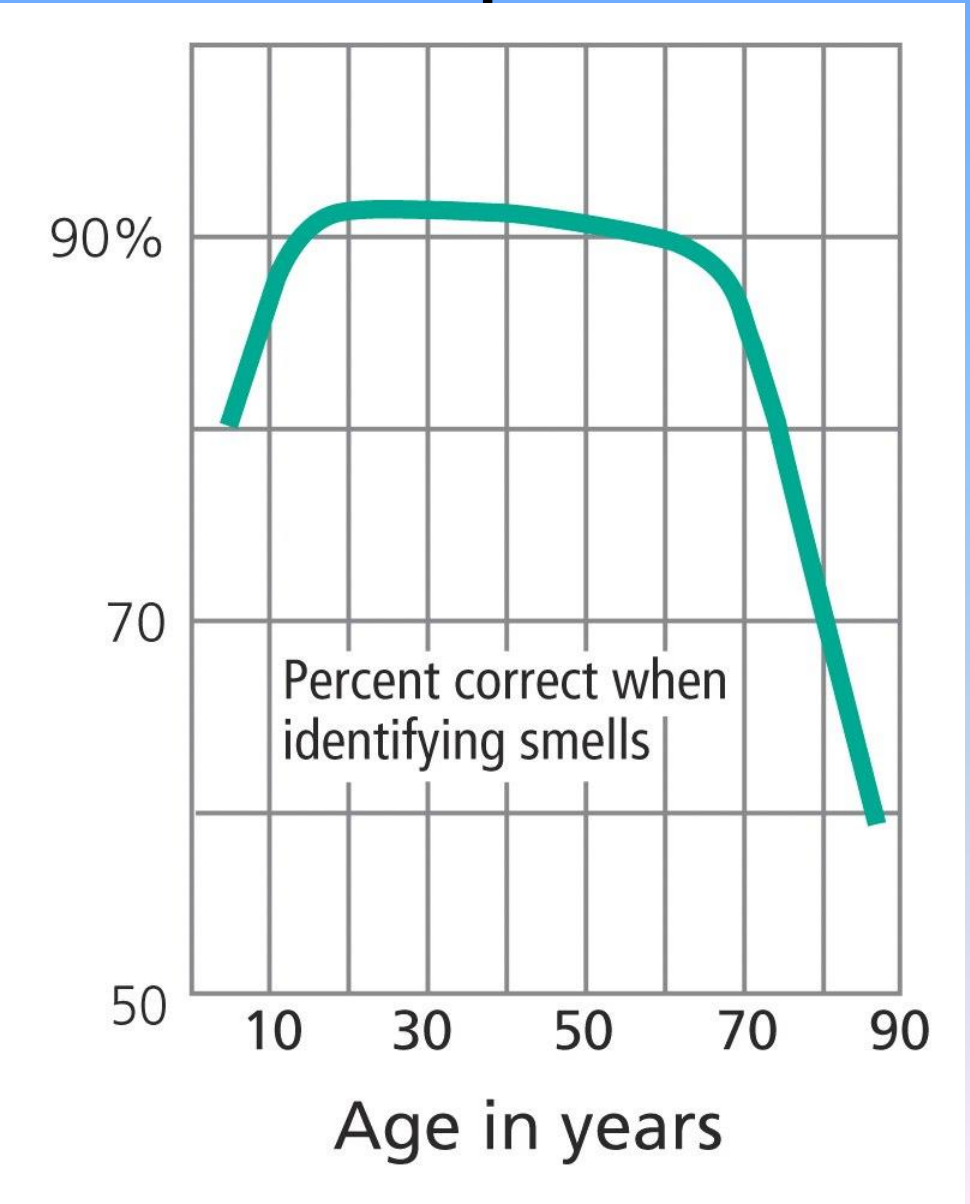
- Personality continues to develop
- Forming intimate relationships is important
- Parenthood has a significant impact
- “Midlife crisis”

Physical Development: Late Adulthood

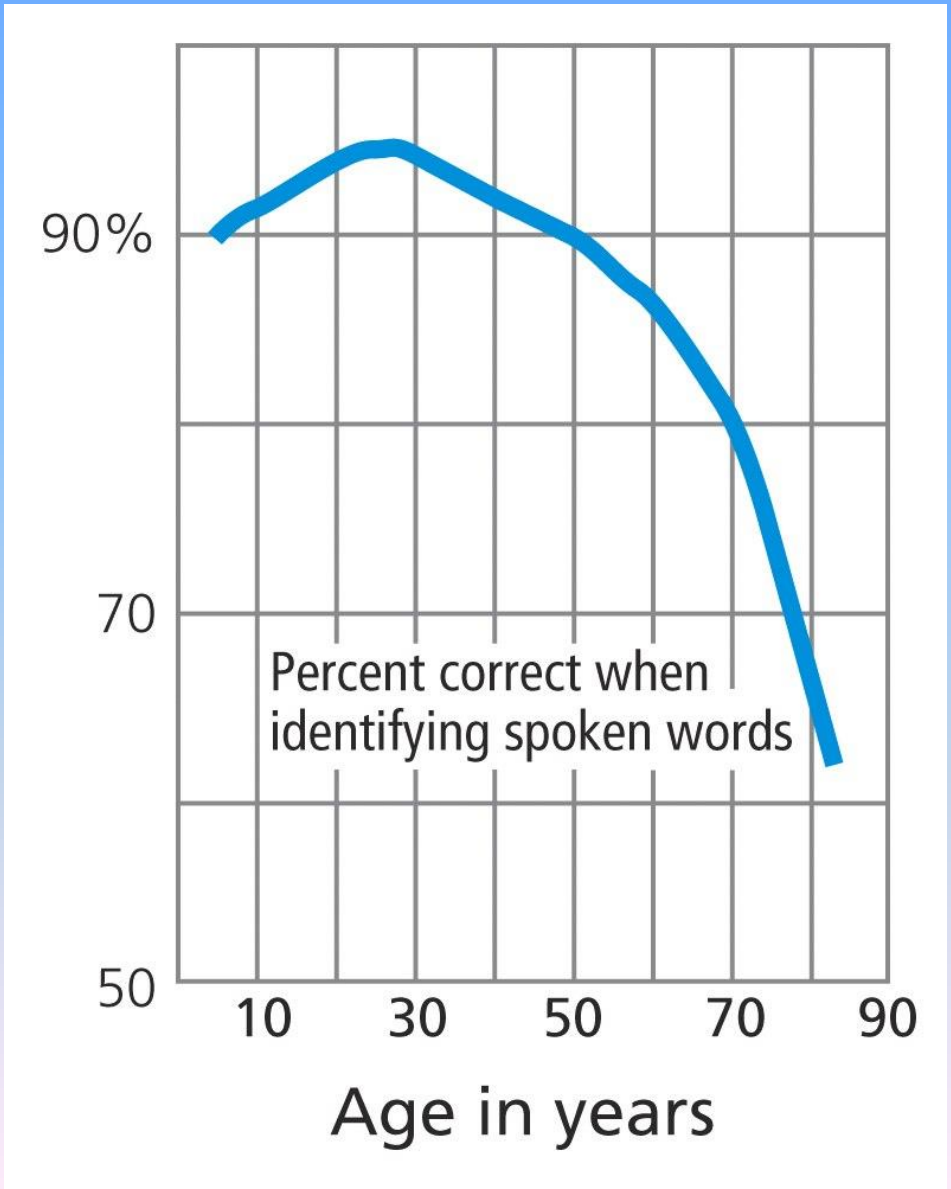
Physical Development: Vision



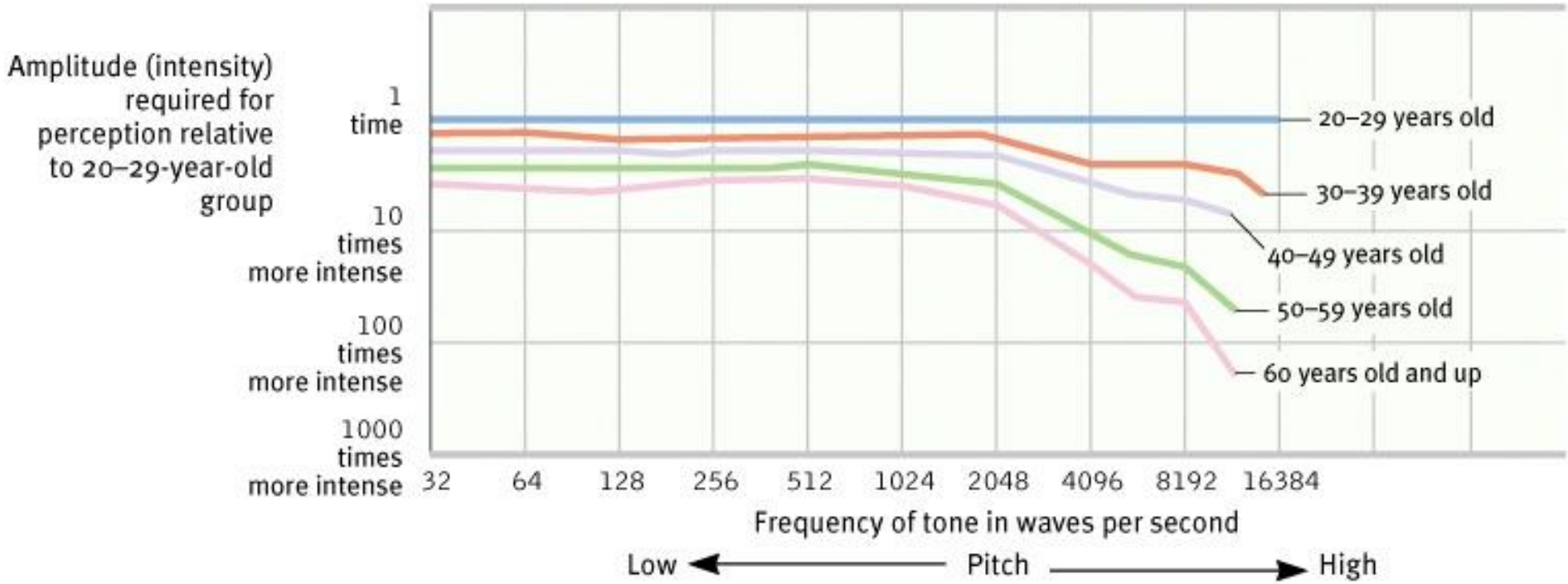
Physical Development: Smelling



Physical Development: Hearing



Physical Development: Hearing



Other Notes

- Hearing is the most common sensory decline.
- There are also losses in vision and smell.

Cognitive Development: Late Adulthood

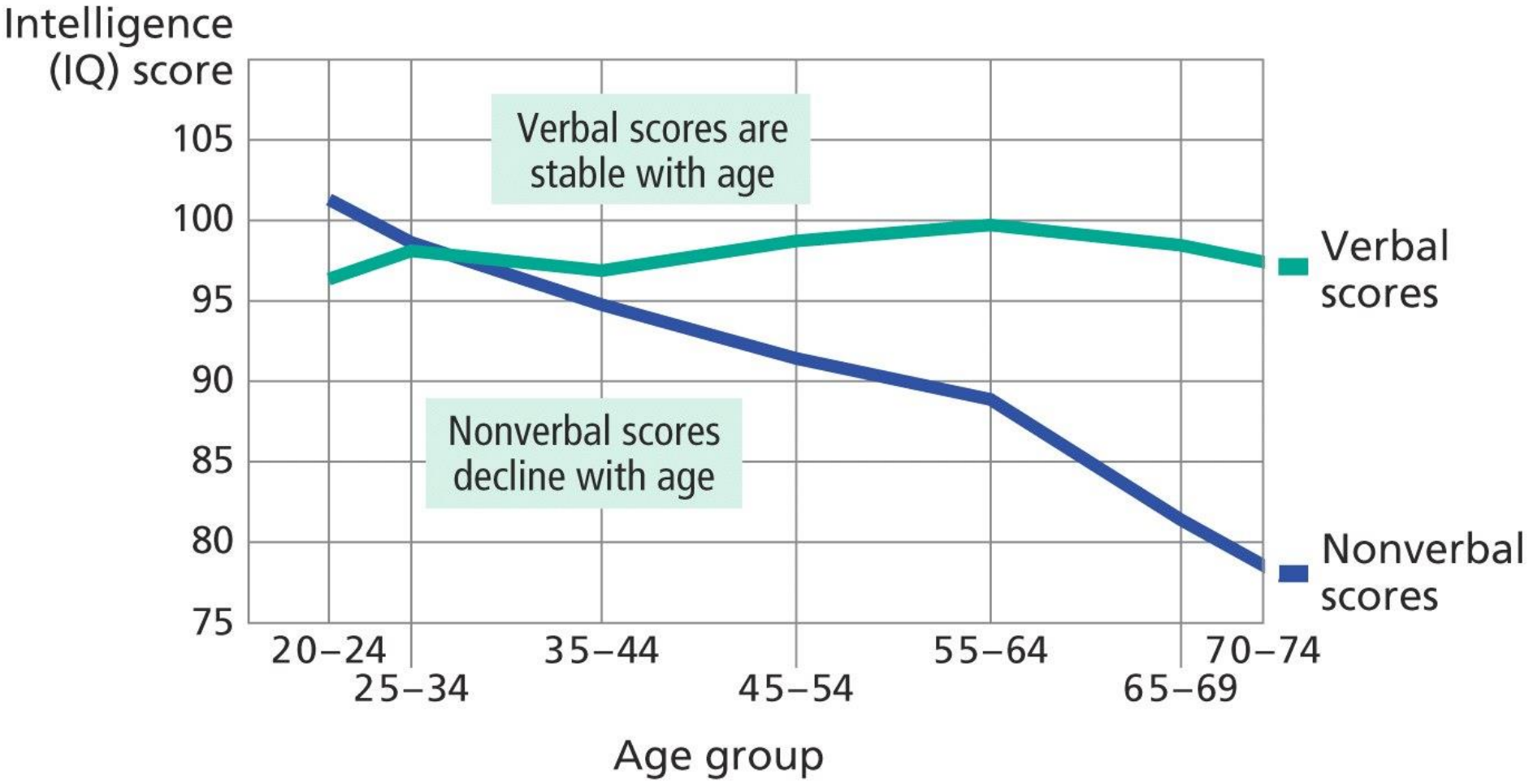
Fluid Intelligence

- One’s ability to reason speedily and abstractly
- Can be used to solve novel logic problems
- Declines as people get older

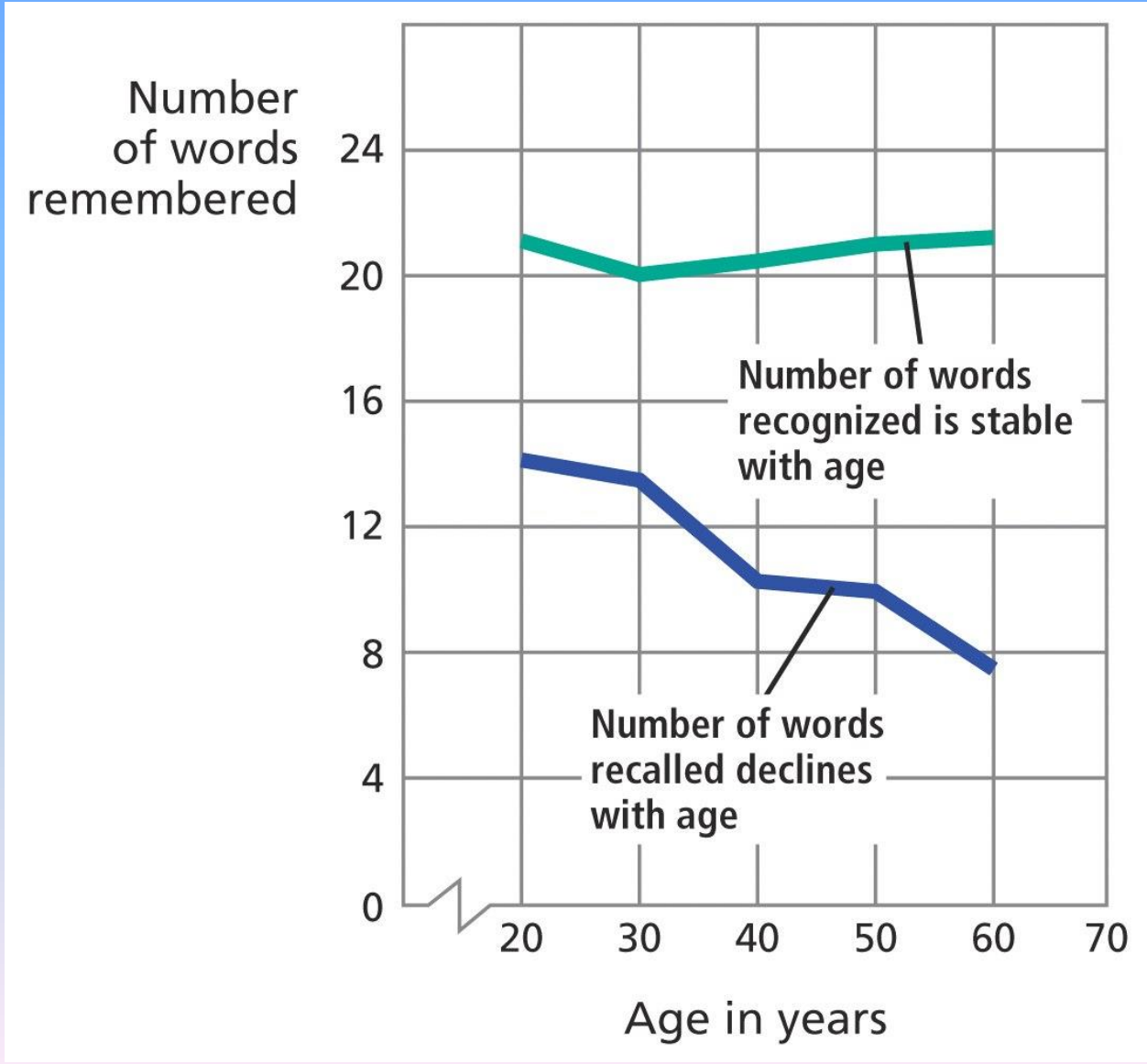
Crystallized Intelligence

- One’s accumulated knowledge and verbal skills
- Tends to increase with age

Age and Verbal/Nonverbal Intelligence



Aging and Memory



Other Notes

- Short term memory declines with age, but long term memory is stable.
- The elderly may need more time to learn due to these cognitive changes.
- Physical and psychological changes in late adulthood can account for poor performance on intelligence testing.

Social & Emotional Development: Late Adulthood

Trait Theory of Personality

There are 4 major personality types in late adulthood:

- (1) Integrated* (well-adjusted)
- (2) Passive-Dependent
- (3) Armor-Defended* (ambitious, achievement-oriented)
- (4) Disintegrated (gross deficits in psychological functioning)

*Associated with higher life satisfaction.

Late Adulthood

- The maintenance of intimate relationships continues to be important.
- Common concerns include the loss of loved ones, grandparenthood, and the anticipation of death.
- A period of re-evaluating one's life prior to death is called a life review.

Erik Erikson

- Constructed an 8-stage theory of social development
- Each stage has its own psychosocial developmental task.
- The last 4 stages deal with Adolescence through late adulthood.
- The final stage is Integrity vs. Despair.

TABLE 5.1 ERIKSON'S STAGES OF PSYCHOSOCIAL DEVELOPMENT

IDENTITY STAGE (APPROXIMATE AGE)	ISSUES	DESCRIPTION OF TASK
Adolescence (teen years into 20s)	*Identity vs. role confusion*	Teenagers work at refining a sense of self by testing roles and then integrating them to form a single identity, or they become confused about who they are.
Young adulthood (20s to early 40s)	*Intimacy vs. isolation*	Young adults struggle to form close relationships and to gain the capacity for intimate love, or they feel socially isolated.
Middle adulthood (40s to 60s)	*Generativity vs. stagnation*	The middle-aged discover a sense of contributing to the world, usually through family and work, or they may feel a lack of purpose.
Late adulthood (late 60s and up)	*Integrity vs. despair*	When reflecting on his or her life, the older adult may feel a sense of satisfaction or failure.

Erickson's Develop. Stages/Funct Health Patterns	Trust vs. Mistrust (Birth to 1 year) * Exists in relation to someone else * Caring & mutuality can generate faith, trust, optimism	Autonomy vs. Shame/doubt (1-3 yrs.) * Holding on & letting go * use independence for motor skills & mental decisions * Imitate social agents * Outcomes; self control, will power
Home/Health Maintenance	* Parent/caregiver responsible for all health needs (usually highly stressed over sick newborn) * Requires car seat for safe travel in auto until wt. Reaches 40 lbs. * Be alert to S&Sx Abuse & neglect	* Parent/caregiver responsible for all health needs * Requires car seat for safe travel in auto until wt. Reaches 40 lbs. * Be alert to S&Sx of Abuse & neglect
Cognitive/perceptual	* Has an established routine usually by 1-2 months of age -- > follow as much as possible * Need frequent stimulation and warm interactions * Learns by visual skills first -- > touch next * Imitates sounds 4-6 months; one word 10-12	* Understands "No" & "Yes" well by 1 yr. * Cannot differentiate actions that are dangerous * Beginnings of memory * Needs ritual and sameness * Speech is 50% intelligible at age 2 and 75% by age 3 * Limited understanding of time by age 3
Activities/Exercise/Self-Care	* Life head - 1 month * Roll front/back - 6 months * Sit without support - 8 months * Crawls/pulls self up - 9 months * Walks - 11-15 months * Really enjoys "playing" by 10-12 months	* Needs to expand energy/ mobility * Walks alone 12-15 months * By 2 years can help with dressing * Uses play to learn, express self and work out fears
Nutrition/Metabolic/ Eliminations	* Breast milk/formula (120cc/kg/day) till 4-6 months then may begin with solids and finger foods * Voids 4-10 times per day * Stools 2-6 times per day	* By 12-15 months eats 3 meals/ day, plus snacks & can use spoon well, drink from a cup * Voids 4-6 times per day * Stools 1-2 times per day * usually weaned from bottle- 15-18 months * Toilet learning starts around age 2
Sexuality/Reproduction		* Knows own sex by age 3 and may have a sense of sex-role function

Sleep/Rest	* Sleeps frequently up until about 2 months of age; usually by 4 months sleeping thru night and taking morning and afternoon nap * May only need one nap by 12 months	* Sleeps 10-12 hours at night * May have night fears * May resist naptime
Coping/Stress	* Cries in response to any unpleasant stimuli/sensation * Clings to caregivers in strange situations by 10 months * By 6 months may show physical demonstration of frustrations	* Regression may occur (i.e., bedwetting) * Temper tantrums 2-3 yrs old * Favorite toy/item as comforter
Role Relationships	* Protests to strangers at around 6-8 months of age ("stranger anxiety") * Recognizes/responds to parent/caregiver around 3 months	* Fears parent's leaving
Values/Beliefs/Self-Perception	* Concerned only with self * Controlled/lives by parents/ caregivers values/beliefs	* Has a storing sense of "mine"

Erickson's Develop. Stages/Funct Health Patterns	Initiative vs. guilt (3-6 yrs.) * Vigorous, intensive behavior * Exploration, initiation * Conscience development * Outcome: direction, purpose, courage to imagine & pursue goals	Industry vs. Inferiorty (6-12 yrs) * Workers, producers, achievers * Compete and cooperate * Outcome: sense of competence, meeting expectations
Home/Health Maintenance	* Parent/caregiver responsible for health needs but child often capable of doing/ meeting much of their own needs * Understand "good/bad" food by age 6 * Requires car seat or seat belt for safe travel in car * Be alert to S&Sx of Abuse & Neglect	* Parent/caregiver responsible for health needs but child able to understand and assist with a lot * Be alert to S&Sx of Abuse & Neglect
Cognitive/Perceptual	* Is very serious * Tolerates but does not understand another perspective * Developing conscience * Has basic reasoning capacity and cause/effect relationship	* Capable of reasoning and understanding * Has concept of time * Bases conclusions on perception * By 9 or 10 years, understands humor
Activities/Exercise/Self Care	* Dresses with minimal to no assistance * Has boundless energy * Enjoys participating in self-care	* By age 7 or 8 is independent usually in personal hygiene * Begin to demonstrate preferences for particular skills or sports
Nutrition/Metabolic/ Eliminations	* Full set of teeth by age 4 * Eats 3 meals per day, plus snacks * Uses eating utensils	* Eats 3 meals per day, plus snacks * Lose of "baby" teeth and eruption of permanent teeth begins and continues
Sexuality/Reproduction	* Recognizes parts of the body * Show curiosity about own body and others	* May be interested in opposite sex but reluctant to admit (7 to 9 yrs.) * Muscle strength increases greatly in males * Females experience growth spurt and often menses around age 10 or 11
Sleep/Rest	* Sleeps 11-12 hrs per night * Often no longer need nap * May still have night fears * May wet bed at night	* After 8 or 10 years of age sleep needs vary but 8-12 hours are generally sufficient

Coping/Stress	* Regression may occur * Temper tantrums * Want detailed descriptions to help cope with things * Will use play to express self & work out fears	* May worry and exhibit nervous behaviors * Will use play to express self & work out fears * Need answers to questions * Regression may occur
Role Relationships	* Age 4: identifies strongly with parent of the opposite sex * Age 5: identifies strongly with parent of same sex * Age 6: imitates parental activity * Plays cooperatively and begins to desire peer interaction	* Increased need for privacy * Cooperative member of family at age 6 to 8, then start a slow separation from family and become more easily influenced by peer group * Fears separation from peers
Values/Beliefs/Self-Perception	* Age 4: obeys limits but does not comprehend right or wrong * Tends to be selfish and impatient * Thinks of death as reversible * Fears that sickness, hospitalization, or painful procedures may be punishment for something they did	* Has personified concept of death at age 6 to 8, by age 9 or 10 understands death as permanent, biological & universal * Becomes more critical or self * Increased interest in religion and the world beyond

Erickson's Develop. Stages/Funct Health Patterns	Identity vs. Role Confusion (12-20 yrs.) * Rapid physical changes * Peer pressure, role experimentation * Outcome: Fidelity, sustain loyalties	Intimacy vs. Isolation (20-34 yrs.) * Develop intimate love relationship and interpersonal relationships * Mutuality with peers * Outcome: Affiliation, love
Home/Health Maintenance	* Parent/caregiver assist in providing health needs - child often capable of meeting all of own needs * Very aware of physical appearance * Be alert to S & Sx of Abuse & Neglect	* Able and willing to participate in own health maintenance or health care * Be alert to S & Sx of Abuse & Neglect
Cognitive/Perceptual	* Communicates clearly/ effectively * Uses intellectualism as a defense * Worries about school/ work * Hypothetical ("what if") thought deduction begins at age 12 * Cognitive abilities well developed	* Cognitive abilities well developed * Further maturing in early adulthood * Adult can differentiate from different perspectives - objective, realistic & less egocentric thinking * Learning is problem centered
Activities/Exercise/Self-Care	* Male muscle strength greater than females * Enjoys sports, dating, getting together with peers; "hanging out" * Start with responsibilities for odd jobs -- > earning money outside of home	* Highest self-care potential * Muscle tone and coordination are at maximum * High energy level
Nutrition/Metabolic/ Eliminations	* Eats 3 meals per day, plus snacks * Appetite increases dramatically relative to rapid growth * Permanent teeth in, possible 3rd molar eruption (wisdom teeth) * Appetite varies according to rate of growth * May follow food fads	* Growth is complete * Activity level stabilized or diminishes * Calorie intake based on pre-activity, metabolic rate, age, body size * Females may need iron supplement, if pregnant increased calorie & vitamin supplement

Sexuality/Reproduction	* Male growth spurt/on-set of puberty * Females -- > menses by age 16 * By age 16-19 often has established a sexual preference decisively (hetero, homo) * Experiments sexually	* Female GYN exam Q yr * Female and male sexually active and potentially reproductive
Sleep/Rest	* Sleep needs vary, may require more during rapid growth * Eventually may enjoy keeping late-night hours and "sleep in"	* Sleep/rest patterns often dictated by daily activities * Usual night's sleep is 7-8 hours, some may need less
Coping/Stress	* Often reacts with anger or withdrawal to frustrations or humiliations * Striving for independence	* More mature handling of coping/stress * Stress reactions result when unable to cope. This can manifest physically or in form of self destructive behavior
Role Relationships	* Interested in peers of both sexes, and peers often still influence behavior * Often question authority figures * Experience feelings of "being in love" * Often has major conflicts with parents	* Actively involved in relationships with other adults * May become head of household, parent * Independence from own parent/sibs
Values/Beliefs/Self-Perception	* Extremely idealistic from 12-15 yrs. * Becomes concerned about philosophic, political and social problems by age 15	* Job/professional decisions important * Values independence * Pursuit of leisure also important

Erickson's Develop. Stages/Funct Health Patterns	Generativity vs. Stagnation (36-65 yrs.) * Creation and care of next generation * Nourish and nurture * Outcome: Production & care, commitment, concern	Ego Integrity vs. Despair (> 65 yrs.) * Satisfaction with life * Acceptance of past * Introspection, wisdom * Active concern with life in the face of death
Home/Health Maintenance	* Able & willing to participate in own health maintenance and health care * Be alert to S & Sx of Abuse & Neglect	* May require assistance at home with ADL and/or health care * Be alert to S & Sx Abuse & Neglect
Cognitive/Perceptual	* Capacity for intellectual growth is unimpaired * Flexibility, sense of humor, confidence & maturity present * Knowledge is applied * Retain less from memory	* Decreasing visual and hearing acuity * Also decreased perception in smell & taste * May have decreased cognition & learning speed but no change in intelligence * May be apprehensive about new learning * May require less analgesics
Activities/Exercise/Self-Care	* Considerable energy * Involved in occupational, home, organizational & leisure activities * Capacity for intense physical effect decreases by end of stage	* Osteoporosis & degenerative changes -- > extra care with ambulation & movement * Vestibular changes may lead to dizziness, loss of balance * May require cane, walker, assistance
Nutrition/Metabolic/ Eliminations	* Metabolic rate decreases approximately 30% by middle age * Decreased caloric intake need	* Lower calorie requirement but may need vitamin/nutrient supplement * Decreased skin integrity & turgor * Decreased renal & hepatic blood flow * Increased excretion time for drugs * Changes in swallowing patterns may effect PO intake * Slower peristalsis and elimination
Sexuality/Reproduction	* Female mammograms & GYN checkup annually * Menopause 45-50 * Females & males remain sexually active	* May remain sexually active * Female post menopausal * Male prostate enlargement common

Sleep/Rest	* Need to balance rest and sleep with amount of activity expended	* May experience difficulty sleeping, require less sleep * May nap during day
Coping/Stress	* Enhanced capacity to cope frequently seen * Copes with upheaval with only temporary disequilibrium * Able to express anger, joy, aggression & affection without undue effort or lack of control	* Adapting to limitations * Learning to tolerate losses * May exhibit S & Sx of depression/loneliness * Budgets income and energy to meet important needs
Role Relationships	* Relationship with spouse, children, grandchildren, parents very important * May be a good leader	* May be experiencing loss of spouse/S.O./friends * May experience dependent role among family/friends * Maintains significant relationships * Serves as historian for younger persons
Values/Beliefs/Self-Perception	* Enriched sense of self * Economically most stable period * Period of self assessment, transitional time	* Life review and accepting of reality * May have evidence of low self esteem, anger, resentment * Develops latent abilities * Values privacy, respect & desires to make decisions related to one's own life

The End