

Psy505 (Developmental Psychology)

Final Term Notes

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Lesson 08 – Adolescence not in finals syllabus – only for contextual understanding of lesson 9

Definition

- The word *adolescence* comes from Latin meaning "to grow to maturity."
- It includes **mental, emotional, social, and physical** development.
- G. Stanley Hall called adolescence a "**storm and stress**" period due to emotional ups and downs.

Age Range

- Starts at **13–14 years** and continues till **20–21 years**.
 - **Early adolescence:** 13–17 years
 - **Late adolescence:** 17–21 years

Main Goal

- **Preparation for adult life**
 - Early adolescence: Learning independence
 - Late adolescence: Gaining skills for adult responsibilities

Puberty

- Marks the **start of adolescence** (around age 13–14)
- Involves **sexual maturity** and **body changes**:
 - Growth spurts
 - Voice changes
 - Development of **primary and secondary sex characteristics**
 - **Attraction to opposite sex** increases

Key Characteristics of Adolescence

1. Fast Growth and Body Changes

- Sudden physical changes can cause confusion and insecurity.
- Adolescents try to act like adults and seek **freedom from authority**.

2. Transition Period

- A time between **childhood and adulthood**.
- Roles and expectations are unclear, causing **confusion**.

3. New Attitudes

- Adolescents:
 - Develop a **new self-image**
 - Disagree with rules
 - Defend their own views
 - Show leadership qualities

4. Awareness of Rights & Duties

- They become more **aware of society**, responsibilities, and personal rights.
- Old ideas seem childish; they form **new values and opinions**.

5. Interest in Opposite Sex

- Adolescents **admire qualities** in the opposite sex.
- Girls mature earlier than boys, often leading them to prefer older boys.

6. Skill Building

- They develop:
 - **Vocational skills**
 - Interest in **reading, science, romance, adventures, biographies**
 - **Abstract thinking** and reasoning improves

7. Emotional Development

- Emotions become more **controlled** and socially acceptable.
- **Heightened emotions** are due to hormonal changes.
- May lead to **anxiety, social pressure**, and difficulty adjusting.

Special Aspects of Adolescence

- Storm and Stress

- Conflicts with rules
- Torn between wanting **independence** and needing **approval**

- Unrealistic Thinking

- View life and others **idealistically**
- Often have **unrealistic dreams** and expectations

- Struggle for Independence

- Try to break away from childhood patterns
- Seek a new **self-identity**

- Time of Experimentation

- Explore **values, beliefs, behaviors, and lifestyles**
 - Often join **youth groups** to form identity and keep distance from adult norms
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Key Psychological Tasks

1. **Identity formation**
 2. **Desire for independence (autonomy)**
 3. **Mix of excitement and boredom**
 4. **Socializing with peers**
 5. **Adjusting to body changes**
 6. **Learning through life experiences**
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Major Physical Changes

- Rapid body growth (growth spurt)
 - Girls: **menstruation begins**
 - Boys: **sperm production begins**
 - Maturation of **reproductive organs**
 - Development of **secondary sex traits** (e.g., body hair, deeper voice, breast development)
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Physical Changes of Adolescence

1. Physical and Psychological Link

- Physical changes during adolescence (like puberty) cause **psychological effects** such as **anxiety, insecurity, and conflict**.
- Development of **primary and secondary sex characteristics** can lead to self-consciousness.

2. Self-Consciousness and Body Image

- Adolescents become **highly aware of their appearance**.
 - **Boys** want to look tall, muscular, athletic.
 - **Girls** want to be slim, pretty, with good skin/hair.
 - **Girls are more dissatisfied** with their looks than boys, often complaining about legs and hips.
 - Society places **more importance on female appearance**, increasing pressure on girls.
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3. Changing Body Image

- Sexual and physical changes affect how adolescents **see their own bodies**.
 - Many teens feel **worried or insecure** about their physical development.
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4. Depression and Appearance

- **Girls are more prone to depression** due to appearance concerns.
 - From age 12 onwards, **depression rates are higher in girls** than boys.
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5. Body Build and Sex Roles

- **Muscular boys** are seen as more masculine and are **more accepted**.
 - Teachers also treat muscular students differently, assuming they prefer masculine roles.
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6. Menarche (First Menstruation)

- Girls who start menstruating are more conscious of being female.
 - They show interest in appearance, boy-girl relationships, and may seem more mature.
 - If girls are **well-prepared**, they handle menstruation better and feel less distress.
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7. Early vs Late Maturation

Boys

- **Early maturing boys:**
 - More confident, popular, socially adjusted, and responsible.
 - Stronger, better at sports, and often have leadership qualities.
- **Late maturing boys:**
 - Feel insecure, rejected, aggressive, or dependent.
 - Struggle with peer acceptance and may show rebellious behavior.

Girls

- Effects are **less clear-cut** than for boys.
 - **Early maturing girls:**
 - Often feel awkward and have poor body image.
 - Tend to be shy, less sociable, and have lower self-esteem.
 - Attract more attention, which can cause **parental restrictions** and emotional discomfort.
 - Some **early maturing girls** adjust well in adulthood after working through these issues.
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8. Acne

- Active oil glands during puberty cause **pimples**, increasing **self-consciousness**.
 - Some teens may feel their acne is a sign of guilt or disease.
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9. Awkwardness

- Rapid body growth leads to **clumsiness**, like bumping into things.
 - This is often due to **social inexperience** rather than poor coordination.
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10. Voice Changes

- **Boys' voices deepen** and may "crack," causing embarrassment.
 - Voice changes are normal but can lead to **social discomfort**.
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11. Weight and Height Concerns

- Teens may feel **anxious about weight gain** during growth spurts.
 - Some cope by:
 - Dieting
 - Avoiding social activities
 - Acting like a "clown" to gain approval
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12. Psychological Effects of Puberty

(Based on Hurlock, 1980)

- **Desire for isolation** – Wanting to be alone or daydreaming
 - **Emotional outbursts** – Anger or crying easily
 - **Excessive modesty** – Embarrassment about body changes
 - **Lack of coordination**
 - **Low self-confidence** – Caused by rapid changes and social pressure
 - **Avoidance of responsibility**, anxiety in social situations, and **conflict with parents**
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13. Shift in Social Interaction

- Teens begin to **spend less time with parents** and more time with **peers**.
 - Increased social pressure contributes to emotional tension.
 - This period is often described as **“storm and stress.”**
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Developmental Tasks of Adolescence

1. Build mature relationships with peers of both sexes.
2. Develop a clear male or female social role.
3. Accept one’s body and use it effectively.
4. Gain emotional independence from parents and adults.
5. Prepare for future marriage and family life.
6. Get ready for a career.
7. Form personal values and a guiding ideology.
8. Learn socially responsible behavior.

These tasks help adolescents prepare for adult roles, but achieving them often leads to emotional struggles and family conflict.

Eating Disorders in Adolescence

(a) Anorexia Nervosa

- **Who:** Mostly adolescent girls; common among beauty-conscious and westernized females.
- **Symptoms:**
 - Intense fear of gaining weight.
 - Eats very little or binges and then vomits.
 - Loses 25% or more of body weight.
 - Still feels fat despite being very thin.
 - Obsessed with food but won't eat.
 - Over-exercises.
- **Causes:**
 - **Psychological:** Fear of growing up, perfectionism, overdependence on parents, self-destructive urges.
 - **Biological:** Possible genetic links (e.g., Turner's syndrome).
 - **Cultural:** Pressure to be slim, media influence.
- **Risks:**
 - Life-threatening.
 - Menstruation stops (amenorrhea).
- **DSM-III Criteria:**
 - Refusal to stay at normal weight.
 - 25% weight loss.
 - Distorted body image.
 - Intense fear of fatness.
 - No medical reason for weight loss.
 - Amenorrhea in females.
 - **Treatment:**
 - Various approaches tried: therapy, hospitalization, medication.
 - No single cure due to multiple causes.

(b) Bulimia (Binge-Purge Syndrome)

- **Who:** Mostly females in their 20s, middle-class, college-educated.
 - **Symptoms:**
 - Binge eating large amounts (up to 55,000 calories).
 - Followed by vomiting or laxative use.
 - Prefers sweets and high-calorie food.
 - Eats secretly.
 - Feels depressed or guilty after bingeing.
 - **Health Effects:**
 - Ulcers, dental issues, heart problems.
 - Weakness, joint pain, dizziness.
 - **Behavior:**
 - May abuse alcohol, drugs, diet pills.
 - Problems in work and relationships.
 - **DSM-III Criteria:**
 1. Episodes of binge eating with loss of control and guilt.
 2. At least 3 of:
 - Fast eating.
 - High-calorie foods.
 - Secret eating.
 - Vomiting after eating.
 - Extreme dieting.
 - Cycles of fasting.
 - **Causes:**
 - Unknown.
 - No clear links to social class or obesity.
 - **Treatment:**
 - No standardized treatment yet.
 - Success varies; more research needed.
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Lesson 9 - Adolescence Conduct Disorder and its Types

Conduct Disorders in Adolescence (DSM-III Types)

Conduct disorders involve repeated antisocial behavior that violates the rights of others and goes beyond normal mischief.

1. Aggressive, Under-socialized Type

- No concern for others' feelings.
- Bullies, has few friends, serious school issues.
- Verbally abusive, defiant, hostile.

2. Non-aggressive, Under-socialized Type

- Manipulates others, lacks empathy.
- Two patterns:
 - **Shy/timid:** Feels rejected, often victimized (e.g., sexually).
 - **Devious:** Not shy, manipulates and exploits others; reacts to pressure with trickery instead of anger.

3. Aggressive, Socialized Type

- Breaks rules with peers (e.g., robbery, violence).
- No guilt or remorse.
- Can make and maintain friendships.
- Loyal to friends—even takes punishment for them.

4. Non-aggressive, Socialized Type

- Rebellious but not violent.
 - Behavior may seem like pranks but often leads to serious trouble.
 - Lacks aggression seen in the aggressive types.
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Adolescent Suicide and Self-Destructive Behavior

Suicide is viewed as the most extreme form of self-destructive behavior, existing on a spectrum of harmful acts.

Types of Life-Threatening Behavior (Weisman, 1976):

- **Self-injury/intoxication:** Overdoses, alcohol abuse, trauma-causing actions.
- **Risky acts:** Dangerous driving, unskilled use of tools, poor judgment.
- **Omissions:** Ignoring medication or professional advice.
- **Excesses:** Overeating, starvation, alcoholism.
- **Counter-therapeutic behavior:** Rebellious actions during treatment or hospitalization.

Karl Menninger (1930s): Said suicide lies on a continuum with other self-harming behaviors (e.g., addiction, self-mutilation, unnecessary surgeries).

Adolescent Suicide Statistics

- Suicide is the **4th leading cause of death** in ages 15–19 (after accidents, homicide, cancer).
 - Around **4,000 of 25,000 suicides per year** are adolescents.
 - Adolescent suicide has increased by **250%** over the past 20 years.
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Warning Signs & Risk Factors

- Chronic illness or disability.
 - Early rejection by father.
 - Drug use.
 - Verbal signs of hopelessness or feeling worthless.
 - Major failures (social, academic, or family).
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Causes of Adolescent Suicide (Miller, 1975):

1. Social isolation.
2. Conflict or abuse by parents.
3. Drug abuse.
4. Alienation.
5. Depression.
6. Easily influenced by suicidal ideas.
7. Self-directed anger.
8. Desire for help.

Prevention:

- School counselors play a key role.
 - Psychological support helps adolescents regain self-worth during tough times.
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Runaway Behavior

- Nearly **1 million** adolescents run away each year (boys and girls equally).
 - Common traits: insecure, unhappy, impulsive, low self-esteem, feel out of control.
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Reasons for Running Away

- Poor parent-child relationships.
- School problems.
- Boredom or search for meaning.
- Family stress or dysfunction.

Families of runaways often:

- Are negative or punitive.
 - Fail to support each other in crisis.
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Outcomes

- Most runaways **return safely**, but often to unchanged home environments.
 - Some face **legal punishment** or mandatory counseling.
 - A time away may help them reflect and find better coping strategies.
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IDENTITY DISORDERS OF ADOLESCENCE

- **Core Issue:** Adolescents with identity disorders feel confused about who they are and are distressed by this confusion.
 - **Key Questions:** "Who am I?", "What should I do in life?", "What values should I live by?"
 - **Glasser's View (1972):**
 - Young people today seek *roles* (acceptance) more than *goals* (achievements).
 - Identity is tied too much to careers, making adolescents anxious about their future.
 - **Long-Term Problems:**
 - Not choosing a stable career or forming long-term emotional relationships may lead to chronic identity issues.
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PIAGET'S THEORY: FORMAL OPERATIONAL STAGE

- **Age:** 11–15 years
- **Abilities Developed:**
 - Abstract thinking
 - Hypothetical reasoning
 - Thinking beyond the present or sensory world
 - Understanding complex ideas like justice, freedom, or fairness
 - Creating and analyzing theories or ideals
- **Not Everyone Reaches This Stage Early**
- **Results of Formal Thinking:**
 - Teens challenge adults and authority.
 - They create ideal versions of society, family, and religion.
 - Interest in solving world issues (poverty, injustice, etc.)

- **Example:** A child may think a car crash happened due to one cause; an adolescent can consider multiple reasons like brakes, weather, driver fatigue.
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ADOLESCENT EGOCENTRISM (David Elkind)

- Adolescents are self-focused and believe others are watching and judging them.
 - They consider others' thoughts but assume these thoughts are about them.
 - This leads to self-consciousness and heightened sensitivity.
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VALUE SYSTEM IN ADOLESCENTS

- **Influences:** Parents, peers, teachers
 - Adolescents build personal values but often struggle to apply them.
 - Values focus on:
 1. **Friends:** Chosen for emotional/intellectual connection, not just convenience.
 2. **Social Judgment:** Influenced by peer groups or cliques.
 3. **Leaders:** Admire leaders who make them feel important.
 4. **Sexual Values:** Influenced by peers, media, TV, and films.
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CAREER CHOICE & DEVELOPMENT

- **Past:** Career choice was mostly fixed by family or tradition.
- **Now:** More freedom for both genders, but limitations still exist:
 - Lack of education, money, exposure, or social discrimination
 - Gender stereotypes affect choices
- **Career Choice Stages (Ginzberg):**
 1. **Fantasy Period:** Childhood dreams, emotional (e.g., astronaut, actor)
 2. **Tentative Period:** Puberty, linking interests with ability
 3. **Realistic Period:** Late teens, planning education for actual careers

- **Other Factors Affecting Choice:**
 - Abilities, personality
 - Socioeconomic status
 - Cultural/racial background
 - Parents' views and gender roles
 - **Career ↔ Identity Link:**
 - Career choice helps define self-worth.
 - Choosing a career that suits the person builds confidence and emotional well-being.
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Delinquency Among Adolescents

- Adolescents are more likely than children to engage in **criminal behavior**.
- Common acts: **violence, vandalism, theft, truancy**.

Myths vs. Current Views

- **Old belief:** Delinquency mostly from lower-class backgrounds.
- **Current research:** Now seen in **middle-class** too.
- **Gender gap shrinking:** Girls now show similar rates of delinquent acts.
- Most delinquent acts are committed in **groups**, not alone.

Main Causes of Delinquency

1. **Broken homes** (divorce, separation).
2. **Poor parenting** and lack of supervision.
3. **Peer influence** stronger than parental influence.
4. **Boredom and thrill-seeking** (especially for vandalism).
5. **Financial stress** at home (linked to shoplifting, especially in girls).
6. **History of abuse** (physical/sexual).
7. **Neurological or psychiatric problems**.
8. **Predictors:** Lying, stealing, poor school performance, truancy.

Strongest cause: Lack of **parental supervision** and discipline.

Types of Juvenile Delinquents

1. Status Offender:

- Acts not crimes for adults but illegal for minors (e.g., truancy, running away, being sexually active).

2. Criminal Offender:

- Commits serious crimes (e.g., robbery, rape, murder).
 - Minors may be tried differently from adults but can be charged as adults for serious crimes.
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Adolescents' Relationship with Parents

- Myth: Teens are always in conflict with parents.
- **Reality:** Most teens feel **close**, share **similar values**, and seek **parental approval**.

Typical Pattern

- Teens want independence but also rely on parents.
- Parents are also conflicted: want teens to grow up but struggle to let go.
- This causes **mixed messages** (saying one thing, doing another).

Parent-Teen Conflicts

- Mostly with **mothers** (due to closer involvement).
- **Fathers** may withdraw due to:
 - Discomfort with daughters' development.
 - Sons becoming more dominant or aggressive.

Conflict Topics

- Not about religion, politics, or big issues.
 - Common arguments: **chores, schoolwork, curfews, dating, appearance**.
 - Serious conflict may increase in early adolescence, then decrease by age 18.
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Adolescents' Relationship with Peers

- Teens spend most time with peers.
- Peer groups have **strong influence** on behavior and values.
- Teens often **reject parental values** and adopt those of their **peer group**.
- Peers constantly influence each other.

Lesson 10 - Early Adulthood

Early Adulthood (Ages 18–45)

General Overview

- Early adulthood is the first stage of adulthood.
 - A time of **physical, emotional, and intellectual maturity**.
 - Main life areas: **career, relationships, marriage, health, and self-identity**.
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Characteristics of Early Adulthood

1. **New Responsibilities**
 - Adjusting to adult roles (job, marriage, family).
 - "Carefree days" are over.
 2. **Setting Down Period**
 - Focus on **economic stability** and **long-term relationships**.
 3. **Reproductive Age**
 - Most women marry and conceive between **23–29 years**.
 4. **Changing Values**
 - Childhood and teenage values **mature and solidify**.
 - More **individualism and creativity**.
 5. **Intellectual and Creative Focus**
 - Adults pursue **thinking, learning, and creative work** more deeply.
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Developmental Tasks in Early Adulthood

- Choosing a life partner
- Living independently
- Starting a family
- Managing a household
- Beginning a career
- Taking social/civic responsibilities

Physical Development

- **Peak of biological health** in 20s and early 30s.
 - Height and weight have stabilized.
 - Excellent **muscle strength, energy, and organ function**.
 - Physical changes still occur (skin, eyes, strength, etc.).
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PHYSICAL AND COGNITIVE CHANGES IN EARLY ADULTHOOD

Height and Weight

- Weight gain is more noticeable than height change in early adulthood (18–45 years).
 - Average weight (men):
 - 165 lbs (18–24 yrs) → 178 lbs (35–44 yrs)
 - Black men weigh more than white men.
 - Average weight (women):
 - 132 lbs (18–24 yrs) → 149 lbs (35–44 yrs)
 - Black women weigh more than white women.
 - Weight gain reasons:
 - Increased fat storage
 - Reduced physical activity
 - Height slightly decreases with age:
 - Men: from 69.7 inches to 69 inches
 - Women: from 65.3 inches to 64.1 inches
 - Due to spinal compression and bone density loss
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Eyes

- Eye focus ability (accommodation) slows by age 45.
 - Vision sharpness (acuity) is best in early adulthood.
 - Males usually have sharper vision than females.
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Muscular Strength

- Peak strength: 20–30 years old.
- Strength declines gradually after 30.
- Power output (work rate) decreases after 40.

Teeth

- Most adults keep their teeth; some may lose upper/lower teeth.
 - Tooth decay, fillings, and gum diseases (periodontal disease) increase.
 - Poor dental care is a major cause.
 - Gum disease is more common in men.
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Heart

- Pumping becomes less efficient with age.
 - Still functions well in early adulthood.
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Lungs

- Oxygen absorption decreases with age.
 - Young adults absorb 4.5× more oxygen than older adults.
 - Less air is inhaled by age 40 due to reduced lung function and blood flow.
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Skin

- First signs of aging: wrinkles (around eyes, hands), rougher skin texture.
 - Common skin issues: fungal infections (feet), tumors.
 - More common in men—possibly due to work and hygiene conditions.
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Cognitive Development Theories in Adulthood

1. Piaget & Post-Formal Thought

- Adult thinking is flexible, open, and beyond formal logic.
- Adults blend logic with personal experience (objective + subjective).
- Mature thinking is more adaptable and personal.

2. K. Warner Schaie's 5 Stages

- **Acquisitive Stage:** Learn for learning's sake (childhood/adolescence).
- **Achieving Stage:** Use knowledge for life goals (20s–30s).
- **Responsible Stage:** Solve real-life problems, care for others (30s–60s).
- **Executive Stage:** Manage larger systems (organizations, communities).
- **Re-integrative Stage:** Focus only on meaningful tasks (late adulthood).

3. Robert Sternberg's Triarchic Theory

- **Componential** (critical thinking): Analyze and solve problems.
 - **Experiential** (insight): Combine old and new info creatively.
 - **Contextual** (practical): Adapt to real-life situations.
 - IQ tests mainly measure componential intelligence, but experiential and contextual are more important in adulthood.
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Psychosocial Context

- Young adulthood is both fulfilling and lonely.
 - Pressure to build a life with little external support.
 - Young adults get less guidance than children or elderly in handling responsibilities.
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Definition of Adult Maturity

- **Maturity** means reaching a stage where a person supports their **physical and psychological well-being**.
 - A **mature person** has:
 - A solid **value system**
 - A true and stable **self-concept**
 - **Stable emotions**
 - **Good social relationships**
 - **Mental insight**
 - Maturity includes being **realistic** about goals and life problems.
 - According to **White (1960)**: Maturity is the ability to:
 - Cope better with life's problems
 - Plan effectively
 - Appreciate the environment
 - Increase personal happiness
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Allport's Seven Dimensions of Maturity

1. Extension of the Self

- Maturity means **growing interests beyond oneself** — from family to peers, school, work, and society.
- Involvement should be **meaningful** and **consistent**, not casual or short-term.
- True maturity shows when a person finds **purpose and joy** in what they do.

2. Warm Relationships with Others

- Mature people can form **close and caring relationships**.
- They show **compassion and empathy**.
- **Erikson** calls this stage *Intimacy vs Isolation* — young adults seek deep emotional connections.
- Intimacy isn't just sexual — **friendships** can also be intimate through trust and sharing.

3. Emotional Security

- Maturity in emotions includes:
 - **Self-acceptance**: Knowing and accepting your flaws.
 - **Emotional acceptance**: Emotions are natural; don't fear or avoid them.
 - **Frustration tolerance**: Handling stress without breaking down.
 - **Confidence in expression**: Expressing feelings naturally and in control.

4. Realistic Perception

- Mature people **see reality clearly** and do not twist facts to suit themselves.
- They may use **defense mechanisms** but don't let these distort reality.

5. Skills and Competence

- Maturity means having some **skill or ability** and feeling **proud** of it.
- Mature individuals feel the need to use their abilities and improve them.
- This leads to **self-worth and happiness**.

6. Self-Knowledge

- Mature people know:
 - What they can do

- What they can't do
- What they should do
- This **self-insight** helps them grow and manage adult roles better.

7. Unifying Philosophy of Life

- Mature individuals have **clear goals, values, and life direction**.
 - They can handle **failures** without losing hope.
 - Their life is driven by **purpose and meaning**.
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Marriage in Early Adulthood

Trends

- Most people marry in young adulthood, though **at later ages** than before.
- Example: In 1988, first-time grooms were 25.9 years old, brides 23.6 (vs younger ages in 1980).

Is Marriage Linked to Happiness?

- **Studies (1950s onward)**: Married people report **more happiness** than singles.
- One study: **Married people in their 20s with no kids** were the happiest.
 - **Women** felt less stress after marriage.
 - **Men** were happy but experienced **more stress**.

Sex Differences

- **Women**: See marriage as a place for **emotional sharing**.
- **Men**: Show love through **sex, help, or time together** — less emotional talk.
- **Result**: Men often get what they want more than women do.

Change Over Time

- The happiness gap between married and unmarried people **has reduced**.
- Today, **never-married people** are happier than before.
- **Marriage is no longer the only source** of sex, companionship, or security.
- Women often keep working, so marriage may **increase stress** for them.

Marriage and Health

- **Married people** are:
 - Healthier
 - Have fewer illnesses
 - Have shorter hospital stays
 - Live longer
- In order of health: Married > Never Married > Widowed > Divorced/Separated

Personality and Marital Adjustment

- Marriage success depends on **personality traits**, like:
 - Emotional maturity
 - Self-control
 - Honesty and openness
 - Ability to handle frustration
 - Flexibility and high self-esteem
 - **Husband's personality** affects marital happiness more than the wife's in traditional marriages.
 - Key traits: Strong male identity, good relationship with father, high education, and stable personality.
 - Wives are happier if they see their husbands as **mature and responsible**.
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Love and Passionate Love

What is Love?

- **Love** is a powerful emotional state with:
 - Attraction
 - Desire
 - Deep concern for another person

Passionate Love

- This is the **most intense form** of love.
- Defined as: A deep emotional state where one:
 - **Thinks constantly** about the loved one
 - Wants to spend **a lot of time** with them
 - Often sees them in an **unrealistically ideal way**
- Popular in media (TV, books, films) and commonly discussed.

Lesson 11 – Divorce

Divorce in Early Adulthood

- **Timing:** Divorce is most common during young adulthood. Most occur around the **7th year of marriage**, typically when a person is **30–33 years old**.
 - **Divorce Rates:**
 - Around **2 out of 3 first marriages** end in divorce.
 - Higher rates among the **poor, working class, and less educated**.
 - More common in **urban areas** and **Western countries**.
 - **Common Factors:**
 - Early marriages (especially teenage marriages) have **higher divorce risks**.
 - Growing **social acceptance** of divorce.
 - **Divorce Scenarios (Hunt & Hunt):**
 1. **Fading relationship** – Ends quietly without conflict.
 2. **Shock divorce** – One partner is unaware until sudden separation.
 3. **Conflict divorce** – Long period of tension before separation.
 - **Emotional Impact:**
 - Varies depending on how the marriage ended.
 - Can cause **shock, grief, or relief**.
 - Many suffer **pain, depression, or even suicidal thoughts**.
 - **Identity Crisis:**
 - Especially for women who married young and based identity on marriage.
 - Need to re-establish identity, find a job, and cope with financial loss.
 - **Financial Effects:**
 - Standard of living may drop by **25%**.
 - Must develop new parenting arrangements, especially for **fathers**.
 - **Remarriage:**
 - **1/4 remarry** within 1 year.
 - **1/2 remarry** within 3 years.
 - **3/4 remarry** within 9 years.
 - **Men remarry faster** than women.
 - Second marriages also face high divorce risk.
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Occupational Development in Early Adulthood

- Early adulthood is the time to choose a **career** and enter the **workforce**.
 - **Age Milestones** (Earlier view by Neugarten et al.):
 - **22 years**: Finish education
 - **24–26 years**: Settle on a career
 - Now, many people delay work for **further study** or **self-exploration**.
 - **Self-concept and Career**:
 - Career choice often reflects one's **self-image**.
 - Research shows a strong link between **career choice** and **personal identity**.
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Super's Five Stages of Occupational Development:

1. **Crystallization (14–18 yrs)** – Explore possible careers.
 2. **Specification (18–21 yrs)** – Choose a specific career and begin training.
 3. **Implementation (21–24 yrs)** – Enter first full-time job.
 4. **Stabilization (25–35 yrs)** – Establish in chosen career.
 5. **Consolidation (35+)** – Advance and grow within career.
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Levinson's View (More Complex Path):

- Career paths are **not linear**; involve **exploration** and **crises**.
- **"Getting into the Adult World"**:
 - People explore options and build a **life structure** combining work and identity.
- **Age 28–32: Reassessment crisis** – Question career choices; may shift direction.
- **Early 30s: Settling down** with serious commitment to career and family.
- **Late 30s–40s**: Desire to **"become your own man"** – Seek recognition, promotion, leadership.
- **Age 40–45: Midlife Transition** – Another period of self-reflection and reevaluation.

Key Takeaway:

Early adulthood is marked by significant transitions: **divorce risks**, **emotional identity shifts**, and **career exploration**. Both divorce and work decisions deeply influence an individual's growth and long-term satisfaction.

Middle Adulthood

Changes in Weight and Height

- **Men:** Slight decrease in weight (175 lbs → 171 lbs by 64).
 - **Women:** Weight increases (132 lbs → 149 lbs).
 - **Reason:** Biological and lifestyle differences.
 - **Height:** Slight decrease due to spinal disc shrinkage, more noticeable in women.
-

Skin Changes

- Skin becomes **drier**, rough, and **wrinkled** (especially face, neck, hands).
 - **Loss of elasticity** and subcutaneous fat → skin folds and wrinkles.
 - Skin becomes **paler**, especially in white individuals.
 - **Hair:** Thins and turns gray, hairline recedes.
 - **Nails:** Grow slower, become thicker and change color.
 - **Skin conditions:** Increased fungal infections and skin tumors (some cancerous).
-

Eyes and Ears

- **Vision:**
 - Loss of focus ability → need for glasses.
 - Risk of **cataracts** (lens becomes cloudy) – fixed by surgery.
 - Risk of **glaucoma** (increased eye pressure → vision loss) – needs regular checkups.
 - **Hearing:**
 - Difficulty hearing **high-frequency sounds**.
 - May be due to **noise exposure**, not just aging.
 - Understanding speech becomes harder with age.
-

Teeth

- Risk of **osteoporosis** in jaw bones → teeth loosen and fall.
- Caused by **bone inflammation** and possibly low calcium.

Skeletal System

- **Arthritis:** Joint inflammation with pain.
 - **Rheumatism:** General joint pain.
 - **Osteoporosis:** Bone loss, more common in women, starts at 40 for women, 55 for men.
-

Circulatory System

- **Changes:**
 1. Arteries lose elasticity.
 2. Fat builds up in arteries.
 3. Heart pumps less effectively.
 - **Diseases:**
 - **Arteriosclerosis:** Artery walls harden.
 - **Atherosclerosis:** Arteries clog with fat.
 - **Hypertension:** High blood pressure increases.
 - **Gender Differences:**
 - Hypertension more in women.
 - Heart disease more in men.
-

Respiratory System

- **Lungs** start to lose elasticity.
 - Respiratory **illnesses** increase in middle age.
-

Digestive System

- Aging effects are minor but may include:
 - **Gallstones, ulcers, intestinal blockages, absorption problems.**
 - **Ulcers:** More common in men, linked to stress.
 - **Diabetes** risk increases (due to genetics and being overweight).

Reproductive System

- **Women:**
 - **Menopause** (end of menstruation) between 45–55.
 - Irregular periods → reduced fertility → menopause.
 - Symptoms: Hot flashes, sweating, mood swings, depression, osteoporosis.
 - Physical changes: Smaller uterus, thinner vaginal walls, less lubrication.
 - **Men:**
 - No menopause but gradual changes.
 - **Prostate enlarges**, affecting ejaculation.
 - Possible issues: Slower erections/ejaculations, impotence, depression.
 - **Prostate cancer risk increases.**
-

Sensory and Motor Capacity in Middle Age

- **Changes exist but are usually small**; most middle-aged people adjust well.

Vision:

- **Presbyopia** (farsightedness due to aging).
- Slight decline in **sharpness** of vision.

Hearing:

- Gradual loss, especially **high-pitched sounds** → called **presbycusis**.
- Worse in **men** than women after age 55.
- Often unnoticed since many affected sounds aren't essential.

Taste:

- Declines around age **50**.
- Harder to notice subtle flavors.

Smell:

- Holds up well, **last sense to decline**.
-

Health Problems in Middle Age

- Most are **generally healthy**.
- Common issues:
 - Asthma, bronchitis, diabetes
 - Mental disorders, arthritis, rheumatism
 - Hearing/vision problems
 - Circulatory, digestive, urinary issues

Key Health Problems:

1. **Hypertension (High Blood Pressure)**
 - Affects 1 in 5 adults
 - Increases risk of **heart attack or stroke**
 - More common in **Black people** and those with **low income**
2. **AIDS**
 - Now more cases in adults over **50** than in teens
 - More severe in older adults

Health Disparities:

- **Hispanic Americans** face more problems due to:
 - Poverty
 - Low education
 - Cultural/language barriers
-

Mental Abilities and Intelligence

- Earlier belief: Aging = mental decline.
- **New research:** No major decline in middle age.

Key Studies:

- **Bayley & Oden (1955), Nisbett (1957):** Middle-aged adults performed better than when they were younger.
- **Terman & Oden's study:** High-IQ individuals maintained abilities into middle age.
- **Kangas & Bratfway:** Intelligence may slightly **increase** in middle age (especially in high-IQ people).

Gender Differences:

- **Men:** Slight increase in IQ
- **Women:** Slight decline
- Reason: Men may need to use cognitive skills more in jobs.

Two Types of Intelligence

1. **Crystallized Intelligence** (increases with age)
 - Learned from **school and culture**
 - Includes **vocabulary, general knowledge, tools use, logic**
 - Depends on **education and experience**
 2. **Fluid Intelligence** (peaks in 20s–30s, then declines)
 - Solving new problems without prior learning
 - Culture-free, brain-based (e.g., number patterns)
 - More affected by **genes** and **brain injury**
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Creativity in Middle Age

- Intelligence may decline, but **creativity stays strong**.
- **40s are very productive** years for many.
- In arts/humanities, creativity may **increase** during middle age.

Creative Patterns:

- **Young adults:** Spontaneous, intense creativity (e.g., Einstein)
 - **Middle age:** Reflective, deeper creativity with experience (e.g., Shakespeare, Dickens)
-

Marriage and Family in Middle Age

- In the past, marriages ended due to **death**.
- Today, more **divorce**, but couples often stay together longer.

Marital Trends:

- **"U-shaped curve"** in satisfaction:
 - High early on
 - Low during parenting/career years
 - High again in late middle age
 - **Women:** Less satisfied as child-rearing ends and independence grows.
 - **Conflicts:** Common in early middle age (teens at home, identity changes), but **good communication** helps couples manage stress.
-

Lesson 12 - Single Hood and Middle Age

Singlehood in Middle Age

- About **5%** of middle-aged adults in the U.S. are single (never married).
- Research is limited; but many **achieve intense career success** (e.g., priests, teachers, charity workers).
- **Challenges:**
 - Social stigma (e.g., “bachelor” or “spinster” labels).
 - No children for support in old age.
 - Less family support during illness or mental health issues.
- **Relationships:**
 - Most singles are **not lonely**.
 - Have strong friendships (single or married friends).
 - Often close to family, especially **women**.

Reasons for Staying Single:

- **Women:** More educated, from higher socioeconomic backgrounds, career-oriented, and often **chose** to remain single.
- **Men:** Less likely to remain single if they are successful.
- **Homosexual men/women:** Often choose not to marry.

Widowhood in Middle Age

- Affects both **men and women**, but more common in **women** (due to longer life and marrying older men).
- **Remarriage chances** decrease with age.

Women's Adjustment (Lopata):

- Widowhood doesn't block personal growth.
- Many life options:
 - Remarry, start work, volunteer, spend time with family.

Short-term Needs of Widows:

1. Grieving support.
2. Companionship (especially if living alone).

3. Protection from confusing advice.
4. Help building confidence.
5. Support to reconnect socially.

3 Widowhood Adjustment Patterns:

1. **Self-Initiating:** Builds a new life, flexible.
2. **Traditional Ethnic:** Keeps old lifestyle and social patterns.
3. **Socially Isolated:** Withdraws, avoids new/old social contacts.

Men's Adjustment:

- Less studied.
 - Harder for men to adjust:
 - Fewer close emotional relationships.
 - Less skilled in housework/self-care.
 - Often face **retirement + widowhood** together.
 - Feel lost because their identity is often tied to work and being part of a couple.
-

Occupational Patterns in Middle Age

Pattern 1: Stable Careers

- Continue same job, gain experience and **reach top positions**.
- Two types:
 1. **Workaholics:** Push hard for success or can't let go of control.
 2. **Mellowed:** Accept their career level, feel relaxed and happy.
- These people **enjoy work** but don't tie their identity to it as much.

Pattern 2: Career Change (Second Careers)

- Many change jobs mid-life due to:
 - Long life expectancy.
 - Unemployment.
 - Need for change or more challenge.
 - Realizing time is limited to meet goals.
- Career change can be **exciting and rewarding**, or trigger a **mid-life crisis** if there's a big gap between goals and achievements.

Job Satisfaction:

- **Older workers** value **job stability** and take fewer risks.
 - Most **satisfied workers** are **over 40**.
 - Mid-life workers often **rethink goals**:
 - May aim for a key promotion or personal goal (e.g., become professor or write a book).
 - Learn to **accept limitations** and set realistic expectations.
-

SELF-ACTUALIZATION AND MIDDLE ADULTHOOD

- **Self-actualization** (Maslow): The highest human need; to fully develop one's potential.
- In early adulthood, energy is spent on relationships, education, career, marriage, and financial stability.
- By **middle age**, people often meet basic needs and can focus on **personal growth** and **ego maturity**.

Maslow's Traits of Self-Actualized People:

1. **Realistic Perception** – See people/events as they truly are.
2. **Acceptance** – Accept themselves and others without guilt or shame.
3. **Spontaneity** – Natural in behavior and thoughts; true to themselves.
4. **Problem-Centered** – Focus on meaningful goals, not self-centered thoughts.
5. **Detachment** – Comfortable being alone; enjoy solitude.
6. **Autonomy** – Independent in thought and motivation.
7. **Fresh Appreciation** – Continually value life's simple pleasures.
8. **Mystic/Peak Experiences** – Feel moments of deep joy, awe, or insight.
9. **Gemeinschaftsgefühl** – Deep sympathy and affection for humanity.
10. **Deep Relationships** – Few but strong friendships; kind to most people.
11. **Democratic Attitude** – Accept others regardless of class, race, belief.
12. **Strong Ethics** – Clear sense of right/wrong; value moral means.
13. **Philosophical Humor** – Humor is wise, not hurtful or vulgar.
14. **Creativity** – Show everyday creativity, like that of unspoiled children.
15. **Resistance to Enculturation** – Independent thinkers; may want change but are not rebellious.

LATE ADULTHOOD

Physical Changes:

- **Heart & Blood Vessels:**
 - Fat buildup (cholesterol) reduces blood flow.
 - Blood pressure increases.
 - Heart's output decreases 1% per year from age 19 onward.
- **Lungs:**
 - Less capacity; shortness of breath after minor activity.
- **Digestive System:**
 - Weaker intestinal lining and fewer gastric juices cause digestive issues.
- **Immune System:**
 - Weaker, leading to more illnesses (like cancer).
- **Sensory Losses:**
 - **Hearing:** Presbycusis (age-related hearing loss) common after 65.
 - **Vision:** Cataracts, trouble with color/depth, retinal damage.
 - **Taste & Smell:** Declines, leading to poor appetite or nutrition.

Other Physical Declines:

- **Coordination:** Slower processing and movement increase accident risk.
 - **Bone Health:**
 - Bones become brittle (fractures, shrinkage, osteoporosis).
 - Posture worsens (stooped back).
 - **Heart:** Irregular rhythm, fat deposits, rising blood pressure.
 - **Skin & Hair:** Thinner hair (white or misplaced), pale and wrinkled skin.
 - **Sleep:** Insomnia is common.
 - **Reserve Capacity:** The body's backup strength drops, making recovery from stress harder.
-

Lesson 13 - Late Adulthood

Health Problems in Late Adulthood

- Health generally declines with age, though modern medicine has improved elderly health.
- Elderly require more medical care and spend more on healthcare.
- Common chronic conditions:
 - **Arthritis (48%), hypertension (37%), heart disease (30%), hearing impairments (30%), cataracts (16%), orthopedic issues (17%).**
- They have fewer colds/flu but minor illnesses can have serious effects.
- **Dental issues** like tooth decay are common and affect digestion.
- **Functional disorders:**
 - Most common: **Depression**, also includes **paranoia, hypochondria, chronic anxiety**.
 - Depression includes sadness, social withdrawal, low self-esteem, and can lead to higher suicide risk (especially in white males).
- **Organic Brain Syndromes:**
 - **Cerebral Arteriosclerosis:** Hardening of arteries reduces blood flow to the brain, causing cognitive decline. Affects men more.
 - **Senile Dementia:** Brain tissue loss causing memory loss, confusion, and poor judgment. Affects women more (they live longer).
- **Alzheimer's Disease:**
 - Most common irreversible dementia.
 - Gradual brain degeneration; mostly affects people over 65.
 - Prevalence: 6–10% (65+), 20–50% (85+).
- **Cognitive Changes:**
 - Memory declines (especially short-term).
 - Slower reasoning and learning.
 - Less creative thinking and increased mental rigidity.
- **Psychomotor Decline:**
 - Slower reaction time.
 - Muscle weakness, tiredness, and clumsiness increase.
 - Motor skills decline in reverse order of acquisition.

Personality Development in Late Adulthood

- **Erik Erikson:**
 - Final stage: **Integrity vs. Despair**.
 - Success = wisdom, acceptance of life and death.
 - Failure = regret and despair.
 - **Robert Peck:** Three key adjustments:
 1. **Redefining self without work** – self-worth beyond career.
 2. **Transcendence of the body** – focus on mental/social strength, not physical decline.
 3. **Transcendence of the ego** – accepting death through contributions and relationships.
 - **George Vaillant (Grant Study):**
 - Emotional health in old age linked to:
 - Mature defense mechanisms.
 - Ability to cope without bitterness or blame.
 - Traits like steadiness and dependability matter more than creativity or social ease.
 - Close sibling relationships early in life predict better adjustment later.
-

Personality and Value Changes

- Personality traits like extroversion and neuroticism stay stable.
 - Values shift:
 - **Women:** From "doing" to "being" (focus on peace, freedom).
 - **Men:** Already focused on terminal values earlier.
 - Increased introspection and self-focus in older adults.
-

Family Life in Late Adulthood

Marriage:

- Most remain married; marriage becomes more satisfying.
- Retirement and grown children give couples more time together.
- Married elderly are less lonely, depressed, and live longer.

Sexual Adjustment:

- Sexual activity declines but continues.
- Still important for marital satisfaction.
- Becomes more emotional and less physical.

Relationships:

- **With Spouse:** Cordial, companionship-based.
 - **With Children:**
 - Elderly often help their children (money, advice, babysitting).
 - Conflict may arise if elderly interfere too much.
 - Mothers more involved than fathers.
 - **With Grandchildren:**
 - Emotional connection may weaken as grandchildren grow.
 - Grandmothers more emotionally involved than grandfathers.
 - **With Siblings:**
 - Important support system, especially for unmarried, widowed, or divorced.
 - Sisters provide more emotional support than brothers.
-

Aging: Process and Patterns

- Aging is gradual and involves physical and psychological decline.
- Influenced by both **genetics** and **environment**.
- **Kimmel:** Heredity affects life expectancy; humans live longest among mammals.

Patterns of Aging (Neugarten et al.):

1. **Integrated:** Active, mentally sharp, satisfied.
 2. **Armour-defended:** Controlled, achievement-focused.
 3. **Passive-dependent:** Rely on others, some active/satisfied.
 4. **Unintegrated/Disorganized** (implied): Struggle with aging and satisfaction.
-

Lesson 14 - Late Adulthood (Continue)

1. Retirement in Late Adulthood

- **Retirement** is a major life transition requiring **behavioral, psychological, and social adaptation**.
- **Retirement age** varies by country and occupation (common ages: 58, 60, 62, 65).
- Some people are forced to retire despite being healthy due to **mandatory retirement policies**.

Reasons for Retirement

- **Voluntary:** Financial stability, desire to spend time with family, dislike for job.
- **Involuntary:** Health issues or company policy.
- **Self-employed individuals** (e.g., artists, scholars) often retire later or not at all.

Psychological Effects

- **Minimal impact on physical health**, but may increase risk of:
 - Depression
 - Anxiety
 - Psychosomatic complaints
- Those who retire **too early or too late** are at greater risk.

2. Factors Influencing Retirement

- **Choice and Control:** More control = better adjustment.
 - **Occupation:** Self-employed vs. corporate jobs.
 - **Job Satisfaction:** Unsatisfied workers retire early.
 - **Economic Status:** Wealthier individuals prefer early retirement.
 - **Gender Differences:**
 - Women adjust better due to less role loss and fewer work-related psychological benefits.
 - Men often experience greater difficulty adjusting.
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3. Types of Retirees (Having Hurst)

- **Transformers:** Embrace change, take on new roles, hobbies, community involvement.
 - **Maintainers:** Continue similar roles post-retirement, often through part-time work.
-

4. Stages of Retirement (Atchley, 1976)

1. **Pre-retirement:**
 - *Remote phase:* Retirement is far off.
 - *Near phase:* Retirement is approaching; reality sets in.
 2. **Honeymoon Phase:** Initial joy and freedom.
 3. **Disenchantment:** Reality hits, may feel let down.
 4. **Reorientation:** Adjusting expectations, seeking new purpose.
 5. **Stability:** Comfortable with new routine and roles.
 6. **Termination:** Due to illness or loss of independence.
-

5. Cognitive Changes in Late Adulthood

- **Two key changes:**
 1. Decline in intellectual functioning.
 2. Memory changes, especially long-term and short-term recall.
 - **IQ decline** is seen mainly in **problem-solving**, not in **stored (verbal) knowledge**.
-

6. Developmental Tasks (Hurlock, 1980)

- Adjust to:
 - Physical decline
 - Retirement & income changes
 - Death of spouse
 - Affiliation with age group
 - Civic duties
 - New interests
 - Dependency on others

7. Sensory Changes

- **Vision:** Reduced sharpness, light sensitivity, dark/light adaptation, and risk of:
 - Cataracts
 - Glaucoma
 - Macular degeneration
- **Hearing:** 50% over 65 suffer hearing loss, more common in men.
- **Taste & Smell:** Decline leads to bland taste and excessive seasoning.

8. Divorce in Late Adulthood

- Rare but increasing.
- **Older divorced adults** struggle more with adjustment, mental health, and economic stability.
- Social support tends to decline.

9. Characteristics of Old Age (Hurlock)

- Period of **decline** in physical and mental faculties.
- **Individual differences** in how people age.
- **Stereotypes:** Seen as weak, unproductive.
- **Role/status change:** Retired individuals may experience a **reversal of roles**.
- Seen as a time for **relaxation, hobbies, and family involvement**.
- In some cultures (e.g., India), elders are respected as “senior citizens.”

10. Developmental Tasks

- **Ego-integrity vs. Despair** (Erikson)
 - Integrity: Satisfaction with life.
 - Despair: Regret and dissatisfaction.
- **Facing death:** Integrity helps with acceptance.
- **Adjustment to Retirement:** Managing identity and time.
- **Disengagement:** Withdrawal from social roles.
- **Overcoming Depression:** Often due to loss, dependency, or illness.

11. Common Problems in Old Age

- **Physical:** Decline in strength, disease resistance.
 - **Economic:** No regular income post-retirement.
 - **Social:** Isolation due to fewer activities.
 - **Adjustment:** Emotional challenges, generation gap.
 - **Leisure:** Boredom, lack of structure.
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Lesson 15 - Death

1. Definition & Understanding of Death

- **Modern Perspective:** Death is no longer seen as a sudden event but as a *process*.
 - **Thanatology:** A scientific field that studies death and dying.
 - Death can provide meaning to life and motivate individuals to live more fully.
-

2. Types of Death (Schultz Classification)

1. **Clinical Death:** Heartbeat and breathing stop; can sometimes be revived.
2. **Brain Death:** Brain stops functioning due to oxygen deprivation (first cortex, then midbrain, then brainstem).
3. **Cellular Death:** Irreversible shutdown of body organs.

Brain death is now the most widely accepted legal and medical indicator of death.

3. Aspects of Death

a) Biological

- Death defined by cessation of bodily functions.
- Technology can maintain body functions even after brain death.

b) Social

- Involves rituals, funerals, legal matters (inheritance).
- Isolation of dying individuals is common and often unhelpful.

c) Psychological

- Concerns thoughts, fears, and emotional responses related to one's own death or that of others.
 - Acceptance is considered a healthy, mature response.
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4. Psychological Changes Near Death

- **Disintegration of Mental Processes:** Cognitive functions decline, energy diminishes (Lieberman, Riegel & Riegel).
 - **Terminal Drop:** Sudden decline in intellectual functioning within 5 years of death.
 - **Life Review:** Reflection on one's life. Can bring peace, regret, or anxiety (Butler).
 - **Near-Death Experiences (NDEs):** Sensations like floating, peace, lights. Explained by:
 - Transcendental theory
 - Physiological theory
 - Psychological theory
-

5. Attitudes Toward Death Across the Lifespan

Childhood (5-7 years):

- Understands death is irreversible, universal, and final.
- Prior beliefs include magical thinking (e.g., only bad people die).

Adolescence:

- Romanticizes death (e.g., heroism).
- Suicidal thoughts can emerge due to emotional instability.

Young Adulthood:

- Feels death is premature; marked by frustration and anger.
- Strong emotions if death interrupts life goals (career, family).

Middle Adulthood:

- Realization of mortality.
- Increasing awareness due to deaths of parents, peers.

Old Age:

- Generally more accepting of death.
 - Less fear, more peace or resignation.
 - Fear of death linked to lack of ego integrity or unresolved life issues.
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6. Kübler-Ross's Five Stages of Dying

1. **Denial** – "This can't be happening to me."
2. **Anger** – "Why me?"
3. **Bargaining** – "Let me live longer, I'll be a better person."
4. **Depression** – Deep sadness over impending losses.
5. **Acceptance** – A peaceful acknowledgment of death.

Criticism: Not everyone follow stages in order. Emotions may vary and overlap (Shneidman).

7. Grief & Grief Therapy

- **Goal:** Help bereaved individuals express and process emotions like sorrow, anger, and loss.
 - **Approaches:** Professional (therapists) and community-based (e.g., support groups like Compassionate Friends).
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8. Controversial Issues

a) Euthanasia (Mercy Killing):

- **Active:** Direct actions to end life (e.g., lethal injection).
- **Passive:** Withholding life-prolonging treatment.
- **Legal Status:** Active euthanasia is illegal in most countries but practiced under guidelines in places like the Netherlands.

b) Suicide:

- **Legal and Social Controversy:** Decriminalized in many countries, but still lacks social acceptance.
 - **Common Misconception:** Seen as cowardly or weak; however, often linked to untreated mental illness or extreme distress.
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9. Fear of Death (Crandall's 7 Reasons)

1. Fear of the unknown after death
2. Fear of pain during dying
3. Financial burden on the family
4. Worry about family's future
5. Fear of losing dignity
6. Fear of being forgotten
7. Fear of exposing the true self during dying.