



LCHS4010

Psychology in Health and Social Care

Psychology of Ageing and
Older Adults

Week 7 2026

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Starter Activity

Write three words you
associate with older adults.

Discuss positive/negative
assumptions.



Ageing: Fact or False.

Most older adults are lonely

Memory always declines significantly with age

Most older adults live in care homes

Older adults can't learn new skills

Older adults are not interested in relationships

True? False? Depends?

Ageism in Health and Social Care

Examples:

- assuming getting older is only about decline and incapacity – “let me help you”
- excluding from decisions
- speaking to relatives not residents.

“Ageism isn’t always obvious. It shows up in everyday language, casual jokes, workplace assumptions and the media we consume. Because it’s so normalised, we often don’t notice it.”

[Take action | Age without limits](#)

The World Health Organization identifies ageism as a significant barrier to healthy ageing and wellbeing. (WHO, 2021).



**Ageing shouldn't
make people
feel invisible**

Ageing as a Biopsychosocial Process

- Biological, Psychological and Social influences interact.



Young adulthood: 18-40 years
Once body structures reach maximum capacity and efficiency, ***biological ageing (senescence)*** begins

Note: Changes in appearance and declines in body functioning are so gradual that most are hardly noticeable

Physical development and changes in early to middle adulthood

Motor performance

- Declines in heart and lung functioning under exertion, and gradual muscle loss lead to declines in motor performance
- Athletic tasks that require speed of limb movement, explosive strength, gross-motor coordination peak in early 20s; those that depend on endurance, arm-hand steadiness, aiming peak in late 20s or early 30s
- As long as practice continues, performance drops only slightly until 60s or 70s

Reproductive capacity

- In women, fertility declines with age, due to reduced number and quality of ova;
- in men, decreased fertility is the result of reduced sperm motility and reduced percentage of normal sperm



What else are going on during this life stage?



Intimate relationship and close relationships

Roles and responsibilities

- Parenthood
- Employment
- Carer/mentorship

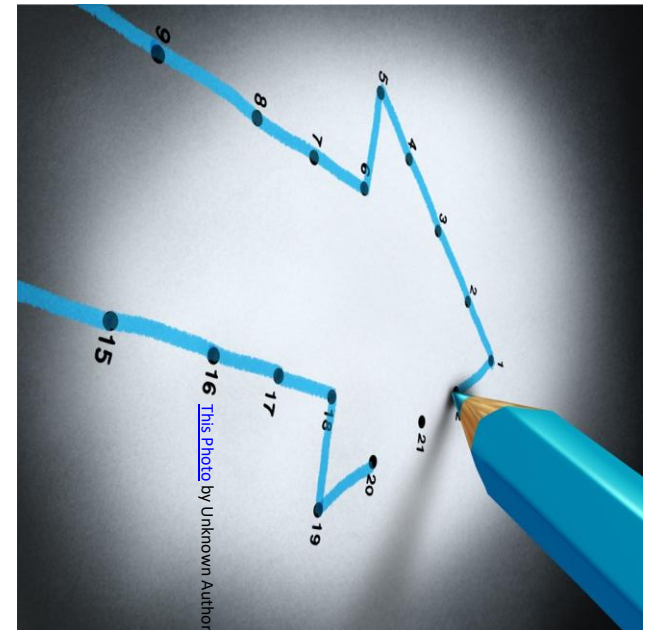


Work-life balance

Life satisfaction

Can you relate these to topics covered in previous weeks?

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Between 40 and 65 years
Continuation of gradual changes
under way since early adulthood

Noticeably older body

Increasing likelihood of life-
threatening health episodes

Change in time orientation

Revised physical self-image that
emphasizes feared declines vs.
anticipated gains

Sensory and Physical changes (40-65)

Sensory

- Difficulty reading small print, limited ability to see in dim light, increased sensitivity to glare, limited colour discrimination, increased risk of **glaucoma**
- Decline in sensitivity to high frequency sounds, which gradually extends to all frequencies

Muscle-fat makeup and skeleton

- Increase in fat, largely affecting the torso
- Gradual loss of **bone density**, beginning around age 40 and accelerating after age 50; loss of **bone strength** causes height to drop, bones to fracture more easily and heal more slowly

Reproductive system

- In women, **climacteric** occurs gradually as estrogen production drops, concludes with **menopause**
- In men, sperm production continues throughout life, but quantity of semen diminishes and erections become harder to attain and maintain



Consequences and what else is going on during this life stage?

Needing glasses, hearing aids or prescriptions for changing health

Menopause (World Health Organisation, 2022)

Impact on cognitive functioning, mood and identity

Potential role conflicts and strains as we transition into midlife and later adulthood

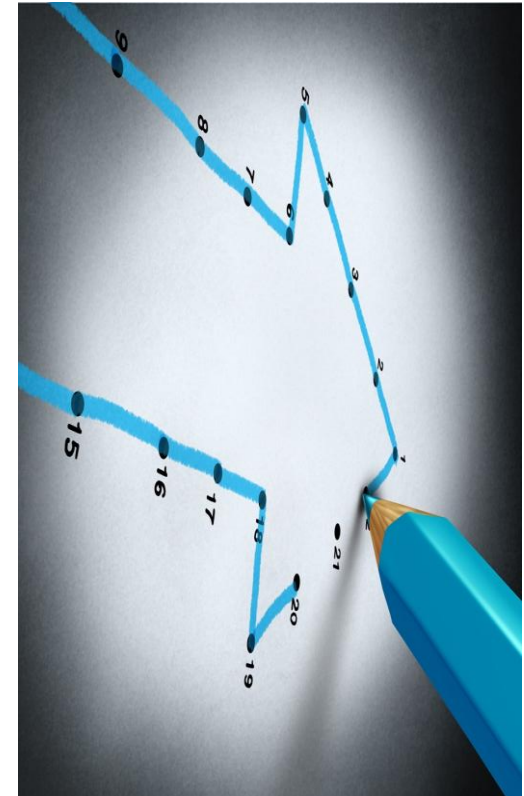
Role shifts

Within the family such as becoming carer of parents, empty nest

Almost 1 in 5 women aged 50-65 is an unpaid carer (Centre for Ageing Better, 2023)

At workplace

Sickness as main reason why 50-65 unemployed: 1.32 million in the UK in 2022 (Centre for Ageing Better, 2023)



Sensory and physical changes from 65

Sensory systems

Vision diminishes further; increased incidence of **cataracts** and **macular degeneration**

Hearing diminishes further; reduced responsiveness to startling tones, difficulty discriminating complex tone patterns; difficulty detecting content and emotionally expressive features of conversation

Cardiovascular and respiratory systems

Heart pumps with less force, maximum heart rate decreases, blood flow throughout circulatory system slows

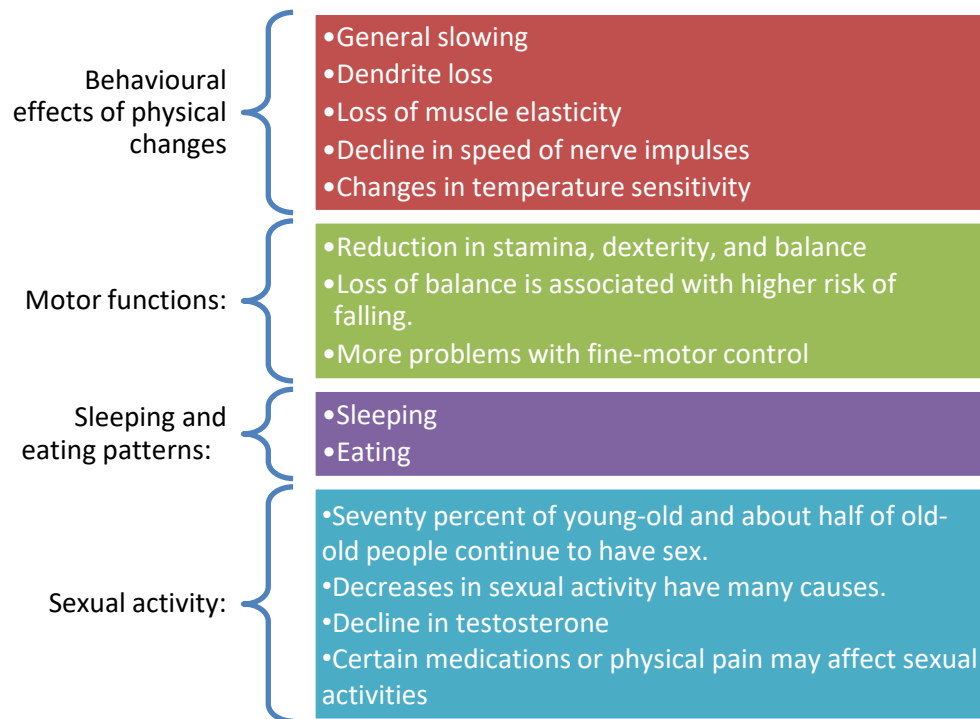
Vital capacity of lungs is reduced by half

Physical appearance and body build

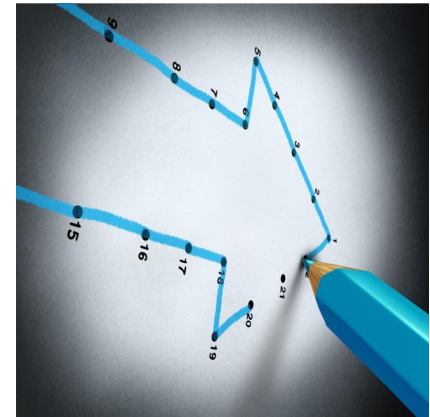
Height and weight decrease; decline in muscle and bone strength and in strength and flexibility of joints, ligaments, and tendons leads to decreased **mobility**



What are the consequences of these changes?



Causes and effects of biological ageing summarised by Boyd & Bee (2019)



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Reduction in mobility and some may present frailty

Reduced sensorimotor functioning and mobility lead to loss of stamina, dexterity, and balance, increasing the risk of falls

Change in brain chemicals is related to reduced feelings of wellbeing (Age UK, 2017; Ogle et al., 2013)

Consequences for Care

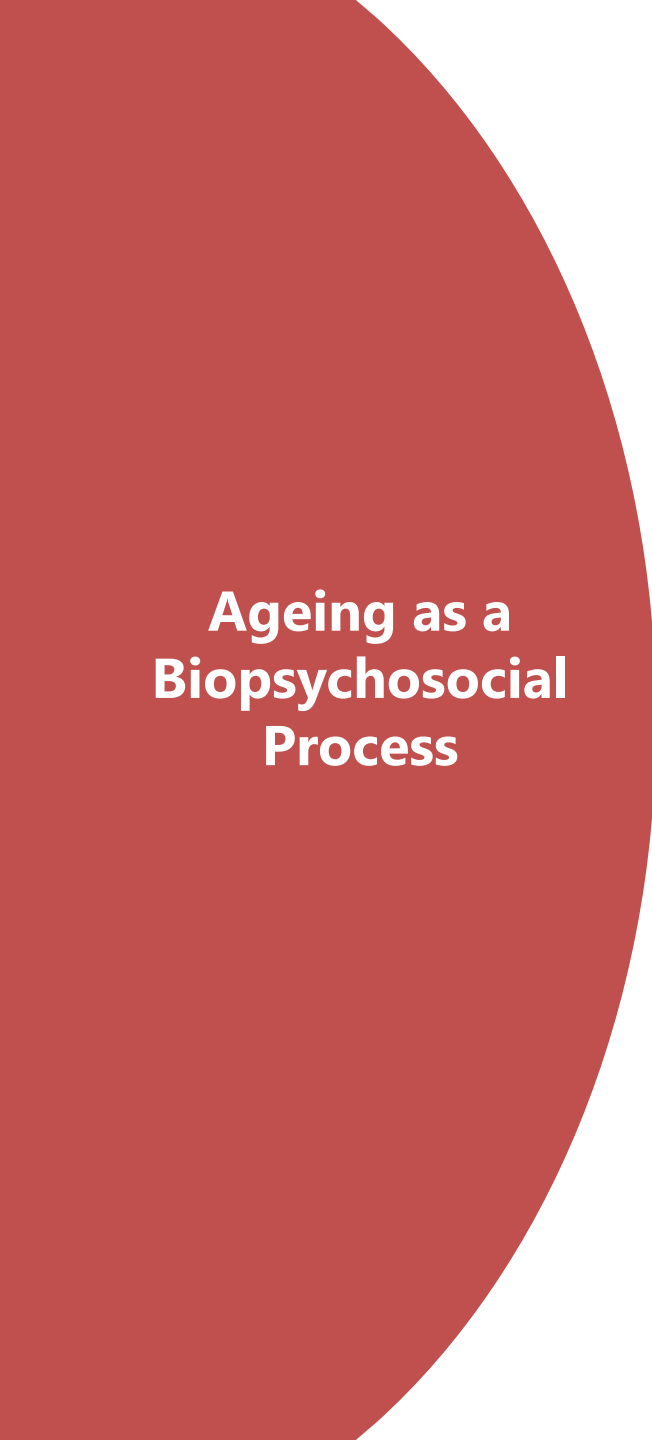
Communication difficulties

Anxiety

Reduced independence

Distress





Ageing as a Biopsychosocial Process

Biological

Vision

Hearing

Mobility

Psychological

Memory

Identity

Emotional wellbeing

Social

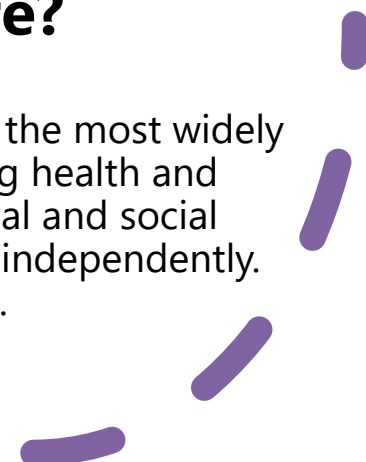
Retirement

Caring responsibilities

Relationships

Which dimension has the greatest impact on quality of life?

The biopsychosocial model remains one of the most widely accepted frameworks for understanding health and ageing because biological, psychological and social influences interact rather than operate independently. (Engel, 1977; Borrell-Carrió et al., 2004).



Remember Erikson's 8th stage...

Meaning and
acceptance versus
regret and despair.

Ego Integrity vs. Despair

Erikson's 8th Stage: Late Adulthood (Ages 65+)

The Developmental Question: "Was My Life Meaningful?"

Final psychosocial stage where individuals reflect on their lives and confront mortality

EGO INTEGRITY

Acceptance and Peace

- Accepting life as meaningful despite imperfections
- Finding coherence in life story
- Achieving wisdom and serenity
- Facing death with peace
- Sharing life lessons with others

DESPAIR

Regret and Hopelessness

- Viewing life as wasted or meaningless
- Dwelling on missed opportunities
- Bitterness and chronic regret
- Fear of death and dying
- Depression and social isolation
- Feeling it's too late to change

The Virtue: WISDOM

Broader perspective on life, acceptance of mortality, ability to mentor younger generations, emotional equanimity

Life Review: The Path to Integrity

Systematic reflection on life experiences helps achieve ego integrity by:

- Reframing failures and celebrating achievements
- Resolving lingering conflicts
- Finding patterns and meaning in life events
- Connecting personal story to larger narratives

Factors Influencing Ego Integrity Achievement

Cultural Factors

- Elder reverence vs. marginalization
- Collectivist vs. individualist values
- Cultural death attitudes

Spiritual Beliefs

- Transcendent meaning
- Explanations for suffering
- Continuity beyond death
- Community support
- Reduced death anxiety

Social Support

- Family bonds
- Meaningful friendships
- Intergenerational relationships
- Community involvement

Earlier Stage Resolution

- Identity formation enables coherent life narratives
- Intimacy creates validating relationships
- Generativity provides legacy evidence

Physical & Mental Health

- Chronic illness impacts but doesn't determine integrity
- Maintaining autonomy important
- Adequate support and pain management crucial

Applying Erikson

Case study: George is a 75-year-old man living in a residential care home. During conversations with staff, he often reflects on his life as a husband, father, and former bus driver. He enjoys sharing positive memories and feels proud that he worked hard to provide for his family. Although he recognises that he made some mistakes, he accepts these as part of his life journey.

Applying Erikson's theory - how could care staff support George?



Activity Theory

Staying socially and physically active in later life promotes wellbeing, satisfaction, and identity continuity.

Views ageing positively, emphasising continued involvement for life satisfaction.

The Activity Theory of Ageing, developed by Robert Havinghurst (1994), argues that successful ageing occurs when older adults remain active and maintain social interactions. This theory suggests that keeping older people socially active delays the ageing process and improves their quality of life.



Activity Theory (Harvighurst, 1994; Maddox, 1994)

“Optimal ageing involves staying active and manages to resist the shrinkage of the social world” (Boyd & Bee, 2019, p. 662)

- Maintaining activities from middle age for as long as possible
- Finding substitutes for work and employment

The disengagement stems from a forced withdrawal from an ageist society as the older person has the same psychological and social needs as a middle-age person



Evaluating Activity Theory

High level of re-engagement may also be involuntary (Boyd & Bee, 2019).

- Grandparenting
- Financial hardships

Paid employment forms an important part of our identity that the aforementioned substitutes cannot replace (Bond, 1996; Dax & Phillipson, 1986).

Some older people are satisfied with a reduced life space



Applying Activity Theory

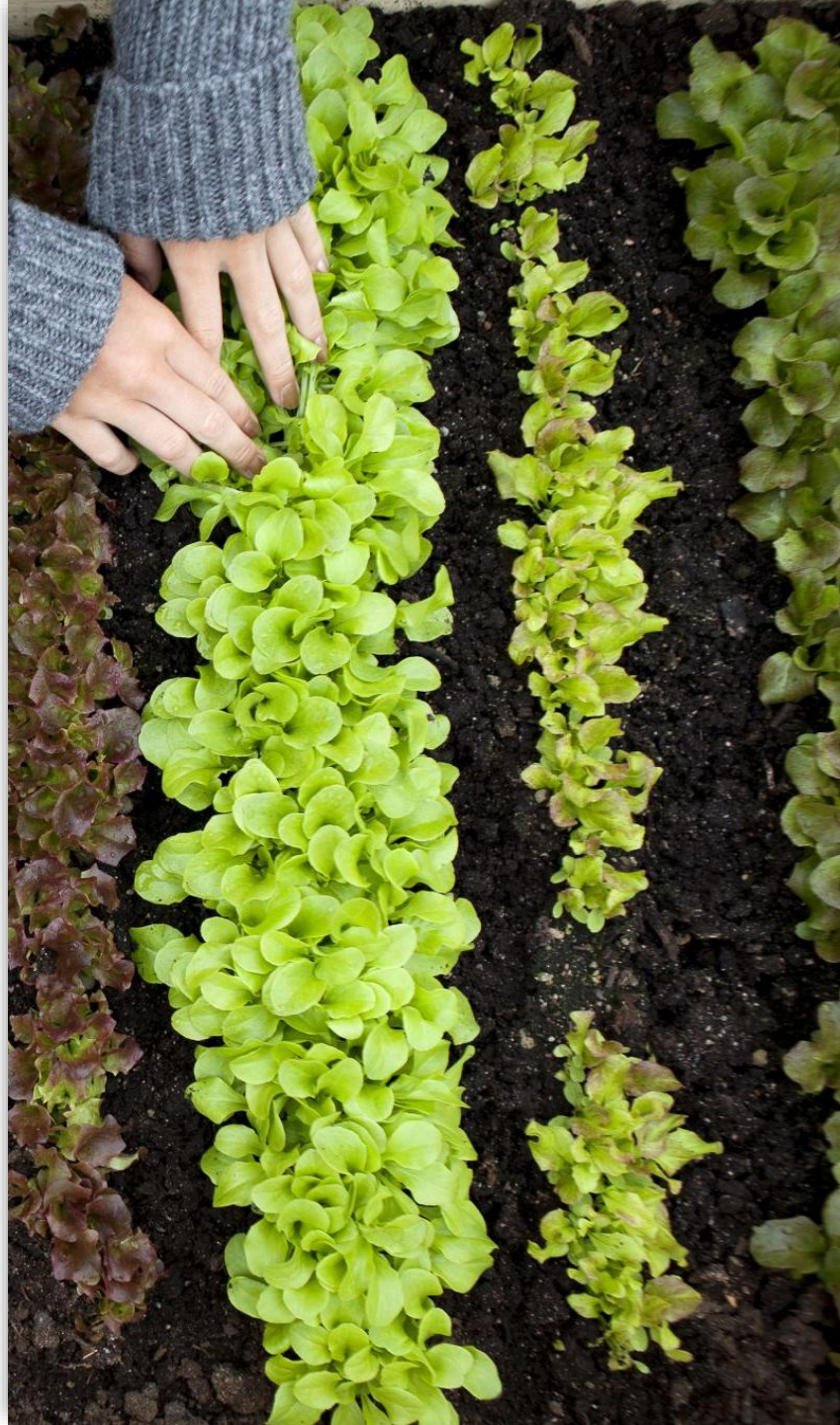
For example:

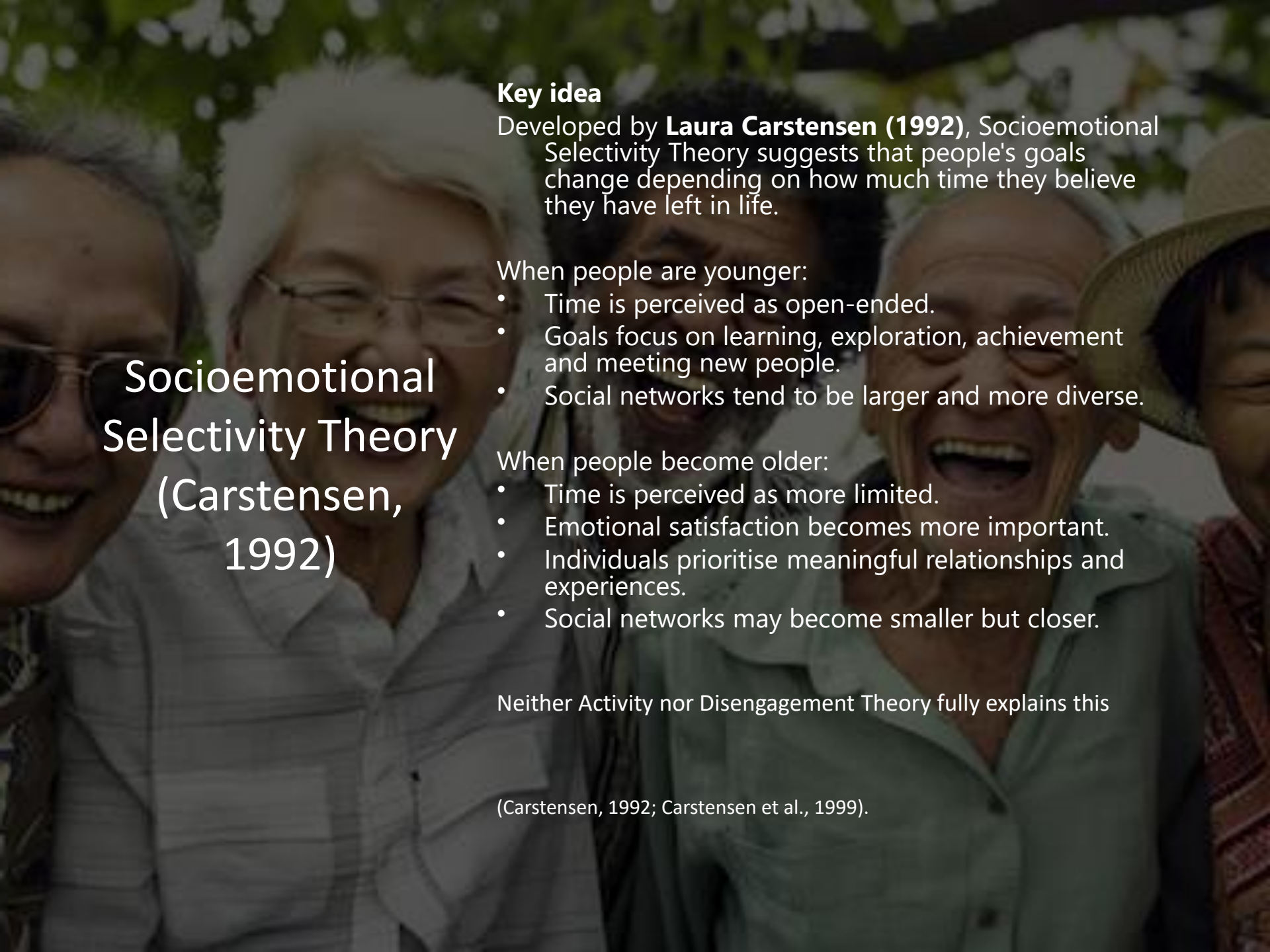
Gardening

Exercise

Social activities

Volunteering.



A background image showing a group of elderly people, mostly of East Asian descent, smiling and laughing outdoors. The image is slightly faded to allow text to be overlaid.

Socioemotional Selectivity Theory (Carstensen, 1992)

Key idea

Developed by **Laura Carstensen (1992)**, Socioemotional Selectivity Theory suggests that people's goals change depending on how much time they believe they have left in life.

When people are younger:

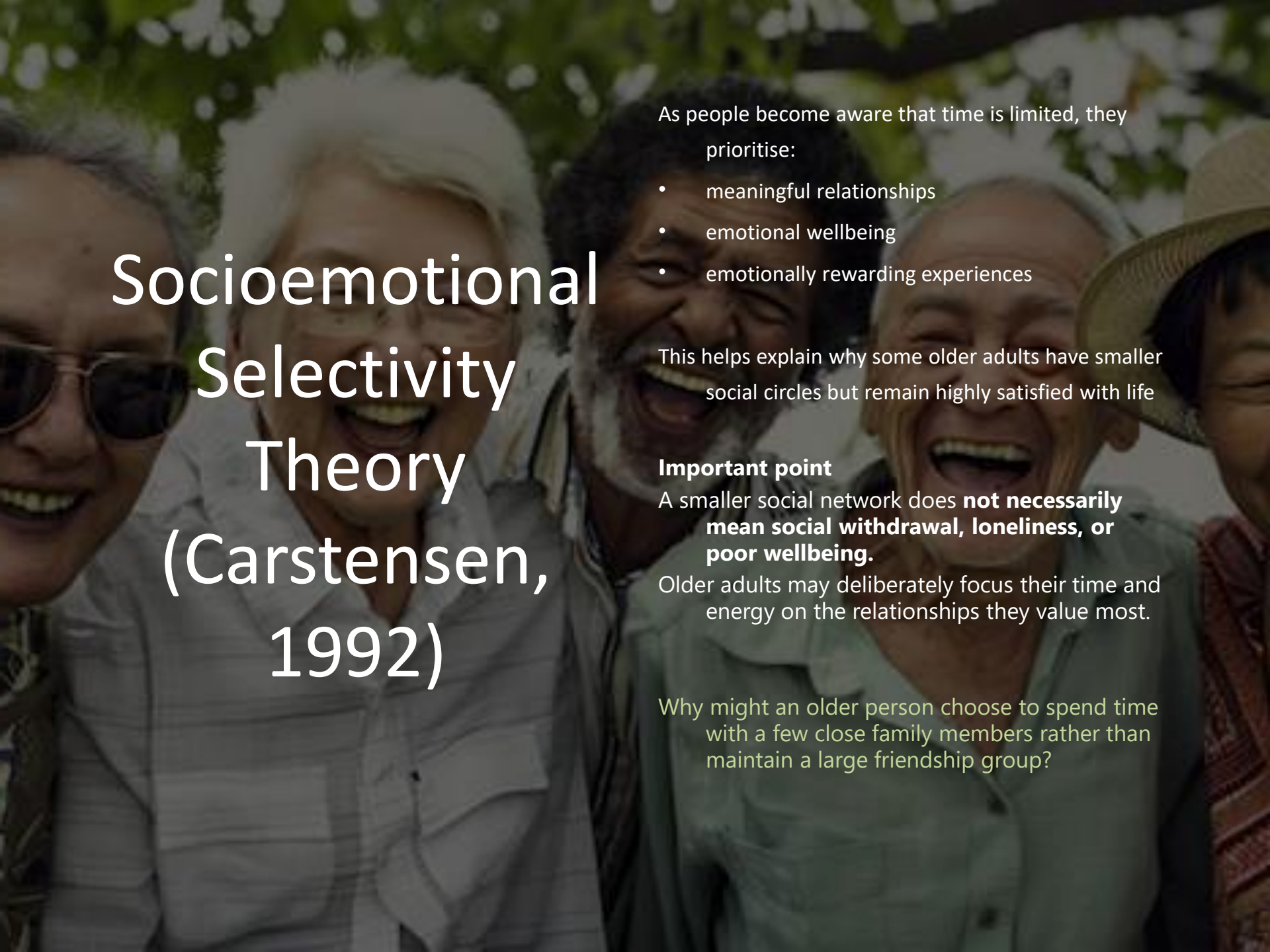
- Time is perceived as open-ended.
- Goals focus on learning, exploration, achievement and meeting new people.
- Social networks tend to be larger and more diverse.

When people become older:

- Time is perceived as more limited.
- Emotional satisfaction becomes more important.
- Individuals prioritise meaningful relationships and experiences.
- Social networks may become smaller but closer.

Neither Activity nor Disengagement Theory fully explains this

(Carstensen, 1992; Carstensen et al., 1999).

A photograph of four elderly individuals—two men and two women—laughing heartily. They are outdoors, with green foliage visible in the background. The image is slightly faded to serve as a background for the text.

Socioemotional Selectivity Theory (Carstensen, 1992)

As people become aware that time is limited, they prioritise:

- meaningful relationships
- emotional wellbeing
- emotionally rewarding experiences

This helps explain why some older adults have smaller social circles but remain highly satisfied with life

Important point

A smaller social network does **not necessarily mean social withdrawal, loneliness, or poor wellbeing.**

Older adults may deliberately focus their time and energy on the relationships they value most.

Why might an older person choose to spend time with a few close family members rather than maintain a large friendship group?

Applying Socioemotional Selectivity Theory

Scenario

David is 82 years old.

Ten years ago he belonged to:

- A sports club
- A gardening society
- A volunteering group

Today he mainly spends time:

- With his partner
- With his grandchildren
- Speaking weekly to one long-term friend

David states:

"I don't need lots of people around me. I spend time with the people who matter most."

Discussion Questions

- 1.How would Activity Theory explain David's situation?
- 2.How would Disengagement Theory explain it?
- 3.How would Socioemotional Selectivity Theory explain it?
- 4.Which explanation seems most convincing and why?

Discussion

Marjorie is 82 years old.

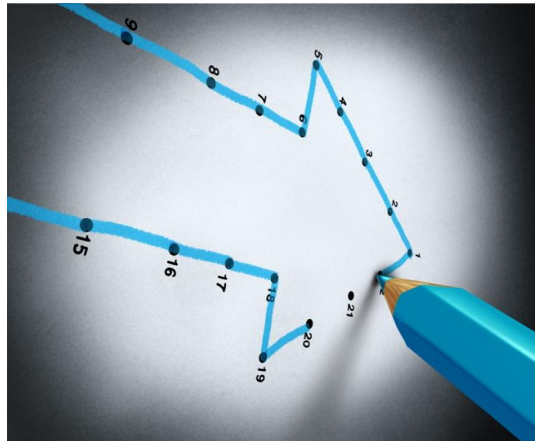
10 years ago she belonged to a sports club and a volunteering group. Now she is less active. These days she mainly spends time with her partner and her grandchildren. She speaks weekly to one long-term friend.

She says: "I don't need lots of people around me. I spend time with the people who matter most."

Discussion Questions

1. How would Activity Theory explain David's situation?
2. How would Erikson's Theory explain it?
3. How would Socioemotional Selectivity Theory explain it?
4. Which explanation seems most convincing and why?

Applying theories of ageing



How relevant are these theories to Health and Social Care professionals?

Are there important factors missing from these two theories?
Personality? Contexts (industrialised vs. developing countries)? SES? Location? Access?

Do more recent theories consider these missing factors?



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Positive ageing examples

Grandparent

Volunteering

Mentoring

Increased emotional regulation

Expertise and wisdom

Post retirement identity development

Task - Supporting Margaret –

Margaret, 82, lives in a care home and has moderate dementia. She becomes anxious in unfamiliar settings and prefers quiet, familiar routines. She loves gardening but struggles with mobility.

Each group selects either:

Erikson's Psychosocial Theory

Activity Theory

- Using your chosen theory, discuss and outline a brief care strategy for Margaret. Address:
- What activities or approaches would support her wellbeing?
- How does your theory explain her behaviour?
- What practical steps can care staff take?

Summarise and feedback your findings to the class



Person-Centred Questions

Ask what matters to the person?

- Identity
- Relationships
- Preferences
- Previous lifestyle
- Strengths
- Remaining abilities

Then apply these to Margaret.



Overview

Dynamic and complex relationship between physical development and other developmental areas such as cognitive, social and emotional domains.

The range of individual difference is particularly broad and diverse, even within the same age group

We see marked variability in late adulthood in terms of health and wellbeing as well as the impacts of inequality



Selected references in no particular order

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