



# **LCHS4010**

## **Psychology in Health and Social Care**

Psychological development  
in adulthood

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Week 7 2025

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## Write four words associated with each of the following decade of life

- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80-89

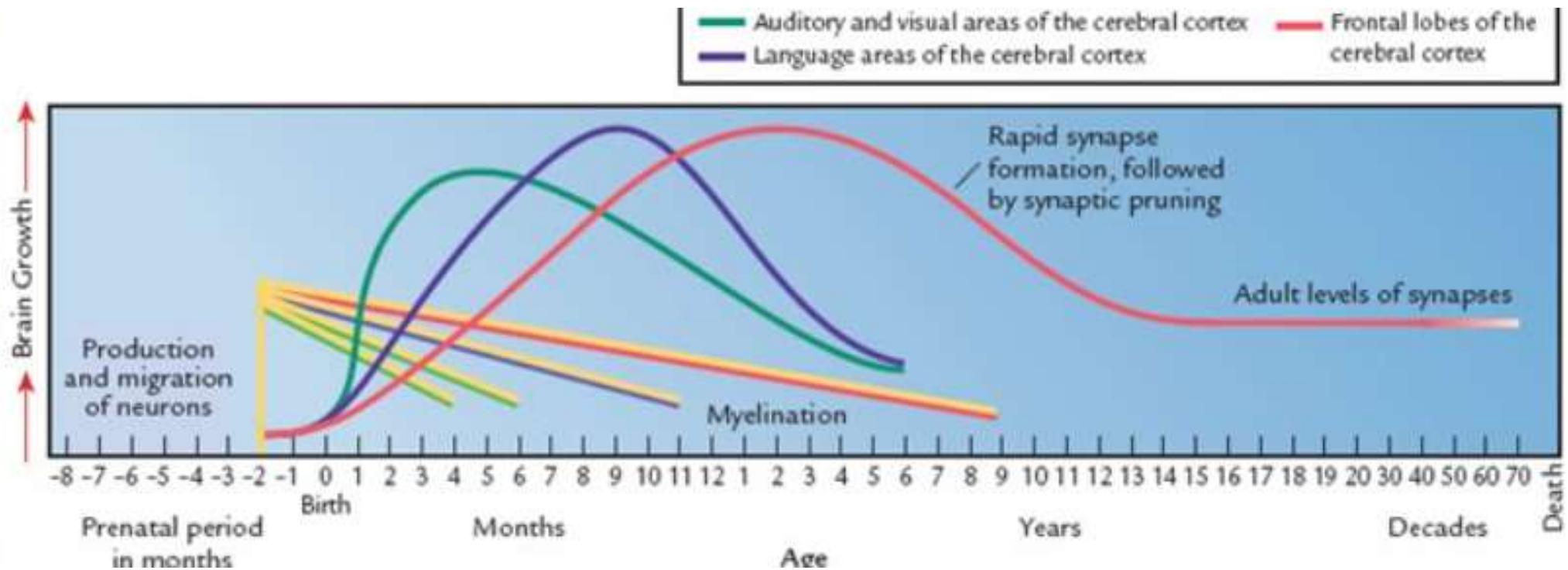
1. How many people do you know at each stage of life?
2. Which decade was the easiest to make associations?
3. Which decade was the hardest to make associations?
4. What do you hope to achieve by your next decade? How likely is it for you to achieve this?
5. What could be the greatest problems you might have in your next stage?

## Plan for today

- Describe key psychological theories of ageing and adult development
- Activity Theory and Disengagement Theory
- Apply psychological theories to support older adults

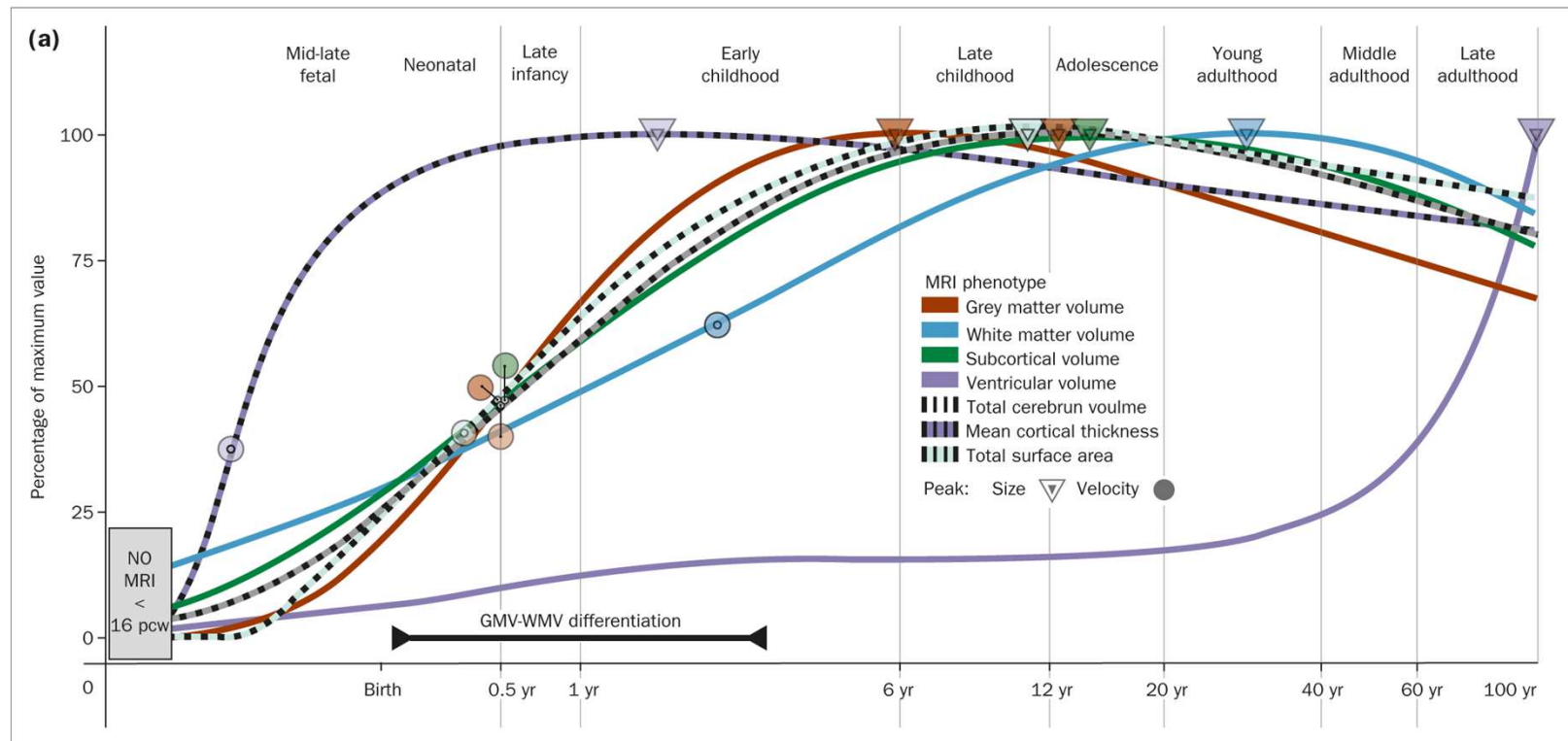


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Major milestones of brain development (Berk, 2018, p. 118)

# Trajectory of brain development- prefoetal to 100 yrs (Martin & Carlson, 2023)



Even though there were problems with underestimation and ecological validity in Piagetian tasks,



the timeline of brain development: from sensory motor to higher order cognitive functioning such as decision making parallels Piagetian theoretical framework of cognitive development (Goswami, 2020)

Therefore, it is important to look into brain and physical changes across ages to gain a better understanding of lifespan development.



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

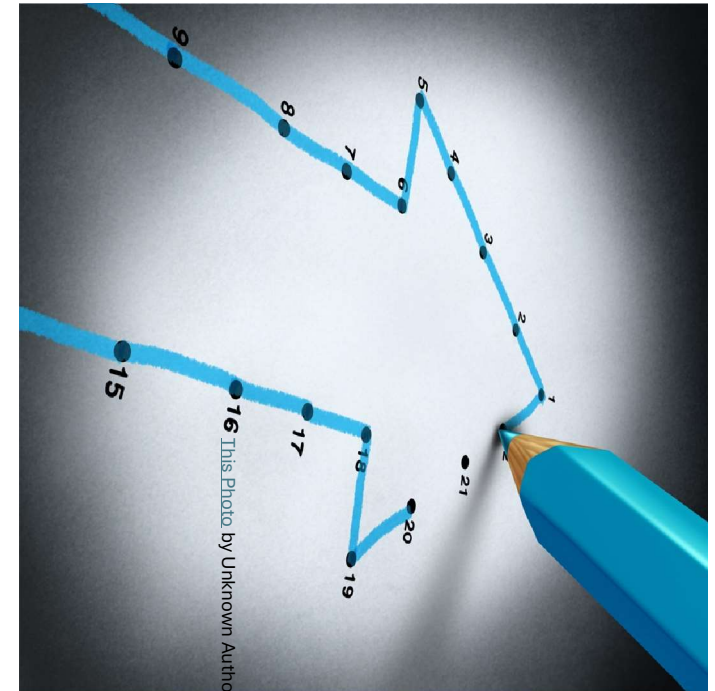


Work-life balance

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)



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## 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

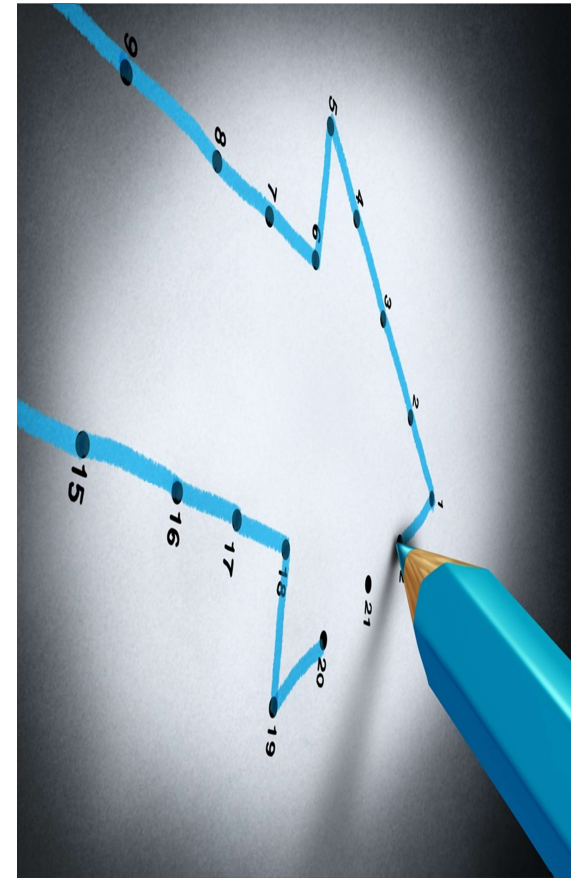
- Increase in fat, largely affecting the torso
- Gradual loss of **bone density**, beginning around age 40 and accelerating after age 50; loss of **bone strength** causes height to drop, bones to fracture more easily and heal more slowly

## 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 (recognised by ICD11 (World Health Organisation, 2022))
- Impacts 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

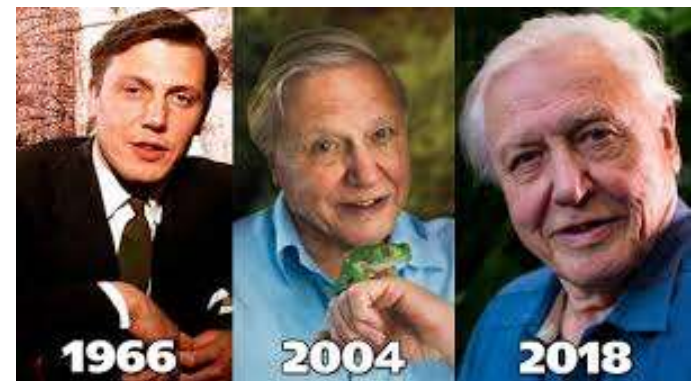
- Vision diminishes further; increased incidence of **cataracts** and **macular degeneration**
- Hearing diminishes further; reduced responsiveness to startling tones, difficulty discriminating complex tone patterns; difficulty detecting content and emotionally expressive features of conversation

## Cardiovascular and respiratory systems

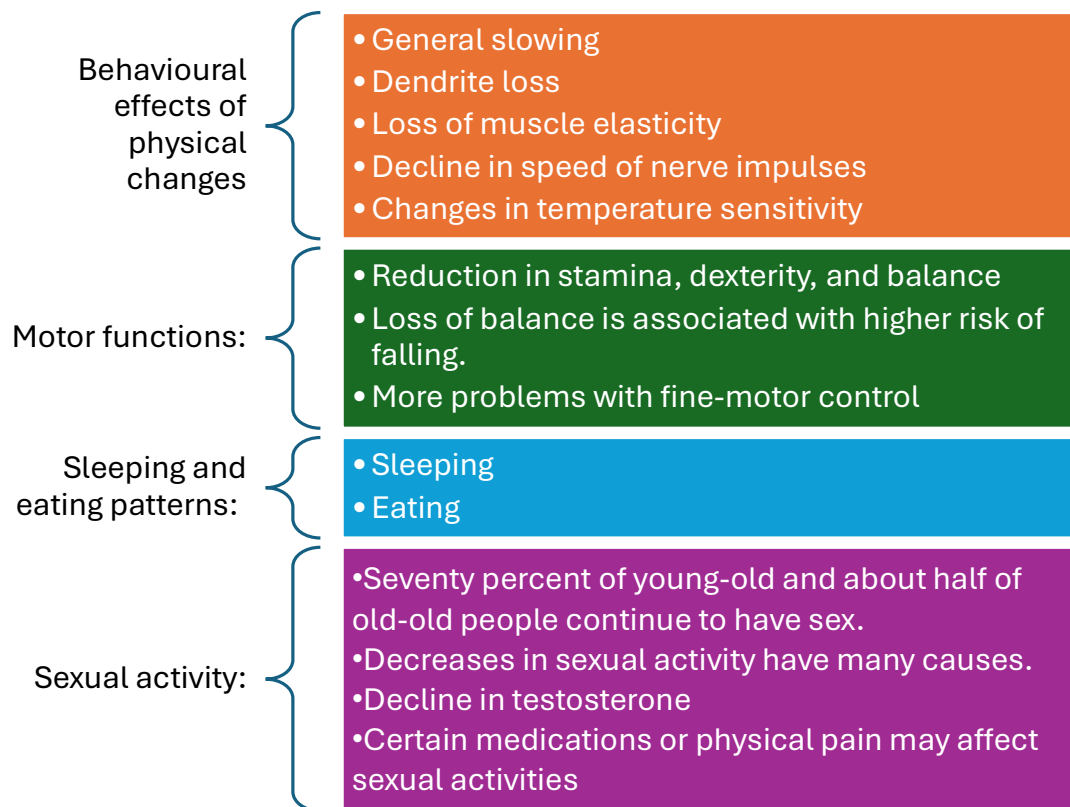
- Heart pumps with less force, maximum heart rate decreases, blood flow throughout circulatory system slows
- **Vital capacity** of lungs is reduced by half

## Physical appearance and body build

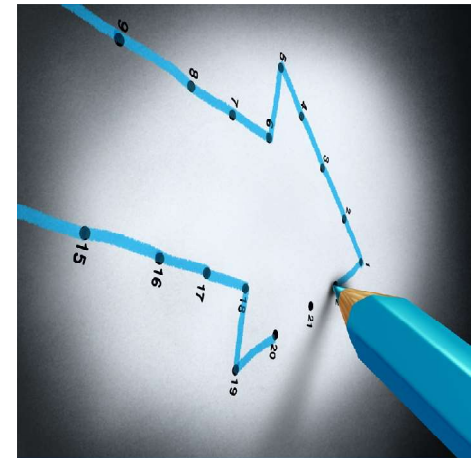
- Height and weight decrease; decline in muscle and bone strength and in strength and flexibility of joints, ligaments, and tendons leads to decreased **mobility**



# What are the consequences of these changes?



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



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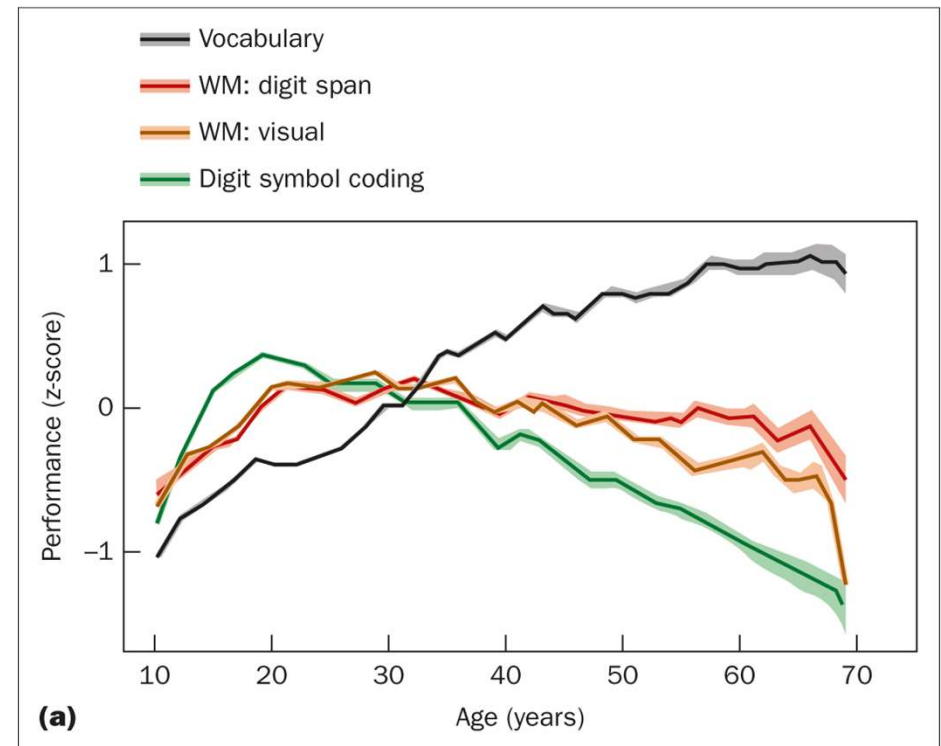
Reduction in mobility and some may present frailty

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)

## Functional changes with ageing (Martin & Carlson, 2023)

- Reduced hippocampus is linked to decline in working memory and episodic memory (Alder et al., 2018; Nyberg, 2017)
- Some functions do not decline with age: Knowledge, reading and verbal reasoning continue to increase in most older adults (Glisky, 2007; Martin & Carlson, 2023)



# How to break a vicious circle?

In older adults, increase frailty due to reduced physical health can limit mobility.



Exercise is associated with an increased production of feel-good chemicals, housebound or bed ridden older adults more likely to experience low mood and reduce social connection (Knight, 2020)



# Applying theories: keeping fit and keeping well

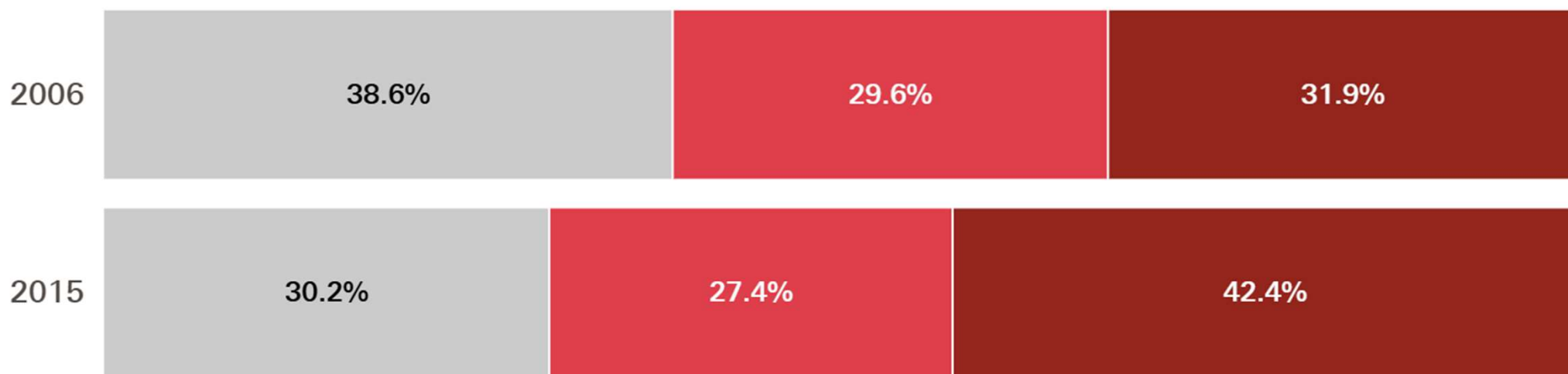
- Keeping physically active is as important as keeping your mind active in any given age. Modifications may be needed for older adults to access physical activities.
- We are undefeatable (n.d.) has teamed up with Bill Bailey to promote SOFA (Sit on Fitness Apparatus) workout to promote activity for those living with long term health conditions.
- Using the knowledge gained from this session about physical and cognitive changes in old age, look up the internet to see how we can help older adults to increase physical activities. Some charities would be helpful as your starting point.
- Discuss findings with your group



# The ageing population: Data in England (the Health Foundation, 2021)

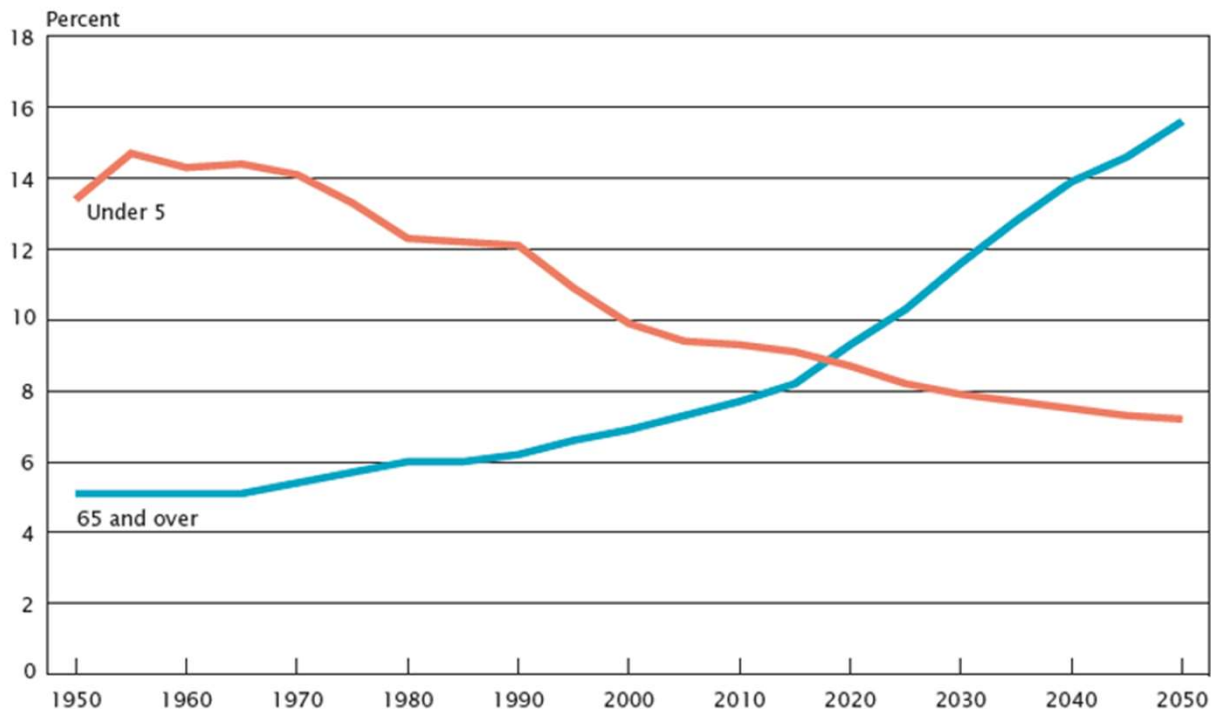
The proportion of people age 85 and over living with a long-term condition has increased

Number of long-term conditions: 0 1 2+



# Young Children and Older People as a Percentage of Global Population, 1950–2020 (Boyd & Bee, 2020)

Figure 2-3.  
Young Children and Older People as a Percentage of Global Population:  
1950 to 2050



- Increasing percentage of older people (65+)
- Decreasing percentage of children under 5
- Around 2020, there were more older people than young children
- Population of working-age will need to provide for higher demands of health and social care



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

# Social Disengagement Theory (Cumming and Henry, 1961)



## 1. Shrinkage of Life space

- Decreased interaction with fewer people
- Reduced social roles



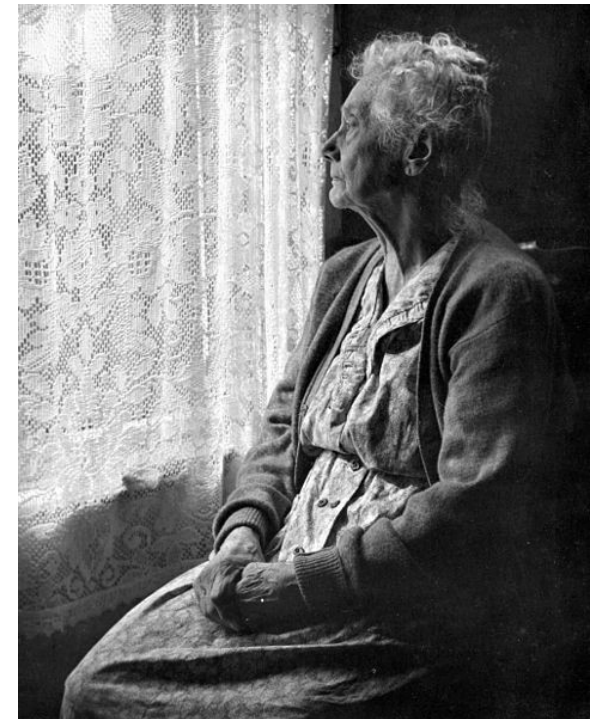
## 2. Increased individuality

- Become less restricted by rules and expectations in roles remained



## 3. Acceptance of the changes

- Withdrawal of 1 & 2 is voluntary, natural and evitable
- Most acceptable and successful way of ageing



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# Social Disengagement Theory

## Key Concepts

Mutual Withdrawal: The theory says that both older adults and society withdraw from each other. As older individuals reduce their social interactions, society also tends to push them out of active roles, allowing younger generations to take over.

Functional Perspective: Disengagement is viewed as beneficial for societal stability. It allows for a smooth transition of roles from older to younger individuals, ensuring continuity within the social structure.

Postulates of Disengagement: Cumming and Henry outlined several postulates that describe the disengagement process, including the expectation of death leading to a loss of social ties and the freedom from social norms as interactions decrease.

# Evaluating social disengagement theory

## Is SDT too negative?

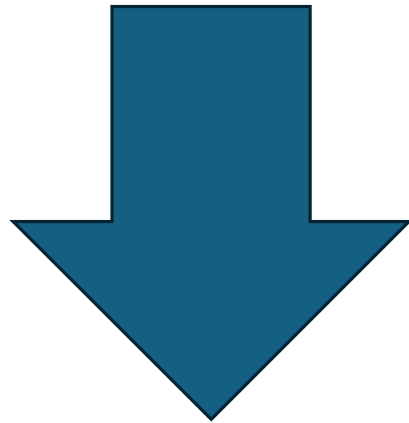
- The first two points in the theory may be inevitable. However, they are always voluntary from the older person's perspective. Their disengagement may be imposed on them due to health and changes in their life (Bee, 1996).
- Bromley (1988) objects to underlining tone of disengagement in old age.
- Quantity over quality: many old adults find satisfaction in later life with a smaller life space (Carstensen, 1996)



**Dame Esther Rantzen, aged 83 in 2023**  
**Stepped down from Childline after 37**  
**years**



- Researchers have often interpreted Cumming and Henry's original study as supporting **the Activity Theory of Ageing.**



# Activity Theory

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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 the activity theory

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

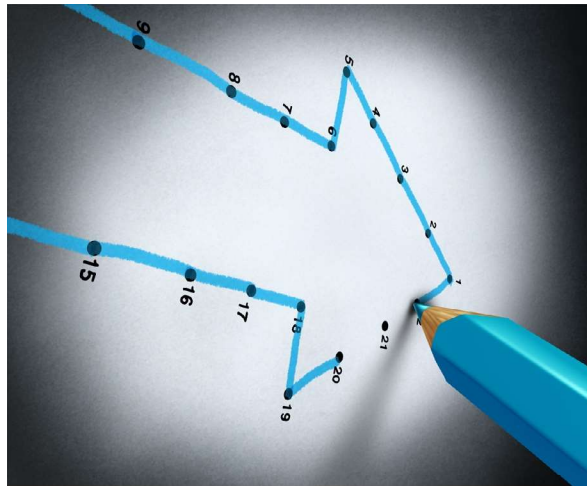
- Grandparenting
- Financial hardships

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 theories of ageing



Social disengagement theory underestimates whereas the activity theory overestimates the degree of control that people have over the ‘reconstruction’ of their life in late adulthood (Boyd & Bee, 2019, p. 663)

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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# Task - Supporting Margaret – Applying Theory to Practice

*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



# Communication and Ethics

## Consider:

- **Sensory loss** - Impacts communication, increases risk of isolation and misunderstanding. Use clear speech, visual aids, and tactile cues. Ensure hearing aids/glasses are available and functioning.
- **Cognitive changes** – might include memory loss, slower processing, or confusion. Use patience, repetition, and simplified language.
- **Emotional needs** - Older adults may experience grief, loneliness, or anxiety. Remember Erikson's Ego Integrity vs. Despair and the importance of life reflection and emotional impact.
- **Ethical principles:** autonomy, dignity, respect.
- **Reflective practice**

# Overview

## Disengagement Theory

- Ageing involves voluntary withdrawal from social roles
- Criticised for being passive and outdated
- Still useful for understanding natural decline in activity

## Activity Theory

- Ageing well = staying active and socially engaged
- Encourages participation in meaningful roles and hobbies
- Application: structured group activities, personalised engagement

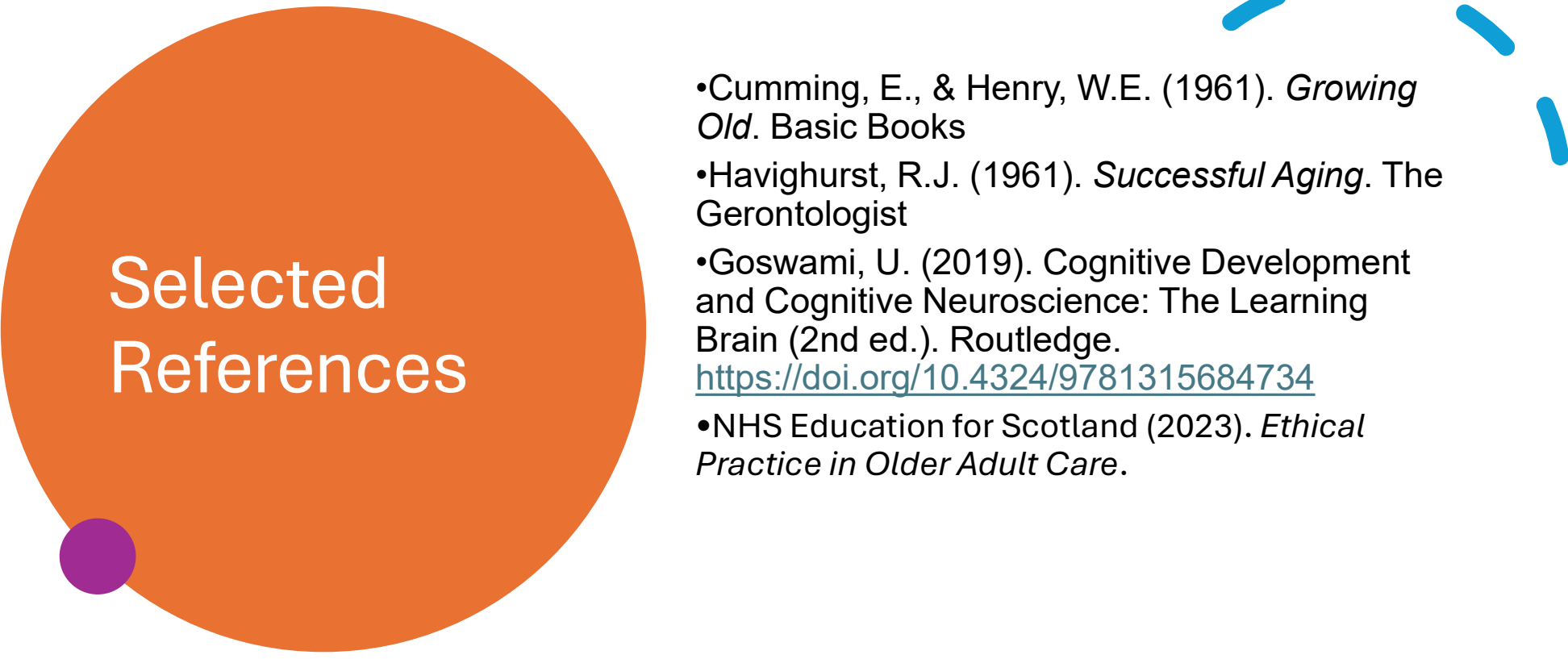


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# Overview

- 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

- Cumming, E., & Henry, W.E. (1961). *Growing Old*. Basic Books
- Havighurst, R.J. (1961). *Successful Aging*. The Gerontologist
- Goswami, U. (2019). *Cognitive Development and Cognitive Neuroscience: The Learning Brain* (2nd ed.). Routledge.  
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- NHS Education for Scotland (2023). *Ethical Practice in Older Adult Care*.