It is natural to assume that the most dramatic developmental changes occur during the years of infancy and early childhood. That may be true, but it is also true that important developmental changes are found throughout life. It is generally accepted that adolescence is a time of major change, but what about middle age and old age? Middle-aged people often have to deal with severe life events such as redundancy or divorce. As people move into their 50s and 60s, they are often faced with the problems of retirement, frequently combined with a reduced standard of living. As people move into old age, they may have to cope with the death of their husband or wife, and they may experience serious health problems.

Psychologists increasingly recognise that development continues from birth to death. Textbooks in developmental psychology used to consider human development only up to adolescence. In recent years, however, there has been a rapid increase in textbooks on what is known as developmental life-span psychology covering people’s entire lives. Most of the life span is considered in this chapter, all of the way from adolescence to old age.
ADOLESCENCE

It is often assumed that adolescence is a very “difficult” period of life, with adolescents being highly stressed and moody. It is further assumed that adolescents are stressed because they have to cope with enormous changes in their lives. Some of these changes are in sexual behaviour following puberty. There are also large social changes, with adolescents spending much more time with others of the same age and much less time with their parents than they did when they were younger. Adolescence is also a time at which decisions need to be made about the future. Adolescents need to decide which examinations to take, whether or not to apply to university, what to study at university, and so on.

Adolescence is certainly a period of change, and adolescents do have various pressures on them. However, as we will see, it is not true that adolescents are especially stressed, and they are at no greater risk of being in crisis than adults of all ages.

When does adolescence begin and end? It is convenient to assume that it covers the teenage years from 13 to 19. However, some girls enter puberty at the age of 10 or 11, and so become adolescent before they become teenagers. There are also numerous 20- and 21-year-olds who continue to exhibit many of the signs of adolescence. Adolescence cannot only be defined in terms of age, because some people enter and leave adolescence years earlier than others. In spite of these considerations, we will assume that the stage of development known as adolescence largely centres on the teenage years.

Erikson’s theory

Erikson (1902–1994) was a psychoanalytically oriented theorist, whose ideas about adolescence stemmed from his observations of emotionally disturbed adolescents during therapy. His views have been influential, and have helped to create the general impression that most adolescents are stressed and uncertain about themselves and about the future.

Erikson (1950, 1968, 1969) argued that adolescents typically experience identity diffusion, which involves a strong sense of uncertainty. They need to achieve a sense of identity, which can be defined as “a feeling of being at home in one’s body, a sense of ‘knowing where one is going’, and an inner assuredness of anticipated recognition from those who count” (Erikson, 1950, p.165). Adolescents find it hard to do this, because they are undergoing rapid biological and social changes, and they need to take major decisions in almost all areas of life (e.g. future career). In other words, adolescents typically face an identity crisis, because they do not know who they are, or where they are going. Erikson (1950, p.139) argued that the typical adolescent thinks about himself or herself in the following way: “I ain’t what I ought to be, I ain’t what I’m gonna be, but I ain’t what I was.”

Erikson (1969, p.22) spelled out in more detail what is involved in this identity crisis:

Adolescence is not an affliction but a normative crisis, i.e. a normal phase of increased conflict ... What under prejudiced scrutiny may appear to be the onset of a neurosis is often but an aggravated crisis which might prove to be self-liquidating and, in fact, contributive to the process of identity formation.

Thus, Erikson seemed to think that it was almost essential for adolescents to go through an identity crisis in order to resolve the identity issue and move on to the formation of a stable adult identity.
According to Erikson (1968), the identity diffusion or uncertainty experienced by most adolescents has four major components:

1. **Intimacy**: Adolescents fear commitment to others because it may involve a loss of identity.
2. **Diffusion of time**: This “consists of a decided disbelief in the possibility that time may bring change and yet also of a violent fear that it might” (Erikson, 1968, p.169).
3. **Diffusion of industry**: This involves either an inability to concentrate or enormous efforts directed towards a single activity.
4. **Negative identity**: This involves “a scornful and snobbish hostility towards the role offered as proper and desirable in one’s family or immediate community” (Erikson, 1968, p.173).

Erikson (1969) assumed that there are some important differences between males and females in identity development: females develop a sense of identity later than males, allegedly because they realise that their identity and social status will depend very much on the type of man they choose to marry. It is unlikely that a theorist would make such assumptions in the greatly changed society in which we now live.

One final point needs to be made about Erikson’s theoretical approach. Adolescence typically lasts for several years, and an identity crisis could possibly develop at any point within the teenage years. According to Erikson (1968), however, an identity crisis is more likely to occur in late adolescence than at any earlier time.

**Evidence**

Some of the evidence is consistent with the notion that adolescents experience high levels of stress. Smith and Crawford (1986) found that more than 60% of students in secondary school reported at least one instance of suicidal thinking, and 10% had attempted suicide. In fact, suicide is the third-leading cause of death among Americans aged between 15 and 24. However, there are fewer suicides among young adults than among middle-aged adults.

One of the implications of Erikson’s theory is that adolescents should have low self-esteem because of the uncertainties they face. However, the evidence does not support this. If there are changes in self-image during adolescence, those changes are more likely to be positive than negative (Marsh, 1989). Of course, some adolescents do show reduced self-esteem, but this is only common among those who experience several life changes (e.g. change of school; divorcing parents) in a fairly short period of time (Simmons et al., 1987).

There is also little evidence that adolescents are highly emotional. Larson and Lampman-Petraitis (1989) assessed the emotional states of American children between the ages of 9 and 15 on an hour-by-hour basis. The onset of adolescence was not associated with increased emotionality.

The evidence generally indicates that problems are more likely to occur early rather than late in adolescence. For example, Larson et al. (1996) found that boys experienced less positive emotion in their family interactions at the ages of 12 and 13, and girls did the same at the ages of 14 and 15. After that, however, the level of positive emotion increased in late adolescence back to the level of childhood.

Some studies have addressed the issue of sex differences in identity formation. Douvan and Adelson (1966) obtained support for Erikson’s position. Adolescent girls had greater
problems than adolescent boys with identity development, and this seemed to be because they focused on the changes in their lives that would result from marriage. In contrast, Waterman (1985) reviewed several studies, and concluded that there was only “weak and inconsistent evidence” that boys and girls follow different routes to identity achievement.

Evaluation

Erikson was correct in his argument that adolescents and young adults typically experience major changes in identity, and that these changes can cause uncertainty and doubt. However, Erikson overstated the case when he focused on the notion of an identity crisis that adolescents go through. Offer et al. (1981, pp.83–84) reviewed the literature, and concluded that there was only “weak and inconsistent evidence” that boys and girls follow different routes to identity achievement.

CASE STUDY: Anne Frank

Anne Frank was a Jewish teenager in the Netherlands during the Second World War. She and members of her family spent two years hiding from the occupying Nazis in a secret annexe at the back of a warehouse in Amsterdam, during which time Anne kept a diary of day-to-day events and her thoughts and feelings. Anne was 13 years old when the family went into hiding, and she experienced the difficulties faced by all adolescents as well as the almost unbearable situation of being confined with seven other people, facing hunger, boredom, and the constant fear of discovery. After a year and a half in the secret annexe, Anne wrote:

Everyone thinks I’m showing off when I talk, ridiculous when I’m silent, insolent when I answer, cunning when I have a good idea, lazy when I’m tired, selfish when I eat one bite more than I should, stupid, cowardly, calculating, etc., etc. All day long I hear nothing but what an exasperating child I am, and although I laugh it off and pretend not to mind, I wish I could ask God to give me another personality, one that doesn’t antagonize everyone.

After the war, only one member of Anne Frank’s family had survived; her father Otto, who edited and published his daughter’s diaries. Because of the social climate of the time (1947) Otto Frank edited out many references Anne had made to her sexual feelings and some passages in which she wrote with anger and sometimes hatred about her mother and other family members. A new edition of the diaries, published in 1997, gives a fuller picture of Anne Frank as a normal adolescent, struggling to come to terms with all the changes in her extraordinary and tragically short life.

Most of Erikson’s theorising was about male adolescents, and he had relatively little to say about female adolescents. This led Archer (1992, p.29) to argue as follows:

A major feminist criticism of Erikson’s work is that it portrays a primarily Eurocentric male model of normality.

Erikson initially argued that identity in males and females differed for biological and anatomical reasons, for example, he referred to the “inner space” or womb as the basis for female identity. However, he changed his mind somewhat thereafter. Erikson (1968, p.273) argued that

nothing in our interpretation ... is meant to claim that either sex is doomed to one ... mode or another; rather these modes “come more naturally”.

Erikson did not carry out any experimental studies to test his theoretical ideas. The ideal approach would have been to conduct a longitudinal or long-term study in which people were observed over a period of years starting before adolescence and continuing until after adolescence. In fact, as was mentioned earlier, Erikson relied mainly on his observations of adolescents undergoing therapy. He obtained evidence of an identity crisis in this biased sample, but this does not mean that all adolescents are the same.
Erikson seemed to believe that nearly all adolescents experience a similar identity crisis. In fact, however, there are enormous individual and cultural differences in the adolescent experience (Durkin, 1995). For example, Weinreich (1979) reported findings on different groups of adolescent girls in the United Kingdom. Immigrant girls (especially those from Pakistani families) had higher levels of identity diffusion than did girls from the dominant culture. It is fairly common to find that adolescents from ethnic minorities take longer to achieve identity status, perhaps because their lives are more complex and confusing than those of the majority group (Durkin, 1995).

Finally, Erikson’s views merely describe what he regarded as typical of adolescent thinking and behaviour. He did not provide a detailed explanation of the processes responsible for creating an identity crisis, nor did he indicate in detail the processes responsible for resolving it.

Marcia’s theory

James Marcia (1966, 1980) was much influenced by Erikson’s (1963) notion that adolescents are likely to experience an identity crisis. However, he argued that better methods of assessing adolescents’ state of identity diffusion or identity formation were needed. He also argued that Erikson’s ideas were oversimplified, and that there are actually various different ways in which adolescents can fail to achieve a stable sense of identity.

Marcia’s first assumption was that each adolescent has an identity status. In order to decide on each individual’s identity status, Marcia made use of a semi-structured interview technique exploring the three areas of occupational choice, religion, and political ideology. Four identity statuses were proposed, based on the individual’s position on each of two dimensions: (1) Have various alternatives been considered seriously in each of the three areas?; and (2) Have firm commitments been made in those areas? Marcia (1967, p.119) defined the key terms here as follows:

- **Crisis** refers to times during adolescence when the individual seems to be actively involved in choosing among alternative occupations and beliefs. **Commitment** refers to the degree of personal investment the individual expresses in an occupation or belief.

The four identity statuses are as follows:

1. **Identity diffusion**: identity issues have not been considered in detail and no firm commitments have been made for the future.
2. **Foreclosure**: identity issues have not been considered seriously, but future commitments have been made in spite of this.
3. **Moratorium**: there has been an active exploration and consideration of alternatives, but no definite future commitments have been made; this corresponds to Erikson’s identity crisis.
4. **Identity achievement**: various alternatives have been carefully considered, and firm future commitments have been made.

Marcia (1966) assumed that adolescents would tend to move from one of the low-identity statuses (diffusion and foreclosure) to one of the high-identity statuses (moratorium and achievement). Adolescents would change their identity status because of the growing external and internal pressures on them to enter the adult world.
Consider:
- Occupational choice
- Religion
- Political ideology

Ask:
- Have various alternatives been considered?
- Have firm commitments been made?

Marcia’s four identity statuses

- Identity diffusion
- Foreclosure
- Moratorium
- Identity achievement

Meilman

Some support for Marcia’s general approach was reported by Meilman (1979). He assessed the identity statuses of young males ranging in age between 12 and 24 using Marcia’s semi-structured interview technique. All of the 12- and nearly all of the 15-year-olds had one of the low-identity statuses. Among the 15-year-olds, 64% had identity diffusion and 32% had foreclosure. Among the 18-year-olds, 48% had identity diffusion and 24% had foreclosure, with 20% having identity achievement. The percentage of identity achievers increased to 40% among the 21-year-olds, and to 56% among the 24-year-olds.

There are two surprising features of Meilman’s findings. First, large numbers of people in their early 20s had still failed to achieve a stable identity, indicating that problems over identity are often by no means confined to the years of adolescence. Second, it appears that only a small minority of individuals at any age is in the moratorium period, suggesting that an identity crisis is fairly infrequent during or after adolescence.

Discussion points

1. Does it make sense to put adolescents and young adults into one of only four categories (see later)?
2. What confidence can we have in the opinions expressed by the participants in semi-structured interviews?
Evidence

One of the key differences between Marcia’s theory and that of Erikson is that Marcia argued that there are different ways in which an adolescent can fail to have achieved a sense of identity. Evidence that it is important to distinguish among the moratorium, foreclosure, and diffusion categories was reported by Marcia (1980). Those in the moratorium status felt much more positive about themselves and about the future than did those in the diffusion and foreclosure statuses. These findings are hard to explain from Erikson’s theory, because the moratorium status comes closest to his notion of identity crisis.

Identity status depends more on social and cultural factors than Marcia (1966) assumed. For example, Munro and Adams (1977) found that college students were more likely than those of the same age in full-time work to be in the moratorium period with respect to religious and political identity. This difference may have occurred because time spent at university provides more opportunity for exploration and questioning than is available in the workplace.

Marcia (1966) assumed, as did Erikson, that any given adolescent either has or has not forged an identity for himself or herself. In other words, identity formation is all-or-none. That assumption is an oversimplification, as was shown by Archer (1982). The identity statuses of adolescents who varied in age between 12 and 18 were assessed in the areas of occupational choice, gender roles, religious values, and political ideologies. Only 5% of these adolescents had the same identity status in all four areas, indicating that the great majority of adolescents are at different stages of development towards identity formation in different areas of life.

Erikson (1968) and Marcia (1966) both seem to have assumed that adolescents who have achieved a stable sense of identity are unlikely to go back to an earlier, pre-identity stage. However, Marcia (1976) carried out a follow-up after his initial study, and found that some of the adolescents who had achieved a sense of identity had returned to the foreclosure or diffusion identity status six years later.

Evaluation

Marcia’s theory is more realistic than that of Erikson, in that it recognises that there are several possible identity statuses. However, it is open to most of the same criticisms. Semi-structured interviews conducted at one point in time cannot provide much evidence about the ways in which adolescents change and develop during the teenage years. It is also not clear whether the answers given by adolescents in these interviews are accurate, rather than simply telling the interviewer what they think he or she expects to hear. Furthermore, there is a large difference between describing four identity statuses found among adolescents and explaining in detail how these statuses arise and are replaced by other statuses.

Marcia’s whole approach is rather limited. This was shown by Archer (1992, p.33), who asked the following awkward question:

*Why do we expend all this energy conducting these interviews, listen to these people share life stories, and then walk away with only these four little letters—“A” for identity achievement, “M” for moratorium, “F” for foreclosure, and “D” for identity diffusion?*

Some studies have focused on the factors within the family that may lead adolescents to have different identity statuses. Adolescents in either the identity achievement or moratorium statuses tend to have affectionate parents and the freedom to be individuals in their own right (Waterman, 1982). Adolescents in the identity foreclosure status tend to have close relationships with domineering parents, and those in the identity diffusion status tend to have distant relationships with aloof or uninvolved parents (Waterman, 1982).

Cross-cultural differences

Adolescents in the United States and other Western societies generally take several years to achieve a clear sense of adult identity. However, that does not necessarily mean that...
similar processes are at work in other cultures. Markus and Kitayama (1991) drew a distinction between societies in which there is an independent construal of the self and those in which there is an interdependent construal of the self. Societies (such as the United States or western Europe) with an independent construal of the self tend to be described as individualistic, egocentric, and self-contained. Societies (such as those in the Far East) with an interdependent construal of the self are described as collectivistic, connected, or relational. In the latter societies, many of the key decisions of early adulthood are not taken directly by the individual concerned. For example, there may be an arranged marriage, and the individual may be expected to do the same job as his or her father or mother. In such societies, the whole nature of adolescence is different from that in individualistic societies.

Evidence that adolescence in the Western sense is not universal was discussed by Condon (1987) in his analysis of the Inuit of the Canadian arctic at the start of the twentieth century. In that society, young women were regarded as adult at puberty. By the time of puberty, they were usually married, and soon thereafter started to have children. Young men were treated as adult when they could build an igloo, hunt large animals on their own, and support themselves and their families. The difficult living conditions in the arctic meant that there was no time for teenagers to spend several years thinking about what they were going to do with their lives.

PERSONALITY CHANGE IN ADULTHOOD

Even casual observation indicates that adults vary enormously in terms of the paths their lives take from the end of adolescence to old age. Some of these differences occur because of differences in personality, motivation, and interests, and some occur because of unexpected and unwanted life events (e.g. divorce; unemployment; illness). However, most adults form close relationships with others, most have one or more children, and most have jobs for much of their adult lives, suggesting that there may be some common life themes running through most people’s adulthood. Theorists such as Erikson and Levinson have focused on these common themes, and used them as the basis for identifying the major stages of development in the adult years.

Erikson’s theory

Erikson identified four stages to cover childhood. Erikson (1950, 1968) divided life during adolescence and adulthood into four further stages, each of which has its own developmental crisis. As with the earlier stages, each of the stages of adolescence and adulthood has a positive outcome and a negative outcome. Those who achieve only a negative outcome at one stage find it harder to cope during subsequent stages. The adolescence and adult stages are as follows (the ages for each stage are very approximate):

1. Stage 5. Adolescence (13–19 years): this is the stage during which individuals strive to avoid role confusion and develop a sense of identity. The social focus is on peer groups.

2. Stage 6. Early adulthood (20–30 years): this is the stage during which most adults commit themselves to a love relationship and to intimacy; other adults develop a sense of isolation. The social focus in this stage is on friendships.

3. Stage 7. Middle adulthood (30–60 years): this is the stage during which most adults commit themselves to productive and socially valuable work (including bringing up their own children and being concerned with others within society), or they become stagnant and self-centred. Erikson described these two extremes as generativity and stagnation. Generativity refers to “the interest in establishing and guiding the next generation” (Erikson, 1959, p.97). The social focus is on the household.

4. Stage 8. Old age (60 years onwards): adults in this stage try to make sense of their lives. If they are successful in doing so, they gain wisdom; if they cannot do this, then they experience despair. The social focus is on humankind.
In general terms, Erikson seems to have assumed that these three stages of adulthood applied universally to both sexes and to all cultures. However, Erikson (1968) did accept that there were often some differences between men and women in the sequence of stages. For example, men typically achieve a sense of identity before they achieve intimacy with a sexual partner during the stage of early adulthood. In contrast, Erikson argued that most women do not fully achieve a sense of identity until they have found a potential husband. According to him, the reason is that women’s identity depends in part on the nature of the man she wishes to marry.

**Evidence and evaluation**

Erikson was one of the first psychologists to attempt the difficult task of providing a stage account of the whole of human development, and so he helped to open up the psychology of adulthood as an area of study. It is now generally accepted that people do develop and show significant psychological changes throughout their lives rather than simply during childhood.

Erikson’s account of adult developmental changes is very sketchy. For example, it is doubtful that it makes much sense to argue that a single stage of development (middle adulthood) covers 30 years of an adult’s life.

There is some evidence to support Erikson’s assumption that men are more likely than women to achieve identity before intimacy. In a study on undergraduate students (reported in Bee, 1994), very few men showed intimacy without identity. In contrast, 52% of women who had not achieved identity nevertheless showed intimacy.

Erikson hypothesised that it is harder for parents to provide their children with a sense of purpose to carry them through adult life when the society in which they are living is going through a period of rapid change. Erikson studied the child-rearing practices of Sioux and Yurok Indians, who were experiencing great social change. He found supporting evidence for his hypothesis in these societies (cited in Cardwell et al., 1996).

The most serious problem with stage-based accounts of development is that they imply that most people change and develop in the same ways. There is plentiful evidence that this is not correct. Neugarten (1975) discussed clear evidence that key developmental changes tend to occur at an earlier age for working-class men than for middle-class men. Working-class men tend to get married, have children, and have a full-time job during their early 20s, whereas middle-class men often delay settling down and getting married until their 30s.

The other major problem with Erikson’s approach is that it was based on rather limited data. Erikson made use of detailed biographical case studies, such as his biographies of Martin Luther and Mahatma Gandhi, and on his clinical experiences. His approach has the disadvantage that information is obtained from only a small and unrepresentative sample of adults. It also has the disadvantage that Erikson had to rely on whatever information happened to be available (e.g. letters and other documents). It was hard for him to compare different individuals, because he did not have information from the same questionnaires or other measuring instruments as a basis for comparison.

**Levinson’s theory**

Daniel Levinson (1978, 1986) argued that there is a life cycle, which consists of a sequence of periods spanning adult life. According to Levinson (1986, p.4), the notion of a life cycle “suggests that there is an underlying order in the human life course; although each

<table>
<thead>
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<th>Stage</th>
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<th>Positive characteristics</th>
<th>Negative characteristics</th>
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<td>Identity</td>
<td>Role confusion</td>
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<td>Early adulthood</td>
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<td>Intimacy</td>
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<td>Middle adulthood</td>
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<td>Old age</td>
<td>60+</td>
<td>Wisdom</td>
<td>Despair</td>
<td>Humankind</td>
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**Key Term**

Life cycle: sequence of periods spanning adult life.
individual life is unique, everyone goes through the same basic sequence.” Many leading authorities such as Freud and Piaget assumed that development is essentially complete at the end of adolescence. In contrast, Levinson proposed that development continues during adulthood and old age.

Levinson (1986, p.6) also argued that there is a life structure, which he defined as “the underlying pattern or design of a person’s life at a given time.” In trying to understand an adult’s life structure, it is of crucial importance to focus on his or her relationships with other people who matter to him or her, and on the ways in which these relationships change over time. What are the main components in the life structure? Levinson (1986, p.6) found that only one or two components—rarely as many as three—occupy a central place in the structure. Most often, marriage-family and occupation are the central components of a person’s life, although wide variations occur in their relative weight and in the importance of other components.

According to Levinson’s theory, the life cycle consists of a sequence of eras. Each era has its own psychological and social characteristics, and each era “makes its distinctive contribution to the whole.” The move from one era to the next does not occur rapidly. Instead, there are cross-era transitions, which last for about five years and which span the time period from the end of one era to the start of the next. Finally, there are also important changes within each era.

The detailed structure of the life cycle is given next. The ages that are given for each part of the life cycle are the most common ones, but in practice there is a range of about two years above and below each figure. Here is the proposed structure:

1. Era of pre-adulthood (0–22 years): this is the era of most rapid development, as it spans infancy, childhood, and adolescence; the years between 17 and 22 form the early adult transition, in which there is the start of early adulthood as the individual begins to behave as an adult in an adult world.

2. Era of early adulthood (17–45 years): according to Levinson (1986, p.5), this is “the era of greatest energy and abundance and of greatest contradiction and stress.” This era starts with the early adult transition (17–22 years), during which the individual forms a Dream, which comprises his or her major life goals. According to Levinson (1978, p.92), “If the Dream remains unconnected to his life it may simply die, and with it his sense of aliveness and purpose.” The early adult transition is followed by the entry life structure for early adulthood (22–28 years), which is the time during which an initial attempt is made to construct an adult lifestyle. This is followed by the age 30 transition (28–33 years), which is a time for reconsidering and modifying the entry life structure. After that come the culminating life structure for early adulthood (33–40 years), which is the time for trying to realise key aspirations, and the midlife transition (40–45 years), which brings the era of early adulthood to a close and initiates the era of middle adulthood. In this period of transition, people often feel that their lives will never match their dreams. In other words, they have a midlife crisis.
3. Era of middle adulthood (40–65 years): this era starts with the midlife transition, followed by the entry life structure for middle adulthood (45–50 years), during which the individual develops a life style for middle age. This is followed by the age 50 transition (50–55 years), during which the life structure from the previous period is reconsidered and modified. The culminating life structure for middle adulthood (55–60 years) is the established life structure towards the end of this era. It is followed by the late adult transition (60–65 years), which spans the end of the era of middle adulthood and the start of the era of late adulthood.

4. Era of late adulthood (60–? years): this era begins with the late adult transition, and then moves on to periods concerned with the inevitable adjustments required because of retirement, declining health, and so on.

Two extreme positions are possible with respect to the life cycle. One extreme is to argue that adult development proceeds from one life structure to the next, with a rapid transition between successive structures. The other extreme is to argue that adult development involves almost constant change, with very little stability in the form of life structures being present. Levinson (1986) adopted a compromise position, according to which most adults spend about an equal amount of time in fairly stable life structures and in states of transition or change.

How can we decide the extent to which an individual's life structure has been satisfactory? There are two factors that need to be considered. First, there is the level of success or failure that the individual has had in his or her dealings with the external world. Second, there is the impact of the life structure on the inner self; for example, has the individual had to ignore or neglect some of his or her major desires?

Evidence

Levinson (1978) originally obtained evidence for his theory from interviews with 40 men in their 30s and 40s. There were ten novelists, ten biologists, ten factory workers, and ten business executives. All of the men were interviewed several times for a total of 10–20 hours over a three-month period in order to explore in detail the ways in which their life structures had developed during adulthood. He interviewed them again two years later, and also interviewed most of their wives. Some years later, Levinson carried out a similar study on 45 women. According to Levinson (1986), both studies indicated a surprisingly great tendency for everyone to proceed through the same periods and eras at about the same ages.

Evaluation

The interview method used by Levinson (1986) poses various problems. First, people may not remember clearly what happened to them 20 years earlier. Second, what people say about the past may be deliberately distorted. Third, when the interviewer has a particular theory in mind, this can influence the kinds of questions that are asked and the kinds of
answers provided by those being interviewed. Fourth, the fact that Levinson (1978) did not interview anyone who was more than 47 years old in his study on men limits what he can usefully say about men in their 50s and 60s.

Critics of Levinson’s theory have often argued that there is no real evidence for a midlife crisis during the early 40s. For example, Vaillant (1977) collected longitudinal data over a period of several years on Harvard graduates. He found that some men did divorce, change jobs, or they suffered depression at midlife. However, the frequency of these major changes was about the same throughout adulthood, and there was no real evidence that the early 40s were an unusually difficult or stressful time.

Finally, there is a desperate need for cross-cultural studies in this area, because the structure of the life cycle is likely to be very different in other cultures. For example, there are societies in which life expectancy is only about 40 years. In such societies, it would make little sense to think of the period between 17 and 45 as forming early adulthood!

There are other societies in which women are more or less prohibited from working, and this must influence the dreams of women in such societies.

ADJUSTMENT TO OLD AGE

One of the greatest changes during the course of the twentieth century was the dramatic increase in the number of older people in most Western societies. In the United States, for example, the average life span increased by 26 years during the twentieth century, and the proportion of people over 65 increased from 1 in 30 to about 1 in 6. As a result of this enormous increase in the number of old people, there has been a growth of interest in trying to understand the ways in which they adjust to the ageing process.

Adjustment to old age is hard for many reasons. Older people have typically retired from paid employment, their friends and close relatives may die, their physical health is declining, and they have reduced opportunities to be involved in society. In addition, they have to cope with negative stereotypes of old age. Goldman and Goldman (1981) asked more than 800 children in various Western countries their views on old age. Goldman and Goldman (1981, p.408) concluded that the mere figures do not convey the revulsion and often disgust expressed about old age by many children of all ages. Descriptions of wrinkled skin, sickness, feebleness and increasing fragility were often accompanied by grimaces and emotional negativisms.
Older people recognise the negative view of them held by society. Graham and Baker (1989) asked students and people in their 60s to indicate the status level of people of different ages. Both groups agreed that status level is low in young children, rises among those in their teens, 20s, and 30s, and declines in older people. The status level of 80-year-olds was as low as that of 5-year-olds.

What do old people regard as of most importance to allow them to enjoy a good quality of life? Ferris and Branston (1994) found that relationships, social networks, and good health were the three most important factors. The importance of social support was also found by Russell and Catrona (1991). Elderly people with little social support were more likely to develop depressive symptoms over a one-year period. Many old people have very little money, and so financial security is another important factor. Krause et al. (1991) found in America and in Japan that elderly people with financial problems experienced depression and a sense of worthlessness.

**Disengagement theory**

Cumming and Henry (1961) put forward the disengagement theory. According to the theory, there are various reasons why older people become less and less actively involved in society. Some of the reasons are due to factors beyond the control of the individual, such as compulsory retirement, deaths of relatives and friends, and children moving away from home. In addition, many older people choose to reduce the scope of their social lives, spending more and more of their time on their own. According to Cumming and Henry, progressive disengagement is the best way of adjusting to old age.

These theoretical ideas were developed by Cumming (1975). He argued that there is a gradual shrinkage of the life space in older people. This happens as they come to occupy fewer roles and have social interactions with fewer people. In addition, society has fewer expectations of older people with respect to those roles that they do continue to occupy. Finally, older people actively disengage from most of society, and this is the appropriate way of coping with external and internal pressures. The external pressures include a reduced need by others for the skills and abilities the older person possesses, and the internal pressures include deteriorating physical health and a decreasing level of concern about other people.

**Evidence**

Cumming and Henry (1961) provided some support for their disengagement theory. They carried out a five-year study on people between the ages of 50 and 90 living in Kansas City in the United States. They found substantial evidence that older people do progressively disengage from society. Somewhat different conclusions emerged from a follow-up study on over half of the original sample by Havighurst et al. (1968). They found that older people showed increasing disengagement as they aged. However, those who remained most socially active and involved tended to be the most contented, which is inconsistent with disengagement theory.

Two findings of Havighurst et al. were more supportive of disengagement theory. First, they found that some of those studied were disengagers, meaning that they had chosen to disengage themselves from social activities, but were nevertheless happy. Second, in spite of their declining levels of social engagement, older adults were less likely than younger ones to experience loneliness.

Evidence that older people cope with stressful situations in a more passive and disengaged way than younger people was reported by Folkman et al. (1987). Elderly people reported using passive and emotion-focused coping strategies in stressful situations, whereas younger people tended to prefer active, problem-focused coping strategies.
Some categories of elderly people show signs of disengagement. For example, individuals who have always been rather reclusive tend to disengage in their later years (Maddox, 1970). Lieberman and Coplan (1970) found evidence for disengagement during the last two years of life. However, in many cases this disengagement was forced on the individual by ill-health and was not a voluntary choice.

Studies in the United Kingdom and Australia have found that the majority of elderly people do not show the social disengagement predicted by Cumming and Henry (1961). For example, many of them remain very active socially through the church or through community organisations (see Durkin, 1995).

Cultural differences

There are important cultural differences in the extent to which older people disengage from society. In many non-Western cultures, elderly people tend to be actively involved in society, and they are given respect and authority because of their age (Tout, 1989). For example, elderly women in India generally maintain an active role in the lives of their community (Merriman, 1984). However, this is not the case with all non-Western cultures. Nomadic peoples who are frequently moving on from one place to the next often show little respect towards the elderly, because they reduce the mobility of the entire group (Tout, 1989).

As the years go by, so Western influences are spreading throughout much of the world. This has led to a marked reduction in the extended family with the grandparents at its head in numerous cultures in Africa and Asia. The growing tendency towards social exclusion of elderly people in some of these cultures was observed by Turnbull (1989) among the Ik people of Uganda. They have experienced a number of stressful social and economic circumstances, which are responsible in part for growing hostility towards the elderly. When outsiders offered help (e.g. medication) to elderly members of the Ik people, considerable resentment was shown towards them for providing assistance to the “dead”.

Evaluation

Older people generally show some signs of disengagement from society, although the extent of this disengagement is often less than was suggested by Cumming (1975). In addition, there are more signs of disengagement among older people shortly before death. However, it seems likely that disengagement occurs more because of external factors (e.g. retirement) than because older people want to disengage themselves from society.

One of the greatest limitations of disengagement theory is that it is based on the implicit assumption that all older adults are basically similar. This assumption is incorrect, because there are important personality and cultural factors that determine whether or not older people will disengage. It is known that adult personality changes only modestly during the adult years (Conley, 1984), and so those who are sociable and extroverted during the years of early adulthood and middle age are likely to remain sociable and socially engaged into old age. In contrast, there are many middle-aged people who are unsociable, and so are likely to become disengaged years before they reach old age (Bee, 1994). In other words, individual differences in personality allow us to predict fairly well whether any given person will or will not disengage in later life.

Disengagement theory also fails to take cultural factors into account. We have seen that there are significant cultural differences in the ways in which older people are regarded. Of particular importance here is the distinction between individualism and collectivism (Triandis, 1994). In Western societies, with their individualistic emphasis on personal achievement, older people with their declining powers are likely to be at least partially rejected by society. In the collectivistic societies of Asia and Africa, on the other hand, the greater emphasis on co-operation and supportive groups leads to older people remaining more integrated and engaged with society (Triandis, 1994).

Cardwell et al. (1996) make the interesting point that there may be cohort or generational effects. Those who are elderly now grew up in a society that was much less
Adolescence, adulthood, and old age

Images of old age change with the time. In the 1880s far fewer people survived into their 70s. How would theories such as disengagement theory have applied to people who had no welfare system to help them in their old age? In the 1940s life expectancy had improved for many reasons, and in the 1990s staying young in outlook and being active were the goals for many aged 70 and over.

Activity theory

Havighurst (1964) and other theorists have put forward a different approach to ageing, known as activity theory. According to this theory, older people become somewhat disengaged from society, not because they choose to, but because that is the way that they are treated by society. For example, many workers are forced to retire against their wishes because they have reached the age of 60 or 65, or for some other reason. It is assumed within activity theory that the best strategy for older people to adopt is to remain as active as they can. This involves hanging on to as many of the activities they were involved in during middle age for as long as possible.

Of particular importance is the need to keep involved in numerous different roles within society, trying to replace any roles that have disappeared with new ones. In other words, they need to maintain their “role count”. This can be done by starting new hobbies, joining clubs (e.g. a theatre club), or babysitting their grandchildren.

Do you think that self-perception could affect the way some people cope with ageing?

How would you evaluate activity theory? Perhaps you can think of individuals who fit this profile, but does it apply to everyone?

CASE STUDY: Wisdom in old age—Laurens van der Post

Laurens van der Post was born in South Africa in 1906 and died in 1996 at the age of 90. He spent his childhood in Africa, where he developed a closeness with and a fascination for the culture and beliefs of the native people of the Kalahari desert. Later he sailed on a whaling ship and then undertook a long voyage to Japan, which in the 1930s was closed to many Westerners. During the Second World War he fought in the South-East Asian jungle and was taken prisoner by the Japanese. After the war he travelled the world and wrote many books, both fiction and non-fiction, about the cultures and countries he came to know. He was a friend and admirer of the psychiatrist and psychologist Carl Jung.

All this varied experience led van der Post to become a writer and thinker who was deeply concerned with human spirituality, and in his later years he was regarded as a mentor by many people, including the Prince of Wales. In his old age he was valued for his wisdom and insight in a way that is rare in Western society, although it is interesting to note that much of his early life was spent in close contact with non-Western cultures. In a collection of conversations with a friend published in 1986 (Pottiez, 1986, p.146) van der Post is described as “… like a white Bushman and the earth is your hunting ground.”

Van der Post himself responds:

I do not know … but I think one’s whole life is a search the whole of life consists of making your way back to where you came from and becoming reunited with it in greater awareness than when you left it; by then adding to it your own awareness, you become part of the cosmic awareness.

Do you think that self-perception could affect the way some people cope with ageing?

How would you evaluate activity theory? Perhaps you can think of individuals who fit this profile, but does it apply to everyone?
Evidence

Evidence that activity theory describes older people better than does disengagement theory was reported by Atchley (1977), who argued that “most people continue to do in retirement the same kinds of things they did when they were working.” Atchley reported on the percentages of men and women continuing to fulfil various social roles in their 70s and beyond. Among men aged between 70 and 74 (the figures for men aged 75 and over are in brackets), 76% (71%) had contact with close relatives, 72% (71%) had the role of friend, 48% (36%) that of neighbour, and 24% (21%) that of worker. Among women aged between 70 and 74 (the figures for older women are in brackets), 56% (50%) had contact with close relatives, 60% (83%) had the role of friend, 52% (50%) that of neighbour, and 16% (17%) that of worker. Thus, most elderly people in the United States have a variety of active social roles.

Heckhausen (1997) presented evidence that older people remain active and motivated in their lives. He studied three groups of people (20- to 35-year-olds; 40- to 55-year-olds; and those 60 plus) in terms of primary control, which consists of active attempts to change the external world in line with the individual’s desires. His key finding was as follows: “primary control striving remains stable across the life span, even though the opportunities for primary control decrease in old age” (p.183). However, there were some age differences in terms of the areas in which the participants tried to exercise primary control. Older people focused more than younger ones on the areas of health, leisure, and community, but they focused less on family, financial, and work goals.

Langer and Rodin (1976) studied elderly people living in nursing homes. Those who were encouraged to be active and to look after themselves as much as possible had greater psychological well-being and lived longer than those who were less active. In similar fashion, Yaguchi et al. (1987) found that old people in Japan who remained physically active had higher levels of morale and more life satisfaction than those who were not physically active.

Evaluation

Perhaps the greatest strength of activity theory is that it is based on the recognition that there are important continuities between middle age and old age. In other words, most of the needs and motivational forces that lead middle-aged people to be actively involved in society still apply when they move into old age. Further support for activity theory comes from the frequent finding that the most contented older adults tend to be those who are the most active (e.g. Havighurst et al., 1968; Langer & Rodin, 1976).

The main weakness of activity theory is that it is greatly oversimplified. It takes little or no account of individual differences in personality. Some older adults (such as the disengagers in the Havighurst et al. study) deliberately reduce their activity level and disengage from society, because they find that this approach suits them. Activity theory also pays little attention to several factors other than activity level which contribute towards the adjustment made to old age. These factors include physical health, financial security, close relationships, and a strong social network.

Most elderly people are less active than middle-aged people, and so it might be expected that they would be less content as a result. In fact, however, the level of contentment in elderly people is similar to that in the middle-aged (see Durkin, 1995).

Synthesis

A central weakness with both disengagement theory and activity theory is that they are based on the oversimplified assumptions that all older people are essentially alike and
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Reichard et al.
The notion that there are different ways of coping successfully with old age was supported by Reichard et al. (1962). They interviewed 87 Americans aged between 55 and 84, and identified five personality types. Two of these (hostility, in which others are blamed for one’s misfortune; and self-hatred, in which the hostility is turned on oneself) were associated with poor adjustment to old age. In contrast, the other three personality types were associated with fairly successful adjustment to old age:
- Constructiveness: this involves coming to terms with the losses of old age, and continuing to interact positively with others.
- Dependent or “rocking chair”: this involves regarding old age as a time of leisure, and being reliant on others to provide assistance.
- Defensiveness: this involves remaining very active, as if pretending that old age has not arrived.

The findings of Reichard et al. are relevant to the disengagement and activity theories. The dependent personality style clearly possesses elements of disengagement, whereas the defensive personality style is primarily based on activity. Thus, we have evidence here that both theories apply reasonably well to certain individuals.

Discussion points
1. Is it possible that personality is more important than age in determining an individual’s outlook on life?
2. Does it make sense to assign all old people to one or other out of five categories?

are exposed to similar circumstances. Stuart-Hamilton (1994, p.127) put forward a more realistic hypothesis:

*Disengagement and activity theory describe the optimal strategy for some but not all elderly individuals, and which is the better depends upon a variety of factors, such as: financial circumstances (e.g. can one afford an active lifestyle?); health (e.g. does one still have the vigour for some hobbies?); and personality types (e.g. a lifelong introvert may hate an active lifestyle).*

The disengagement and activity theories both assume that adjustment to old age depends more on what you do than on who you are. However, there is strong evidence that who you are in terms of personality has a substantial effect on psychological well-being. Costa and McCrae (1980) argued that happy people are those who experience many pleasant emotions and few negative ones. They also argued that those high on extraversion or sociability experience more pleasant emotions than introverts, and that those high on neuroticism (a personality dimension involving being anxious and depressed) experience many negative emotions. As predicted, they found that the happiest people were those who were high on extraversion and low on neuroticism, and the least happy were those low on extraversion and high on neuroticism. McCrae and Costa (1982) later found that precisely the same was the case in a sample of old men.

**LIFE EVENTS IN ADULTHOOD**

Social Readjustment Rating Scale
Most adults experience several stressful life events over the years. Close relatives may die, they may get divorced, they may become unemployed, and so on. What are the effects of such life events on those who experience them? Holmes and Rahe (1967) addressed this...
issue. They developed the Social Readjustment Rating Scale, on which people indicate which out of 43 life events have happened to them over a period of time (generally six months or twelve months). These life events are assigned a value (out of 100) in terms of their likely impact (for a full description and examples see PIP, pp.169–170). You may or may not be surprised to learn that holidays and Christmas are regarded as sources of stress. However, Holmes and Rahe argued that any change (whether desirable or undesirable) can be stressful. Thus, for example, they included marital reconciliation (45 life-change units), gain of a new family member (39), and outstanding personal achievement (28) among the 43 life events. There have been numerous studies using the Social Readjustment Rating Scale. Those individuals experiencing events totalling more than 300 life-change units over a period of one year or so are more at risk for a wide range of physical and mental illnesses. These illnesses include heart attacks, diabetes, TB, asthma, anxiety, and depression. The correlations between life-change units and susceptibility to any particular illness tend to be rather low, rarely exceeding about +0.30.

**Evaluation**

The approach adopted by Holmes and Rahe (1967) has been very influential, and numerous questionnaire measures of life events have been developed. Their basic assumption that severe life events will increase the probability of being affected by a stress-related illness is a reasonable one that is supported by most of the evidence. On the negative side, there are four key problems with use and interpretation of the Social Readjustment Rating Scale.

**Direction of causality.** First, it is often not clear whether life events have caused some stress-related illness, or whether stress caused the life events. For example, stress may play an important part in producing life events such as marital separation, change in sleeping habits, or change in eating habits. Schroeder and Costa (1984, pp.859–860) found that when health-related, neuroticism-related, and subjective items were included in the life event measure, the customary low-to-moderate correlation with reported illness was obtained. However, ... when these contaminated items were excluded, the remaining items were not correlated with illness, which suggests that illness is essentially independent of the occurrence of life event changes.

**Individual variation.** The impact of most life events varies from one person to another. For example, marital separation may be less stressful to someone who has already established an intimate relationship with someone else, and who long ago ceased to have any affection for his or her spouse. Brown and Harris (1982) addressed this issue by developing a semi-structured interview approach to life events. This involves detailed questioning about life events in order to understand the background context. The likely impact of any given life event on the average person in that context is then assessed. This approach is superior to self-report approaches, but is much more time-consuming.

**Memory problems.** Memory failures can reduce the usefulness of the Scale. People often cannot remember minor life events from several months ago. Jenkins, Hurst, and Rose (1979) asked their participants to report the life events that had occurred during the same six-month period, on two occasions nine months apart. Their total scores were about 40% lower on the second occasion than the first. One way of reducing this problem is to use a structured interview approach in which the interviewer asks several questions about the occurrence and dating of events. Brown and Harris (1982) found that there was much less forgetting when this approach was used.
Desirable vs. undesirable events. Holmes and Rahe (1967) assumed that desirable life events could cause stress-related illnesses. However, most of the evidence does not support that assumption (Paykel, 1974). According to Martin (1989, p.198):

> Desirable events have generally been found to be nonsignificantly related to a variety of dependent measures, and the general consensus at present is that life event measures should include only undesirable events.

Parenting

Gaining a new member of the family is one of the more stressful life events in the Social Readjustment Rating Scale (Holmes & Rahe, 1967). This may seem surprising. However, becoming a parent involves numerous changes in lifestyle, a marked reduction in free time, and a considerable increase in responsibility. It also produces a change of role, with parents defining themselves and being defined by others as occupying the roles of father and mother. As Bee (1994) pointed out, parents with young children have much less time for each other. As a result, they have fewer conversations with each other, less sex, and spend less time doing routine chores together.

These factors help to explain why studies carried out in Western societies consistently indicate that the arrival of the first child reduces marital satisfaction (e.g. Reibstein & Richards, 1992). This adverse effect is found in all religious groups, races, and at all educational levels (Eysenck, 1990). It is stronger in women than in men, in part because women often expect that the father will provide more assistance with the baby than turns out to be the case (Ruble et al., 1988). Indeed, the only clear exception is provided by white people who feel that the ideal number of children in a family is at least four! There is also evidence of the “empty nest” syndrome, in which marital satisfaction increases somewhat after the last child has left home (Eysenck, 1990).

Why do so many adults decide to have children? Turner and Helms (1983) put forward several reasons. First, children provide a sense of achievement. Second, they allow parents to give and to receive love. Third, having children is a cultural expectation in many societies. Fourth, children can give their parents a sense of importance.

Relevant factors

The extent to which parents adjust successfully or unsuccessfully to the arrival of a baby depends on several factors. For example, working-class parents show less dissatisfaction with parenthood than do middle-class parents (Russell, 1974). A possible reason for this is that becoming a parent is more likely to have a serious disruptive effect on the career plans of middle-class women.

As might be expected, the extent to which mothers are satisfied with the role of mother influences their reactions to their children. Lerner and Galambos (1985) carried out a study in the United States, and found that children are more likely to be rejected if their mother is dissatisfied with her role. In addition, the children are more likely to become difficult to handle.

Couples differ in how well they adjust to the demands of parenting. Couples who are psychologically close before the birth of their first child are most likely to adjust well to its arrival. For example, couples whose interactions were most positive during the months of pregnancy, and who showed respect to each other when conflicts arose, dealt most successfully with their roles as parents (Heinicke & Guthrie, 1992). Fathers feel more positive about their role and mothers behave more warmly towards their children in couples who confide in each other (Cox et al., 1989).

The age and financial circumstances of parents are also important in determining how well they adjust to having a baby. Couples who are young and who have adequate amounts of money tend to be happier parents than couples who are older and poorer (Bee & Mitchell, 1984).
Evaluation

It is very hard to draw general conclusions from research on parenting. There are two main reasons. First, the impact of a baby on its parents depends on numerous factors. These factors include social class, the attitude of the mother to her new role, the psychological closeness of the parents, the extent to which the parents confide in each other, the age of the parents, and the financial means of the parents. Other factors that are likely to be important are whether the baby was planned and whether or not the parents have other young children.

Second, the three people in the basic family (father, mother, child) typically interact in complex ways with each other. As a result, it is usually hard to work out exactly why any given couple finds parenting a stressful experience. For example, a married couple may argue that parenting is stressful because their child cries a lot and behaves badly. However, it is possible that the child’s mother has not behaved with enough warmth and sensitivity to produce secure attachment of the child to its mother (see PIP Chapter 17). In other words, it is often hard to establish cause and effect.

Divorce

Divorce is becoming increasingly common in Western societies. Almost 40% of marriages in Britain end in divorce, and the figure is even higher in the United States. Divorce is especially likely during the first five years of marriage, and other “danger periods” are after 15 and 25 years of marriage (Gross, 1996).

Divorce is the second most stressful life event after death of one’s spouse according to the Social Readjustment Rating Scale (Homes & Rahe, 1967). Divorced people tend to have worse mental and physical health than married people (Buunk, 1996). Indeed, their general health is even worse than that of people who are widowed or who have never married.

Information on happiness levels as a function of marital status was obtained by Bradburn (1969) in an American study. Bradburn found that 35% of married men and 38% of married women said they were “very happy”, which was much higher than the figures for never-married men and women (18% in both cases). In turn, the never-married were more likely than the separated, divorced, or widowed to indicate that they were “very happy”. At the other end of the scale, fewer than 10% of married people said they were “not too happy”, compared to over 30% of divorced people, and 40% of separated people. These findings may be due to divorce causing unhappiness, but it is also possible that unhappy people are more likely to get divorced.

The stressfulness of divorce depends on a variety of factors. Buunk (1996, p.371) concluded that:

Individuals who had a less close relationship with their former partner, who took the initiative to break up or divorce, who are embedded in social networks, and who at present have a satisfying, intimate relationship, are relatively better off. In addition, certain personality characteristics, including high self-esteem, independence, tolerance for change, and egalitarian [favouring equality] sex-role attitudes, facilitate coping with the situation of being divorced.

The impact of divorce often differs for men and women. Women are likely to suffer more in some ways, because they often lose more financially and have to accept greater parental responsibilities (Rutter & Rutter, 1992). On the other hand, men are less likely than women to initiate divorce proceedings, and they tend to have weaker support networks (Gross, 1996).

Stages

It has been argued that those getting divorced tend to go through a series of stages during the divorce process. For example, Bohannon (1970) proposed the following six stages:

2. Legal divorce: the marriage ends officially and legally.
3. Economic divorce: the assets of the divorced couple are divided up.
4. Co-parental divorce: issues relating to custody of any children of the marriage and access rights to them are decided.
5. Community divorce: the necessary changes are made to relationships with family and friends.
6. Psychic divorce: the two divorced people adjust separately to the new state of affairs.

As with most stage theories, it may be doubted whether everyone who gets divorced works their way neatly through these six stages in the specified order.

**Evaluation**

The effects of divorce vary greatly depending on the personalities of those involved, on the nature of the previous relationship between them, and on the existence (or otherwise) of another intimate relationship and a strong social network. The available evidence is limited. Divorced people are less happy and more stressed than non-divorced people, and this could occur because divorce makes people stressed, or because stressed and unhappy people seek divorce. We don’t know exactly what is going on, but there is evidence that certain kinds of people tend to divorce. For example, identical twins whose co-twin has divorced are rather more likely to become divorced than identical twins whose co-twin has not divorced (Plomin, 1997). The genetic factors that play a part in determining who becomes divorced may also tend to produce negative emotional states.

**Bereavement**

According to the Social Readjustment Rating Scale (Holmes & Rahe, 1967), bereavement in the form of the death of one’s spouse is the most stressful life event that people experience. There are several reasons for this. For most married people, death of their spouse causes considerable emotional trauma, because they have lost the central relationship in their lives. In addition, it typically also requires great changes in the life structure of the bereaved person. Finally, bereavement also has a major impact on the bereaved person’s social identity. They lose their role as partner in a marriage, and adopt the lesser role of widow or widower. This can pose particular problems in those societies in which social life is organised mainly around married couples.

Stroebe et al. (1993) argued that the loss of one’s spouse affects the survivor’s social functioning in four main ways:

1. Loss of social and emotional support: this is the key loss.
2. Loss of social validation of personal judgements: an individual’s spouse can help to make them confident about the correctness of their views.
3. Loss of material and task supports: in most marriages, there is some role differentiation, with the husband and wife focusing on different tasks and activities; after bereavement, the survivor has to take on the tasks done hitherto by the spouse.
4. Loss of social protection: the spouse can no longer defend the survivor from unfair treatment by other people.

**Stages**

Parkes (1986) argued that bereaved people go through a series of stages following the death of their spouse. First, there is a period of shock and numbness. Second, there is a period of intense longing for the dead spouse. Third, there is a prolonged period of depression and general hopelessness. Fourth, the bereaved person does what is possible to construct a new life for himself or herself.

Ramsay and de Groot (1977) argued that the processes involved in coming to terms with bereavement do not occur in the predictable ways assumed by stage theorists. According to them, there are nine components of grief which may occur in various different orders: (1) shock or numbness; (2) disorganisation or an inability to plan sensibly; (3) denial (e.g. expecting the dead spouse to arrive home); (4) depression; (5) guilt at
having neglected the dead spouse or having treated him or her badly; (6) anxiety about the future; (7) aggression (e.g. towards the doctors or members of one's family); (8) resolution or acceptance of what has happened; (9) reintegration or reorganisation of one’s life.

It has often been suggested that the final stage of grief involves recovery from bereavement. However, Stroebe et al. (1993) argued that total recovery is often not possible: “if there has been a strong attachment to a lost loved one, emotional involvement is likely to continue, even for a lifetime.”

Evidence

Nearly everyone who is bereaved experiences a range of grief reactions. Indeed, there are still signs of grief and other negative emotions 2½ years after bereavement (Thompson et al., 1991). However, bereavement is somewhat less stressful if the person who died had been ill for some time beforehand (Eisdorfer & Wilkie, 1977). Bereavement is also less stressful on average when the bereaved person is old rather than young (Stroebe & Stroebe, 1987). An important part of the reason for this is probably that the loss is more likely to be unexpected when the person who died was young.

Stroebe et al. (1982) reported evidence that those who have been bereaved are at increased risk of death from cirrhosis of the liver, accidents, strokes, coronary heart disease, and violence. Widowers are more at risk than widows so far as deaths from cirrhosis of the liver and violence are concerned. Gallagher-Thompson et al. (1993) carried out a longitudinal study, in which they confirmed that bereaved men and women are at increased risk of premature death. They also found that the bereaved who died were less integrated socially than those who did not; their spouse had been the main person in which they confided; they had small social networks; and they were generally less involved in social activities.

It is much more common for the wife to be bereaved than for the husband. About 85% of married people who are bereaved are widows, against only 15% who are widowers. It is often argued that men find it harder to adjust to loss of their spouse than do women. One reason is that, for many men, their wife is their only close friend, whereas women tend to have a wider circle of friends. Another reason is that many men lack the housekeeping and cooking skills needed to look after themselves properly. Men tend to be older than women when they are widowed, and this makes it harder for them to cope. In view of this evidence, it is only to be expected that bereaved men are more likely than bereaved women to suffer from ill health and rapid death (Bury & Holme, 1991).

The effects of widowhood on women depend to a large extent on the nature of the relationship they had with their husband. Women who have defined themselves in terms of their husband experience a loss of identity, and generally find it very hard to adjust to widowhood (Lopata, 1979). In contrast, those whose lives have had a broader focus cope better and do not suffer much loss of identity. There is also evidence that widows who have strong relationships with other people (especially their own children) manage to adjust more successfully than those who do not (Field & Minkler, 1988).

Another difference between the sexes is that women who are bereaved are less likely than men to remarry. Lopata (1979) reported that widows are often reluctant to surrender their independence, and they are also concerned about the possibility of being widowed for a second time. In contrast, men often favour remarriage because they find it harder than women to achieve psychological closeness with people outside the home.

It is possible that sex differences in reactions to bereavement are in decline. As Stuart-Hamilton (1994, p.121) suggested, “the current societal re-evaluation of gender roles may eradicate whatever differences there are.”

Unemployment

Not surprisingly, the psychological effects of unemployment tend to be negative. For example, Hepworth (1980) compared employed and unemployed British men on a measure of general distress containing items about feelings of anxiety, depression, worthlessness, hopelessness, and so on. The distress scores of the unemployed men were nearly six times higher than those of the employed ones. According to Warr (1987), unemployment typically causes a rapid fall in psychological well-being, followed by further deterioration.
After that, there is a plateau of poor psychological well-being, which is reached three to six months after job loss.

Unemployment also has negative physical effects. Moser et al. (1984) carried out a 10-year longitudinal study on males who were aged between 15 and 64 at the start of the study. Men who were unemployed initially were significantly more likely than employed men to die during the course of the study, and this was especially so for death by suicide or lung cancer. As Warr (1987) pointed out, the increased risk of lung cancer may have arisen because unemployed men tend to smoke more than those in employment.

In spite of the fact that unemployment generally has negative effects, the size of these effects depends on the circumstances in which unemployed people find themselves. For example, unemployment is likely to be especially damaging to a relatively poor middle-aged person who is supporting a large family and who has little chance of finding another job. In contrast, unemployment will have less impact on someone who is wealthy and who was due to retire shortly in any case. Warr (1987) pointed out that about 10% of unemployed men actually report an improvement in their health since losing their jobs. This mostly happens because their jobs damaged their physical health, but some unemployed men reported improved psychological health as well.

Why does unemployment typically impair psychological and/or physical health? Warr (1987) argued that there are nine environmental factors that influence psychological well-being, with unemployment tending to change all of these factors for the worse. The nine factors are as follows:

1. Availability of money: unemployed people typically have less money at their disposal.
2. Opportunity for control: unemployed people are less able to behave as they choose.
3. Opportunity for skill use: this generally decreases as a result of unemployment.
4. Goals and task demands: unemployment reduces the demands on people, and can make their behaviour less purposeful and goal-directed.
5. Variety: unemployed people tend to have less variety and change in their everyday lives than those in employment.
6. Physical security: unemployed people may worry about the loss of adequate housing or may be unable to pay for fuel for heating and lighting.
7. Opportunity for interpersonal contact: unemployed people typically have social contact with fewer people than do employed people.
8. Environmental clarity: unemployed people tend to be more uncertain about the future than those in employment.
9. Valued social position: unemployed people lose the socially approved role they filled when they were employed, and this can cause reduced self-esteem.

One of the key predictions from Warr’s approach is that unemployed people who manage to construct lives involving variety, opportunities for control and for skill use, goals and task demands, opportunity for social contact, and a valued social position should be best able to cope with a period of unemployment. This prediction was supported by Fryer and Payne (1984). Unemployed men and women who found satisfying roles in community, religious, or political organisations tended to have good psychological well-being.

**PERSONAL REFLECTIONS**

• Developmental psychology used to be concerned only with the period between birth and adolescence, presumably because the most obvious and dramatic developmental changes occur during that time. However, it actually makes much more sense to accept that change and development occur throughout the whole of human life. Most life-span developmental psychology focuses on the similarities among people as they move through adulthood and into old age. What is missing is an emphasis on the differences in development that are found among adults. In other words, what I would like to see in the future is a systematic attempt to understand why adults differ considerably in the types of development they show during the adult years.
Adolescence

Adolescence roughly covers the teenage years, but is better defined in psychological terms rather than by age. Erikson argued that adolescents experience an identity crisis, because of identity diffusion or uncertainty revolving around intimacy, diffusion of time, diffusion of industry, and negative identity. He also argued that females have greater problems than males with identity development. The evidence provides little support for the notion of a universal identity in adolescence or for sex differences in identity development. Erikson relied too much on limited observations of a biased sample of emotionally disturbed adolescents. Marcia argued that there are four identity statuses based on thorough thinking in key areas of life and firm commitments in those areas. There is support for the existence of these identity statuses, but they are less all-or-none than Marcia suggested. Erikson and Marcia both described rather than explained what happens in adolescence, and they ignored individual and cultural differences in the adolescent experience.

Personality change in adulthood

According to Erikson’s theory, there are three major stages after adolescence: early adulthood; middle adulthood; and old age. The first stage revolves around intimacy vs. isolation, the second stage around generativity vs. stagnation, and the third stage around wisdom vs. despair. This theory is very sketchy, and it mistakenly implies that most people change and develop in the same ways. It is based on limited data from biographical case studies. According to Levinson, the life cycle consists of a series of eras, with lengthy cross-era transitions. The main eras are those of pre-adulthood, early adulthood, middle adulthood, and late adulthood. The evidence for this theory comes mainly from interview data, which are retrospective and may be biased. Levinson’s assumption that virtually everyone experiences a midlife crisis has received little support.

Adjustment to old age

According to social disengagement theory, older people become less actively involved in society in part because they choose to become disengaged, and because it is the best strategy. However, older people who remain the most active tend to be the most contented. There is less disengagement in many non-Western cultures. Social disengagement theory de-emphasises individual differences in personality and preferred lifestyle. According to activity theory, older people should remain as active as possible. This theory recognises that there are important similarities between middle age and old age. Activity theory takes little or no account of individual differences in personality.

Life events in adulthood

Serious life events show some tendency to be followed by physical and mental illness. It is often hard to assess the direction of causality, and there are individual differences in the meaning of any given life event. Parenting tends to reduce marital satisfaction, because it reduces the parents’ free time and increases their responsibilities. Divorced people tend to have worse mental and physical health than married ones. The divorce process involves various stages, starting with emotional divorce and legal divorce, and ending with community divorce and psychic divorce. Bereavement in the form of death of one’s spouse is the most stressful life event, and can lead to premature death as well as grief. It causes a period of shock and numbness, followed by intense longing for the dead spouse, followed by a long period of depression, followed by the construction of a new life. Men often find it harder to cope with bereavement than do women. Unemployment has negative mental and physical effects. These effects occur because unemployment reduces the availability of money, control, opportunities for skill use, variety, and so on.

Further reading

Chapters 15 to 19 of K. Durkin (1995), Developmental social psychology: From infancy to old age, Oxford: Blackwell, deal with theories of adolescence, adulthood, and old age in some detail. The changes that occur in old age are discussed fully by I. Stuart-Hamilton.


