

Working with adults

Block 1 ~ The adult life course

Learning outcomes;

- To gain an understanding of the significance of change, transition and growth in adulthood
- To gain an understanding of the factors that influence change and transition
- To gain an understanding of stage theories in adulthood
- To gain an understanding of transition and change in older age

Introduction

In this section I want to encourage you to think about how people develop, mature, and change over the course of their adult life.

Teaching and thinking about human growth and development in the social sciences often centres on children and childhood. There are good reasons for this as children experience rapid and obvious physiological and psychological development which moulds and influences their lives for many years to come. You may know of the supposedly Jesuit maxim which suggests that a person's life is shaped by their formative years – 'Give me the child for the first seven years and I will give you the man.' Be that as it may, I want to suggest that an understanding of change and development in adults is also an important area of knowledge for practice.

Session 1

Taking a life course perspective on human development

An explicit idea that underpins the study of the adult life course is that growth and development, change and opportunity, are features of human development throughout the whole of life. Paul Baltes (1987) developed seven theoretical propositions that underpin the life course perspective. These assumptions or characteristics of human development provide a helpful context to our studies.

They are:

- *Human development is multidimensional* – it is made up of biological, cognitive and social dimensions.
- *Human development is studied by a number of disciplines* – as above, researchers and theorists from across the disciplines have investigated human development
- *Human development is multidirectional* – it will be characterised by both growth and decrease or loss, but not with any single predetermined pathway that can be deemed as ‘normal’.
- *Human development is plastic* – it is fluid and varied and may take many different paths depending upon the person’s life conditions
- *Human development is embedded in history* – it will be influenced by the person’s life history and the sociocultural and socio-economic conditions that they have lived through
- *Human development is contextual* – it is dependent upon how the individual responds to the things that are going on around and within them, the context in which they live their lives. Thus development is influenced by the interaction between the person, their experiences, their history, their environment and their biological makeup.

Both children and adults then experience change and transition which can profoundly alter the course of their lives. Change, especially if rapid or

unexpected, is often portrayed as being challenging or even damaging to the individual. Often people are not comfortable with change and sometimes seek to avoid it preferring to find comfort in the familiar or routine. Whilst some profound changes can be disorienting or even traumatic, we have to acknowledge that transition, maturation and development is desirable and is part of our natural lifespan. After all, the alternative is to stand still, to remain immature and to fail to reach our potential as adult human beings

What factors influence change and transition?

Often the best place to start when considering complex ideas, is with yourself, and at various points in the materials I will be asking you to think about your own life and the decisions and changes that have made you the person you are today.

Activity 1.

Think about your own life, initially your childhood and then your later years.

- Draw a line to represent the 'ups' and 'downs' of your life so far
- Place the life events against the peaks and troughs of your line
- Consider the line you have drawn, identify for each of these points the main influencing factors. In other words what made the change happen, were you able to make choices, or was the transition forced on you?
- When you have completed this, consider your thoughts and feelings at these times, for example 'happy' 'sad', 'excited', 'uncertain'.

(Crawford and Walker (2003: 4)

If you have the opportunity to compare your life course with another person, perhaps another student, you may find a number of common

themes. You may, for example, recognise similarities that are linked to attaining certain ages – starting school, moving to secondary school, the commencement of puberty, etc. There are, however, also likely to be considerable differences linked to your history and factors such as age, class, gender, sexuality, religious belief, ethnicity, and family culture.

This recognition of commonality and difference is essential to your own self awareness and to good professional practice. A consistent theme throughout this section will be the need to recognise the right of people to define their own lives and experiences. There is a danger that stage theory can be deterministic. We need to guard against such assumptions and recognise the right of people to have control over how their lives are defined and summarised.

Building on activity one I now want you to consider the concept of 'adulthood'. As you will be aware, many concepts in common usage are contested. 'Childhood' is an obvious concept to consider as it is a social construct with many competing definitions and characteristics. Equally, 'adulthood' and what it means to be an adult is open to debate.

Activity 2

At what point in your life do you think that you became an adult?

Some of you might have been able to pinpoint a time in your life when you knew that you had to accept adult roles and responsibilities. May be the first time you started paid employment, or when you left school/college, or when you got married or had your first child. All of these are typical 'adult' characteristics, but in themselves do not necessarily mean that you are an adult. For example, you may have started your first paid employment as a

thirteen year old delivering newspapers, or been forced to take on considerable caring responsibilities as a young child.

Others may be able to point to a religious/cultural event which marked their passage into adulthood. For example, Orthodox Jewish boys and girls become responsible for their own actions at the age of 13. This transition is often marked by their participation in the Bar/Bat Mitzvah ceremony in the local synagogue. Equally recourse to the law might be helpful but even then there are considerable anomalies. For example, you can join the army at sixteen and fight for your country but you cannot be trusted to vote until you are the age of eighteen.

But trying to pinpoint the time in our lives when we became an adult is not straightforward as it depends on a range of factors and may well have been a measured transition over several months or years as opposed to occurring at one point in time.

We have then already briefly named several factors that shape who we are as people in our adult lives. Let us explore those factors in more detail.

The impact and influence of childhood on adult life

Activity 3

What factors or influences present in childhood affect a person in adulthood?

I appreciate that this is a broad question which invites a general response. Some of you may have legitimately written that everything that occurs in

childhood affects the person in adulthood. Social workers often work with adults whose lives have been profoundly affected by incidents and occurrences in earlier life.

There are, however, a number of key factors which I would like us to acknowledge;

- *Attachments and relationships* – in other modules of study you will spend time considering the importance of attachment and theorists such as John Bowlby (1969). Children need to experience good, positive relationships and there is a widespread understanding that children who do not have secure, reliable and consistent attachments in childhood will often fail to thrive. But this failure to thrive also impacts on adulthood and Bowlby argued that attachment is important from ‘cradle to grave.’ In recent decades theorists have used Bowlby’s dichotomy to analyse the way that adults make and sustain relationships. For example, Hazen and Shaver (1987) argue that romantic relationships sought by adults replicate the attachment styles identified by Bowlby.
- *Resilience and vulnerability* – one of the profound questions of life is what enables some people to successfully manage immense stress in their lives, whilst other people seem incapable of dealing with even minor setbacks. In other words, what factors make some people more able to withstand the pressures of life?

Daniel and Wassell (2002) identify six domains, or strengthening factors, which help children to withstand pressure or stress.

Secure base:

- Attachment relationship(s) – long term resilience is linked to having developed a secure attachment to at least one person.
- Affection – physical contact that promotes warmth and love.

- Warm and sensitive parenting – appropriate to the individual needs of each child.
- Sense of self – a child valued by others will learn to value themselves. This differs from self-esteem in that it is located internally rather than linked to external achievement.

Education:

- Educational achievement is linked to resilience.
- School/pre-school attendance provides opportunities to boost resilience.
- Educational settings offer opportunities to develop other areas of resilience, such as friendships and social skills.
- Play provides opportunities to explore emotions, release tensions, and distract from problems.

Friendships:

- Good friendships in childhood can alleviate stress and provide strategies for coping.
- Social skills can be practiced and enhanced.
- Children get more out of activities/experiences when friends are present.
- Secure attachments lead to stronger friendships.

Talents and interests:

- Self-esteem is central to resilience.
- Children with high self-esteem are realistic about their abilities and

Achievements:

- Children with low self-esteem are likely to attribute success to chance and expect to fail.

Positive values:

- Positivity towards self and others e.g. being helpful, caring and

responsible.

- Pro-social behaviours – knowing and using rules.
- Children learn from observing others.
- Messages from parents and carers about pro-social behaviours are more effective if they contain an emotional element.
- Empathy (behaviour/attitudes) can be enhanced through encouraging an awareness of the environment/nature, e.g. caring for pets.

Social competencies:

- Autonomy. (e.g. asserting own personality appropriately, healthy separation from carer, having a go at doing tasks)
- Self-control. (e.g. ability to wait, turn-taking)
- Temperament. (e.g. normally cheerful, enjoys humour, can be comforted)

(Mathews 2009:110-112)

I would argue that in the same way that Hazen and Shaver (1987) have extrapolated away from the original theory of Bowlby, it is permissible to suggest that these domains of resilience are also applicable in adulthood. In other words, adults require good relationships, goals in life, a robust system of values, social interests and a sound temperament if they are to be successful in negotiating the challenges of life. This of course is not intended as a definitive list, or some sort of wellbeing checklist. My aim is solely to make some connections between childhood and adulthood and to suggest that as adult care workers we do need to adopt a holistic/historical approach to assessment.

Importance of rites & rituals to assist our passage through change

It is interesting to note that one way in which we mark change and maturation, both in childhood and adulthood, is through the use of rites and ritual. In past times many of these had clear connections to religion. For example, christenings, weddings and funerals were often held in places of worship with a specific order of service which marked and helped to define significant life changes. Increasingly, these 'rites of passage' no longer occur in a religious context and are marked in a diverse range of ways in many different venues. (Mathews 2009)

It is interesting to note, however, that even in a more secular culture we have traditionally celebrated and marked events in ritualised ways. The ritual may not be written down or universally agreed but follows an established pattern. For example, a 21st birthday is often celebrated as being the time when a child becomes an adult & receives the 'key to the door.' A retirement is often marked with the giving of cards and presents, and a 'leaving do' where speeches will be made (often by the boss) & the person's contribution will be reviewed, often in a light hearted way. All of these events help us to mark important stages in life, build relationships, and confirm who we are as people. (Mathews 2009)

Session 2 Stage theory

As human beings we need to have structure and be able to make sense of our lives. Often structure is imposed upon us; for example, the law obliges us to go to school and to be in school for set times during the day. As soon as we start employment we are required to come into and leave work at

set times. The law of the land tells us what we can and cannot legally do. Biology and physiology also structures our lives. Commonsensically, it is unlikely that you will be able to do at 85 what you could do at 21! As we sequentially progress through the different phases of adulthood the tasks, responsibilities, opportunities, limitations and outlook on life we have will change ~ sometimes radically, sometimes subtly.

Theorists use the term 'stage' as a convenient way to describe these different sections of adult life. This concept, as we shall see, needs careful exploration and should be treated with some caution. Before we go on to discuss more fully, please complete the next activity.

Activity 4

- Do you think that adulthood can be divided into stages or sections such as 'middle age' or 'old age'?
- If so, what are these stages?
- How would you identify and define the stages of adulthood? For example, when does one part of adulthood end and another start?

I expect that some of you struggled to identify specific stages or sections of life. By definition, life and ageing is a complex process where few things are clear cut. Changing cultural understandings also influence the way that we think about stages in adulthood. For example how do you define 'elderly'? In past centuries anyone over 60 years of age would have been deemed to be elderly, and people who made it to 80 were positively ancient! There were of course reasons for this ~ not least the much reduced life expectancy of earlier centuries which profoundly affected the way that people viewed age.

Several theorists, writing from different perspectives, have attempted to map out what they consider to be the 'stages' of adult life.

Psychosocial Theories

Some of the theories we shall consider arise from a combination of perspectives from psychology and sociology and can be seen as psychosocial theories. David Howe describes psychosocial as being 'created by the interplay between the individual's psychological condition and the social environment.' (Howe 1998:173)

Some psychosocial theories explain the human life course as a series of stages. Erik Erikson's (1995) 'Eight stages of man' (sic) is a model of development which states that people move through a number of life stages which mould their identity and personality. Erikson came from a psychoanalytical background and his views explicitly influenced his theory. For example, the claim that people need to 'work through' psychological tasks and that failure to do so can lead to harm or an inability to move onto the next stage of growth.

Erik Erikson's model of life stage development

Erikson saw people moving through life stages by virtue of increasing age. In order to successfully progress through each stage the person had to negotiate a particular task or 'crisis' which characterised that stage. I am sure that you have heard the term 'mid life crisis' where people allegedly try to re-capture their youth, or make bold and far reaching changes to their lives in response to reaching a particular age. To an extent, the phrase is borrowed from writers like Erikson who see the movement from one stage of life to the next as being potentially difficult.

Erikson's eight stages of development are;

- The first year of life
- Two to three

- Four to five
- Six to eleven
- Adolescence (12-19)

- Young adulthood (20s and 30s)
- Middle adulthood (40s to 60s)
- Late adulthood (60 plus)

As we are considering the adult life course we will concentrate on the final three stages identified by Erikson.

Young adulthood

In this stage of adulthood Erikson typifies the psychological crisis as being 'intimacy versus isolation.' The main developmental task is to establish successful intimate relationships with others which allows you to fuse your identity with theirs without compromising your own identity. Successful negotiation of this crisis enables the person to enjoy stable and loving relationships in the future. Failure to negotiate this hurdle potentially condemns the person to a life characterised by shallow and unsatisfactory relationships.

Middle adulthood

The challenge of this phase of life is 'generativity versus stagnation.' By this stage there is an expectation that a wider outlook to life will be adopted. That is, life will be characterised and enriched by parental responsibilities, work undertaken on behalf of the community, and increasing employment responsibilities. If a person does not successfully manage to develop these attributes there is a danger that they will become stagnant, bored, unfulfilled and overly pre-occupied with themselves.

Late adulthood

Erikson considered the age of 60 plus to be late adulthood. In this stage the crisis to be tackled is 'integrity versus despair'. This is a time of reflection and 'coming to terms' with the choices and decisions of life. In summary, the question 'has the journey been worthwhile' is posed. If a person is unable to answer in the affirmative, there is a danger that they will view their life in negative terms and be unable to find a measure of peace and fulfilment.

Erikson's views on older age are contentious but have gained some support from research. For example, Walaskay et al (1983) identified four 'identity states' from research into older people which broadly correlate with Erikson. These were;

- '*Integrity achieved*' - where the person has accepted their life and their ageing.
- '*Despair*' - where a person has reached a negative evaluation of their life and their achievements.
- '*Foreclosed*' - where the person is broadly happy with life but is resistant to any type of self assessment.
- And finally, '*dissonant*' - where the person is ambivalent about their life and is only beginning to grapple with some of the dilemmas that their life has created.

In order to help us summarise our thoughts I have produced a diagrammatic account of Erikson's theory;

Age	Stage	Crisis	Task	Desired outcome	Negative outcome
20-25	Young adulthood	Intimacy vs isolation	Forming enduring relationships	Commitment (love)	Promiscuity
25-65	Middle adulthood	Generativity vs stagnation	Parenting & productivity	Contribution (care)	Exhaustion; rejection
65+	Old age	Integrity vs despair	Reflection on life , acceptance	Wisdom	hopelessness

Adapted from Parrish (2010:67)

Activity 5

Reflect on the work of Erikson and provide a critique of his theory of life stages. Does his theory bear any relation to your life or to people that you know? (for example your parents or grandparents?)

We will devise a more rigorous critique of stage theory a little later, but I felt that there were some obvious weaknesses to this approach. For example, there is an underlying assumption that people are able to move through these stages. This might not always be the case. For example, a person with learning difficulty or enduring mental health problems may find some of the changes suggested by Erikson to be unachievable.

I also felt that it reflected a stereo typical white, male view of the world where marriage, employment and success are taken for granted. There is

little room for difference or diversity or an alternative view of what a successful life looks like. There are, however, other theorists who have similarly attempted to divide the journey through adulthood into phases or stages.

Levinson's 'Seasons of life'.

As with most stage theories, Daniel Levinson (1978) developed his theory in the 1960's and 70's. He initially undertook (limited) research with men aged 35 to 45 and suggested that life moves through a number of seasons, not dissimilar to the four climatic seasons. Levinson's theory has a number of commonalities with that of Erikson and similarly suggests that people have periods of life where they need to struggle in order to achieve transition. Equally, there are other times in life which are more stable where they consolidate and build upon the psychological and material gains they have made.

Levinson's theory can be simplified as follows:

Early adult transition – this stage immediately follows childhood and adolescence and is characterised by entry into the adult world of work and responsibility.

Age 30 transition – the adult 'settles down', seeks greater independence and authority, and begins to stabilise their life. The person establishes a meaningful role in society and increasingly becomes 'their own man' (sic)

Mid life transition – the adult enters middle age (40-45) and experiences the opportunities and challenges that come with maturity and responsibility. This is a period of reflection and review and can be problematical. The lessons learnt and the plans made during this stage can significantly affect the rest of life.

Age 50 transition – the culmination of middle adulthood

Late adulthood transition – making the transition from employment to retirement, from middle age to old age; accepting the consequences of ageing.

Robert Havighurst – ‘Developmental tasks’

The final stage theory we will consider parallels the theories of Erikson and Levinson. Havighurst (1972) divided the whole life course into stages each complete with a ‘developmental task’ which needed to be satisfactorily accomplished. If this task was not undertaken it could lead to failure in life, disapproval by society, or an inability to move on through subsequent stages.

Early adulthood; (19-30)

The developmental tasks of this stage are

- Selecting a mate
- Learning to live with a partner
- Starting a family
- Rearing children
- Managing a home
- Commencing employment
- Taking on civic/community responsibilities
- Successfully relating to social groups

Middle age; (30-60)

The developmental tasks of this stage are

- Achieving adult social and civic responsibility

- Assisting teenage children to become responsible and happy adults
- Reaching and maintaining satisfactory performance in a career
- Developing leisure time activities
- Relating to your spouse as a person
- Accepting and adjusting to the physiological changes of middle age
- Adjusting to ageing parents

Later maturity (60years and older)

The developmental tasks of this stage are

- Adjusting to decreasing physical strength and health.
- Adjusting to retirement and reduced income.
- Adjusting to the death of a spouse.
- Establishing an explicit affiliation with one's age group.
- Adopting and adapting social roles in a flexible way.
- Establishing satisfactory physical living arrangements.

As you can see, there are commonalities between all of the stage theories we have discussed. All seem to assume a linear progression through life and that human development is fraught with psychological hurdles which need to be successfully negotiated if life is to be successful.

In order to explore stage theory further I would like you to read the following case study;

Case study

Jennifer is a 75 year old woman of African-Caribbean heritage who has two daughters Philomena and Shirleen. Her husband died two years ago and she still misses him on a daily basis. Jennifer has recently been diagnosed with cancer and her prognosis is poor. She has recently had to give up a cleaning job she had for over thirty years and finds her reduced income difficult to manage. Jennifer wants her family around her at this time in her life and in particular wants to talk about what will happen after she dies.

Philomena (aged 35) is university educated and has a very successful career in advertising. She travels the world with her job and rarely has time to visit her mother who lives over 200 miles away. Philomena is anxious to start a family and is undergoing IVF treatment. She has also been offered a highly paid job in the United States as Chief Executive of a major company and is actively considering moving from the UK.

Shirleen (aged 53) is a lone parent who has two adult children and lives alone in a flat on a run down estate close to her mother. She is a grandmother and feels increasingly torn between seeing her grandchildren and offering support to Jennifer. Shirleen was made redundant from a local factory some four years ago and has not worked since. She feels embarrassed about being dependent on welfare benefits and feels that she is not setting a good example to her own family.

Activity 6

Consider the case scenario and make some notes about the following questions:

- What 'stage of life' are the three women at?
- Can you recognise any of the 'crises' or 'tasks' that the stage theorists describe in their work?
- How helpful is stage theory in analysing the lives of the people in the case study?

Here are my notes

I think that Jennifer is at the stage of later maturity (Havighurst), late adulthood (Levinson) and late adulthood (Erikson).

Philomena is at the stage of middle age (Havighurst), is undergoing the transitions associated with age 30 (Levinson) and is entering middle adulthood (Erikson).

Shirleen is also in her middle age (Havighurst), is undergoing the transitions associated with being aged 50 (Levinson) and is in her middle adulthood (Erikson)

The women all seem to have a number of potential crises and major decisions to negotiate. The problems faced by Jennifer seem to mirror the 'developmental tasks' highlighted by Havighurst in his stage of later maturity. The decisions facing Philomena (starting a family, increasing work opportunities, travel, financial security) seem to echo the themes of independence, authority, and stability highlighted by Levinson. With Shirleen, however, there is a sense that she is currently failing to successfully move through this period of life. There seems to be a danger that she may 'stagnate' (Erikson) due to her lack of work and the many emotional and practical calls on her time.

I am not sure how helpful stage theory was in assisting us to describe or analyse the lives of the three women. The stages feel artificial and fail to recognise the fluidity and diversity of contemporary life. A more helpful way of considering these different life stories would be to adopt a 'biographical approach.' Crawford and Walker (2003:3) describe this as ' a way of working with individuals that focuses on the importance of their own first hand account of their life, their experiences and the meanings they attach to them.' This method of working corresponds both with anti oppressive practice and with personalisation as it gives permission for people to define themselves and to explain their own experiences/preferences within the context of their own lives.

You may recall that the first activity I asked you to complete invited you to plot your own life. In a sense this was an example of a biographical

approach – you were given permission to identify those features and times in your life that you felt were especially significant. A biographical account takes into account the whole person and considers the social and cultural context. I would encourage you as practitioners to consider the past, present and future of people you are asked to assess. As we have already discussed, past life experiences inform the present and we also need to recognise the hopes and aspirations of those we work with. In other modules of study you will have studied the ecological approach of Bronfenbrenner. You will remember that his theory is sometimes depicted as being an ‘onion’ – the person is surrounded by several layers of influence (family life, culture, society, education, etc) all of which mould their life and gives them a shared context in which to operate. This is the sort of detail that the biographical approach recognises and unpicks.

A critique of stage theory

Activity 7

Write a critique of stage theory. What are the major flaws and what are the main strengths of these approaches?

Crawford and Walker (2003: 99) offer the following critique;

- The theories are culturally specific. They were written in the 1960/70’s and echo many of the established beliefs of the time. For example, that men were ‘providers’ whilst women stayed at home to care for the family. The theories seem to echo a male view of the world and do not incorporate any reference to non traditional ways of life, or experiences from other cultures.
- There is no understanding of oppression and there is an implicit assumption that all people will have the same opportunities, and experience the same crises or developmental tasks. In our case study for example, the decisions and hurdles faced by Philomena

and Shirleen are very different because they are very different people with radically different life chances - despite being sisters. You might also like to consider how a person with learning difficulties, or physical disabilities, might find it problematical to move through the various stages outlined by the theorists.

- Life stages are too rigid and deterministic. Few people experience life in the way described by the theorists. By definition, life is fluid and flexible due to a wide range of factors - some structural, some personal, others cultural.

The main strengths of these approaches can be summarised as follows;

- They helpfully highlight some of the potential difficulties that might be faced throughout life
- They place on emphasis on what the transition means to the individual. In a sense they help us consider individual and cultural factors which come into focus at certain points in life.

Session 3

Older age and life course development.

There are a number of life course issues which are ordinarily seen as affecting older adults which I would now like us to consider.

One of the first issues that we need to explore is how we define 'older age'. Only a matter of a few decades ago anyone reaching the age of seventy would have been considered 'elderly'. Many of the stage theories we have considered seem to explicitly support the understanding that as soon as someone reaches sixty five their meaningful existence is over and senility and dependence is just around the corner. Clearly this is not the case and with people (at least in the West) living longer and enjoying

better health, some having better pensions, older age is sometimes conversely depicted as being some sort of extended holiday.

Activity 8

Read Crawford and Walker (2003) from the middle of page 106 to the middle of page 109 pages and complete exercises 7.1 and 7.2 in the book.

Crawford and Walker (2003:107) make the point that 'older age' is socially constructed. In other words, the images and stereotypes produced by society have such power that over time they become accepted as reality. There are a number of stereotypes associated with older age, most of them negative. For example, the notion that older people will 'suffer from' cognitive impairment. Whilst the incidence of such processes as Alzheimer's escalates with age, it is clearly not the case that dementia is exclusively an illness of those aged over sixty five. Of course, other ages are also socially constructed, not least what we understand as 'childhood' or 'middle age', but older age seems particularly prevalent to stereotyping.

Activity 9

Read the section in Crawford and Walker (2003) entitled 'Theories and explanations of development in later adulthood' (pages 111-117)

Crawford and Walker (2003) make the obvious point that development and maturation is a life long process and that it continues to occur in older age. They divide their analysis of life long development into three components – social development, biological development and cognitive development. This discussion highlights the difficulty we have in deciding what factors take precedence when we make judgements about who is 'old' and who is 'not old'. Is chronological age the main distinction we use or is the

judgement more complicated than that? For example, continuing in employment, the ability to play sport, or having a much younger partner, looking 'young' and being physically well are all attributes associated with someone who 'does not look their age'. As always, structural factors are of significance when we start to make judgements about how we define older age. Often gender, class, ethnicity, education, wealth, etc are of importance in creating and sustaining a life style which combats the effects of the ageing process.

One of the major life transitions often associated with older age is death. This transition is open to a range of interpretations and affects a wide range of people – family, friends, neighbours, etc. There is an understanding that all of us are diminished by death, even the death of a stranger reduces our community as those skills, understandings, relationships and gifts which were unique to that individual are lost forever. As the seventeenth century poet John Donne eloquently reminds us 'Any man's death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bell tolls; it tolls for thee.'

Activity 10

Read the section in Crawford and Walker (2003) entitled 'End of life issues' (pages 119-121)

Crawford and Walker (2003) offer a selective discussion of some of the issues surrounding end of life which I do not intend to add to. This analysis enables us to move on to a final stage theory which directly relates to the processes surrounding death.

Kubler-Ross; 'Stages of grief'

Elizabeth Kubler-Ross was a Swiss born American psychiatrist who came from a psychoanalytical background and was influential in the development of the hospice movement. In the 1960's she developed a stage theory, based on her own research in hospices, which explores the psychological processes encountered by terminally ill patients. Her theory has been re-worked on a number of occasions and her later work in particular has been heavily criticised. Nonetheless, her original theory remains a helpful way of looking at the last great transition of life. Her theory suggests that terminally ill patients move through a number of stages.

- *Denial* – a common and not always an unhealthy reaction to bad news. Typically a patient denies the accuracy of medical reports and insists that they are in good health.
- *Anger* – following a degree of acceptance there is a period of anger often directed at doctors or specialists who 'should have done more'. The patient seeks to blame other people for their illness and often questions what they have done to deserve their fate
- *Bargaining* – patients attempt to do deals with people in positions of power, such as doctors or priests. For example, a patient may agree to donate their body to the hospital for research as long as the doctor gives them a new drug, or operates one more time.
- *Depression* – the diagnosis and prognosis begins to be accepted and a period of review and sadness often takes place
- *Acceptance* – this is not always a happy stage but it does mark the end of the struggle. Ideally plans are made and goodbyes are said.

(Curren 2007:59-60)

Kubler-Ross acknowledged that her theory could be seen as being inflexible and suggested that people tend to move in a piecemeal way through the stages, often re-visiting stages that were not satisfactorily completed.

The theory, whilst not without its' limitations, offers an insight into other transitions and events in life. For example, to return to our case study it may be helpful to think how this theory may relate to some of the major transitions outlined – such as the potential move to America by Philomena, or the loss of Shirleen's job. Equally, the description of Jennifer implies that she may be experiencing a range of emotions (denial, acceptance, depression) that equate to this theory.

Life events as transitions

The theoretical models that we have explored so far have provided a framework for describing and predicting certain transitions that might be expected as part of the life course. As we have established, these theories have limitations and seem to suggest that adults negotiate fixed life stages which are common to all. What they are unable to consider is the impact that unexpected changes or events have on life. For example, from our case study, the impact of unemployment on Shirleen's wellbeing and the potential move to America by Philomena. Whilst both women may well have been forewarned and prepared for these changes, it is still difficult to fully anticipate how these changes will impact on their lives. Other life changes, of course are even more traumatic – sudden bereavement, accidents, separation etc.

Transitions demand personal change and often lead to profound psychological and practical changes. In the late 1960's two American psychiatrists, Holmes and Rahe, examined over 5,000 patient records in order to identify and analyse the factors that had led to mental distress.

Over a period of several years they developed a scale to measure the impact of commonly experienced transitions.

They concluded that an accumulation of 200 or more life changing units in a 12-month period could increase the risk of stress and ill health to the individual. Their tool is entitled 'The Social Readjustment Rating Scale' and lists dozens of potentially challenging life events.

The top twelve stress factors are:

Rank	Life Event	Life Change Units
1	<i>Death of spouse</i>	100
2	<i>Divorce</i>	73
3	<i>Marital separation</i>	65
4	<i>Jail term</i>	63
5	<i>Death of a close family member</i>	63
6	<i>Personal injury or illness</i>	52
7	<i>Marriage</i>	50
8	<i>Fired from job</i>	47
9	<i>Marital reconciliation</i>	45
10	<i>Retirement</i>	45
11	<i>Change in health of family member</i>	44
12	<i>Pregnancy</i>	40

Adapted from Holmes and Rahe (1967)

In order to use the scale a participant is asked to identify the 'stressors' they are currently facing and to add the 'life change units' together to reveal a score.

- A score of 300+ indicates that the person has a significantly increased chance of a major health breakdown in the following two years.
- A score of 150-299+ indicates that the risk of illness is moderate (reduced by 30% from the above).
- A score of 150 indicates that the person has only a slight risk of illness.

The scale is readily available on the internet if you would like to measure how stressed you are!

Activity 11

Consider the Holmes and Rahe Social Readjustment Rating Scale for yourself; have you experienced any of the life events listed over the past 12 months?

Do you feel that this grading of stressful events reflects your own experiences or the experiences of people known to you? Explain why.

We need to ensure that, as with so much theory that surrounds the study of the adult life course, we do not fall into the trap of being deterministic in our usage of such tools. One of the major criticisms of the study of the adult life course is that it fails to take into account the uniqueness and sheer diversity of life. Little can be predicted with absolute certainty, especially when working with vulnerable people in complex situations. One of the debates that we need to engage with is why are some people more able to deal with stress than others? The concept of resilience is important here and a number of theorists have tried to capture those factors which enable people to manage crisis and strain in their own lives. For example, Edward et al (2009) in their work with people who had experienced enduring mental health problems found that being accepted for who they were, having faith (not necessarily a religious faith), retaining the hope that one day they would be able to lead a better life and above all having meaning to their lives and meaningful relationships were crucial to their

ability to manage. You may feel that many of these attributes are difficult to substantiate, although they do seem to emphasise the need for people to feel valued and to enjoy strong, positive relationships with those around them. Other writers (Mathews 2009, Coyte et al 2007, Nash & Stewart, 2002) have also highlighted the positive impact of these factors and have made connections to the importance of 'spiritual wellbeing' as a protective characteristic.

Finally, to make a link to the stage theory of Kubler-Ross you may remember that her theory indicated that terminally ill people often came to a period of 'acceptance' prior to their death which enabled them to be psychologically prepared for the end of their lives. It would be interesting to speculate what enabled some patients to 'accept' death – perhaps being valued as people and having a strong set of relationships were important factors in maintaining good psychological health. Conversely, the experience of bereavement is a significant loss (which features prominently on the Holmes & Rahe scale) that can lead to considerable emotional and psychological trauma.

As you will have read earlier in this section, loss is often associated with older age and sometimes assumptions are made that older people either cope well with loss, because they are so used to it, or that older age is a time of unremitting despair due to the scale of the losses faced. (Crawford & Walker 2003). Collins & Smyer (2005), however, argue that research evidence is ambivalent and that many older people are happy with their lives and have good self esteem. Additionally Collins & Smyer (ibid) found that in their research study of over 1,200 older people over a three year period that relatively few experienced a major loss. Those that did seemed to be 'resilient' and to be able to successfully manage their transition – not least due to their ability to use their own life experience to reframe their goals and to focus on the positive aspects of life.

Conclusion

Activity 12

Review your learning in this block of study.

List three things that you have learnt from your studies

List three key points to take into practice.

List three things that you need to reflect further on

In this block you have studied the significance of change, transition and growth in adulthood. In particular, you have considered a number of stage theories which seek to offer explanations as to how adults move through life. There are a number of limitations to these theories although they may be helpful in practice in encouraging people to articulate how they view their life course.

We have also discussed the nature of change and briefly looked at the factors that assist people to successfully move through transitions, such as attachments and resilience. We concluded by taking a look at older age and some of the issues that social workers need to consider when working with people who are nearing the end of life.

I hope that you have enjoyed this block and the brief look that we have had at the adult life course. The reference list is useful in assisting those of you who feel that they want to explore issues in greater depth.

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