How many times have you been asked, “What are you going to do after you graduate?” You’ve given this some thought, right? Will you go to college or enter the work force? No doubt, you’re receiving all kinds of advice. Perhaps you’ve even been told what type of job to take, or where to go to college and what your major should be, or how you would benefit from “sitting out a year” just to take a break from learning. Making decisions about life after high school is a milestone in your continuing transition from adolescence, and being dependent on your parents, to early adulthood, and being dependent on yourself. In this module, we’ll look at some of the other transitions that we all make as we move from early to middle to late adulthood (Table 6.1).

**Early Adulthood Transitions and the Social Clock**

1. What is the social clock, and what sorts of things affect how it is set?

As you continue your journey from adolescence to adulthood, you’ll face lots of other important questions: When will you move out of your parents’ house? Where will you live? Will you marry? If so, when? How many children will you raise? Your answers to these questions may be influenced by the **social clock**, society’s shared judgment about the “best” timing of certain life events. For example, if you got your driver’s license shortly after you turned 16 or 18 (depending on your state), you were “on time.” However, if you are 34 and still don’t have your driver’s license, you’re “off time,” and people are likely to ask, “What’s wrong with you?” These big social events or transitions can cause anxiety for those who feel they’re not keeping up with their peers.

Social clocks have different settings in different cultures. For instance, in Jordan, 40 percent of all brides are in their teens, but in Hong Kong, only 3 percent of brides are this young (United Nations, 1992). And the settings of a social clock can change within a culture, too. In the changing U.S. culture, the “normal” time span for many life events, including marriage, has altered. Both men and women are marrying later in life than they did even 10 years ago.

The transitions in early adulthood are often stressful because we make so many of them at once. Where you are two years from now...
will be very different from where you were as a ninth-grader. Yet, your transition to adulthood will probably be less abrupt than it would have been a generation ago. Developmental psychologists have noticed that adolescents are easing ever more slowly into the self-sufficiency of true adulthood. In fact, a new developmental stage called emerging adulthood is getting a lot of attention from researchers. Consider our friends, Ken and Mary, who are 27 years old and married. In changing careers and moving from one state to another, Ken and Mary made an eight-month “stopover” at his parents’ home to prepare for their new jobs and to save money for rent in their new city. Ken and Mary would like to have children some day, but they don’t yet feel “settled” enough to be parents. Ken and Mary aren’t unique. Another friend of ours, Amos, is 30 and has a good job, but he still brings laundry to his parents’ home on the weekends. He also relies on their financial assistance periodically to make ends meet. Ken, Mary, and Amos are increasingly common examples of the changing social clock in Western cultures. They aren’t adolescents, but they have not quite made the transition into adulthood, either.

Physical Changes and Transitions

2. How do physical changes affect us in middle and later adulthood?

You’re not there yet, but you are less than a decade away from reaching your performance peak for reaction time, sensory awareness, and cardiac output. Most of these physical abilities will top out sometime during your twenties. If you’re a world-class sprinter or swimmer, you’ll notice your times slowing down after you reach your physical peak, and you’ll know your body is changing. For the rest of us, the early signs of physical decline are harder to detect.

Middle Adulthood’s Physical Changes

The midlife years, from around age 36 to 64, are a time of more noticeable physical changes, and these changes bring their own transitions. Twenty years ago, I was always told to “go long” during my family’s annual Thanksgiving Day touch football game. Sprinting down the field, I would look over my shoulder for a high, arching pass that would bring a touchdown if I managed to catch it. Now, my nieces, nephews, and daughters are the touchdown threats, while I hike the ball and block for a touchdown if I managed to catch it. Now, my nieces, nephews, and daughters are the touchdown threats, while I hike the ball and block for a touchdown if I managed to catch it. Now, my nieces, nephews, and daughters are the touchdown threats, while I hike the ball and block for a touchdown if I managed to catch it. Now, my nieces, nephews, and daughters are the touchdown threats, while I hike the ball and block for a touchdown if I managed to catch it. 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Later Adulthood’s Physical Changes

When I was a young boy, my grandmother would turn on every light in the room when she saw me reading. I’d tell her there was plenty of light; she’d tell me it was too dark. I know now that we were both correct: The light was fine for me, but not for her. How could this be so? The answer lies in the physical changes that affect our senses and our health as we age.

Some cultures welcome the outward signs of getting older, believing that those who achieve advanced age deserve status and respect. Not so in the United States, where cheating the aging process is a billion-dollar business that just keeps growing. I can remember sitting in large gatherings as a child, trying to figure out how many people around me dyed their hair. If I played this game now, the count would be much higher. Few if any middle-aged adults, male or female, would carry the heads of gray I saw as a child. And the camouflage doesn’t stop with hair color. Some try to hide wrinkles with cream; others stretch their skin surgically with a face lift to appear younger. But nature will win this contest as the lines continue to appear and the youthful body forms of the teen years—male and female—change shape.

A very noticeable sign of aging in women is menopause, when the menstrual cycle ends, usually between the ages of 45 and 55. Contrary to popular belief, menopause does not make most women depressed or irrational. Some women experience “hot flashes” as their bodies adjust to the decreased amount of estrogen in their hormonal systems, but study after study has found that menopausal women are no more or no less depressed than women who are not experiencing this change (Busch & others, 1994; Matthews, 1992; McKinlay & others, 1987). Most women express “only relief” once their periods stop, with a mere 2 percent expressing “only regret” (MacArthur Foundation, 1999).

There is no male reproductive event equal to menopause. Men’s testosterone levels drop, but not at the sharp rate of estrogen decrease in women. Though sperm counts decline, men do not lose their fertility. And for men as for women, the notion of a “midlife crisis” is far more Hollywood than reality. Midlife crises are the exception, not the norm, and usually coincide with a traumatic event, such as the death of a spouse or a close friend your age.
Diseases Related to Aging

Our fortieth President, Ronald Reagan, wrote a letter to the American people in 1992, stating, “I now begin the journey that will lead me into the sunset of my life.” At age 81, President Reagan was telling the world he had Alzheimer’s disease, a brain disorder that affects 3 percent of the world’s population over age 75. Alzheimer’s is characterized by progressive and irreversible destruction of brain cells, resulting in a gradual deterioration of memory, reasoning, language, and, ultimately, physical functioning. Deteriorating neurons include those that produce a vital brain chemical (acetylcholine). Without this chemical, thinking and memory are greatly impaired.

Senile dementia is another type of mental disintegration (Figure 6.2). Dementia can be caused by alcoholism, tumor, strokes, or anything else that results in a substantial loss of brain cells. Certain drugs slow down Alzheimer’s progression, but there is no known cure. Several gene abnormalities have been linked to Alzheimer’s disease, and a simple blood test can now be used to at least partially determine the likelihood of developing Alzheimer’s. Would you want older relatives to take such a test? Would you take the test?

Not every older adult who forgets song titles or the location of that misplaced address book has Alzheimer’s disease. Some memory loss is a normal part of aging. And the news about cognitive functioning isn’t all bad, either. Let’s look next at what happens to our thinking processes as we age.

Figure 6.2 Senile Dementia and Age. The likelihood of senile dementia increases as we grow older. (From Jorm & others, 1987, based on 22 studies in industrial nations.)

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**Figure 6.1 Declining Senses**

Our ability to see, smell, and hear declines with age. (From Doty & others, 1984.)

**Alzheimer’s disease** A progressive and irreversible brain disorder characterized by gradual deterioration of memory, reasoning, language, and, finally, physical functioning.

**Senile dementia** The mental disintegration that accompanies alcoholism, tumor, stroke, aging, and most often, Alzheimer’s disease.
Cognitive Changes and Transitions

3. Do memory and level of intelligence normally increase, decrease, or stay the same as we grow older?

Obviously, 65-year-olds cannot run as fast as 20-year-olds; do thinking skills slow down just as much as physical skills? What do you think: “Can’t teach an old dog new tricks” or “Too late to learn”? Researchers have been taking a close look at this question, and the findings show that the answer depends in part on how we define memory and intelligence.

Memory

When you’re 50, what will you remember about your high school days? Will it be getting your driver’s license? Your first job? The first time you voted? Graduation? When you asked to remember the most important events in their lives, people in their fifties and older usually recall events from their teens or early twenties (Pillemer, 1998; Schuman & Scott, 1989). This is an important time of life.

People your age tend to do better than people in virtually any other age group on recall memory tasks—tasks that give us no clues to jog our memories. One study found that young adults recalled people’s names significantly better than did people in their seventies (Croc & West, 1990). Another study asked British people to tell about where they were, whom they were with, and what they were doing when a popular prime minister resigned from office. Participants had to tell the story twice: once within hours of the resignation, and the second time 11 months later. Among participants in their twenties, 90 percent told the same story they had related 11 months earlier. Interestingly, only 42 percent of those 50 and over told stories with the same details (Cohen & others, 1994). In the older group, recall of the event changed over time.

Research reveals a clear tendency for younger adults to have better recall, but what does it tell us about other kinds of memory? One study revealed that recognition remains stable from age 20 to 60 (Schonfield & Robertson, 1966). Older adults had difficulty recalling a list of words, but they could recognize them in multiple-choice questions just as easily as people 40 years younger did (Cohen & others, 1994). In the older group, recall of the event changed over time.

Intelligence

Does intelligence normally increase, decrease, or remain stable with age? As with memory, the answer depends on the kind of intelligence you’re considering.

Fluid intelligence is our ability to reason speedily and abstractly, and we use it to solve novel logic problems. This kind of intelligence does tend to decrease during late adulthood. Crystallized intelligence, our accumulated knowledge and verbal skills, tends to increase with age (Cattell, 1963; Horn, 1982). Intelligence test scores show this difference. On one commonly used test, the Wechsler Adult Intelligence Scale (WAIS), verbal intelligence scores—a measure of crystallized intelligence—remain stable with age. Nonverbal intelligence scores (for example, the time it takes to put a puzzle together) reflect fluid intelligence and decline over time (Figure 6.4).
both the happiness of a close relationship and the challenge of blending two lives together. Starting a new job creates new friends, expectations, and demands. The birth of a child starts a series of new responsibilities that last a lifetime. All of these life events have the common thread of commitment running through them.

**Life’s Commitments**

Erik Erikson called them *generativity* (being productive and supporting future generations) and *intimacy* (forming close relationships). Synonyms for them include *achievement* and *affiliation*, *productivity* and *attachment*, and *competence* and *commitment*.

Perhaps Sigmund Freud (1935) said it best, though, when he wrote that the healthy adult is one who can work and love.

**Work**

Deciding on a first career is an important and difficult decision. You may have a twinge of envy for a classmate who already knows she is going to be an engineer and will declare a major the first month of college. But you can take heart in knowing that your classmate is the exception, not the rule. Most first- or second-year college students

1. change their initial major field of study.
2. cannot accurately predict the careers they will have later in life.
3. change careers after entering the work force.

Post-college employment is often unrelated to college major (Rothstein, 1980).

Still, the questions you’ve been getting about what you’ll do after graduation are just the first of many you’ll be asked that will require you to explain what you do for a living. Many people tend to think a certain type of career will either make it possible or impossible for a person to feel self-fulfilled and satisfied with life. But if happiness is our target, must we hit it with the arrow labeled “occupation” in order to feel good about ourselves?

One study addressing the work-happiness connection compared women who (by choice) were employed and not employed. The researchers concluded that it’s the quality of the experience, whether as a paid worker or a stay-at-home mother, that matters (Baruch & Bar- nett, 1986). Whether for pay or as a volunteer, you will work at many different productive activities during your adult life. And at the end of the day, work that is challenging, provides a sense of accomplishment, and fits your interests is most likely to hit the happiness target.

**Social Changes and Transitions**

4. What two kinds of events most affect our social well-being during early and middle adulthood?

Many transitions of adulthood hinge on significant life events, rather than physical or cognitive changes. Family and work-related events often bring major lifestyle alterations. For instance, marriage brings...
Love
Do opposites really attract? Yes, but only if we’re talking about magnets. Let’s make sure we don’t confuse magnetism with love. Love, by any name you call it—commitment, devotion, intimacy, attachment—is vital to a happy adulthood. Love lasts longer and is most satisfying when marked by

- intimate self-disclosure.
- shared emotional and material support.
- similar interests and values.

For many, love translates into marriage. Ninety percent of our population gets married at least once. Those marriages are more likely to last if both members are over 20, have a stable income from good employment, dated a long time before getting married, and are well educated (Myers, 2000). The divorce rate in the United States hovers around 50 percent. Three out of four who divorce will marry a second time (Vemer & others, 1989). Does this high divorce rate mean that people are jumping into marriage too quickly? Would it be better to “test drive” a relationship by living together first? According to 10 different studies, the answer is no. The divorce rate for those who lived together prior to marriage is higher than for couples who did not live together (Myers, 2000).

Despite the divorce epidemic, the monogamous bond of marriage remains a popular living arrangement, just as it has in various human societies through the centuries. One reason the institution of marriage endures is because of the well-being it brings to the couple. Married men and married women report greater happiness than unmarried, separated, or divorced individuals (Inglehart, 1990). Lesbians in committed relationships also report greater well-being than individuals who remain alone (Wayment & Peplau, 1995).

Must a marriage be conflict-free to last? Very few marriages avoid conflict completely, but one indicator of marital success is the way couples interact. Stable marriages have a five-to-one ratio of positive to negative interactions. Marriages last when each partner compliments, hugs, and smiles five times more than he or she insults or criticizes (Gottman, 1994).

Love and marriage often result in the birth of children, an event that is usually met with great happiness. However, raising a child requires a serious investment of time, money, and emotion, which can exact a heavy toll on a couple’s satisfaction with each other. As couples make the transition to being parents, they may disagree about the division of labor in the new structure. Many women who work outside the home still carry the lion’s share of the child-raising and housekeeping load (Belk, & others, 1986; Hackel & Ruble, 1992). Those who make the effort to spread the workload more evenly can anticipate a double reward: a more satisfying and successful marriage, and better parent-child relationships for both parents (Erel & Burman, 1995).

The “emptying of the nest” when children move out of the house is also a significant event. Yet, you may be surprised to hear that the empty-nest phenomenon brings more happiness than sadness (Adelmann & others, 1989; Glenn, 1975). Middle-aged women with children at home report lower levels of happiness and less marital satisfaction than those with an empty nest. If the relationship with the children moving out is positive and close, parents are likely to experience a “postlaunch honeymoon” (White & Edwards, 1990).
A sense of well-being, that life is good, is rare among older, retired adults? If so, you would be wrong.

Ronald Inglehart (1990) collected interview data from almost 170,000 people in 16 nations and found that, on average, older people are every bit as happy and satisfied with life as younger folks are (Figure 6.5). Another study showed that young people around the age of 25 are far more likely to report feeling worthless, sad, or nervous than are those in their seventies (Mroczek & Kolarz, 1998). Is it any wonder that, with some of the biggest stressors of life behind them, like choosing a career and a partner for marriage, the older set is “satisfied” with life as a whole? We can all take comfort in these findings as we look forward with hope to our own aging future.

We also tend to mellow as we age (Costa & others, 1987; Diener & others, 1986). Emotions later in life are less extreme and more enduring. Instead of letting the downers in life drag us down or the good things make us overly happy, we tend to chart a more even course. Not only are we less likely to feel on top of the world, but we are also less likely to feel depressed. This middle way appears to offer contentment, even if intense joy is lacking.

As an older adult, well-being may also depend on how you reflect on your past. Will you be satisfied with what you’ve done, or will you look back with regret? Interestingly, most of the regrets retirees express run along the lines of, “I wish I had hiked up Pike’s Peak” or “I’m sorry I didn’t tell my father more often that I loved him.” Most regrets seem to focus on things the person didn’t do rather than on mistakes made while actively pursuing a goal (Gilovich & Medvec, 1995).

Still, ageism does most of its damage to older adults. Not only does it reduce their self-esteem and their ability to participate in society, this prejudice fosters an attitude that accepts ageist policies. However, the tide seems to be turning. As baby-boomers age and swell the numbers of retired Americans, stereotyping the elderly will become more difficult. The image of the rocking chair Grandma is being replaced by mountain-climbing, marathon-running older people living life to the fullest, and are becoming of the images of retired people.

As the number of retirees increases, society is finding it more difficult to ignore the needs of this segment of the population. The politician who endorses legislation that negatively affects the over-65 set stands to lose a sizable number of votes from a group that regularly makes its opinion known at the polls. Finally, advances by gerontologists, those who scientifically study old age, may help change the perception of elderly people as “tired, cranky, and passive.” This change in perception may also help all of us identify with older people as our future selves instead of elderly others (Blakie, 1999).

Figure 6.5 Satisfaction Remains High
This multinational survey shows that age differences do not matter much when it comes to being satisfied with your life. (From Inglehart, 1992.)
Dying and Death

6. How can we cope with the death of our loved ones?

Few escape the sadness of having to cope with the death of relatives or friends. Invariably, one spouse outlives the other, a grief suffered five times more often by women than by men. When the death is sudden and unexpected, grief and subsequent depression can be particularly hard to handle and may continue for years (Lehman & others, 1987).

Reactions to death vary from culture to culture. In some parts of Africa, death brings status to an elder, who joins the ancestors in watching over those still living in the village (Opoku, 1989). Some cultures encourage a “stiff upper lip” and the hiding of grief; others, including many Muslim nations, expect outward and obvious expressions of grief by both men and women (Nobles & Sciarra, 2000). It’s worth noting that in any culture there are individuals who grieve significantly more or less than others.

Here in the United States, attitudes toward death appear to be changing, with a greater openness toward the inevitability of death and facing it with dignity. Rejecting an impersonal and lingering hospital death, many patients with terminal illnesses are choosing hospice care instead. They receive comforting medical attention (often in their own home), but avoid death-defying interventions. Hospice care strives to make the dying person’s remaining days as pleasant as possible, while also keeping family and friends informed and encouraging them to visit. Part of the hospice philosophy is helping the dying prepare for death while maintaining human dignity.

Although we know that everyone eventually dies, dealing with the death of our own loved ones can be very difficult. One popular misconception about grieving is that those who express strong grief immediately get rid of their grief more quickly. This simply is not true (Wortman & Silver, 1989). Nor is there any evidence to support the idea that we progress through predictable stages, like anger, denial, and acceptance (Nolen-Hoeksema & Larson, 1999). Some grieve briefly while others, given similar losses, grieve for months or years. Kathleen Berger reminds us of the value of grief (2001, page 720):

“No matter what method is used to work through emotions of grief, the experience may give the living a deeper appreciation of themselves as well as of the value of human relationships. . . . We all need to learn the lessons that mourners can teach.

What are the lessons from mourners? Can we learn from the grieving who say, “I should have told him how much I loved him”? Evaluating and tending to our important human relationships, resolving differences, and expressing appreciation to those we love may help us avoid devastating regret later.

Hospice Care

A volunteer holds the hand of a 92-year-old with a terminal disease. The fresh flowers and colorful bed sheets used in this hospice create a more pleasant atmosphere than that of a typical hospital.

**UN 10**
Cognitive Changes and Transitions

3. Do memory and levels of intelligence normally grow older, and verbal skills tend to increase as we grow older? Our ability to recall information or events decreases as we age, but others seem to remain the same.

Some kinds of memory do decrease as we age, but others seem to remain the same. Our ability to recall information or events decreases in late adulthood, but our ability to recognize materials seems to remain stable. Older adults also seem to have trouble remembering habit-based tasks (taking medicine each day) or time-based tasks (keeping appointments). But they can remember information that is meaningful to them, even though meaningless information may slip away.

Similarly, intelligence decreases in some areas and actually increases in others. Age affects our two types of intelligence differently. Fluid intelligence, our ability to reason swiftly and abstractly, tends to decrease with age. Crystallized intelligence, our accumulated knowledge and verbal skills, tends to increase as we grow older.

Social Changes and Transitions

4. What two kinds of events most affect our social well-being during early and middle adulthood? Work and love are the two kinds of events that are intimate parts of who we are as adults. Whether we volunteer our time or work for pay, most of us find that the quality of the work experience—the challenges, the sense of accomplishment over performing the work, and the match to our own interests—determines the satisfaction we get from our work. People who attend college will change majors and jobs several times as they search for a longer-term career.

Love gives most satisfaction when the partners share intimate information about themselves, emotional and material support, and interests and values. Research indicates that married people tend to be happier than those who are not currently married. About 9 out of 10 people marry, but 5 of them will divorce, and three quarters of those who divorce will remarry. A couple's interactions are a mirror that reflects the state of their marriage: In stable marriages, positive interactions outnumber negative interactions by a ratio of five to one. Couples with children will have happier marriages and better relationships with their children if they share the work of raising those children. But as much as parents enjoy being with their children, most empty nests are happy nests.

A Lifetime of Well-Being

5. Are most older, retired people happy and satisfied with their lives? Most people in late adulthood are very happy and satisfied with their lives. They not only have resolved their issues with work and love, but also have become more mellow in their outlook. At this stage, most regrets focus on things people wanted to do but never got around to doing, rather than on poorly chosen actions or paths.

Dying and Death

6. How can we cope with the death of our loved ones? Our reactions to death depend in part on our culture, and what it teaches us about the appropriate way to mourn our loved ones. In the United States, we are becoming more accepting of death and more open in discussing and preparing for it. Hospices offer an alternative to hospitals for people with terminal conditions who wish to be as free of pain as possible and have no desire for desperate last-minute procedures.

Key Terms

- social clock, p. 00
- menopause, p. 00
- Alzheimer’s disease, p. 00
- fluid intelligence, p. 00
- crystallized intelligence, p. 00

Key People

- Erik Erikson
- Sigmund Freud

Multiple-Choice Questions

Choose the best answer for each of the following questions.

1. Gina is 37 and loves swimming. She has always dreamed of winning a Gold Medal for a swimming event in the Olympics, and she is looking for a coach who will help her achieve this dream. The problem with Gina’s dream is that:
   a. most world-class swimmers reach their performance peak in their mid-thirties, so she has a good chance of winning an event in the Olympics.
   b. middle adult years.
   c. late adult years.
   d. Either b or c could be correct.

2. Dan and Maureen are married and have two children, ages 7 and 12. Dan coaches Little League, and Maureen drives the kids to soccer practice. Dan works as a middle manager in a high-tech firm, and Maureen is a successful architect. They own their own house, two cars, and a boat. By the settings of the social clock used in the United States, a safe bet is that Dan and Maureen are in their:
   a. early adult years.
   b. middle adult years.
   c. late adult years.
   d. There is nothing wrong with her dream. Most world-class swimmers reach their performance peak in their mid-thirties, so she has a good chance of winning an event in the Olympics.

3. Dan and Maureen are in their:
   a. early adult years.
   b. middle adult years.
   c. late adult years.
   d. Either b or c could be correct.
3. Lisa and Manny got married last June, and their friends have noticed a change in their behavior this year. Although the couple seemed very much in love at first, they now criticize and insult each other constantly and rarely smile or hug. Lisa and Manny should a. consider having a child so that they would have a common interest. b. seek counseling; their recent behavior fits the profile for a marriage that won't last. c. relax; their recent behavior perfectly normal for the second year of a marriage, when “the honeymoon is over.” d. separate; single people tend to be happier than married people.

4. On Monday morning, students at Everyone’s Regional High School learned that a very well loved classmate had died in a traffic accident over the weekend. Miss Ruiz, the assistant principal, wants to hold a special assembly to encourage all students to scream and cry and express their grief openly and immediately. Mr. Shapiro, the guidance counselor, says that this approach will not help students get rid of their grief more quickly. Which of these two school officials is better informed? a. Miss Ruiz, because those who express strong grief get rid of their grief more quickly. b. Miss Ruiz, because she knows that students must move through the first two predictable stages of grieving—anger and denial—before reaching the final stage of acceptance. c. Mr. Shapiro, because he knows that there is no evidence for the popular idea that strong expressions of grief help people to get rid of their grief more quickly. d. Mr. Shapiro, because his field is counseling and he must know more than Miss Ruiz, whose specialty is administration.

5. Jamal, who is 25, works full time and attends college in the evenings. At present, he can’t pay his tuition and also pay rent, so he is living at home with his mother and father until he graduates from college. A developmental psychologist might say that Jamal is a good example of the stage of a. delayed adolescence; he still depends on his parents to survive. b. early adulthood; he is one of three adults in his parents’ home. c. emerging adulthood; he is not an adolescent, but he has not quite made the transition into adulthood. d. middle adulthood; his full-time job and his age qualify him for middle adulthood.

Matching Terms and Definitions
6. For each definition, choose the best matching term from the list that follows.

**Definition**
- A progressive and irreversible brain disorder characterized by gradual deterioration of memory, reasoning, language, and finally, physical functioning.
- The ability to remember things if we can see or hear a clue to jog our memory.
- The culturally preferred timing of social events such as marriage, parenthood, and retirement.
- Roughly, the period between age 36 to 64.
- The tendency to categorize or judge people because of their age.
- The time of natural cessation of menstruation; also refers to biological changes a woman experiences as her ability to reproduce declines.
- Roughly, the period between age 20 and 35.
- Roughly, the period between age 36 to 64.
- A type of care given to people who are near death and do not want to die in a sterile hospital environment.
- The ability to reason speedily and abstractly, tends to decrease in late adulthood.
- When President Ronald Reagan wrote that he was beginning “a journey that would lead me into the sunset of my life,” he was telling the world that he had Alzheimer’s disease, an irreversible brain disorder.

**Fill-in-the-Blank Questions**

8. **intelligence, one’s accumulated knowledge and verbal skills, tends to increase with age.**