



Ageing

Health
Psychology
(CMED2006)
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Differentiate between the four social theories of ageing

Apply the “dependence—support” and “independence—ignore” script to explain and encourage different behaviours

Suggest ways to encourage successful aging

Learning Objectives

At the end of the lecture, student should be able to:

- Describe the characteristics of sensorimotor, preoperational, concrete operational, and formal operational stages according to Piaget’s theory of cognitive development
- Contrast formal operation, relativistic thinking, and pragmatic thoughts
- Describe how health-related information can be delivered differently to people in different cognitive developmental stages



Part 1

The Ageing Process



Introduction

Name **3** words that you think
are associated with old age



Positive & Negative Stereotypes of Old Age

- Ill-tempered, stubborn and bitter
- Quiet, timid and naïve
- Slow-thinking, incompetent and senile
- Depressed, hopeless and lonely
- Active, sociable and independent
- Loving, wise and kind

A photograph of an elderly man with a white beard and mustache, wearing a straw hat and glasses, looking down at a stack of books. He is standing in front of a rack of colorful clothing. The scene suggests a second-hand bookshop or a flea market.

Effects of Stereotypes

Age stereotype – a set of widely held beliefs about the characteristics of older people

May result in uniform treatment (e.g. social interaction) of older people regardless of their own characteristics

Possibility of self-discrimination & negative sense of well-being



Physical Development & Functioning

Old age is associated with a decline in bodily function – but most people are able to maintain active & independent lives

More assistance may be needed – considering ADL (Activities of Daily Living, e.g., toileting & dressing) and IADL (Instrumental Activities of Daily Living, e.g., preparing meal & shopping)

Maybe some decline in information processing

A photograph of an elderly couple performing Tai Chi or Qigong exercises outdoors. The man on the left, wearing glasses and a grey t-shirt, is facing right with his hands held up in a 'gong xi' or 'shou shou' mudra. The woman on the right, with short grey hair and a teal t-shirt, is facing left with her hands held up in a similar mudra. They are both smiling and appear to be in a park-like setting with greenery and trees in the background.

Primary vs Secondary Ageing

Primary Ageing (Biological Ageing): Genetically influenced declines that affect all members of our species; take place even in the context of overall good health

Secondary Ageing: Declines due to hereditary defects and negative environmental influences (e.g. due to poor diet, lack of exercise, disease, substance abuse, environmental pollution and stress)

Tool 86: Primary vs Secondary Ageing

A person's behaviour and condition might be explained by the effect of either primary aging and secondary ageing

Primary ageing take place regardless of good health

Secondary ageing is the results of genetics, pathological, behavioural, and environmental reasons – so maybe modifiable



A photograph showing three elderly women sitting on a dark wooden bench. The woman on the left is wearing a maroon dress with a floral pattern and glasses. The woman in the middle is wearing a dark blue dress with a yellow floral pattern and has her hair pulled back. The woman on the right is wearing a dark green dress with a large leafy pattern and glasses. They are all looking down at a book or document they are holding together.

Part 2

Social Theories of Ageing



Introduction

In your experience, do older people continue to be socially active?

What are the factors that affect whether they remain socially active? Are there ways to encourage them?

The following social theories of ageing are attempts to explain why older people remain socially active or not

A photograph showing an older woman with grey hair and glasses, wearing a white apron, and a young girl with long dark hair, also in a white apron, working together to bake cookies. They are rolling out dough on a floured surface. The young girl has a cookie in her mouth. The background is a bright kitchen.

Disengage versus Engage

Many older people tend to disengage from the society (i.e. no longer actively participate in social activities)

Other older people continue to engage with the society; but given their more limited time and energy, they may be much more selective in how they engage with the society and who they engage with

Reasons for being Disengaged



Disengagement Theory

Mutual withdrawal by the elderly and society in anticipation of death, so that their deaths are not disruptive to society

Activity Theory

Elderly still desire to be active, but barriers and obstacles in society account for elderly's withdrawal

A photograph of an elderly couple, a man and a woman, smiling at the camera. They are standing in front of a dense background of green bushes and trees. The man on the left has white hair and a beard, wears glasses and a green jacket. The woman on the right also has white hair and is wearing a brown jacket. A hand is visible on the right side, resting on the woman's shoulder.

Reasons for Engaging differently

Continuity Theory

Elderly strive to maintain consistency between their past and anticipated future; using familiar skills and engaging with familiar activities and with familiar people

Social-Emotional Theory

Elderly emphasize the emotion-regulating function of inter-action, preferring high-quality, emotionally fulfilling relationships

A photograph of an elderly couple. The man, wearing a red beanie and a brown sweater, has a white beard and is looking out of a window. The woman, with long blonde hair, is leaning against him, also looking out. They are both holding white coffee mugs.

Tool 87: Social Theories of Ageing

A older person's behaviour in terms of engaging with the society can be explained by the 4 social theories of ageing

Disengagement from the society could be the result of lack of desire to engage (disengagement theory) or barriers (activity theory); Engagement might be highly selective based on continuity and social-emotional quality



Part 3

Patterns of Interaction



Introduction

If you personally know any older people, try to recall how their children interact with them (i) when they are in good health, and (ii) when they have an injury / illness

Similarly, If you have been to a ward / nursing home with older patients inside, try to recall how medical staff interact with them (i) when they are well behaved, and (ii) when they are badly behaved

Scripts of Interaction

Scripts are standardised or repeated patterns of behaviour that are being followed by individuals (similar to a script of a drama)



A simple script that we all know is the standard interaction of ordering food in a fast-food restaurant

A: I want [name of food / set meal] please.

B: Thanks. That's [so many] dollars.

A: Octopus, please.

Two Scripts of Interaction



The script of interaction we see all the time between caregiver and those in their care are:

Dependence—support script
Dependent behaviours being attended to immediately

Independence—ignore script
Independent behaviours being ignored



Dependence— Support Script

Dependent behaviours being attended to immediately

When someone is showing that they are in need (e.g., of help), they are likely to receive attention (e.g., support & help)

Assuming that the person likes attention, this reinforce the display of the dependent behaviour



Independence— Ignore Script

Independent behaviours being ignored

When someone is showing that they are do not need help, they are likely to be ignored (i.e., not given attention)

If the person dislikes being ignored, this punishes the display of independent behaviour; if the person likes attention, this still does not reinforce the independent behaviour

A fluffy orange Pomeranian dog is sitting on a bed, looking up at a person's hand holding a small treat. The dog is sitting upright, and its front paw is extended towards the hand. The background is a light-colored, textured sofa.

Operant Conditioning (Recap)

If you remember, operant conditioning refers to the process by which behaviours are shaped by reward and punishment

Reinforcement → increase
Punishment → decrease

When a behaviour and a reaction are repeated again and again, it could become a script



In a Ward...

If the elderly is complains a lot / demands a lot / cannot do a lot of different things, he/she is likely to receive support and response from medical staff
(Dependence—Support script)

An elderly who can perform all tasks by himself or herself usually do not receive much help or contact from medical staff (mostly because medical staff are so busy all the time)(Independence—Ignor script)



A Way Out

It is often difficult to avoid attending to people who are dependent – especially those under our care

In order to avoid or escape the script, we want to encourage independent behaviours

By positive reinforcement – i.e. reward and praise individuals after they exhibit independent behaviours

A photograph showing a teacher in a grey blazer and yellow shirt interacting with two students at a desk. One student has their hair in a bun and is looking down at their work. The other student's back is to the camera. The teacher is holding a pencil and appears to be assisting them. In the background, there are shelves with books and educational materials.

Tool 88: Two Scripts of Interaction

A person's behaviour towards another (esp. those under the care of the person) might be explained by two scripts of interaction:

- Dependence—support script where dependent behaviours are rewarded and thus encouraged
- Independence—ignore script where independent behaviours are not rewarded and thus not encouraged

Note that these scripts are not limited to healthcare settings

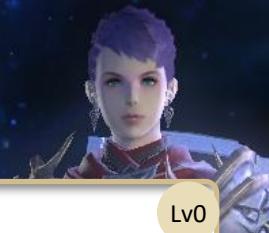


Part 4

Ego Integrity



Level 90 Paladin



Erica the Virtuous

Trust vs Mistrust

Lv0

Description: Develop close relationship with mother

Reward: Hope

Accept

Decline

Autonomy vs Shame & Doubt

Lv1

Description: Make one's own decision

Reward: Will

Accept

Decline

Initiative vs Guilt

Lv3

Description: Imagine & try who one will be

Reward: Purpose

Accept

Decline

Industry vs Inferiority

Lv6

Description: Learn at school & develop a sense of competence

Reward: Competency

Accept

Decline

Identity vs Ego Diffusion

Lv12

Description: Search for identity

Reward: Fidelity

Accept

Decline

Intimacy vs Isolation

Lv20

Description: Develop intimate relationships

Reward: Love

Accept

Decline

Generativity vs Stagnation

Lv40

Description: Concerns for welfare of next generation & society

Reward: Care

Accept

Decline

Integrity vs Despair

Lv65

Description: Look back at one's life & accept what's achieved

Reward: Wisdom

Accept

Decline

A close-up photograph of an owl's face, focusing on its large, expressive yellow eyes with dark pupils. The owl's feathers are a mix of brown, black, and white, creating a textured and intricate pattern. The lighting highlights the details of the feathers and the intensity of the eyes.

Erikson's 8th Stage: Integrity versus Despair

Look back at one's life and accept what one has achieved

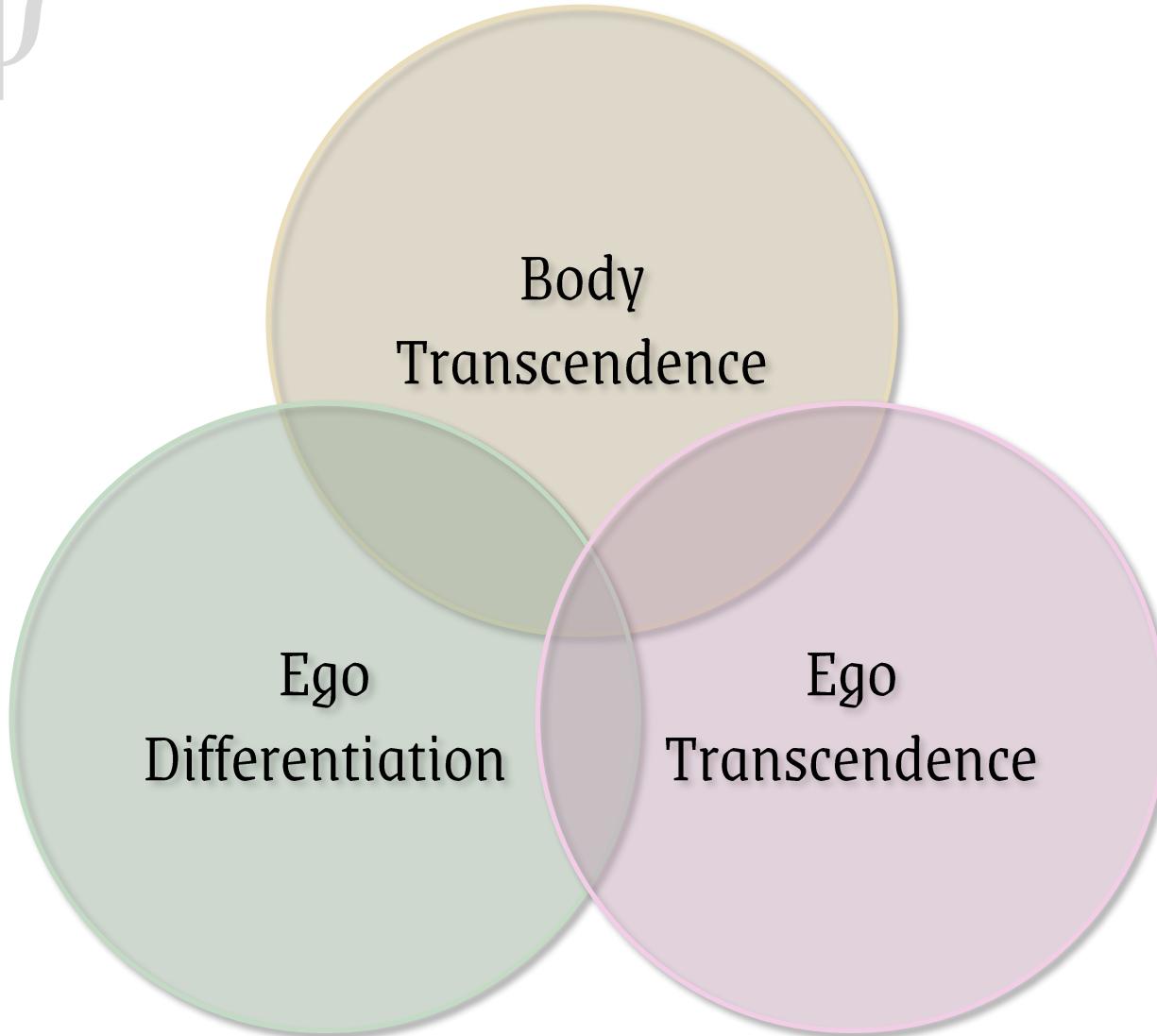
Virtue: Wisdom

Wisdom means coming to terms with one's life; a concern with ultimate human values; awareness and management of the uncertainties of life



Negative Result of Erikson's 8th Stage

Regrets for many wrong decisions, yet time is too short to find an alternate route to integrity; overwhelmed with bitterness, defeat, and hopelessness, anger, contempt for others



3 Components of Ego Integrity

Body transcendence: emphasizing the compensating rewards of cognitive/emotional/social adaptive skills to surmount physical limitations;

Ego differentiation: finding other sources of self-worth for those who had invested heavily in careers/children;

Ego transcendence: face the reality of death constructively through efforts to make life more secure, meaningful and gratifying for younger generations



Reminiscence as a Way to achieve Integrity

Calls up past experiences with the goal of achieving greater self-understanding

Can be self-focused, other-focused (to achieve social goals), or knowledge-based (use past experience to solve problems and teach younger people)



Tool 89: Reminiscence

A person's behaviour might be explained by the fact that they are trying to reflect on their past in order to achieve greater self-understanding

Reminiscence can be self-focused, other-focused, or knowledge-based



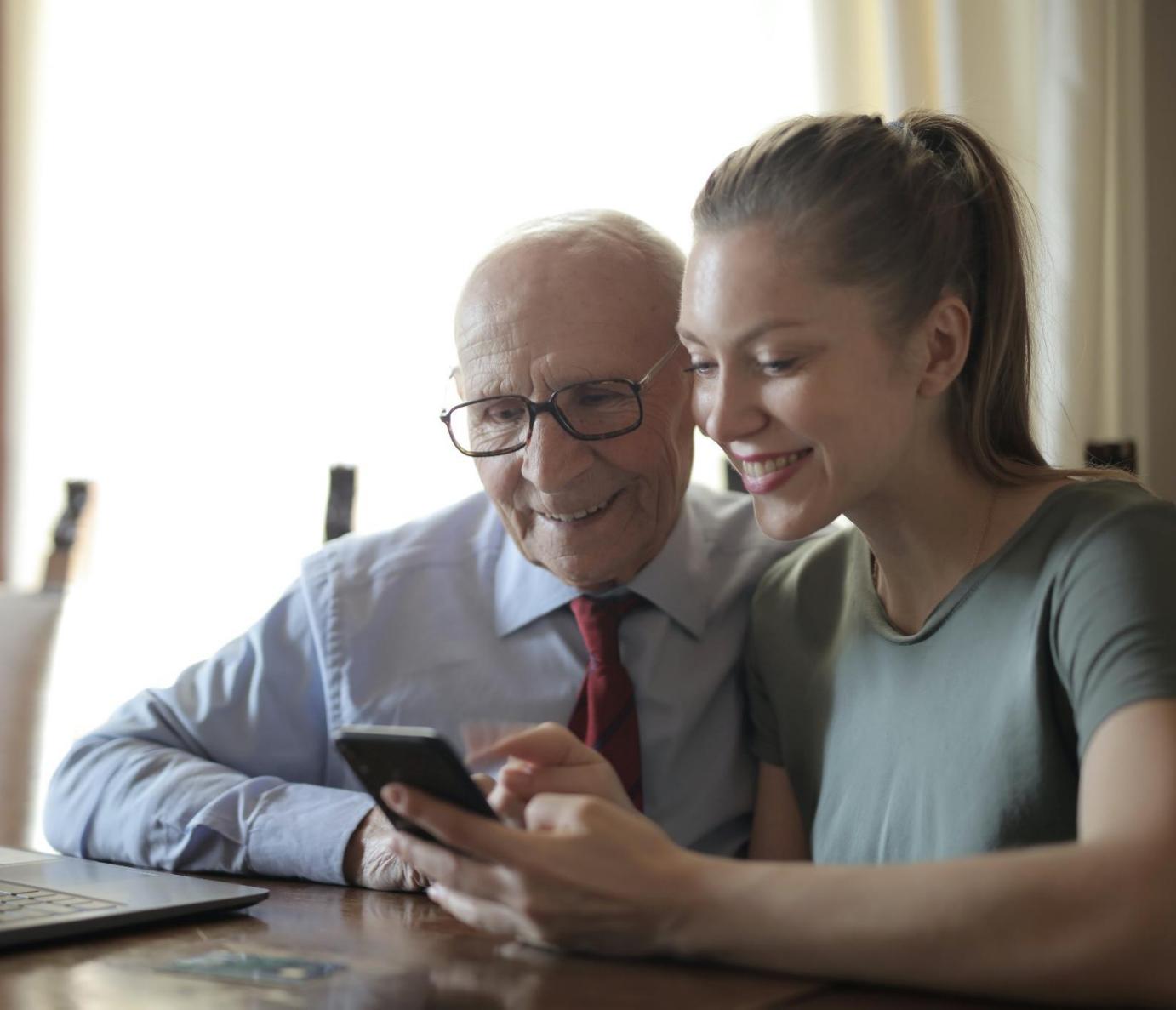
Part 5 Successful Ageing

A photograph of a middle-aged man with grey hair and a beard, wearing a white t-shirt with a logo that reads "Ria Mar". He is sitting at a workbench in a studio, focused on working on a clay sculpture of a face. The studio has large windows in the background and various tools and materials on the workbench.

Successful Ageing

Successful ageing might include the aspects of:

- Health – life-course approach
- Mental activity – engage in simulating activities
- Social engagement – remaining socially active
- Productivity – remain productive (maybe by volunteering)
- Life satisfaction – adjust expectation

A photograph showing a young woman with blonde hair tied back in a ponytail, wearing a grey t-shirt, sitting at a table with an elderly man. The man, wearing glasses, a light blue shirt, and a red tie, is smiling and looking at a smartphone held by the woman. They appear to be sharing a moment of joy or accomplishment. In the background, there's a laptop on the table and some blurred elements of an indoor setting.

Nursing Interventions to Assist Elders

Promote reminiscence; Listen to their concerns

Encourage them to maintain & establish roles & relationships

Offer maximum opportunities for decision making

Build on their unique interests and skills



Selective Optimization with Compensation

An older person might be quite selective in how to spend their time and energy, but there are still other things that they can do to get more from their own life – and there are definitely things that we can help

Selective – (Goal setting) – narrowing the goals and limiting the domains in which we expand effort

Selective Optimization with Compensation

Optimization – (Achieve desired outcome) – finding ways to enhance the achievement of remaining goals or finding environments that are enhancing

Make sure that their effort achieve maximum return – e.g., strategies to achieve goal, motivational support, adding value to the goal



A photograph showing two male adaptive athletes in racing wheelchairs competing on a paved road. The athlete on the left wears a black long-sleeved shirt with 'KIPSTA' on it and a white helmet. The athlete on the right wears a light grey long-sleeved shirt with 'CARBO' on it and a black helmet. They are both leaning forward in their chairs, pushing off the ground with their arms. In the background, there are orange traffic cones and a blue sign with the number '7'.

Selective Optimization with Compensation

Compensation – (Substitution or utilization of resources) – compensate a loss by finding another means to an end

When a loss (of abilities, of family and friends, of social connection, of financial capabilities, etc.) affect how they might achieve their goals, an alternative might be found – possibly with the help of the healthcare and social care system

A photograph of a man with dark hair and a slight smile, wearing a bright yellow tank top with a blue circular logo featuring a sun and stylized figures. He is leaning against a green metal railing, with his right leg propped up on the railing. A white race bib with the number 514 is pinned to his waist. A black smartwatch is visible on his left wrist. In the background, other runners are visible on a track under a clear sky.

Tool 90: Selective Optimization with Compensation

A person's behaviour might be explained by them selecting personally valued activities to optimize returns from their diminishing energy, while finding new ways to compensate for losses

At the same time, we can use this as a strategy to help older people to achieve their goals – by helping them to set realistic goals, help them to optimize, and provide/suggest compensations

A photograph of two young men sitting at a table in a bright, airy cafe. One man, seen from behind, has his back to the camera. The other man, wearing a dark t-shirt, is facing the camera and looking slightly to his right with an open mouth, as if speaking or reacting to something. Large windows in the background let in natural light.

Part 6

Explaining and Suggesting Behaviours



Justin (8) and Justina (7) are siblings. They are both studying in primary school, and both are very hardworking. However, Justin is stronger academically, and so their parents never need to double-check his homework. On the other hand, Justina often makes mistakes in her homework, and therefore their parents always spend one hour per day sitting with her, checking her work and teaching her. Justin is a bit jealous about the amount of time their parents spend with Justina instead of him.

Scenario 1

Note that similar situations can also happen with:

Children of ageing parent

Teachers with many students in their class

Hospital staff with in-patients

et cetera

Scenario 2

Josephine, 70, is a recently retired nurse. For the past 30 years, she worked in a small clinic of a family doctor. Even though she is no longer working, she has developed a strong emotional tie with the neighbourhood, and she really wants to continue contributing to it.

Apart from not knowing where to start, she is also troubled by the fact that her car recently broke down. She is not sure it is worth fixing it up – but she also worries that without a car, she would have a lot of trouble traveling and attending social activities.



Part 7

Behavioural Change

Canice, 75, is a retiree living with his wife. He enjoys good health all his life, but recently started to have trouble walking long distance or up steep slopes.

Hiking and photography have been his hobby since he was a teenager, and he has been planning to travel to Yunnan province with his friends to take picture of the Himalayas. He is worried that the endeavor might be too much for him, but he really wants to go.

Case 18

He is asking you for advice – specifically about health status and illness prevention, but also more generally about how to spend his retirement in the most fruitful way.

Case 18 Pointers

Health Status

Health Risks →

Primary & Secondary Prevention

Healthy Ageing

Successful Ageing



Part 8

Conclusion



Primary ageing versus Secondary ageing

Social theories of ageing

Activity vs Disengagement

Continuity & Social-Emotional

Dependence—support & Independence—Ignorance scripts

Successful aging

Reminiscence & Ego-integrity (not Despair)

Selective optimization with compensation

Conclusion

Primary ageing takes place regardless of good health; while secondary ageing is the result of genetic, pathological, behavioural, and environmental reasons

There are four main reasons why older people might either stop engaging with the society, or engage differently

The dependence—support script and the independence—ignore script can be observed for many interactions between care-giver and those in their care

A photograph of a library aisle. On both sides, there are tall, dark wooden bookshelves filled with books. The books are arranged in rows, their spines visible. Above the bookshelves, several vintage-style lightbulbs are suspended from the ceiling by black cords, casting a warm, glowing light that illuminates the books. The lighting creates a cozy and scholarly atmosphere.

Reading / References

Boyd, DR & Bee, H (2019). Lifespan development (8th ed.). Chapter 2.3 Cognitive Theories; chapter 5.1 Cognitive Changes and Intelligence in Infancy; chapter 7.3 Piaget's Preoperational Stage of Cognitive Development; chapter 9.2 Cognitive Changes in Middle Childhood; chapter 11.4 Changes in Thinking and Memory; 13.3 Cognitive Changes in Early Adulthood. Boston, MA: Pearson.



~ End of Lecture ~

