

---

# **UNIT 1 PHYSICAL CHANGES (EARLY ADULTHOOD, MIDDLE AGE, OLD AGE)**

---

## **Structure**

- 1.0 Introduction
  - 1.1 Objectives
  - 1.2 Early Adulthood
    - 1.2.1 Physical Changes
  - 1.3 Middle Age/ Middle Adulthood
    - 1.3.1 Physical Changes
  - 1.4 Old Age
    - 1.4.1 Physical Changes
  - 1.5 Let Us Sum Up
  - 1.6 Unit End Questions
  - 1.7 Answer to the Self Assessment Questions
  - 1.8 Suggested Readings
- 

## **1.0 INTRODUCTION**

---

The distinction between childhood and adulthood varies considerably among cultural and social groups. The personal and social significance of the passage of years is shaped by the cultural age system. All societies divide the lifespan into recognised stages. These life stages or periods are marked by certain physical, psychological and social milestones. The life stages are commonly identified as prenatal stage (from conception until birth), infancy (from birth to the end of second year of life), early childhood (ages three to six years), middle childhood (six years until puberty), adolescence (start of puberty to adulthood), young adulthood (ages twenty to forty), middle adulthood (ages forty to sixty-five) and later adulthood or old age (sixty-five and older). This unit will help you understand the physical changes of all the three stages of adulthood.

Early adulthood is the stage of our life between the ages of about 20-40 years old, who are typically vibrant, active and healthy, and are focused on friendship, romance, child bearing and careers. It is the first stage of adulthood in which the body physically changes and is one of the hardest times in our lives after teenage years. In this stage, a person may continue to add a bit of height and weight to her teenage frame. The body continues to undergo significant hormonal changes.

In middle adulthood, an important challenge is to develop a genuine concern for the welfare of future generations and to contribute to the world through family and work.

Midlife is also viewed as a period of creativity and significant contribution to society. It is found that the best works of scientists, writers and artists are produced during the late forties and early fifties. Middle adulthood is the second stage of adulthood in which one of the most noticeable change is loss of elasticity in the skin, especially in the face. This results in lines and wrinkles that are seen as one of the first signs of ageing.

Late adulthood or old age is the period of life in every individual that follows the period of his or her life after he/she turns 65 years of age. Old age consists of ages nearing or surpassing the average life span of human beings, and thus the end of the human life cycle. This period is marked by the process of growing old, resulting in part from the failure of body cells to function normally or to produce new body cells to replace those that are dead or malfunctioning.

---

## **1.1 OBJECTIVES**

---

After going through this unit, you will be able to:

- discuss and understand the period of early adulthood;
- understand the physical changes during early adulthood;
- discuss and understand the period of middle adulthood;
- understand the physical changes during middle adulthood;
- discuss and understand the period of old age; and
- understand the physical changes during old age.

---

## **1.2 EARLY ADULTHOOD**

---

Early adulthood is the stage of our life between the ages of about 20-40 years old, who are typically vibrant, active and healthy, and are focused on friendship, romance, child bearing and careers. It is the first stage of adulthood in which the body physically changes and is one of the hardest times in our lives after teenage years. One has to deal with so much in this time and it seems to be real time of self search as well as preparation. During this time in our life we find ourselves with a new sense of independence and for the first time in life we really feel free. However, along with that comes a lot of added personal responsibility to both ourselves and others and we really begin to learn more about ourselves as well as others through social interaction.

During the period of young adulthood one sees himself or herself as an autonomous and independent adult. In this period the individual becomes financially less dependent on the parental family. A major development task is during this period is the choice of a career. Young men and women tend to settle down in a career of their choice. In addition a young adult tries to settle down and start a family life. They are also concerned about various social issues and forming close relationships with one's professional peers and members of community. The duties of a person demand two fold responsibilities which are towards oneself as well as the society.

The stage of young adulthood is characterised by new tasks and challenges in life such as establishing financial and emotional independence and entering into marital relationship. Unemployment and marital discord are two typical crisis conditions during early adulthood.

According to Erickson, this period is characterised by a crisis of intimacy versus isolation. The young adults must develop the ability to form deep intimate relationships with others particularly in marriage. Otherwise, they can become socially and emotionally isolated. Most young adults develop a dream of future accomplishments or a vision of what they want to achieve as a life goal. Such dreams motivate the young adults towards goal directed efforts. Occupational and marital choices and establishment of social and economic independence are some major tasks of early adulthood.

According to Sigmund Freud, adulthood is a time for work and love. Our lives centers around our careers and relationships, leaving less time for anything else.

**Physical Changes (Early Adulthood, Middle Age, Old Age)**

### **1.2.1 Physical Changes**

In this stage, a person may continue to add a bit of height and weight to her teenage frame. The body continues to undergo significant hormonal changes. These changes may make beards grow a bit thicker and the voice to become a slightly deeper and richer. This is the period in which women usually have children so it is the time in which women gain a little weight and finish their full breast development.

#### The Transition from Adolescence to Adulthood

The age period from 18 to 25 years has been labeled as “emerging adulthood” as individuals have often left dependency of childhood but have not yet assumed adult responsibilities.

Females reach their adult heights by age 18, and, except for some males who continue to grow in their early 20s, most have reached their adult heights by the age of 21. However, muscles continue to gain mass- especially among males, and both genders continue to add body fat. Average weight gain for both men and women is about 15 pounds.

---

## **1.3 MIDDLE AGE/MIDDLE ADULTHOOD**

---

In middle adulthood, an important challenge is to develop a genuine concern for the welfare of future generations and to contribute to the world through family and work. This period is aged between 40-60 years of life.

Erik Erickson refers to the problem posed at this stage as generativity versus self absorption. He characterises the middle adulthood as a phase of crisis. Unless a person makes this period of meaningful contribution he or she may become preoccupied with selfish needs and desires. The midlife transition is also the period of turbulence of the forties.

From the period of twenties and thirties, the individual arrives at middle age in the forties and fifties. Middle age is characterised by competence, maturity, responsibility and stability. This is the time when one wants to enjoy the success of job, satisfaction derived from the family and social life. People look forward to the success of their children. Attention gets more focused on health, the fate of children, ageing parents, the use of leisure time and plans of old age.

Midlife is also viewed as a period of creativity and significant contribution to society. It is found that the best works of scientists, writers and artists are produced during the late forties and early fifties.

### **1.3.1 Physical Changes**

Individuals vary in the rate at which the changes occur, all middle aged people notice signs of deterioration in some aspects of their physical functioning. Very often, during the early thirties individuals make a reappraisal of their choices and seek to make specific changes in their career choices as well as their social relations. These experiences are described as “age thirty transition”. In the 40s, for example, there is usually a decline in near vision a condition known as presbyopia. The lens of the eyes become less elastic and loses its ability to accommodate to objects at close range. Reading glasses or bifocal may be required for the first time. The individual

may also notice increased sensitivity to glared-on the windshield of the car, for example, or in brightly lit stores. In their 50s people often find that it takes their eyes longer to adapt to the change in illumination when they enter a darkened theater or when they go outside on a bright sunny day. Some degrees of hearing loss is also found in many people over 50.

Middle adulthood is the second stage of adulthood in which one of the most noticeable change is loss of elasticity in the skin, especially in the face. This results in lines and wrinkles that are seen as one of the first signs of ageing. Most individuals get a little shorter through the years. Hair starts graying, skin is wrinkling, bodies are sagging and teeth are yellowing. Some adults strive to make themselves look younger by having plastic surgery, dying their hairs, wearing wigs, joining exercise programs or taking heavy vitamin doses.

Men usually gain weight in the abdominal region, while women gain weight in the hips and thighs. Strength and flexibility in both genders wane. Men during this period show greater concern towards their health, strength, power and sexual potency.

For women, menopause occurs between the ages of forty-five and fifty. Women usually experience hormonal changes during this period that result in the loss of the ability to reproduce, a process called menopause. Menopause is supposed to be accompanied by some distressing physical and psychological symptoms in women. Both genders may experience graying of the hair or hair may be thin.

### **Self Assessment Questions**

- 1) Answer the following in True or False:
  - i) Young adults are vibrant, active and healthy.
  - ii) Young adults tend to get isolated due to crisis.
  - iii) Individual add a bit of height during middle adulthood.
  - iv) Attention gets focused on health and fate of children during middle age.
  - v) Individuals in middle age are unstable.
- 2) Fill in the blanks:
  - i) A decline in near vision is a condition known as \_\_\_\_\_.
  - ii) During middle age, there is a loss of \_\_\_\_\_ in skin.
  - iii) Women between the ages of 45 and 50, experiences \_\_\_\_\_.
  - iv) Early adult's focus on friendship, romance, \_\_\_\_\_ and careers.
  - v) Individuals due to crisis, tends to get \_\_\_\_\_ during middle adulthood.

## **1.4 OLD AGE**

Late adulthood or old age is the period of life in every individual that follows the period of his or her life after he/she turns 65 years of age. Old age consists of ages nearing or surpassing the average life span of human beings, and thus the end of the human life cycle. People can be considered old because of certain changes in their activities or social roles. Old people have limited regenerative abilities and are more

prone to disease, syndromes, and sickness than other adults. For example, people can be considered as old when they become grandparents, or when they begin to do less or different work, or when they get to the age of retirement.

This period is marked by the process of growing old, resulting in part from the failure of body cells to function normally or to produce new body cells to replace those that are dead or malfunctioning. This in turn results in significant physical, psychological and cognitive changes, like cardio-vascular, digestive malfunctioning, depression, and impaired memory functioning and so on.

### **1.4.1 Physical Changes**

As an individual moves towards their old age, there are changes which occurs naturally and not due to any disease. These changes include sensory changes, digestion, circulation and sexuality. The physical changes that occur in the bodies of the individuals can be divided into two main categories – external changes and internal changes. These changes are the outward signs of ageing, and are quite obvious to notice. They consists of changes in hair, skin, posture, etc. most people's hair becomes distinctly gray and eventually turns white, and it may also thin out. The skin becomes less elastic, more wrinkled, dry and thin. The wrinkles are formed partly because of loss fatty tissue under the skin.

Functional age is the actual competence and performance a person displays, regardless of chronological age. People age biologically at different rates:

Young-old elderly appear physically young for their years.

Old-old elderly appear frail and show signs of decline.

#### **Sensory Changes**

Human receives and process information from the environment through hearing, vision, taste, smell and touch. With ageing, these senses are often diminished and incoming information may be distorted or difficult to understand. As a result, the older person may give up some enjoyable activities or lose contact with friends and family who are important sources of support.

#### **Hearing**

Hearing loss affects the older persons ability to talk easily with others. According to studies, about 30% of people over 60 have a hearing impairment, but about 33% of those 75 to 84, and about half of those over 85, have hearing loss. For example, older people have trouble hearing higher pitched tones. They also may not be able to make out sounds or words when there is background interference

Older persons may be frustrated or embarrassed about not being able to understand what is being said. They may have to ask people to repeat themselves, or endure shouting when a speaker tries to be heard. Older persons may hold back from conversation out of a fear of making inappropriate comments. They may tire from concentrating and straining to hear. As a result, the older person may withdraw from friends and family and outside activities.

#### **Vision**

Even though changes to the eye take place as a person ages, many older people have good-to-adequate vision. Nevertheless, beginning in the late 30s and early 40s, an individual may begin to notice some changes. She or he may have to hold the

paper farther away to read it due to changes in the ability of the lens to change its shape to accommodate to distance.

With ageing, peripheral vision is reduced. A person may need to turn her or his head to see to the sides. The flexibility of the eye decreases and it takes an older person more time to accommodate to changes in light. Adaptations in lifestyle and behaviours must be made to cope with this change. An individual might give up driving at night. Placing more lights evenly around the room so that the entire room is lit is also helpful.

Degeneration of eye muscles and clouding of the lens are associated with ageing. Several changes in vision result from this. Older people tend to have trouble focusing on near objects, but eyeglasses may correct this problem. In addition, the ability to see colors changes with age as the lens yellows. Red, yellow, and orange are easier to see than blue and green. This is why fabrics in warmer shades may be more appealing to the older person.

- i) Cataracts are cloudy areas in the lens which blur vision and can cause blindness if there is no surgery. There is poorer dark adaptation when coming in from the light. Depth perception is also compromised since binocular vision declines, as well as visual acuity.
- ii) Macular degeneration occurs when light-sensitive cells in the macula, the central region of the retina break down, resulting in blurry central vision, and eventual blindness. A diet high in anti-oxidants can delay this condition. Driving may need to be curtailed at a certain point, as the older driver has a harder time discriminating the road distractions and signs. This is a hard thing to give up, since it signals physical dependence on others. Elders also are at higher risk of stumbling and serious falls at this point, as they don't see changes in the floor and accommodate smoothly.

### **Taste and Smell**

Some loss in taste sensitivity takes place with ageing. However, the loss is minor and does not seem to occur in most people until well after 70. There is also a loss of smell, but this is not severe.

Nevertheless, older people often complain that their meals are tasteless or that they no longer like their favorite foods. Most experts feel that these complaints are caused by a sense of loneliness at meals, or an unwillingness or inability to cook. Also, older persons may not buy more enjoyable foods when they have difficulty chewing due to poor dentures or dental problems, or are stretching their food dollars due to a limited budget.

### **Touch**

The skin serves a protective function by buffering us from the environment. Skin changes leave the older person vulnerable to discomfort and harm. Due to reduced sensitivity, heat sources such as heating pads, hot water bottles, and pot handles can hurt the skin before the elder realises that damage is occurring.

An older person may develop a greater sensitivity to cool temperatures and drafts. This is caused by a decline in sweat gland activity, a decrease in the ability to maintain a normal body temperature due to poorer circulation, and a thinning of the skin. Wrinkling, drying, and scaling also occur. The skin tears and breaks more easily, increasing the chance of injury and infection.

The sensation of touch connects us with others no matter what our age. Thus, touch is important in maintaining the elder's emotional well-being. Use of touch during communication should be practiced to show that you are there for support and that you care.

### **Changes in Bones and Muscles**

Ageing adults, especially the very old, are vulnerable to broken bones. In addition, joints stiffen and connecting ligaments between bones lose their elasticity. Hand and foot pain may result.

Although there is no known way to prevent sometimes painful changes in ageing muscles, bones, and ligaments, regular exercise helps to assure continuing mobility in old age. Most physicians feel that walking, along with adequate rest and a nutritious diet, are tremendously valuable for maintaining mobility and fitness in the later years.

It is very important to prevent falls. Due to changes in bone mass and strength, falls often result in injury, hospitalisation, and continued declines in health.

### **Teeth and Mouth**

Older adults are more likely to lose teeth to gum disease than to problems with the teeth themselves. However, with proper personal care, regular checkups, and improved dentistry methods, older people are more able to retain their natural teeth throughout their lives. Older people who do lose their teeth may now expect and demand comfortable, well-fitting, and durable dentures.

### **Digestion**

The digestive system is very sensitive to emotions. An older person may experience an upset stomach or lack of appetite when lonely, depressed, or worried. Regular contact with friends and relatives, through visits and telephone calls, can help prevent these problems.

It is fairly common for older people to have less frequent bowel movements and to suffer from constipation. This is due to changes in tissue and muscles and reduced thirst. Regular exercise, such as a daily walk, can prevent constipation. A well-balanced diet that includes adequate fiber and fluid intake also encourages normal bowel function and minimises the need for laxatives. In contrast, self-prescribed laxatives are an expensive substitute for foods that naturally keep the gastrointestinal system running smoothly, such as bran cereals, fruits, and vegetables. Overuse of laxatives can interfere with the availability of nutrients for healthy body functioning.

Adequate fluid intake is essential for maintaining proper body temperature and functioning of the digestive system. However, some older people make the mistake of limiting their fluid intake in order to avoid frequent urination. Dehydration is a serious problem for the elderly. This is due to their decreased sense of thirst and reduced capacity to conserve water. In addition, laxative abuse, diuretic therapies, infections, immobility, or excessive use of alcohol or caffeine tend to promote dehydration.

### **Circulation**

The older heart slows down and is less able to pump blood through the body than the younger heart. This results in older people having less energy and stamina for physical work. Decreased circulation also contributes to cold sensitivity, particularly in the hands and feet. Because oxygen necessary for proper physical and cognitive

functioning is carried through the blood, the elder with poor circulation may experience forgetfulness and other symptoms of poor cognition.

Blood vessels, which play an important role in the circulation of blood throughout the body, lose elasticity as we age. This causes blood to tend to “pool” in the feet and legs. This means that swelling (edema) may occur in the extremities. Consequently, the heart, which undergoes muscle changes as we age, must pump harder in order to carry the blood to all parts of the body.

Changes in circulation make the older person more susceptible to the development of “little strokes” (TIAs) than when younger. Symptoms of such episodes include headache, vision disturbances, loss of balance, confusion, and dizziness when standing quickly from a sitting or reclining position. Because “little strokes” can be harbingers of a larger stroke, consult with the older person’s primary health care provider, should these occur.

Many older people are on medications that impact circulation. Be familiar with these medications, and their side effects. This may prevent complications, which may arise from their use.

Pressure ulcers, a skin problem found in people with limited mobility, are due to impaired circulation. When an older person is unable to move about, tissue may die due to lack of an adequate blood supply to the skin. Areas particularly susceptible to these ulcers are those over bony prominences such as hips, shoulders, elbows, knees, ankles, and the heels of the feet.

### **Cardiovascular and Respiratory Systems**

They are affected by ageing as the heart muscle becomes more rigid and some cells enlarge, thickening the left ventricle. Arteries stiffen and accumulate plaque. So the heart pumps with less force, and blood flow slows. So during activity, sufficient oxygen may not be delivered to critical tissues. Lung tissue also loses elasticity and capacity is reduced by half. The blood absorbs less oxygen and expels less carbon dioxide. People feel more out of breath when exercising. This is more of a problem for people who have smoked, had a high-fat diet, or been exposed to pollutants. Exercise facilitates respiratory function.

*Immune system declines as T cells become less effective.*

Auto-immune response is a problem when the immune system turns against normal body tissues. This puts elders at risk of infectious diseases, CVD, cancers, rheumatoid arthritis, or diabetes. The more impaired the immune system is, the more at risk the person is to a variety of agents.

Sleep is essential for healthy functioning all one’s life, but as we age, sleep is harder to come by, as elders sleep less, more lightly, and have more trouble going to sleep. Men seem to have more sleep problems than women, due to the enlargement of the prostate gland and the need to urinate more often at night.

Sleep apnea is a condition where breathing ceases for 10 sec. or more, causing the person to awaken with a start to breathe again. This afflicts more men than women, but overweight people have problems with this condition, as more weight is pressing on the lungs, requiring more effort to keep breathing. Legs also move rapidly during the night- “restless legs” and this can disrupt sleep, too. Unfortunately poor sleep can afflict daytime energy, resulting in a cycle of downward energy, even depression.

More prescriptions for sleep aids are given to older adults, but they can have rebound effects later with greater insomnia.

**Physical Changes (Early Adulthood, Middle Age, Old Age)**

## **Sexuality**

Sexual desires and the physical capacity to engage in sex continue throughout life. Loss of interest in sex is usually due to emotional causes, drug use, or disease, and not necessarily to ageing. Changes in sexual response and in the sex organs lead to changes in frequency and pattern of performance. However, the older person's own health and a healthy and willing partner are important factors in sexual expression. Sharing feelings and closeness with another person are very important to sustaining emotional and physical intimacy.

## **Physical Disabilities**

They do increase toward the end of the lifespan, especially illnesses such as CVD and cancer. Respiratory diseases also climb in late adulthood – emphysema is caused by loss of elasticity in lung tissue – most result from smoking. As the immune system declines, more people are at risk of pneumonia, severe lung inflammation. Stroke is 4<sup>th</sup> most common killer in the elderly. There is a blockage of blood flow in the brain which leads to death of neural tissue and accompanying loss of function. Osteoporosis rises in late adulthood, as well as arthritis. Adult-onset diabetes and unintentional injuries also increase in late adulthood. These illnesses are not caused by ageing, but are related to age – they occur more often in the aged.

*Primary ageing* – biological ageing that occurs even in the context of good health.

*Secondary ageing* – is declines in function due to hereditary defects and negative environmental influences, poor diet, lack of exercise, disease, substance abuse, environmental pollution, and stress.

Arthritis is a condition of inflamed, painful, stiff or swollen joints and muscles. There are two forms:

*Osteo-arthritis* is the most common type – due to deteriorating cartilage on the ends of bones – “degenerative joint disease”. Cartilage that cushions the bones in joints deteriorates, so there is more discomfort with movement. Obesity can place abnormal pressure on joints and damages cartilage, too.

*Rheumatoid arthritis* is an autoimmune disease that involves the whole body. There is inflammation of connective tissue, there is stiffness, inflammation, and aching. Deformed joints develop, reducing mobility.

Adult-onset diabetes occurs when the insulin output of the pancreas can't control blood sugar after a meal. High blood sugar damages the blood vessels, increases risk of stroke, heart attack, circulatory problems in the legs, and injury to the eyes, kidneys, and nerves. If there is severe loss of blood flow, it can result in amputations and blindness. It may require oral insulin or even shots to maintain blood sugar in the healthy range.

Unintentional injuries- death rate from injuries increases after age 65- mostly due to car collisions and falls.

*Motor vehicle accidents* are responsible for ¼ of injury mortality later in life. But older adults have higher rates of traffic tickets, accidents, and fatalities per mile driven than any other age group, except for teens. Deaths due to injury are greater

for men than women in late life. Driving is especially impaired as vision is impaired. They also have a slower reaction time, and don't always read and interpret road signs effectively. They are also at risk on foot at intersections when they can't determine when to walk.

*Falls* – 30% of those over 65, and 40% of those over 80 have had a fall within the past year. Serious injury results about 10% of the time- most commonly a hip fracture. This type of break increases 20% from 65 to 85. It associates with a 12 – 20% increase in mortality. Half never regain the ability to walk without assistance again. Unfortunately, once someone falls, s/he will tend to avoid activities that may be associated with instability, so they restrict social contact and exercise.

Prevention may entail corrective eyewear, improved safety in the home or car, and other family members taking on some of the responsibility for the elder's transportation.

### Self Assessment Questions

3) Answer the following in True or False:

- i) Old age starts from the age of 50 years. ( )
- ii) Old people have limited regenerative abilities and are more prone to disease, syndromes, and sickness than other adults. ( )
- iii) Young-old elderly appear frail and show signs of decline. ( )
- iv) With ageing, peripheral vision is reduced. ( )
- v) The older heart slows down and is less able to pump blood through the body than the younger heart. ( )

4) Fill in the blanks:

- i) Degeneration of eye muscles and \_\_\_\_\_ of the lens are associated with ageing.
- ii) The skin serves a \_\_\_\_\_ function by buffering us from the environment.
- iii) Regular exercise, such as a daily walk, can prevent \_\_\_\_\_.
- iv) Immune system declines as \_\_\_\_\_ become less effective.
- v) \_\_\_\_\_ is a condition of inflamed, painful, stiff or swollen joints and muscles.

## 1.5 LET US SUM UP

Early adulthood is the stage of our life between the ages of about 20-40 years old, who are typically vibrant, active and healthy, and are focused on friendship, romance, child bearing and careers. It is the first stage of adulthood in which the body physically changes and is one of the hardest times in our lives after teenage years. During the period of young adulthood one sees himself or herself as an autonomous and independent adult. In this period the individual becomes financially less dependent on the parental family. A major development task is during this period is the choice of a career. The stage of young adulthood is characterised by new tasks and challenges in life such as establishing financial and emotional independence and entering into marital relationship. Unemployment and marital discord are two typical crisis conditions during early adulthood.

Females reach their adult heights by age 18, and, except for some males who continue to grow in their early 20s, most have reached their adult heights by the age of 21. However, muscles continue to gain mass – especially among males, and both genders continue to add body fat. Average weight gain for both men and women is about 15 pounds.

In middle adulthood, an important challenge is to develop a genuine concern for the welfare of future generations and to contribute to the world through family and work. This period is aged between 40-60 years of life. From the period of twenties and thirties, the individual arrives at middle age in the forties and fifties. Middle age is characterised by competence, maturity, responsibility and stability. This is the time when one wants to enjoy the success of job, satisfaction derived from the family and social life. People look forward to the success of their children.

Middle adulthood is the second stage of adulthood in which one of the most noticeable change is loss of elasticity in the skin, especially in the face. This results in lines and wrinkles that are seen as one of the first signs of ageing. Most individuals get a little shorter through the years. Hair starts graying, skin is wrinkling, bodies are sagging and teeth are yellowing. Some adults strive to make themselves look younger by having plastic surgery, dying their hairs, wearing wigs, joining exercise programs or taking heavy vitamin doses.

Late adulthood or old age is the period of life in every individual that follows the period of his or her life after he/she turns 65 years of age. Old age consists of ages nearing or surpassing the average life span of human beings, and thus the end of the human life cycle. People can be considered old because of certain changes in their activities or social roles. Old people have limited regenerative abilities and are more prone to disease, syndromes, and sickness than other adults.

Functional age is the actual competence and performance a person displays, regardless of chronological age. The ageing body does change. Some systems slow down, while others lose their “fine tuning”. Slight gradual change is common, and most of these are not problems to the person who experiences them. Serious and dramatic change may indicate serious health problems.

As an individual moves towards their old age, there are changes which occurs naturally and not due to any disease. These changes include sensory changes, digestion, circulation and sexuality. The physical changes that occur in the bodies of the individuals can be divided into two main categories – external changes and internal changes. These changes are the outward signs of ageing, and are quiet obvious to notice. They consists of changes in hair, skin, posture, etc. most people’s hair becomes distinctly gray and eventually turns white, and it may also thin out. The skin becomes less elastic, more wrinkled, dry and thin. The wrinkles are formed partly because of loss fatty tissue under the skin.

---

## **1.6 UNIT END QUESTIONS**

---

- 1) What are the physical changes that take place in early adulthood?
- 2) What are the developmental tasks during this period?
- 3) What are the physical changes that take place in middle adulthood?
- 4) What are the developmental tasks of this period?
- 5) What are the physical changes that take place during old age?
- 6) What are the developmental tasks of this period?

---

## 1.7 ANSWERS TO THE SELF ASSESSMENT QUESTIONS

---

- 1)    i)    True  
          ii)    True  
          iii)    False  
          iv)    True  
          v)    False
  
- 2)    i)    Presbyopia  
          ii)    Elasticity  
          iii)    Menopause  
          iv)    Child Bearing  
          v)    Self absorption
  
- 3)    i)    False  
          ii)    True  
          iii)    False  
          iv)    True  
          v)    True
  
- 4)    i)    Clouding  
          ii)    Protective  
          iii)    Constipation  
          iv)    T Cells  
          v)    Arthritis

---

## 1.8 SUGGESTED READINGS

---

Stuart-Hamilton, Ian (2006). *The Psychology of Ageing: An Introduction*. London: Jessica Kingsley Publishers

Diane F. Gilmer; Aldwin, Carolyn M. (2003). *Health, illness, and optimal ageing: biological and psychosocial perspectives*. Thousand Oaks: Sage Publications