



MCFT-001
**Human Development
and Family
Relationships**

Block

4

FAMILY LIFE CYCLE STAGES-II

UNIT 14

Families with Elementary School and Middle School Children	5
---	----------

UNIT 15

Families with Teenagers	27
--------------------------------	-----------

UNIT 16

Launching and Contracting Families	49
---	-----------

UNIT 17

Families with Middle-aged Parents and Ageing Family Members	62
--	-----------

EXPERT COMMITTEE

Prof. V.N. Rajasekharan Pillai (*Chairperson*)
Vice Chancellor,
IGNOU, New Delhi

Prof. Girishwar Misra
Department of Psychology,
University of Delhi, New Delhi

Prof. Mathew Verghese
Head, Family Psychiatry Centre,
NIMHANS, Bangalore

Prof. Manju Mehta
Department of Psychiatry,
AIIMS, New Delhi

Prof. Shagufa Kapadia
Head, Department of Human
Development and Family
Studies, M.S. University of
Baroda, Vadodara

Prof. Reeta Sonawat
Head, Department of Human
Development,
SNDT Women's University,
Mumbai

Prof. Ahalya Raghuram
Department of Mental Health and
Social Psychology
NIMHANS
Bangalore

Dr. Rajesh Sagar
Associate Professor, Deptt. of
Psychiatry, AIIMS, Delhi &
Secretary, Central Mental Health
Authority of India, Delhi

Prof. Aruna Broota
Department of Psychology,
University of Delhi,
New Delhi

Prof. Anisha Shah
Department of Mental Health and
Social Psychology, NIMHANS,
Bangalore

Prof. Rajni Dhingra
Head, Department of Human
Development,
Jammu University, Jammu

Prof. T.B. Singh
Head, Department of Clinical
Psychology, IHBAS
New Delhi

Prof. Sudha Chikkara
Department of Human
Development and Family Studies,
CCS HAU, Hisar

Prof. Minhotti Phukan
Head, Deptt. of HDFs,
Assam Agricultural University,
Assam

Mrs. Vandana Thappar
Deputy Director (Child
Development), NIPCCD,
New Delhi

Dr. Indu Kaura
Secretary, Indian Association for
Family Therapy,
New Delhi

Dr. Jayanti Dutta
Associate Professor, Dept. of HDCS,
Lady Irwin College, New Delhi

Ms. Reena Nath
Practising Family Therapist,
New Delhi

Dr. Rekha Sharma Sen
Associate Professor, Child
Development, SOCE, IGNOU

Prof. Vibha Joshi
School of Education
IGNOU, New Delhi

Prof. C.R.K. Murthy
STRIDE
IGNOU, New Delhi

Mr. Sangmeshwar Rao
Producer, EMPC,
IGNOU, New Delhi

Prof. Neerja Chadha
(*Programme Coordinator*)
Professor of Child Development
School of Continuing Education,
IGNOU, New Delhi

Dr. Amiteshwar Ratra
(*Convenor & Programme
Coordinator*)
Research Officer, NCDS
IGNOU, New Delhi

Acknowledgement:

We acknowledge our thanks to Prof. Omprakash Mishra, PVC, IGNOU; Prof. C.G. Naidu, Former Director P & DD and Head, Nodal Unit; and Dr. Hemlata, Director (I/c), NCDS for facilitating the development of the programme of study.

PROGRAMME COORDINATORS – M.Sc. (CFT) / PGDCFT

Dr. Amiteshwar Ratra
Research Officer,
NCDS, IGNOU, New Delhi

Prof. Neerja Chadha
Professor of Child Development
SOCE, IGNOU, New Delhi

COURSE COORDINATORS

Dr. Amiteshwar Ratra
Research Officer,
NCDS, IGNOU, New Delhi

Prof. Neerja Chadha
Professor of Child Development
SOCE, IGNOU, New Delhi

COURSE WRITERS

Unit 14 Prof. Shanti Balda, Head, CCS Haryana Agricultural University, Hisar, Haryana

&

Dr. Krishna Duhan, Scientist, CCS Haryana Agricultural University, Hisar, Haryana

Unit 15 Prof. Neerja Chadha, Professor of Child Development, SOCE, IGNOU, New Delhi

Unit 16 Dr. Poonam Gandhi, Lecturer, M S University of Baroda, Varodara

Unit 17 Prof. Indira Jai Prakash, Professor of Psychology, Bangalore

Acknowledgment:

We acknowledge with gratitude, the innumerable people who have generously contributed the photographs of themselves, and their near and dear ones.

COURSE EDITORS

Prof. Girishwar Misra
Department of Psychology,
University of Delhi, New Delhi
(Blocks 1,2,3 & 4)

Prof. Shagufa Kapadia
Head, Department of HDFS,
M.S. University of Baroda, Vadodara
(Blocks 5 & 6)

Prof. Neerja Chadha
Professor of Child Development
SOCE, IGNOU, New Delhi
(All Blocks)

Dr. Amiteshwar Ratra
Research Officer,
NCDS, IGNOU, New Delhi
(All Blocks)

Concept for art work & cover design: Prof. Neerja Chadha, Dr. Amiteshwar Ratra & Dr. Navita Abrol.

Preparation of art work and cover design: M/s. Tamal Basu.

September, 2010

© Indira Gandhi National Open University, 2010

ISBN:

All rights reserved. No part of this work may be reproduced in any form, by mimeograph or any other means, without permission in writing from the Indira Gandhi National Open University, New Delhi.

Further information on Indira Gandhi National Open University courses may be obtained from the University's office at Maidan Garhi, New Delhi- 110 068 or the official website of IGNOU at www.ignou.ac.in.

Printed and published on behalf of Indira Gandhi National Open University by Registrar, MPDD.

Laser Composed by: Tessa Media & Computers, C-206, A.F.E.-II, Okhla, New Delhi-25

Printed by:

BLOCK 4 FAMILY LIFE CYCLE STAGES-II

Introduction

The Block 4 “Family Life Cycle Stages-II” is continuation with the previous Block. It describes the next four stages of the family life cycle. This Block helps you to understand the distinctive features of families with elementary and middle school children, families with teenagers, launching and contracting families and families with middle-aged parents and ageing family members. This Block consists of four Units.

Unit 14 is about “*Families with Elementary School and Middle School Children*”. It explains the fourth stage of family life cycle. The Unit enlightens you with the knowledge of developmental characteristics of elementary and middle school children. It also illustrates the various domains of adjustment in these families. The distinctive roles and responsibilities of families of elementary and middle school children are discussed in this Unit, along with the emerging issues and challenges for the families at this stage. The Unit also teaches you some of the important disciplinary techniques for elementary and middle school children. This Unit helps you in understanding the importance of family involvement in school programme.

Unit 15 “The Families with Teenagers” describes the characteristics of families having teenage children. The Unit begins with the introduction of salient features of families with teenage children. It describes the developmental tasks of not only the teenagers but also the families having them. The major issues and challenges that a family with teenage children faces like delinquency, substance abuse etc. are discussed in detail in this Unit. Further, the Unit also discusses some do’s and don’ts that should be kept in mind, while dealing with teenagers. The Unit acquaints you with some important techniques and strategies that help in dealing with problems of teenage children.

Unit 16 “Launching and Contracting Families” explains the family as launching centre and explains the effect of contracting families on the original conjugal couple. The Unit begins with stating the developmental tasks for young adults and parenting in middle years. The Unit describes how a family acts as a launching centre for their young adults and what are the emerging issues and challenges that the family faces during launching of children. The second part of this Unit deals with the contracting phase of family. It explains the empty nest syndrome and various reasons for contracting of the family like separation, divorce or death. The Unit will help you in understanding challenges and issues faced by young and middle aged adults.

Unit 17 “Families with Middle-aged Parents and Ageing Family Members” is the last Unit of this Block and Course. It deals with the last two stages of the family life cycle. The Unit begins with explaining mid-life families and families in later life. This Unit discusses the changing family trends in India. Further, the Unit deals with the major psychological issues in mid-life and old age such as health problems, menopause, sandwich generation, mid-life marriage and sexuality, retirement, widowhood, grandparenthood, generation gap, dealing with illness, disability and death etc. The Unit also states some important tips for successful ageing. Some of the important psychosocial theories of ageing with also be discussed in this Unit. The Unit will help you in understanding the different strategies used in coping with changes in the family such as geriatric counselling etc.

UNIT 14 FAMILIES WITH ELEMENTARY SCHOOL AND MIDDLE SCHOOL CHILDREN

Structure

- 14.1 Introduction
- 14.2 Families with Elementary and Middle School Children
 - 14.2.1 Developmental Characteristics of Elementary and Middle School Children
 - 14.2.2 Adjustment in Families with Elementary and Middle School Children
 - 14.2.3 Roles and Responsibilities of Families with Elementary and Middle School Children
 - 14.2.4 Challenges and Emerging Issues of Families with Elementary and Middle School Children
 - 14.2.5 Disciplinary Techniques for Elementary and Middle School Children (6 to 12 years)
- 14.3 Families and Teachers as Partners in Schools
 - 14.3.1 Families and Teachers Working Together
 - 14.3.2 Family Involvement in School Programmes
 - 14.3.3 How can Teachers Connect Families with Schools?
 - 14.3.4 Preventing and Resolving Parent-Teacher Differences
- 14.4 Let Us Sum Up
- 14.5 Glossary
- 14.6 Answers to Check Your Progress Exercises
- 14.7 Unit End Questions
- 14.8 Further Readings and References

14.1 INTRODUCTION

Elementary and middle school children enter into formal schooling. These children spend more time away from their families in schools and out of school with their peers. During this period, children undergo significant developmental changes. Their cognitive and intellectual development advances and their reasoning becomes more logical. Their perspective taking skills become more mature and sophisticated. Elementary and middle school children integrate knowledge from their interactions with teachers, peers and families. During this stage parental involvement is crucial for children's learning and development. However, as compared to preschool stage, during elementary and middle school stage, the specific activities and nature of parental involvement change. During this period, parents need to support their children's learning in the home and communicate regularly with their teachers about their children's academic progress, socio-emotional and other developments.

To promote development and achievements of elementary school and middle school children, it is important that school teachers encourage the parental involvement in school related activities. Positive involvement of parents results in their children's school success. Parents and teachers together can do a lot in children's lives. They need to work together to promote development and help children in school achievement.

Objectives

After studying this Unit, you will be able to:

- Identify developmental characteristics of elementary school and middle school children;
- Understand domains of adjustment in families with elementary school and middle school children;
- Explain roles and responsibilities of families with elementary school and middle school children;
- Discuss challenges and emerging issues of families with elementary school and middle school children; and
- Explain the importance of family involvement in school programmes.

14.2 FAMILIES WITH ELEMENTARY AND MIDDLE SCHOOL CHILDREN

The elementary school child (6 to 8 years) has moved from being a preschooler strongly attached to her or his family to the extended world of middle childhood. Nine to twelve year old child is often referred to as middle school child. Elementary and middle school children enter into formal schooling. These children spend more time away from their families in schools and out of school with their peers.

Developmental tasks of families with elementary and middle school children are fitting into the community of school age families in constructive ways and to encourage children in educational achievement.

Transition to Elementary and Middle School Children Family

The process of making children independent continues when the children go to elementary and middle school. As they learn new skills and rules, parents both teach and learn from them. Parents become members of Parents' and Teachers' meetings (PTMs), School teachers expect some commitment from parents and parents have to adapt themselves for their new role. Children enlarge their parents' social contacts, bringing home friends and initiating contacts between families. At this stage of life, parents learn more about children and are able to see their children in relation to others. Children are more independent and may help with household chores. There are also possibilities for families and parents to feel like failures in launching their children into school.

For children going into elementary and middle school, there are many anxieties, nervousness and fears to deal with and overcome. During these years, the school work is harder to do and there are more classes and more teachers. Children have to interact with different personalities. If a parent has a child who is entering elementary or middle school for the first time, they should know that it is normal for their child to express concern and maybe even exhibit some acting out behaviour over school issues.

14.2.1 Developmental Characteristics of Elementary and Middle School Children

Discussed below are the developmental characteristics of elementary and middle school children to help parents, teachers and caregivers to understand these children.

Physical Development: During elementary school years growth rate is slower than in preschool years but it is steady. Children have better control of large muscles such as arms and legs than muscles such as fingers. They enjoy testing muscle strength, skills and coordination. During this stage hand skills and eye-hand coordination needed for activities such as writing and shoe lacing continue to develop. Children begin to lose baby teeth and acquire permanent teeth.



Fig. 14.1: Children enjoy engaging in adventurous activities

Sexual organs grow at slower rate. Although some children will show the signs of onset of puberty before age 9, yet the onset of puberty, the process of rapid growth and physical change will start in the years between 9 and 12. On an average, girls will begin puberty at age 10 or 11 years and boys will begin at age 11 or 12 years. There are a number of noticeable physical signs that show a boy or girl has begun puberty.

Social and Personality Development: Elementary school children are still focused on self but are able to have empathy. They have many best friends at the same time. Friends are likely to be of the same gender. They are becoming increasingly more aware of peer opinions and are concerned about being liked by their friends. Children tend to be competitive, bossy and unhappy if they lose in a competition. They like to win or be first in competition. At this time, they are in the stage of industry vs. inferiority of Erikson's theory (already discussed in Block 1).

Middle childhood is often referred to as the “gang age” because it is characterised by interest in peer activities, an increasing strong desire to be an accepted member of a gang. They want to be with their peers and they are lonely and dissatisfied when they are not with them. Most children are aware of their sociometric status. They play games and sports with member of their peer group. During middle childhood years, there is a tendency for children to interact mostly with same sex peers.

Emotional Development:

Elementary school children are egocentric, but have ability to feel for others. They are sensitive to criticism and do not know how to accept failure. The family is the main source of stability and security. They have strong desire for affection and attention of parents. They release tension through physical activity. New fears revolve around school, friendships and family. They act in order to avoid punishment and for them good and bad is what’s approved by the family.

Common emotional patterns of middle childhood differ from those of early childhood. From experience, these children discover how others feel about various forms of emotional expression. In their desire to win social approval, they try to curb the forms of expression they have found are socially unacceptable. Temper tantrums become less frequent as these are considered babyish. Generally, middle childhood years is a period of relative emotional calm. However, there are times when children experience frequent and intense emotions. When children are ill or tired, they are likely to be irritable, fretful and generally difficult.



Fig. 14.2: Now children want to acquire new skills and show eagerness for new activities



Fig. 14.3: Social emotional bondings develop

Language Development: Elementary school children tend to talk as they learn and they learn best if active while learning. They are learning to read signs, make lists, count or write prices of objects they buy. They have greater ability to describe and generalise from their experiences and talk about thoughts and feelings.

Middle school children discover that the simpler forms of communication, such as crying and gesturing, are socially unacceptable. They discover that due to inadequate comprehension of what others are saying to them, miscommunication may occur, and as a result, they may get alienated from the peer group. Throughout late childhood, children's vocabularies grow by leaps and bounds. By the time children are in sixth grade, most children know approximately 50,000 words. Children not only learn many new words, but they also learn new meanings for old words. Speech of children shifts from egocentric to socialised speech.

Cognitive Development: Cognitive and intellectual development of elementary school children progresses and their reasoning becomes more logical. Their perspective taking skills become more mature and sophisticated. Elementary school children integrate knowledge from their interactions with teachers, peers and families. Asking questions will help the children develop problem solving skills. Children begin to form ideas mentally and they can group things together that belong in one category, that is they can handle only one operation at a time. The next level of mental development is sequencing and ordering, that prepare them for math skills. They are very curious and continuously try to make sense out of the world.

During middle school years, children enter the “stage of concrete operations” (as discussed in Unit 4 of Block 1) in thinking, a time when vague and unclear concepts of early childhood become specific and concrete. As children read books in school, consult encyclopaedias and other sources of information, they learn new meanings for old concepts and also correct faulty meanings associated with old concepts.

Activities to Promote Development of Elementary School Children

For promoting development of elementary school children, parents should give them quality time and take interest in their school related activities and academic work. Parents should:

- Provide opportunities for active play, allowing them to use their bodies. Keep fine motor skill activities short because the children tire quickly with these activities.
- Provide activities that help them to understand other people's points of view, use role-play activities. Allow them to experience the outside world.
- Give positive encouragement, avoid harsh criticism, and provide opportunities in which everyone is viewed as a winner. Be open to discussing fears and exhibit approval often.
- Give them opportunities to use their senses to make things more concrete and allow them to explore their world through various activities. Engage them in science activities to help them understand processes and predict results.

- Continue reading to them and encourage them to continue reading and writing.

These are some of the activities parents, as well as teachers, can conduct with the children to enhance their development.

14.2.2 Adjustment in Families with Elementary and Middle School Children

During elementary and middle school years, children's parents and families also require adjustment in developmental and family relationship domains.

Developmental Domains

Adjustment in different developmental domains includes physical, language and cognitive, emotional, social, moral and personality development.

- Physical domain:* During elementary and middle school years children mainly suffer from occasional colds and stomach upsets and rarely have any lasting physical effects. Psychological effects make children irritable, demanding and difficult to live with. Due to sickness, their school work may suffer and they may fall behind their peers in the learning of skills. Parents may become intolerant in their attitudes towards the illness and complain about the extra work. Parents and family members need to be tolerant and supportive during their child's illness.

Family also needs adjustment with obesity in children which is not only a physical hazard to their health, but they are also more prone to diabetes. Inappropriate body build and physical disabilities also have impact on family relationships. These may lead to personal and social maladjustment as these children are treated differently by their peers and others.

- Language and cognitive domains:* Poor language skills, speech defects and poor cognitive abilities handicap children in their school work. Speech errors, such as mispronunciations and grammatical mistakes, stuttering or lisping, may make children self-conscious. Their communication skills and performance are affected and they are assessed negatively by their teachers and peers leading to negative self concept and poor adjustment. Family relationships also get affected.

Children who are dull in studies develop inferiority complex and feel rejected by their peers and teachers. They become shy and introverted. Children with high cognitive abilities may also develop poor self-concept, because they are expected to perform very high.

- Social and emotional domains:* Families with elementary and middle school children face adjustment problems when children are rejected or neglected by their peer group because these children continue to express unacceptable patterns of behaviour such as temper tantrums, anger and jealousy.

Middle school children are considered as 'troublesome' since these children are no longer willing to do what they are told to do. Older children, especially boys, are careless about their clothes and other material possessions. Such an age is called the 'sloppy age'. Again it is regarded as a 'quarrelsome age' because boys and girls are often seen indulging in mini quarrels.

There are a number of reasons due to which social development may be a challenge for a child. For example, the child may not be a *social thinker* (that means, the child may have difficulty reading, understanding and responding to social cues and therefore does not think about social situations in the same way as a more socially competent child would). Another explanation could be a learning disability or developmental disorder.



Fig. 14.4: Extended social relationship are important to develop self concept and a sense of belonging in children

Social relationships are important to the happiness, self-esteem and sense of belonging of school children and adolescents. Those who don't achieve social competence tend to exhibit more risky behaviours and lower academic achievement as they enter into adolescence and young adulthood.

- iv) *Personality domain*: Personality of children may be seriously impaired, which may have a great impact on family relationships and adjustment. The two important serious hazards of personality development are *unfavourable self-concept* that leads to self rejection and *egocentrism* that gives children a false sense of their importance.

A middle school-aged child could have heightened social anxiety and unfavourable self-concept for some reasons such as believing that she or he is not likeable, her or his appearance, a history of physical or sexual abuse, or an anxiety disorder, etc.

Family Relationship Domain

Family relationship domain is most important for adjustment of family members with elementary and middle school children. Friction in family leads to weakness in family ties. It further leads to adjustment problem in family which is carried outside the home.

Good parent-child relationship contributes to successful adjustment in family and healthy family life. Children who are well adjusted are well liked by their peers and are successful and happy in school. It is a proof of good



Fig.14.5: Grandparents and grandchildren share a close bond

family adjustment and parental roles. Grandparents have a special bond with their grandchildren. The love warmth and acceptance given by grandparents leads to better adjustment and later conformity with adult social norms.

14.2.3 Roles and Responsibilities of Families with Elementary and Middle School Children

Role of families and parents is crucial for promoting development of elementary and middle school children. Family members and parents should give them quality time and take interest in their school related activities and academic work.

Parents of elementary and middle school children encounter additional burdens and responsibilities because social network expands significantly during these years. These children spend less time in the company of adults, family members, relative to peers and other adults outside the family.

Entering the schools especially increases the numbers and kind of developmental tasks and influences that children encounter. For parents, these experiences outside the family necessitate their monitoring children's activities and choices of companions at a distance and create new challenges in fostering positive behaviour and development.

Families provide children with basic skills for smooth, successful peer relationships. Parents' role increasingly involves facilitating children's lives at school. For parents, monitoring of school experiences may involve more efforts as the numbers of teachers and settings increases. Transition to middle childhood generates new tasks for children.

The problem of parenting during middle childhood is exacerbated by increase in risks and stressors for children. Although these children are usually healthy yet chances of accidents increase. Tobacco, alcohol and other drug use have become more common in middle childhood. Parents and family members play a significant role in the grooming capacities of middle school children for functioning as responsible individuals. Parents can promote self-regulation by exposing children to standards of conduct and models of socially valued behaviours and by providing rewards and punishment in accordance with those standards. Family members can stimulate cognitive component of self regulation through discussion and reasoning.

As self regulation increases, parents develop new expectancies of autonomy and independence in tasks at school and at home, including peer group activities. Parents gradually allow children to assume more responsibilities.

Bullying tends to be at peak in middle school years. The best way to protect child is to sit down and discuss behaviour problems common in middle school such as relational aggression. Children who are being bullied may try to hide the fact from family members or teachers, so parents should be sure that they know the signs of bullying in order to take quick action.

14.2.4 Challenges and Emerging Issues of Families with Elementary and Middle School Children

Parents may face many challenging behaviours with elementary and middle school-age children. It is important to keep in mind that these behaviours are common to this age group. Some of these challenging behaviours involve incomplete homework, watching television, sibling rivalry, non-participation in household chores, lying, hyperactivity, inattention, and exposure to violence.

- i) *Homework*: Some children have fear of doing homework. They may leave their homework or refuse to do it all together. Many parents handle this by trying to force their children to do their homework. However, getting into a power struggle with children is not effective. By having clear rules and expectations, parents can create a positive situation for both themselves and their child. Parents should avoid constantly nagging or lecturing their child to do homework.
- ii) *Television*: Television viewing can have both positive and negative effects. Children like to watch TV because it is entertaining. However, watching TV can become an addiction. Watching too much TV can negatively affect children's health and behaviour. Parents should help their child find alternatives to watching TV such as inviting a friend to come over to play at home etc.
- iii) *Sibling rivalry*: Sibling rivalry is a normal part of growing up. Siblings argue about many things. In most cases, children can solve their disagreements with siblings if they are taught a few simple guidelines. Instead of rescuing children when they are arguing, parents should help them to get along better with each other so that they become more socially competent. Parents should not get involved in children's conflicts. When parents get involved in children's conflicts, they become dependent on parents to solve their arguments.

Parents should get involved in children's conflicts if they notice sibling abuse. Sibling abuse includes behaviour such as hitting, biting, or kicking a sibling. Parents should not allow this to occur under any circumstances.

- iv) *Household chores*: It is important to assign children household chores. Household chores give children a sense of responsibility, pride, and competence. As a family, decide how the chores will be assigned to different family members.
- v) *Lying*: Children lie for different reasons. Often, children prefer to lie than to face the consequences of making a mistake. Parents should model a positive attitude towards mistakes. If children learn that everyone makes mistakes, they will be less likely to lie when they make a mistake.
- vi) *Hyperactivity*: Hyperactive children find it very difficult to refrain from talking, moving and disturbing others around them. These children often blurt out comments, answers and questions at inappropriate times. Not only is this distracting for others in the classroom, but this behaviour can actually increase the child's own frustration because she or he knows her or his behaviour is unacceptable, but may not be able to stop what she or he is doing without help.

- vii) *Inattention*: The results of inattention can have a negative impact on academic performance of children. They are unable to pay attention to their teachers and may miss out an important instruction related to homework or class work assignments.
- viii) *Exposure to violence*: The ready availability of weapons to individuals of all ages increases the likelihood of being a victim or a perpetrator of violence during middle school years. The impact of violence surely concerns parents.

14.2.5 Disciplinary Techniques for Elementary and Middle School Children (6 to 12 Years)

Some of the important disciplinary techniques for elementary and middle school children are:

- i) *Natural and logical consequences*: Children in this age group can be disciplined with natural and logical consequences. As they mature and request more independence and responsibility, teaching them to deal with the consequences of their behaviour is an effective and appropriate method of discipline.
- ii) *Reasoning*: During elementary and middle school years children begin to think more logically. Due to children's growing ability to think logically parents can use reasons and explanations more often when disciplining them.
- iii) *Being firm*: Being firm does not mean being harsh or rigid. It also does not mean yelling, threatening or being unkind. Being firm is meaning what you say. This strategy is very effective if it is used consistently. Avoid arguing with children. This can lead to a power struggle.
- iv) *Rewards*: Rewards such as praise or special treat for handling difficult situation well, have a strong educational value, if they show children that they have behaved correctly and also motivate children to repeat the approved behaviour. If they are to be effective, rewards must be appropriate to child's age and level of development.



Fig. 14.6: Parents tend to reward their children on achievement, to foster continuation of the same

- v) *Punishment*: Like rewards, punishments must be developmentally appropriate and administered fairly; otherwise, it may result in resentment.
- vi) *Consistency*: Good discipline is always consistent. A wrong act should receive the same punishment every time it is repeated, and the right acts receive the same reward. Consistency in discipline is essential and must be followed through. Children have to believe that parents mean what they say. Also, parents should not make unrealistic threats of punishment in anger, since not following through could weaken all the threats. Huge punishments may take away the power of a parent. If parents cut down privileges of their child continuously, the child may not feel motivated to change behaviour because everything has already been taken away.

Transition to Family with Teenagers

During adolescence children are more confused and ambivalent. For parents it is hard to trust them and letting them keep making mistakes. The patience, self-control and empathy needed are like the demands of preschool years. They are happy with the adult thinking of which their adolescent children are capable. Parents may doubt their own capacities for accepting their children's achieving of sexual and social maturity. They may fear having their own inadequacies exposed as their children's minds mature.

Adolescence is considered as a transitional period. The physical changes that take place during early adolescence affect the individual's behavioural level and lead to re-evaluations and a shifting adjustment of values. During this stage, the individual's status is vague and there is confusion about the roles, the individual is expected to play. The adolescent is neither a child nor an adult. If they behave like children, they are told to "act their age". If they try to act like adults, they are said to be "too big for their age". During this period the ambiguous status of adolescent contributes to adolescent "identity crisis" or the problem of ego-identity. In spite of their babyish emotions, adolescents are capable of logical thought.

Check Your Progress Exercise 1

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

Briefly describe the following:

- 1) Elementary and middle school children.

.....
.....
.....

- 2) Transition to family with elementary and middle school children.

.....
.....
.....

3)	Developmental domain of adjustment of families with elementary school children.
	
	
	
4	Roles and responsibilities for families with elementary and middle school children.
	
	
	
5)	Challenges and emerging issues of families with elementary and middle school children.
	
	
	
6)	Disciplinary techniques for elementary and middle school children.
	
	
	
	

14.3 FAMILIES AND TEACHERS AS PARTNERS IN SCHOOLS

In school, families and teachers can work together to help children in learning. Children, families and schools all benefit when families and teachers work together. However, many families do not know how to work with teachers while some teachers also need to know how to work with families. Recent studies show that when families are involved in their children's education in positive ways, the children achieve higher grades and test scores, have better attendance at school, complete more homework and demonstrate more positive attitudes and behaviour.

14.3.1 Families and Teachers Working Together

One way to foster children's learning is through joint efforts involving both families and schools, where parents and teachers share responsibility for creating a working relationship that will help children succeed academically. All parents and family members want to help their children succeed in school. By working together with schools and teachers, families can help their young children succeed.

Following are the important points that family members should keep in mind:

- i) *Parents and family members should strengthen relationship with the teacher:* To strengthen the relationship with the teacher, the parents and family members should call a meeting or set a time to talk on the phone. They should share what they expect their child to learn. They should ask about their child's school work and behaviour in school. Parents and teachers should know what to expect from each other.
- ii) *Parents and family members should help their child at home:* The parents and family members should ask their child's teacher for suggestions about learning activities that they and their child can do together at home to promote their learning.
- iii) *Parents and family members should share information about their child with the teacher:* The parents and family members are experts about their children. They should observe their child's interests, talents and challenges. This information should be shared with child's teacher so that the teacher can help their child in these areas.



Fig.14.7: Parent should share information about the child's interest and talents, so that the school may provide commensurate opportunities to the child

- iv) *Parents and family members should be helpful to the school:* The parents and family members should tell their child's teacher about their own interests and skills such as sewing, cooking or computers. Also let the teacher know when and where they are available to help the teachers.

14.3.2 Family Involvement in School Programmes

There are many kinds of preschool and school programmes for children. Some schools are private, while others are run by state government. Regardless of their location, the extent of family's involvement in children's school programme makes a big difference in how well children adjust and how much they learn. When families take part in their young children's education programmes, children do better in school, and the quality of their education can improve.

Family involvement means that families work together with teachers to create an atmosphere that promotes learning both at the school and in the home. Family can get involved in many ways:

- i) *Act as a customer:* Parents and family members can act as customers because school education is a service for families. Parents and other family members can tell school authorities what they like and don't like about the educational programme and offer ideas about how to make it better.
- ii) *Be a supporter:* Family can be a supporter of the educational programme by giving materials (classroom supplies) to the school. Families can give donations and raise funds to support the educational programme.
- iii) *Be a volunteer:* Parents or other family members can work at child's school and help teachers in the classroom activities like reading to children and helping in other activities.
- iv) *Be member of the parent-teacher association (PTA):* By being member of PTA or on a parent advisory board, parents can help in planning the programme and raising money.
- v) *Be a learner:* Research shows that parents' child-rearing practices and beliefs are related to the child's performance in school. A good school programme can help parents learn about their children's development and what they can do to best support their learning and social skills. School teachers can offer ideas about how parents can help their children learn at home. They can provide information about aspects of the home, what parents do and their attitudes, which foster children's early school success.
- vi) *The best resource for information about the child:* Each child is special and parents can help the educational programme adapt to their child's individual differences. If child has a disability, this is particularly important.

14.3.3 How can Teachers Connect Families with Schools?

Family and school represent the primary environments in which young children grow and develop. Good schools value parental involvement in school related activities. Teachers play an important role in connecting families with school. It can be achieved through:

- i) *Parental involvement in classroom activities:* Teachers can request families to assist them in specific classroom activities. Parents can participate by preparing classroom materials or sharing information about their careers or hobbies. The more involved parents are in the classroom activities, the more likely they are to understand the teacher's goals and practices.
- ii) *Plan ahead for parent-teacher conferences:* Communicate to parents at the beginning of the school year about school policies and services. Inform them about classroom goals and give a few examples of what the children will be learning.
- iii) *Foster good communication during parent-teacher conferences:* When meeting with family members, create a comfortable environment in which parents feel free to share information, ask questions and make recommendations. Listen to parents patiently. Parents' viewpoints should be considered in making decisions about their children's schooling.
- iv) *Let parents know how and when they can contact the school and the teacher:* In the starting of school's academic year teachers should explain that:

(1) they can be reached at specific times or in specific ways, or (2) they can be contacted directly as questions arise. In addition to personal interaction, teachers may use newsletters to provide information to parents.

14.3.4 Preventing and Resolving Parent-Teacher Differences

Parents and teachers share responsibility for creating a working relationship that fosters children's learning. This sub-section examines the cultural context for parent-teacher relationships and suggests some general strategies for resolving misunderstanding and disagreements between parents and teachers.

The Context for Parent-Teacher Relationships

It is important for teachers and parents to remember that they know the child in different contexts. They should also keep in mind that different people often have different perspectives on the same issue.

For many parents, their primary role as a parent is to be their child's strongest advocate with the teacher and the school. Other parents, however, may be reluctant to express their concerns because of cultural beliefs related to the authoritative position of the teacher. Others may have difficulty talking with teachers as they may be unsure of how to express their concerns to teachers. A few parents may fear that questions or criticism will put their child at a disadvantage in school. Teachers are also sometimes equally anxious about their encounters with parents.

Strategies for Teachers and Parents to Resolve Differences

Parents and teachers may disagree about curriculum, assignments, peer relationships, homework or teaching approaches. In this situation, a pattern of open communication can be valuable for resolving differences. But dealing with disagreements also requires respect by both parents and teachers. Teachers should keep in mind the following points:

- It is important that teachers check the school policy for dealing with parent-teacher disagreements and handling conflicts.
- It is important not to discuss individual children and their families in inappropriate public and social situations or to discuss particular children with the parents of other children. Maintain confidentiality which contributes to development of trust between parents and teachers.

While discussing disagreements with teachers, parents should keep in mind these points:

- The best approach is to discuss grievances or complaints at first directly with the teacher, either in person or by telephone, and then with other school personnel. Sometimes the teacher is unaware of the child's difficulty or awareness of a situation. Sometimes a child misunderstands a teacher's intentions, or the teacher is unaware of the child's confusion about class or home work. It is important to check the facts directly with the teacher before drawing conclusions or allocating blame.
- Never criticise teachers in front of children. Even very young children can pick up frustration that parents express about their children's school

experiences. Besides causing confusion and conflict, criticising the teacher in front of the child does nothing to address the problem. In the case of older children, such criticism may foster arrogance, defiance and rudeness toward teachers.

Choose an appropriate time and place to discuss the disagreement. Parents should keep in mind that both teachers and parents are tired by the end of the day, so it is not the best time for a discussion. It is better to make an appointment with the teacher.

Thus, teachers and parents share responsibility for the education and socialisation of children. The differences between parents, teachers and children can be resolved through communication and respect.

Check Your Progress Exercise 2

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

Briefly describe the following:

1) What is family involvement?

.....

.....

.....

2) How can families work together with schools?

.....

.....

.....

3) How can the family get involved in school activities?

.....

.....

.....

4) How can teachers connect families to schools?

.....

.....

.....

14.4 LET US SUM UP

In this Unit, we have learnt that elementary and middle school children enter into formal schooling. These children spend more time away from their families in schools and out of school with their peers. During elementary school years growth rate is slower than during preschool years. Although some children

will begin the changes of puberty before age of 9 years, but most will begin the process of rapid growth and physical change in the years between 9 and 12. On average, girls will begin puberty at age 10 or 11 years and boys will begin at age 11 or 12 years. We have also studied that during elementary and middle school years children's parents and families require adjustment in developmental and family relationship domains. The role of families and parents is crucial for promoting development of elementary and middle school children. Parents of these children encounter additional burdens and responsibilities because social network expands significantly during these years. The problem of parenting during middle childhood is exacerbated by increase in risks and stressors for children. Bullying tends to be at peak in middle school years. The best way to protect child is to discuss problem behaviours common in middle school such as relational aggression. Further, we learnt that parents may face many challenges with elementary and middle school-age children. Some of these challenging behaviours involve homework, television, sibling rivalry, household chores, lying, hyperactivity, inattention and exposure to violence. Logical consequences with reasoning work best to discipline elementary and middle school children. Good discipline is always consistent. A wrong act should receive the same punishment every time it is repeated, and the right acts receive the same reward. Family involvement means that families work together with teachers to create an atmosphere that promotes learning both at the school and in the home. At the end of Unit, we studied that children's learning is fostered through joint efforts involving both families and schools, where parents and teachers share responsibility for creating a working relationship that will help children succeed academically. Good schools value parental involvement in school related activities. Teachers play important role in connecting families with school.

14.5 GLOSSARY

Bullying	:	Harassment and maltreatment by age-mates.
Comprehension	:	Understanding of what others are saying.
Consistency (in disciplining)	:	Means a wrong act should receive the same punishment every time it is repeated, and the right acts receive the same reward.
Elementary school child	:	Six to eight year old child is referred to as elementary school child.
Emotional calm	:	It is control of those emotional expressions that are socially unacceptable.
Family involvement in school	:	Family involvement means that families work together with school teachers.
Gang-age	:	Middle childhood is often referred to as the "gang age" because it is characterised by interest in peer activities, an increasing strong desire to be an accepted member of a gang.
Hyperactive children	:	Children who find it very difficult to refrain from talking, moving and disturbing others around them.

Inattention	: Inability of children to concentrate on performing tasks.
Middle school child	: Nine to twelve year old child is often referred to as middle school child.
PTA	: Parent-teacher association.
Perspective taking	: Understanding view point of others.
Puberty	: It is early stage of adolescence which means the age of man/womanhood. The individual has entered adulthood and is capable of reproduction.
Routine	: Daily events such as completing homework, doing chores, eating meals together, and going to bed at an established time.
Self regulation	: Psychosocial task that leads to an increasing sense of autonomy and initiative.
Sibling abuse	: Behaviour such as hitting, biting or kicking a sibling.
Sibling rivalry	: Arguments and conflicts in brothers and sisters.
Stressors	: Causes of stress.

14.6 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1) Elementary and middle school children

Six to eight year old children are called elementary school children. The elementary school children have moved from being preschoolers who are strongly attached to their family, moving on to the extended world of middle childhood.

Nine to twelve year old children are often referred to as middle school children. These children are taking on both more freedom and more responsibility. In the years from 9 to 12, most children will begin a rapid phase of transition from childhood to adolescence.

2) Transition to family with elementary and middle school children

The process of making children independent continues when the children go to elementary and middle school. As they learn new skills and rules, parents both teach and learn from them. Parents become members of Parents' and Teachers' meetings (PTMs). School teachers expect some commitment from parents and parents have to adapt themselves for their new role. Children enlarge their parents' social contacts, bringing home friends and initiating contacts between families. At this stage of life, parents learn more about children and are able to see their children in relation to others. Children are more independent and may help with household chores. There are also

possibilities for families and parents to feel like failures in launching their children into school.

3) Developmental domain of adjustment of families with elementary school children

Adjustment in different developmental domains includes physical, language and cognitive, emotional, social, moral and personality domains.

During elementary and middle school years children mainly suffer from occasional sickness. Sometimes, due to prolonged sickness, their school work may suffer and they may fall behind their peers in the learning of skills. Parents and family members need to be tolerant and supportive during their child's illness.

Inappropriate body build and physical disabilities also have impact on family relationships. These may lead to personal and social maladjustment as these children are treated differently by their peers and others.

Children with poor language skills, speech defects, poor cognitive abilities, and poor emotional control are assessed negatively by their teachers and peers leading to negative self concept and poor adjustment. Family relationships also get affected.

4) Roles and responsibilities for families with elementary and middle school children

Entering the schools especially increases the numbers and kind of developmental tasks and influences that children encounter. For parents, these experiences outside the family necessitate the monitoring of children's activities and choices of companions at a distance and create new challenges in fostering positive behaviour and development.

Parents and family members play a significant role in the grooming capacities of middle school children for functioning as responsible individuals. Parents can promote self regulation by exposing children to the standards of conduct and models of socially valued behaviours and by providing rewards and punishment in accordance with those standards.

Bullying tends to be at peak in middle school years. The best way to protect child is to sit down and discuss behaviour problems common in middle school such as relational aggression. Children who are being bullied may try to hide the fact from family members or teachers, so parents should be sure that they know the signs of bullying in order to take quick action.

5) Challenges and emerging issues of families with middle school children

Parents may face many challenging behaviours with elementary and middle school-age children. It is important to keep in mind that these behaviours are common to this age group. Some of these challenging behaviours involve incomplete homework, excessive television viewing, sibling rivalry, non-participation in household chores, lying, hyperactivity, inattention, and exposure to violence. Parents need to be tolerant and positive while dealing with these issues.

6) Disciplinary techniques for elementary and middle school children

Timeouts and natural and logical consequences are effective disciplinary strategies for this age group. Children in this age group can be disciplined with natural consequences. Due to children's growing ability to think logically, parents can use reasons and explanations more often when disciplining them. Being firm is very effective if it is used consistently. Avoid arguing with children as this can lead to a power struggle.

Rewards such as praise or special treat for handling a difficult situation well, have a strong educational value as rewards show children that they have behaved correctly and also motivate children to repeat the approved behaviour. Like rewards, punishments must be developmentally appropriate and administered fairly; otherwise, it may result in resentment.

Good discipline is always consistent. A wrong act should receive the same punishment every time it is repeated, and the right acts receive the same reward. Children have to believe that parents mean what they say.

Check Your Progress Exercise 2

- 1) Family involvement means that families work together with teachers. Regardless of their location, the extent of family's involvement in children's school programme makes a big difference in how well children adjust and how much they learn. When families take part in their children's education programmes, children do better in school and the quality of their education can improve.
- 2) Families can help their children succeed by working together with schools and teachers. Parents and family members should strengthen relationship with the teacher. They should ask about their child's school work and behaviour in school. Parents and teachers should know what to expect from each other. They should observe their child's interests, talents and challenges. This information should be shared with child's teacher so that the teacher can help their child in these areas.
- 3) The family can get involved in many ways. Parents and other family members can tell school authorities what they like and don't like about the educational programme and offer ideas about how to make it better. Parents or other family members can work at child's school and help teachers in the classroom activities like reading to children and helping in other activities. By being member of PTA or on a parent advisory board, parents can help in planning the programme and raising money. Parents learn a lot about their children's development from teachers and can do their best to support children's learning and social skills.
- 4) Teachers play an important role in connecting families with school. It can be achieved through parental involvement in classroom activities. Teachers can plan conferences and communicate to parents at the beginning of the school year about school policies and services. They can create a comfortable environment in which parents feel free to share information, ask questions and make recommendations by listening to parents patiently.

14.7 UNIT END QUESTIONS

- 1) Describe the physical and cognitive development of elementary and middle school children.
- 2) Explain the developmental domains of adjustment of families with elementary and middle school children.
- 3) Discuss the role and responsibilities of parents with elementary and middle school children.
- 4) Outline the challenges and emerging issues of families with elementary and middle school children.
- 5) How can elementary and middle school children be disciplined?
- 6) How can families and teachers work together?
- 7) How can families get involved in school programmes?
- 8) How can teachers connect families with schools?

14.8 FURTHER READINGS AND REFERENCES

Balda, S. (1997). *Socialisation Experiences and Prescool-Aged Children's Social Problem Solving Skills in Australia and India: A Cross-Cultural Study*. A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy, Queensland University of Technology, Brisbane, Queensland, Australia.

Berk, L.E. (2002). *Child Development* (Sixth Edition). Boston: Allyn and Bacon.

Carol, A. (2001). *Preparing parents: Middle school years time of tumult and change for tweens, teens and their families*. Retrieved August 10, 2009 from <http://www.kidsource.com/education/middle,years.html>.

Carney, S. (2007). *Surviving middle school: Five skills for a successful school year*. Retrieved August 10, 2009 from http://youthdevelopment.suite101.com/article.cfm/surviving_middle_school.

Cole, M., Cole, S. R. & Lightfoot, C. (2005). *The development of children* (Fifth Edition). New York: Worth Publishers.

DeBord, K. B. (2008). *Children: How they grow, elementary school children ages 6 to 8*. Department of Human Development and Family Studies, University of Missouri-Columbia. Retrieved October 10, 2008 from http://www.classbrain.com/artread /publish/ article_36.shtml.

Hauser-Lindstrom, D. & Steinfelt, V. (1998). *Ages and stages: 4 to 8 year olds*. Cooperative Extension, College of Agriculture & Life Sciences, The University of Arizona. Retrieved October 10, 2008 from <http://ag.arizona.edu/pubs/ family/ azl036.html>.

Hurlock, E. B. (1980). *Developmental Psychology: A Life-span Approach* (5th Ed.) New Delhi: Tata McGraw-Hill Publishing Company Ltd.

Lemme, B. H. (1985). *Development in Adulthood*. Boston: Allyn & Bacon.

Maccoby, E.E.& Martin, J. A. (1983). Socialization in the context of the family: Parent-child interaction. In P. H, Mussen (Ed.) & E. M. Hetherington (Vol. Ed.), *Handbook of Child Psychology: Vol. 4. Socialization, Personality, and Social Development* (4th ed., pp. 1-101). New York: Wiley.

Mussen, P. H., Conger, J. S., Kagan, S. & Huston, A. C. (1984). *Child development and personality*. New York: Harper and Row Publishers.

Smart, L. S. & Smart, M. S. (1980). *Families developing relationships*. New York: Macmillan Publishing Company.

Schumacher, D. (2003). *The transition to middle school*. Retrieved August 10, 2009 from http://www.mentalhelp.net/poc/view_doc.php?type=doc&id=2083&CH=28.

Vardharajan, R. (2009). *Child Psychology — Late Childhood*. Retrieved August 10, 2009 from <http://ezinearticles.com/?Child-Psychology—Late-Childhood&id=1432634>.

Weiss, L. H., & Schwarz, J. C. (1996). The relationship between parenting types and older adolescents' personality, academic achievement, adjustment, and substance use. *Child Development*, 67(5), 2101-2114.

Writer, S. (2009). *Social issues with middle school girls*. Retrieved August 19, 2009 from <http://www.boardingschoolsforgirls.com/girls-schools/social-issues-with-middle-school-girls.htm>.

UNIT 15 FAMILIES WITH TEENAGERS

Structure

- 15.1 Introduction
- 15.2 Who are Teenagers or Adolescents?
 - 15.2.1 Definitional Aspects
 - 15.2.2 Adolescence: The Indian Context
 - 15.2.3 Cross-cultural Viewpoints
- 15.3 Developmental Characteristics of Teenagers
 - 15.3.1 The Physical Transition from Child to Adult
 - 15.3.2 Cognitive Development
 - 15.3.3 Psychosocial Development
 - 15.3.4 Emotional Vicissitudes
- 15.4 Adjustment in Families with Teenagers
- 15.5 Roles and Responsibilities of Families with Teenagers
- 15.6 Challenges and Emerging Issues of Families with Teenagers
- 15.7 Let Us Sum Up
- 15.8 Glossary
- 15.9 Answers to Check Your Progress Exercises
- 15.10 Unit End Questions
- 15.11 Further Readings and References

15.1 INTRODUCTION

As children grow up, they enter the “teen” years and during this period are commonly known as teenagers or adolescents. This is a transitional period between childhood and adulthood. This phase of life is considered to be a particularly challenging one for both the adolescents or teenagers and their parents and other family members.

According to Duvall, a family enters the teenage stage of the family life cycle when the eldest child turns 13, and crosses the stage when the first child leaves the family due to marriage, work, or any other reason as a young adult. As we would discuss in the Unit, this stage can be a very prolonged one in the Indian context, as the first child to be launched may, unlike the West, continue to stay in the family till well after the teen years; particularly in the case of males! Thus, it could well be that a family with only sons never gets out of the teenage stage because the family may remain a joint family even after the sons get married! Thus, strict adoption of Duvall’s criterion of the first child leaving home as the marker of the end of the teenage stage of the family life cycle may prove a bit problematic in the Indian context. The first child reaching the end of teenage may be a better criterion.

Nevertheless, the fact remains that even though there may be variations given the different socio-cultural contexts, families with teenagers universally face many challenges and conflicts that are often unique to this stage. In this Unit, we will get familiarized with aspects such as developmental experiences of

teenagers; the challenges faced by teenagers and their families; the domains of adjustment; the emerging issues and other related aspects.

Objectives

After studying this Unit, you will be able to:

- Acquire greater insights about the period of teenage or adolescence;
- Appreciate the developmental characteristics of teenagers;
- Explain major areas of concern for families with teenagers;
- Discuss the roles and responsibilities of families with teenagers; and
- Analyse the challenges and emerging issues of families with teenagers.

15.2 WHO ARE TEENAGERS OR ADOLESCENTS?

Adolescence is generally marked by the onset of puberty and extends till adulthood. The ‘teen years’ (13 to 19) are included in adolescence.

15.2.1 Definitional Aspects

The term adolescence is derived from the Latin Verb *adolescere*, which means ‘to grow into adulthood’. It begins with the onset of puberty and ends with the taking on of adult roles and responsibilities. The scenario is well captured in a famous comment – “Adolescence begins in biology and ends in culture”. As you would observe in this Unit, this sentiment comes up repeatedly in the course of discussion of various aspects.

Adolescence, in simple terms, can be defined as the transition between childhood and adulthood. It is the period during which children have achieved sexual maturity, but have not yet assumed the roles and responsibilities of adults. That being the case, in contemporary developed western nations, adolescence gets relatively easily defined in chronological terms as the period spanning the teen years. But in pre-industrial societies, several scholars doubt that this period even existed, since with the puberty rites or “rites of passage”, the child steps straight into the adult world. With the early assumption of adult roles and responsibilities, the period of gradual and prolonged transition termed adolescence, typically described as highly stressful and difficult, simply doesn’t exist for the individual in such a case. This is true to a significant extent for many traditional rural areas and tribal communities of our country, as also for many families and individuals belonging to the low socio-economic strata. The teenager in such a scenario is usually an adult in pragmatic terms. At the same time, in many sections of the Indian society, for instance the urban, educated, middle and upper classes, adolescence is indeed experienced as a protracted period of transition between childhood and adulthood, with the accompanying confusions and predicaments.

15.2.2 Adolescence: The Indian Context

In India, officially speaking, there is wide variation in the age parameters of ‘adolescence’. For instance, as stated in the Report of the Working Group on Adolescents for the Tenth Five Year Plan (Planning Commission), the draft Youth Policy defines adolescents as those in the age group of 13 to 19 years; under the

ICDS programme, adolescent girls are considered to be between 11-18 years; and the Constitution of India and labour laws of the country consider individuals upto 14 years of age as children. Internationally, including most United Nations agencies like WHO, UNICEF, UNFPA etc., the age group of 10-19 years is considered to be the period of adolescence. Accordingly the Working Group too has recommended considering adolescents as those between 10-19 years of age.

In fact, at the levels of policy planning and programme implementation in the contemporary Indian context, the use of the term 'adolescent' has come into vogue only recently. So far, by and large, the use of the term 'youth' has tended to be more prevalent.

In familial contexts, however, the crucial nature of teenage or adolescence has been recognized even in ancient texts such as the *Dharamshastra*, with specific codes of conduct prescribed for the phase. These traditional cultural norms and values continue to be ingrained in the Indian psyche and influence the present day attitudes and practices towards adolescents. In this context, it is vital to take into cognizance the fact that in the present times, the fast pace of social change notwithstanding, the role played by the family remains vital and salient even through teenage and beyond. The scenario in India is rendered somewhat different from that in the West by the fact that in India, most young people tend to continue to stay in the family during the teen years, and even later during adulthood, particularly in the case of extended or joint families. The period of education and settling down in one's career is tending to get longer. In such a scenario, adolescence for all practical purposes stretches beyond the teen years.

Another key aspect that needs to be borne in mind is that adolescents or teenagers in India do not constitute a homogenous group. A variety of factors; including gender, socio-economic status, geographical location (urban/rural/tribal), and educational level contribute to vastly different life circumstances for the teenagers and their families. Consequently, the experiences too are very different.

Let us, for instance, consider how gender plays a significant role. Take a close look around and you will observe that more restrictions are placed on the activities of girls, especially after attainment of puberty. Females in India, across socio-economic strata (SES), are socialized to be good wives and homemakers. Willingly sacrificing personal desires and aspirations for the sake of the family, and harmony therein, is ingrained and hailed as a virtue during the socialization process; including, often particularly, during the teenage. Socio-economic status is also a salient factor. As is often commented, for many adolescents in India, especially in the low SES, the early adoption of gender-specific adult roles because of poverty and social factors leads to *continuity* between childhood and adulthood; and as a result, the prolonged transitional phase of adolescence as construed in the West is not really evidenced in this case. On the other hand, middle and upper class families, particularly in urban areas, tend to give a higher priority to education, including university-level education, and thus, teenagers belonging to these strata experience more discontinuity in the course of making the transition from childhood to adulthood. This experience is now evidenced in the rural and tribal areas too!

In several regions of the country, sacred ritualistic ceremonies are performed at various stages of the individual's life cycle, that serve as markers of progressive

attainment of competences in behavioural as well as social aspects of life. The milestone of onset of puberty is acknowledged by the family and the kin group, and the respective codes of conduct tend to get prescribed for the boys and girls; in pragmatic terms, more for the latter. At the same time, in the traditional Indian scenario, parents rarely provide the desired support; even information, to the teenagers regarding the biological and physical changes that they are undergoing and explain the meanings attached to these. This aspect needs to be borne in mind when one talks of the experiences of teenagers and their families in the Indian context.

15.2.3 Cross-cultural Viewpoints

Adolescence, typically, is considered to be a period of transition from childhood to adulthood. In other words, this phase of life involves the metamorphosis of the individual from a child into an adult. It is not surprising then, that this span is deemed to be not only very significant, but also very turbulent and challenging. This theoretical perspective notwithstanding, in terms of reality, there are tremendous cross-cultural differences in the construal as well as experiencing of this phase of life. In some societies, especially the less ‘developed’ ones, the tasks of children and teenagers prepare them specifically for their adult roles practically within the family milieu. In the modern ‘developed’ world, however, the child tends to be educated for his job outside the family where he is removed from parental supervision and the family setting. This is more so during the teenage. In fact, the extended period of education required for highly specialized jobs as well as the separation of home from work in modern industrial societies are considered to be important factors contributing to discontinuity between childhood and adulthood, thus impacting the life experiences of teenagers.

Cross-cultural differences are also evident in the construal of teenage or adolescence. In the developed Western nations, for instance, an adolescent is referred to as a ‘teenager’, and pictured as reckless, irresponsible and rebellious (Brown & Larson, 2002). In many non-Western societies including India, on the other hand, this is not the case. In fact, one finds that there is no single term for adolescence. Rather, a number of context-specific terms tend to be used. In the Indian context, in fact, a common term used to refer to adolescents is ‘youth’, which often refers to individuals much beyond the teenage — even including those in their thirties (Verma & Saraswathi, 2002).

According to the Western psychological literature, achieving autonomy and moving away from parents is deemed to be a major developmental task for the adolescent. However, all cultures, and even teenagers, of the world do not adopt this doctrine (Chadha, 2010). For example, it has been observed, and duly substantiated by research studies, that in many Eastern and Middle Eastern cultures, including India, middle class teenagers like to spend more time with their families rather than peers, and the majority still prefer to marry the person selected by the parents (Booth, 2002; Larson et al., 2002; Verma & Saraswathi, 2002). Further, whereas in individualistic cultures it is common to resolve conflicts through a frank exchange of feelings and opinions, this phenomenon is not universal. In collectivistic cultures, harmony in the family is accorded a higher value and priority, and consequently, traditionally, direct confrontation is avoided by parents as well as adolescents. Families with teenagers, and the dynamics therein, thus need to be viewed from a culture-sensitive perspective.

Differences across cultures and sub-cultures notwithstanding, experts tend to agree on defining adolescence as a phase of life characterized by rapid physical growth and development; socio-psychological changes and maturity; sexual maturity; experimentation; development of adult mental processes and a move towards greater independence. In the next section, we shall learn about the developmental characteristics of adolescents or teenagers.

Check Your Progress Exercise 1

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1) Define adolescence.

.....

.....

.....

.....

.....

15.3 DEVELOPMENTAL CHARACTERISTICS OF TEENAGERS

Teenage is a phase of life characterized by rapid developmental changes – in physical, cognitive as well as socio-psychological domains. While the physical and biological changes during teenage or adolescence are universal and take place due to maturation, the psychosocial and behavioural manifestations are determined by the meaning and implications of these changes within the specific socio-cultural milieu. The experiences of individuals during the teen years are significantly influenced by the norms, values and practices of the society and culture of which the family is the microcosm.

15.3.1 The Physical Transition from Child to Adult

Adolescence is a phase of rapid growth. The most striking developmental changes are in the physical domain, with the remarkable dimension of sexual maturation of the individual during the adolescent years. By the end of the teen years, boys and girls have grown into young men and women!

Childhood is generally considered to end, and adolescence deemed to begin, with the physical and physiological (including hormonal) changes of ‘puberty’; the process that leads to sexual maturity and the ability to reproduce. The rate of growth is faster at puberty than at any other time since infancy. The growth spurt associated with puberty; commonly known as the ‘adolescent growth spurt’, is evidenced by a rapid and significant increase in height and weight. By and large, the growth spurt begins about two years earlier for girls than for boys, and as a result, during early adolescence, girls are taller and heavier than boys of the same age. After their growth spurt, boys are again bigger than girls, as had been the case prior to the spurt. In the Indian context, the growth spurt usually occurs between 10 and 13 years in the case of girls and between 12 and 17 years in the

case of boys whereas in developed western nations, the growth spurt occurs at an earlier age, beginning between 8 to 10 years of age for girls and between 10 to 12 years of age for boys (Sharma, 1999). At the same time, the fact remains that even in the same ethnic group and geographical location, there is wide variation in the age of occurrence, intensity or rate of progression, and duration of the growth spurt; even among perfectly normal children – a fact that is not well-understood by adolescents and their families, and consequently a cause of needless though tremendous concern!

In addition to growing taller and heavier, the individual also acquires a more adult-like appearance during the adolescent growth spurt. Boys and girls grow differently. There is widening of hips in girls, and broadening of shoulders in boys. Further, boys gain more muscle tissue, and thus emerge more muscular and stronger as compared to girls. Girls do gain muscle tissue, but not so much as boys do. Girls also tend to retain the fat tissue more, and thus appear rounder.

The growth spurt involves not only a rapid pace of increase in height and weight, but also changes in body proportions. At this age, the hands and feet approximate their adult size before the arms and legs have grown fully; leading to the awkward phase of being ‘all hands and feet’. Since the various physical changes follow their own time-table, parts of the body during teenage may be out of proportion for a while, leading to the familiar teenage gawkiness. Most young teenagers are excessively preoccupied and concerned about their looks, and many tend to be dissatisfied with what they see in the mirror. This aspect has tremendous implications for their self esteem!

The biological changes of puberty, which signals the end of childhood, are manifested as rapid growth in height and weight, changes in body proportions, and sexual maturity.

Along with these rapid changes in body size, proportions and form, physical and physiological changes; including hormonal changes, also occur in the reproductive system leading to sexual maturity. The hormonal and other changes that come about at puberty lead to the maturation of the reproductive organs, rendering the boy or girl capable of producing a child. This sexual maturation involves the emergence of primary and secondary sexual characteristics. Primary sexual characteristics refer to changes that relate directly to the production of offspring, and are reflected in an increase in the size of the sex organs. Thus, in males the testes and the penis increase in size, as does the vagina in the case of females. There are changes in the ovaries (organs that produce ova in the female) and the testes (organs that produce sperms in the male), so that these organs are now capable of producing mature ova and sperms; thus contributing directly to the reproductive process. Associated changes that accompany the maturation of sex organs but are not directly related to reproduction are referred to as secondary sexual characteristics. The development of breasts in the girl; the appearance of facial hair in the boy; and voice changes as well as growth of armpit and pubic hair in both the sexes are all secondary sexual characteristics.

Sexual maturity in females is indicated by the beginning of *menstruation*, which involves monthly shedding of tissues from the lining of the womb; a process designed to discard the unfertilized ova. The first menstruation is called ‘menarche’ and it occurs fairly late in the sequence of developmental changes pertaining to puberty; usually after the growth spurt has begun to slow down.

The early menstrual periods tend to be irregular, and sometimes occur without an ovum being released by the ovaries. Non-release of ovum indicates that the female is not yet capable of becoming pregnant. However, since there is no visible sign of release or non-release of the ovum, one cannot really say anything with certainty about the fertility or sterility of the girl during this phase. Further, how the girl views her menstrual periods is determined to a large extent by her knowledge and mental preparation in this regard, as well as by how the society views it. In the absence of knowing anything about it, menarche can be very shocking and disturbing for the girl. She may believe that she has some injury or disease; may develop guilt pangs about having done something wrong; and may not even report the bleeding till someone notices it! It is important that girls are provided with prior, correct, and positive information about this natural event, with emphasis on the fact that it is a normal process of life that signifies being able to become a mother; rather than a disease or a curse.

Sexual maturity in males is indicated by the beginning of the first *ejaculation* of semen also called 'spermarche', that may occur through masturbation or 'nocturnal emission' (involuntary ejaculation of semen in the night; commonly referred to as 'wet dream'). Either way, witnessing the seminal fluid can be very traumatic for the boy if he has no prior knowledge about the phenomenon. Thinking that he has a disease of private parts, and too embarrassed to tell his parents, he may even resort to 'treatment' by quacks!

Lack of prior information about the occurrence of these primary and secondary sexual characteristics can lead to significant anxiety, fear and embarrassment for the adolescent when these emerge. Further, as stated earlier, there is considerable variation in the age of occurrence of these changes; which in itself can be very traumatic for the teenagers and their families. As mentioned earlier, the ages at which the growth spurt occurs and the primary and secondary sexual characteristics develop, vary greatly. All children don't become adolescents at the same age. Sexual maturation among all children occurs at different ages and there is variation among both the sexes. Other than the fact that girls attain sexual maturity earlier than boys, some children mature earlier than others. Adolescents who mature early than the usual age norm in the society are called 'early maturers' and adolescents who mature later than the usual age norm in the society are called 'late maturers'. It is often observed that boys prefer to be among the early maturers while girls prefer to be among the late maturers. Nevertheless, both early and late maturers, as well as their families may experience high levels of stress and anxiety on account of the same. The impact of sexual maturation on the adolescents, both girls and boys, is affected by how their 'own' and other people in their society regard the changes and treat them. It is very important for families with teenagers to reckon with these issues judiciously.

Physical Health and Nutrition

The period of teenage or adolescence is generally considered a healthy period of life. However, the modern day lifestyle and pressures are taking their toll on the physical and mental health of adolescents. Headache, stomachache, backache, feeling tired and "low" are amongst the frequent health problems and symptoms reported even amongst teenagers from the upper classes, that have traditionally been considered a low risk group! Depression among teenagers, particularly females, is emerging as a major health hazard in contemporary times; with a growing recognition that it needs to be taken seriously rather than being dismissed

as 'passing teenage blues'. Teenage depression is associated with a variety of physical health problems and negative health outcomes such as risky sexual practices, pregnancy, violent behaviour, and suicide.

Poor eating habits during teenage contribute to nutritional and health problems. High nutritional needs due to the growth spurt notwithstanding, one finds that particularly among the higher socio-economic strata and urban areas, the eating habits of teenagers are fairly poor. 'Junk' food of low nutritive value is popular, and peer pressure leads to erratic eating behaviour. Missing meals and food fads are common. Lack of consumption of nutritious, balanced diet leads to vitamin and mineral deficiencies such as anaemia. Instances of both undernutrition and overnutrition (obesity) are common. Teenagers tend to become 'fat' or 'obese' due to various reasons that include over-eating foods rich in carbohydrates and fats, low physical activity, poor body metabolism, as well as due to hormonal and genetic reasons. Girls have been observed to put on weight more easily as they tend to engage in lesser physical activity; preferring to 'sit around', and their calories do not get expended. The increasing number of hours being spent on the television, computer and video games takes its toll for all adolescents. Obesity among teenagers is a cause for concern as it is associated with other health problems such as diabetes; the incidence of which during teenage has been observed to be increasing. The feeling or perception of being obese particularly in the case of girls, at times leads to eating disorders such as *anorexia nervosa* and *bulimia nervosa*, which can turn into life threatening problems.



Fig. 15.1: It is important to be physically active during teenage to stay healthy

In our country, while teenagers from the affluent sections of the society face the problem of obesity, a major problem faced by the underprivileged is undernutrition. During the developmental phase with high nutritional needs, when adolescents do not get enough to eat, or what they eat is of low nutritive value, their growth and health is adversely affected. Undernutrition, particularly among teenage girls belonging to poor families, is a widespread problem across the country and its detrimental impact is considered to be fairly long-term.

Sexual risk taking behaviour during adolescence; considered to be associated with early puberty, peer pressure, and depression, may lead to major health problems in the teenagers including sexually transmitted infections, HIV/AIDS, teenage pregnancy and abortion. Substance abuse (the use of alcohol/tobacco/illicit drugs) during the teenage is another vital area of concern.

To conclude the discussion on health and associated aspects during adolescence, let us consider the matter of a natural, seemingly quite minor characteristic of physical development during this stage, which nevertheless often becomes a vital area of concern and anxiety for the adolescent — namely ‘pimples’ or ‘acne’. While these eruptions are a natural phenomenon, adolescents, both boys and girls, are usually so obsessed with their looks that acne bothers them tremendously, leading them to resort to various types of treatments. Except in rare cases, acne stops appearing on its own after adolescence.

15.3.2 Cognitive Development

In the context of the stages of cognitive development proposed by Piaget, the stage of formal operations is most closely aligned with the teenage years. You would recall reading about this stage in detail in Unit 4, Block 1 of this Course. During this period, the adolescents acquire formal operations and hence develop the ability of abstract thinking, hypothetical reasoning (e.g., reasoning about possibilities) and thinking about one’s own thinking (i.e., metacognition). Teenagers can understand complex situations and logic, and develop a more relativistic view of truth (recognizing what may be true in one context may not be true in another). They are able to think about possible outcomes for experiences they have not yet had. They become more self-reflective and self-conscious. In fact, adolescents are often quite egocentric. According to Elkind, adolescent egocentrism is evident through the phenomena of ‘imaginary audience’ and ‘personal fables’. Adolescents often assume that everyone is focusing on, and thinking about, the same thing as they are thinking about – themselves. No wonder they are self-conscious all the time! This self-consciousness emerging from their feeling that they are constantly being observed by others is referred to as the ‘imaginary audience’. Further, adolescents tend to create ‘personal fables’ in which they dismiss or minimize the likelihood of experiencing negative outcomes for their actions, despite the actual occurrence of those same negative outcomes for the same actions in the case of their peers and others (e.g., “Other people get addicted on taking drugs, not me”)!

15.3.3 Psychosocial Development

The developmental progression during adolescence includes shifts in expected behaviours, and formation of an identity. These shifts, in turn, are influenced by societal expectations regarding the attributes valued for adult functioning. In societies that value autonomy and independence, individual rights and opportunities for personal choice are maximized for pursuance of individuation as

a developmental goal. In collectivistic societies on the other hand, interdependence, social responsibilities and conformity to established social norms are given priority over personal choice. In pragmatic terms, there needs to be a balance between 'autonomy' and 'relatedness'; between 'individuation' and 'connectedness'. This entails providing adolescents with opportunities to develop the ability to think and act independently within the context of supportive family and kinship relationships. Of course, the extent of emphasis on each dimension essentially varies from one socio-cultural context to another, with concomitant influence on the experiences and psychosocial development of the teenager in that milieu.

Identity Formation

You have read in detail about Erikson's theory in Block 1 of this Course. You would thus recall that as propounded by Erikson, identity formation is a primary developmental task during adolescence. The adolescent strives to resolve the 'crisis' of *identity versus role confusion* (also known as identity confusion), that is salient during this stage of life. Adolescents seek to develop a coherent sense of self and a distinct identity, with clarity about their goals, values, and beliefs; including clarity about their role in society. The extent to which they develop a clear sense of identity, or end up with identity confusion, influences their ability to cope with psychosocial issues of adult life. In reality, the process of developing a sense of self and identity commences much before adolescence, and is seldom fully resolved by the end of teenage. Rather, issues concerning one's identity continue emerging throughout adult life, and as a result, the process of identity formation extends well into adulthood.

The process of developing a clear sense of self or identity is confounded by the fact that during adolescence, the individual's role is usually not clearly defined. The parents as well as others keep shifting in their demands and expectations. Sometimes the parents look at the teenagers as children. But when they respond with that behaviour, they are dubbed 'childish'. At the same time, when they try to emulate adult behaviour, the parents and others may ridicule them saying, "So you have grown old now, is it?" The adolescents thus face a problem with regard to a clear definition of their role. This creates problems with respect to the process of identity formation.

There is also the problem of gender role. The teenager has to learn to behave in a manner deemed appropriate as per the gender role prescriptions by the society. Generally, the male is supposed to be dominant, aggressive, independent, competitive and active, whereas the women are expected to be passive, submissive, dependent and conforming. Lately, however, gender diffusion has taken place as sex roles in the industrialized society are dramatically changing. There are also contemporary developments such as the gay rights movement, which need to be taken into reckoning.

During teenage, there is development of complex thinking which leads to reasoning and thereby questioning of 'others'; including teachers, parents and societal norms. This leads them to develop their 'own' reasoning skills and 'own' code of ethics. At times, they develop their idealistic ideologies which are in conflict with the social norms.

Social Acceptance

Another significant development task during teenage is achieving acceptance of the peer group. The boys and girls now spend more time with friends.



Fig.: 15.2: Members of a peer group tend to ‘hang around’ together

Teenagers constantly strive to conform to the peer group in matters of dress, language, behaviour and values. They have to learn to accept and adhere to the codes and standards of the peer group. The peer group exercises a strong demand for conformity. This may give rise to conflicts with the parents when there is a great discrepancy between the values cherished at home and the values of the teenager’s peer group. The problem faced by adolescents is to meet the demands of the peer group as well as demands of the parents, so as to somehow maintain the approval of both parents and peers. Despite the conventional emphasis in psychological literature on the importance of peers during adolescence, there is now growing recognition of the fact that the family continues to play a pivotal role. Even though teenagers turn to peers for companionship, it is the parents that they consider as the primary ‘pillars of support’ in life (Chadha, 2010).

Most adolescents have one or more ‘close’ friends with whom they like to spend most of their free time. These peer interactions and the establishment of intimate relationships are an important development during adolescence. They provide opportunities for sharing one’s thoughts, dilemmas, questions, needs, and fears. They also help teenagers in ascertaining where they stand, and in developing and revising self conceptions. Lack of close friendships is associated with a feeling of isolation and poor self esteem.



Fig. 15.3: The need for acceptance leads to similarity in likes and interests among peers

Acceptance by peers and popularity among them is considered highly salient by the teenagers. In order to gain acceptance, they tend to give priority to the fads of the current peer group; be it through use of slang words or through changed appearance involving a new hairdo or a changed style of clothes. Emphasis during this period appears to be on looking and sounding different. While the specific fads may vary depending upon the ecological context; such as rural/urban and poor/affluent, the focus on exercising and manifesting one's autonomy is a common denominator. Excessive conformity to the peer group can, however, have negative connotations; for instance, formation of gangs that indulge in antisocial behaviour.

15.3.4 Emotional Vicissitudes

Apart from contributing to the growth spurt, the hormonal changes during adolescence also tend to contribute to the emotional vicissitudes during this period. All families with teenagers would readily testify to the vagaries of mood and the volatile emotional states of the teenager. Frequent shifts in mood, hypersensitivity, getting easily upset over seemingly small matters, and rude emotional outbursts are commonly reported. In fact, adolescents themselves admit their inability to control their emotions, and feeling guilty subsequently about their behaviour! While it is true that all adolescents do not behave the same way and one's individual personality makes a difference in how one reacts in a given situation, it is normally conceded that hormonal activity does influence their emotional vulnerability and reactivity.

Another new feature during teenage is the appearance of emotions associated with the sex drive that emerges during this period. As a result, teenagers tend to get attracted towards persons of the opposite sex; develop an 'infatuation' or a 'crush' for a specific person; and feel the urge for sexual gratification. The extent to which the sex drive is allowed expression, and the norms of behaviour that the boys and girls are expected to observe in this regard varies from one socio-cultural context or community to another.

Check Your Progress Exercise 2

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

- 1) What are the possible implications for health of sexual risk taking behaviour during adolescence?

.....

.....

.....

- 2) Write a short note on identity formation during adolescence.

.....

.....

.....

.....

15.4 ADJUSTMENT IN FAMILIES WITH TEENAGERS

Each family member usually needs to accommodate to the vagaries of the adolescent's temperament for maintaining a relatively harmonious relationship with the adolescent! While the bonding between parents and adolescents remains strong, it tends to be punctuated by disagreements and conflicts. Many parents are perplexed by the transformation of their complaint child into a teenager who is argumentative; demanding explanations for comments and discipline; non-complaint; oppositional and defiant to their demands and expectations. When this happens, parents tend to clamp down and exert more pressure on the adolescent to conform to what they feel are the do's and don'ts of responsible behaviour. They often expect their adolescents to become mature adults overnight. Rather than getting agitated, what parents and other family members need to appreciate is that this transition does take time, and handle their teenaged child more empathically and calmly. Some parents go to the other extreme and let the teenagers do as they please. This too is detrimental in all respects. A common problem area is that teenagers do not usually function in moderation or walk the middle path. They may, often aggressively, insist on having their way. Such behaviour is obviously likely to lead to conflicts with the adults in the family. The situation is confounded by the fact that teenagers tend to abruptly change the nature and intensity of their relationship with others in the family. The father for instance may find that his little girl who used to like being hugged and cuddled by him, now avoids it, and this rebuff may leave him feeling somewhat confused and angry. Such evolving phenomena are likely to impact the relationship between the teenager and each of the parents, as well as among the parents themselves with ramifications felt even by the grandparents and other members of the extended family. Such a turbulence may pose a challenge to the family. Teenagers often turn critical, and try to assert their identity; which may precipitate a crisis in the family. For example, a young woman may demand that she be given the choice to pursue a career, while pointing to the drudgery of the mother's life. The daughter's outburst may prompt the mother to remember how she was not allowed to study further as she wanted to, and was instead married off; and she may even be stirred enough to take it up with *her* parents!

Adolescents want to take decisions regarding their education, career and future adult roles. They should be encouraged to do so and adults should primarily play a facilitative role in this regard. Education and vocational training of the adolescents needs to be according to their aptitude and interest, so that they would develop good skills and positive attitudes related to their future endeavours to prevent experiencing of discouragement and disillusionment in future. However, at times the desires and decisions of the teenagers are in conflict with what the family deems appropriate. The decision making of adolescents may not always be right in their own interest, so adult guidance should be available and given when required.

Thus, families with teenagers face a multitude of challenges demanding adjustment from virtually all family members. The average family, by and large, weathers the storm, adapts to it and grows. It realigns in some way and renegotiates relationships for the better. An interesting phenomenon is that in many families, particularly extended ones, it is often observed that the adolescent

develops a special closeness with the grandparent(s)! What the parents of teenagers, and in fact all family members need to remember is that adequate nurturance, monitoring and supervision remain a key component of responsible parenting during the adolescent years.

Check Your Progress Exercise 3

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

- 1) 'At times grandchild and grandparent, especially during adolescence, develop a special kind of relationship.' Do you agree with this statement?

.....

.....

.....

.....

.....

.....

.....

.....

.....

15.5 ROLES AND RESPONSIBILITIES OF FAMILIES WITH TEENAGERS

Adolescence, in the present-day scenario, is being increasingly considered as a time of greater vulnerability of the individual with respect to mental health issues, due to both biological and psychosocial reasons.



Fig. 15.4: Whether they realise it or not, teenagers need to be educated about various aspects of this phase of life; and families must rise to the occasion

For fostering the positive and prevention of the negative, it is important for teenagers to feel ‘connected’ with the family members, particularly the parents. Perceiving the affection, understanding, sensitivity, and support, as well as a high degree of communication goes a long way in enabling the adolescent to successfully handle the challenges faced and make positive adjustments in life.

As reiterated by Kaplan (1984), an adolescent can be offensively narcissistic, and this self-love and self-centeredness tends to come as a rude shock to most parents. Teenagers appear to be obsessed by an interest in their own body and may spend hours in front of the mirror or in the bathroom; much to the consternation and annoyance of the parents. Defying parents is also quite common during this period. Parents often fret and fume over how fast their dependent and obedient child transforms into a highly self-conscious, increasingly independent and individualistic person. Further, teenagers start reevaluating the parents and do not consider them as their only source of self-esteem and security (Bhagbanprakash, 2003). In many cases, there may be manifestations of decreased intensity of involvement with the family that may be reflected as over-involvement with peers, general withdrawal into self, and even rebellious running away. In such instances, it is important for the parents and other family members to be available and responsive when the adolescent makes an attempt to move towards them.

The need for approval of the peer group is an important factor influencing the behaviour of teenagers. And yet, parental approval too remains salient for the adolescents. In fact, in Eastern cultures including India, the strength of the family bond usually remains strong; not just through adolescence but during adulthood as well. Relationships with parents, grandparents and siblings are often the most important relationships in an individual’s life – and not just during childhood. This bond provides the teenager with a sheet anchor. The knowledge that there is someone who cares deeply and can be trusted, provides tremendous support to meet challenges outside the home front.



Fig. 15.5: Family outings are important for maintaining family bonding and improving social interaction

Parental authority and control is often an issue. In this context, it is important to keep in mind that the adolescent’s perception of parental nurturance, warmth and involvement is important. Teenagers who believe that their parents care for

them, find it easier to accept their attempts at authority and control as well (Chadha, 2010).

Check Your Progress Exercise 4

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

- 1) “Family bond is a not a strength in Indian parent-adolescent relationships”. Comment on this statement.

.....

.....

.....

.....

.....

15.6 CHALLENGES AND EMERGING ISSUES OF FAMILIES WITH TEENAGERS

The contemporary Indian society is in a state of flux. Weakening of social support from the kinship group, women’s empowerment, exposure to media, increasing competitive demands of the market economy and higher standards of achievements are some of the aspects of the changing socio-cultural scenario that have changed the family dynamics. The differential values, competencies and coping styles of parents and teenagers are a source of stress and anxiety both for adolescents and parents (Verma & Saraswathi 2002). The ambiguity of values that adolescents observe in the adult world as well as the increasing gaps between aspirations and possible achievements, not surprisingly, lead to alienation and identity diffusion (Singh & Singh, 1996). The conflict between the parents’ desire to help their teenaged children cope with the changing demands of their social world, and their own rootedness in tradition expresses itself in the cold feet syndrome when things go wrong. For instance, parents who appear modern tend to fall back on tradition if their teenager breaches established social codes or when there are intergenerational conflicts related to marriage, career choice or separate living arrangements (Saraswathi & Pai 1997). Amidst all the turmoil, while the outward form of family is changing, the Indian family has the advantage of its deep rooted, strong heritage. Adolescents across all sections of the society thus have their family as a pillar of support; as an ‘anchor’, to help them cope with the vicissitudes of life including the transitions that the teenage entails.

Several features of the present-day scenario, including changes in the family as an institution; increased consumerism, increase in the number of women joining the workforce as well as processes such as urbanization, westernization and modernization have led to a more extensive set of challenges that families with teenagers need to face. Teenagers need attention, nurturance and love as much as children do, but with more and more parents becoming career oriented and family size declining, the reality may fall short of providing the teenagers the requisite support, including the emotional anchor they need. The level of

communication too suffers. Parents do not fully appreciate the need to talk to the teenagers. Teenagers in turn, refrain from talking to the parents as they feel that the parents won't understand, or that they are too busy. Mental health disorders and problems of maladjustment such as juvenile delinquency are often the result of the emotional distancing and perceived lack of warmth and caring. Parents need to take care to avoid creation of these pitfalls.

Some of the key challenges and emerging issues that families with teenagers in the contemporary Indian society are faced with, include the following (Bhagbanprakash, 2003):

- Adolescents live and grow in families – family bonds are getting weaker.
- Adolescents are demanding changes in family rules and routine.
- Peer groups more than parents dictate personal behaviour.
- Consumption patterns have assumed more importance than production patterns.
- Social and economic freedom is causing weakening of adolescent's connections with family.
- Effects of changes in family structure and maternal employment on adolescents are evident – there is less adult/maternal supervision.
- Adolescents' attitude to authority figures is changing.
- Adolescents' attitude to achievement, to motivation, is changing.
- Female adolescents are taking on traditional male roles – but not *vice-versa*.
- Sexual equality and freedom in relationships acquiring not just social, but also political overtones.
- The media has overpoweringly pervaded every household. Teenagers in cyber households spend a lot more time using the internet, watching television and playing computer/video games than interacting with their family members. This unmonitored exposure to sex and violence-ridden 'games' and other material through the electronic and other media, including print (magazines, newspapers, etc.) can be very detrimental for the psyche of the teenagers.
- When violence is glamourised, as often is the case in films and TV shows today, the impression that gets consolidated in the teenager's mind is that aggression is a preferred way of resolving conflicts. Studies on violence indicate that children who watch too many crime and violence shows or play such video or computer 'games' are more likely to be defiant, aggressive and prone to violence. Such exposure also leads to insensitivity – violent acts no longer shock them and they no longer feel the pain and suffering of others. It also leads to an impression in their mind that the world is an insecure and hostile place; also known as the 'mean world syndrome'.
- Substance abuse (use of tobacco, alcohol, illicit drugs) is on the rise, as are instances of juvenile delinquency.

Adolescents face a number of challenges in and outside the family, for instance competition with siblings and peers, stress and anxiety, puberty, relationship issues, failures and frustrations, hostility and economic hardships, risks and the temptation to be adventurous, and so on. They need a lot of help, emotional support and guidance from their parents, elders, other family members and friends to deal with these situations and make positive adjustments. However, many a times parents themselves make life difficult for their teenaged children. Discord in the family atmosphere and excessive pressures to score high marks, for instance, may lead to problems of maladjustment in the adolescent.

Teenagers today have easy access to pornography and sexually explicit materials through internet. An emerging issue and challenge of contemporary times is the glamourization of sex in the mass media, with sex almost shouting at adolescents from cyber cafes, cinema halls, bill boards, advertisements, magazines and so on. Sexual exploration is encouraged by the peers. It tends to become a part of the quest for a new teenage identity. While parents and the adult society tend to shy away from open discussion with teenagers on matters pertaining to sex, adolescents often rely on peers and the internet, for information on issues pertaining to sexuality. The result usually is misinformation. Peer credibility with respect to a wide range of matters is very high and gets reinforced through an informal social network that subsists mostly on assumptions, beliefs and emotions rather than on hard core facts and information. Exposure to pornography is detrimental to construal of healthy relationships and responsible sexual behaviour among teenagers, and parents need to be vigilant in this regard. Adolescents need lots of guidance in the domain of psychosexual development, sexual orientations and activities, and reproductive health. Parents and other adults need to play a key role in this regard.

Poor eating habits of adolescents comprise another common issue that families with teenagers in the present times have to contend with. Immense peer pressure, as well as the portrayal of utopian body image usually contribute to the problem. The sound advice pertaining to eating a balanced nutritious diet, offered by concerned family members and others, tends to be brushed aside by the teenager, leading to arguments. Physical and mental health issues comprise another vital area of concern. Adolescent depression is assuming serious proportions. Suicide or attempts at suicide are becoming increasingly common among today's adolescents. Achievement pressures, opposite sex relations, peer group rivalry, conflict with parents, severe depression are some of the reasons. The importance of a supportive family milieu thus cannot be undermined.

To conclude, it is important to emphasize that during teenage, parent-adolescent conflicts comprise a vital area of concern and reckoning. While parents play several important roles in the lives of their adolescent children, especially as sources of affection and approval and as identification figures and advisors, there emerge several opportunities for a difference of opinion, leading to a conflict. Adolescents often tend to assert their individuality, and consider their parents to be non-understanding! At this stage they have ceased to look upon their parents as all powerful beings as they did when younger. They are also beginning to compare their own parents with those of their friends, finding them to be wanting! Parents of teenagers need to handle the situation with maturity, sensitivity, understanding, and warmth. It is not enough for the family members, particularly parents, to be loving, caring, understanding, and available when the teenager needs them. It is equally important that the teenager perceives the same!

Check Your Progress Exercise 5

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

- 1) Write in brief about the impact of mass media on teenagers.

.....

.....

.....

.....

.....

15.7 LET US SUM UP

In this Unit, you have learnt the meaning of adolescence or teenage. The Unit also described the cross-cultural viewpoints on adolescence. For instance, in many non-western societies including India, there is no single term for adolescence, whereas in the West, adolescence is a key phase of human life wherein the individuals achieve autonomy and move away from parents. Further, we learnt about the developmental characteristics of teenagers, particularly with respect to physical and sexual development, cognitive development and psychosocial development. We acquired knowledge about the eating disorders and health issues during adolescence. Other problems during adolescence; for instance drug abuse, delinquency, and suicide were also discussed in this Unit. Families with teenagers face a multitude of challenges and demand adjustment from virtually all family members. The Unit focused on adjustment issues in families with teenagers. It was emphasized that healthy parent-child relationship during adolescence leads to healthy development of adolescents into adulthood. Roles and responsibilities of families with teenagers were also outlined. The challenges and emerging issues of families with teenagers are numerous. These too were taken up for discussion in the Unit.

15.8 GLOSSARY

Anorexia nervosa	:	A distorted body image of being too fat, resulting in self-starvation
Bulimia nervosa	:	The person regularly eats huge quantity of food and then purges the body by laxatives or vomiting
Early maturers	:	Adolescents who mature earlier than the usual age norm in the society
Late maturers	:	Adolescents who mature later than the usual age norm in the society
Menstruation	:	Monthly shedding of tissue from the lining of the womb, by which the discarding of unfertilized ova takes place.

Menarche	: First menstruation
Ovaries	: Organs that produce ova in the female
Primary sexual characteristics	: Change that relate directly to the production of offspring
Puberty	: A process that culminates in sexual maturity, that is, the ability to reproduce
Secondary sexual characteristics	: Associated changes that accompany the maturation of sex organs but are not directly related to reproduction
Spermarche	: First ejaculation
Teenagers	: Individuals in the age group of 13 to 19 years
Testes	: Organs that produce sperms in the male

15.9 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

- 1) Adolescence is generally considered to be the period of life that begins with the onset of puberty and extends till adulthood. The 'teen years' (13 to 19) are included in adolescence. The term adolescence is derived from the Latin Verb *adolescere*, which means 'to grow into adulthood'. Thus, it spans from puberty till the taking on of adult roles and responsibilities.

Check Your Progress Exercise 2

- 1) Sexual risk taking behaviour during adolescence may lead to major health problems in the teenagers including sexually transmitted infections, HIV/AIDS, teenage pregnancy and abortion.
- 2) As propounded by Erikson, identity formation is a primary developmental task during adolescence. The adolescent strives to resolve the 'crisis' of identity versus role confusion (also known as identity confusion), that is salient during this stage of life. Adolescents seek to develop a coherent sense of self and a distinct identity, with clarity about their goals, values, and beliefs; including clarity about their role in society. The extent to which they develop a clear sense of identity, or end up with identity confusion, influences their ability to cope with psychosocial issues of adult life. In reality, the process of developing a sense of self and identity commences much before adolescence, and is seldom fully resolved by the end of teenage. Rather, identity formation continues throughout adult life.

Check Your Progress Exercise 3

- 1) Yes

Check Your Progress Exercise 4

- 1) The given statement is not true in the Indian context. The parent-adolescent relationship is strengthened by the family bond which extends from birth till death even though at times the bond may seem to be weakening especially during adolescence when conformity to peer pressure is quite high. The

family bond gives adolescents unconditional love and warmth, acceptance and sharing, as well as unstinted support in the course of their life expectations, failures and achievements.

Check Your Progress Exercise 5

- 1) Teenagers today have easy access to pornography and sexually explicit materials through internet. An emerging issue and challenge of contemporary times is the glamourization of sex in the mass media, with sex almost shouting at adolescents from cyber cafes, cinema halls, bill boards, advertisements, magazines and so on. Mass media also tends to foster violence and an unhealthy body image.

15.10 UNIT END QUESTIONS

- 1) Citing examples from your socio-cultural background, analyse the role played by family in the development of adolescents.
- 2) 'Peer group exerts more pressure and demands more obedience from the teenagers'. Do you agree with this statement? Support your argument with examples.
- 3) What are the problems that are commonly experienced in the domain of adjustment by families with teenagers?

15.11 FURTHER READINGS AND REFERENCES

Ackerman, N.J. (1980). The family with adolescents. In E.A. Carter & M. Mc Goldrick (Eds.), *The family life cycle: A framework for family therapy* (pp. 147-170). New York: Wiley.

Bhagbanprakash, (2003). Introduction – The second decade: Debates and perspectives. In Dr. Bhagbanprakash (Ed.), *Adolescence and life skills* (pp.1-45). New Delhi: Tata McGraw-Hill.

Booth, M. (2002). Arab adolescents facing the future: Enduring ideals and pressures for change. In B. Brown, R. Larson & T.S. Saraswathi (Eds.), *The world's youth: Adolescence in eight regions of the globe* (pp. 207-242). New York: Cambridge University Press.

Brown, B.B. & Larson, R.W. (2002). The kaleidoscope of adolescence: Experiences of the world's youth at the beginning of the 21st century. In B.B. Brown, R.W.Larson & T.S. Saraswathi (Eds.), *The world's youth: Adolescence in eight regions of the globe* (pp.1-20). New York: Cambridge University Press.

Chadha, N. (2010). *Showing signs of cracking? A study of achievement pressures, connectedness with parents, and adolescent adjustment*. Unpublished Report. New Delhi: ICSSR.

D'Souza, B., Sonawat, R. & Madangopal, D. (Eds.). (2005). *Adolescent issues and perspectives*. Mumbai: Shelter Don Bosco Research, Documentation & Training Centre. Planning Commission, Govt. of India. *Report of the Working Group on Adolescents for the Tenth Five Year Plan*. Retrieved December 15, 2009, from http://planningcommission.nic.in/aboutus/committee/wrkgrp/wg_adolcents.pdf.

Duvall, E. M. (1977). *Marriage and family development*. Philadelphia: J.B. Lippincott Company.

Kaplan, L. (1974). *Adolescence: The farewell to Childhood*. New York: Gimann and Schuster.

Larson, R.W., Wilson, S., Brown, B.B., Furstenberg, F.F. Jr. & Verma, S. (2002). Changes in adolescent's interpersonal experiences: Are they being prepared for adult relationship in the twenty-first century? In R.W. Larson, B.B. Bradford & J. Mortimer (Eds.), *Adolescents' preparation for the future perils and promise: A report of study group on adolescence in the 21st century* (pp. 31-65). Ann Arbor: Black Well Publishers.

Papalia, D.E., Olds, S.W., & Feldman, R.D. (2005). *Human Development (Ninth Edition)*. New York: Tata McGraw-Hill.

Santrock, J.W. (2007). *Adolescence (Eleventh Edition)*. New Delhi: Tata McGraw-Hill.

Saraswathi, T.S. & Pai, S. (1997). Socialization in the Indian context. In H.S.R. Kao, & Sinha, (Eds.), *Asian perspectives in Psychology: Cross-cultural research and methodology series*. (pp 74 - 92). New Delhi: Sage.

Saraswathi, T.S. (1999). Adult-child continuity in India: Is adolescence a myth or a reality? In T.S. Saraswathi (Ed.), *Culture, socialization and human development: Theory, research and application in India* (pp. 214 – 232). New Delhi: Sage.

Sharma, N. (1996). *Identity of the adolescent girl*. New Delhi: Discovery.

Sharma, N. (1999). *Understanding adolescence*. New Delhi: National Book Trust.

Singh, L.B. & Singh, A.K. (1996). Alienation: A symptomatic reaction of educated employed youth in India. *International Journal of Psychology*, 31(2). 101-110.

UNFPA, (2003). *Adolescents in India: A profile*.

Verma, S. (2000). The Indian social reality of passage to an adulthood. *ISSBD News letter*, 2(37). 6 - 9.

Verma, S. & Saraswathi, T.S. (2002). Adolescence in India: Street urchins or Silicon Valley millionaires? In B.B. Brown, R. Larson & T.S. Saraswathi (Eds.), *The Worlds Youth: Adolescence in eight regions of the globe*. New York: Cambridge University Press.

UNIT 16 LAUNCHING AND CONTRACTING FAMILIES

Structure

- 16.1 Introduction
- 16.2 Families with Young and Middle-Aged Adults
 - 16.2.1 Developmental Tasks of Young Adults
 - 16.2.2 Parenting in Middle Years
 - 16.2.3 Family as a Launching Centre
 - 16.2.4 Challenges and Emerging Issues Concerning Launching of Children
 - 16.2.5 Developmental Tasks in the Middle Years
- 16.3 Contracting Families
 - 16.3.1 Empty Nest Syndrome
 - 16.3.2 Reduced Family Size due to Separation, Divorce or Death
 - 16.3.3 Erikson's Theory: Generativity *Versus* Stagnation
- 16.4 Let Us Sum Up
- 16.5 Glossary
- 16.6 Answers to Check Your Progress Exercises
- 16.7 Unit End Questions
- 16.8 Further Readings and References

16.1 INTRODUCTION

The various stages of the life cycle you have studied so far in the previous Units explain that families are not static, they are always in transition, as the individual members of the family are growing, developing, maturing and ageing. The family consists of a complex of interacting individuals, who act together and display a complicated interplay of personalities. A large number of individuals are involved in the family relationships and interaction in the middle years of life. Typical stages of family life are marked off by: the addition and subtraction of family members through birth, death and leaving home; the various stages children go through; and changes in the family's connection with other social systems. These stages of family development are termed as the *family life cycle*. They succeed one another in an orderly progression and have their requisite "*developmental tasks*" which are activities required by or characteristic of each stage. If the developmental tasks of a particular stage of the family life cycle are not successfully completed, adjustment in the next stage will be impaired.

In this Unit, we will examine the changes that families go through when they are in the phase of dispersal. The family moves from one phase into another and the transition leads to changes and adjustments which family members have to make. The focus is on the family as a launching centre and the stage in which families contract to the original dyad of husband and wife.

Objectives

After studying this Unit, you will be able to:

- Understand the family as launching centre;

- Explain the effect of contracting families on the original conjugal couple;
- Discuss the developmental tasks in young and the middle years; and
- Understand the challenges faced by young and middle aged adults.

16.2 FAMILIES WITH YOUNG AND MIDDLE-AGED ADULTS

Families with young adults encounter new possibilities, new problems and new ways to accomplish the developmental tasks of young adult. The family supports and encourages the individual to become independent and autonomous in his or her own right. Parents in mid-adult phase may have to break the patterns and habits of two decades, as they let their children venture into the world and establish themselves. The processes of launching starts during the earlier life cycle stages of the family, as children prepare for the decisions that will shape their futures. The launching stage is marked by the simultaneous *release of the family's children* and the *addition of new members* by marriage.

16.2.1 Developmental Tasks of Young Adults

In the first two decades of life as a child and as a teenager, a person usually lives within the expectations of age and grade. Now, as a young adult, he or she emerges from the norms of age-grade system and steps into the future of his or her making. The success or failure from here on are largely dependent upon the choices he or she makes as an individual. Robert Havighurst succinctly states that early adulthood is the most individualistic period of life, and the loneliest one, in the sense that the individual, or at the most, two individuals, must proceed with a minimum of social attention and assistance to tackle the most important tasks of life.

Developmental tasks of young adults are:

- 1) Establishing one's autonomy as an individual.
- 2) Planning a direction for one's life.
- 3) Getting an appropriate education, training or skill.
- 4) Appraising love and sexual feelings.
- 5) Becoming involved in love relationship/s.
- 6) Selecting a marriage partner and being married.
- 7) Managing additional responsibilities as a spouse and parent.

Young adults today face tremendous pressure to prove themselves in their chosen careers. There are familial expectations from young men to become independent earning members across classes. Such expectations may not be faced by young women across all classes but they have other stereotypical roles and responsibilities which they must be trained and prepared for such as cooking, home management and care of family members. However, today girls even if they are marriage-minded may desire to seek jobs and become financially independent. Among the lower classes doing paid work may not be a choice which girls have and they may have to support the family income generation in

some way. Young women in India have dual responsibilities of managing home and their vocation. The conventional role of the women as care takers and home makers is embedded in the psyche and this means women have to be equipped with multitasking skills to manage home and work.

Young adults also learn to love and express their love. Love is considered a requisite for close friendship, lasting intimacy and marriage. But love feelings are difficult to evaluate during the young adult years because they tend to be confused and entangled with maturing sex drives. In a culture where free interaction between the members of the opposite sex is restricted it may lead to suppression of feelings of expressing love. New sexual patterns of permissiveness conflict with old values and the young adults are in a confused state regarding their interaction with the opposite sex. In contemporary society young people have opportunities for gaining social experience as well as for dating which appear to be related to the social class of the young person's family. Marriage decisions in India are usually taken by the family and this may become contesting issue between the parents and their children. The following Section discusses some of the issues faced by young adults and their parents.

16.2.2 Parenting in Middle Years

Parenting young adults can be a challenging task, as parenting does not end when a child turns 18 or 21 or even 25 years of age. In the Indian context there are no guidelines or markers as to when parental responsibility ends or even how to withdraw it. In fact parenting responsibility may continue for a long time even after young adults have established themselves in professional as well as marital roles. One of the major concerns of parents in middle years is to live up to the social expectations of successfully launching their children. Let us now discuss family as a launching centre.

16.2.3 Family as a Launching Centre

The *launching stage* is the period when children begin to leave home; some may go for higher education to college or universities or even for jobs whereas others may get married. Parents who are launching their children may be in the chronological age group between 40-54 years. It is important to note that launching of the last child cannot be the marker of middle stage of family life as there is a tendency to overlook voluntary or involuntary childless couples. However, for married couple with children middle life stage is associated with launching of children. Given the diversity of family forms it is not easy to define the stage in accurate chronological order and associate it with the phase of middle adulthood, but nevertheless this phase can be associated with the stage of those who are beyond the childbearing age and have begun to launch their children.

Most parents play active role over a considerable period of time in getting their young adults successfully launched into the world. For those who are unable to guide their children in matters of careers may face uncertainty regarding the career paths chosen by their children. Parents take it up on themselves to smoothly launch their children and this can lead to tremendous strain on the filial relationship.



Fig. 16.1: Marriage is the traditional marker for launching of girls in India

Marriage is considered to be a socio-familial responsibility. Parents in India would consider it their responsibility to choose or help one to choose a marriage partner. Marriage is regarded as the official launching of a child. There are several issues that may arise pertaining to this responsibility of the parents who are in the middle phase of their life. We will discuss such issues in the following Section.

16.2.4 Challenges and Emerging Issues Concerning Launching of Children

The process of launching starts during the earlier life cycle stages of the family, as the parents of the young person prepare for decisions that will shape his or her future. Educational plans are formed or they go by default in the school and high school years, however the platform to launch children in colleges or universities can be a challenging task for parents. The parents could be under pressure at the launching stage as they are being evaluated on how successful they are as parents through their children. Parents' anxiety is evident during the high school board exams of their children. The result of these exams would secure admissions in professional colleges. This could lead to strain and stress on the parents to see that their children fair well in such and other competitive exams. Let us understand this through an example reflecting the anxiety of the parents and their child in an upper middle class urban family.

Rahul is an above average student studying in 12th standard; he will be taking board exams in two months time. His father is a successful doctor and his mother is a practicing architect. Rahul's parents expect him to get high percentage in the exams to secure admission in medical college and become a doctor like his father. His mother has stopped practicing for the past six months so that she can concentrate on her son's career. His father is very anxious about Rahul's performance in the exams and exhibits his anxiety at home by getting upset at his son if he is not seen studying. His mother is also stressed and this stress is also affecting Rahul who is nervous about his exams.

Launching the child in an appropriate profession can lead to undue pressure and stress on all the members of the family. In case of failure to secure admission in

appropriate college or university could lead to the child feeling defeated or incapacitated to live up to parental and societal expectations.



Fig. 16.2: In contemporary times, educational attainments have become significant

In the past couple of decades there is a gradual delay in launching of children. The launching stage generally begins with the first child leaving home as a young adult; and it ends with the emptying nest as the last child leaves home for a life of his or her own. The young person's departure from home is to take up full time job or to marry and settle in a new home. In the Indian context moving out of the home may not be a commonly followed practice as the traditional Indian family system promotes living together with parents even after joining college or having taken up a full time job. In India, the patrilocal pattern of residence is followed by the majority wherein after marriage the sons live with the parents in the same house along with their set of families. In fact this would refer to expansion of the family unlike in the West where launching stage is associated with reduction in family size. Even though young married men continue to stay with their parents even after marriage, a daughter getting married has to move in with her husband to either his parents or relatives home or in a neolocal residence. Thus, the daughters who get married move from their family of orientation to the family of procreation.

Over the years, the age at marriage is on the rise. Parents are anxious about their children settling down (marriage considered to be the marker of having settled) and beginning their own families. Late age of marriage of their children can add to the existing pressures on the parents. Decisions regarding marriage depend on the 'marriageable age' factor, which varies according to caste, class, community and religion. In contemporary India, there are conflicts between parents and children over choosing a suitable partner for marriage. There are restrictions of marriage taking place within certain groups such as caste or class and these are potential areas of conflict within a family. Marriage may also depend on the individual's readiness which is determined by previous successes or failures in making heterosexual adjustments. Choosing a suitable partner for marriage can be and often is a confusing task. Though premarital counselling and education would prove to be of invaluable aid to many young persons in India yet there is evidently lacunae and there is a need to fill this gap by establishing formal forums for providing premarital counselling. Correct information related to sexuality issues is not easily accessible. Parents rarely play the role as sexuality educators.

There may be several factors responsible for this such as:

- 1) Parents perceive themselves to be uninformed.
- 2) Parents are often uncomfortable discussing sexual activity due to negative sexual messages that they received as children.
- 3) Parents lack the necessary skills since their parents did not serve as role models.
- 4) Parents have conflicting goals, desiring to both control behaviour and give information.
- 5) Parents are often unclear about their beliefs and underlying values concerning sexuality.

Apart from marriage decisions, there are other situations which families in launching stage face, such as times when the children going off to college or university may actually return home for varying periods of time. The family thus has to establish and re-establish patterns of daily schedules during such times. Moreover, the proportion of adults living with their parents in India is significantly high. However, there is a steady increase in younger people moving out of their parent's home, sometimes moving to another city for education, job or after marriage. There is a need for parents to be prepared for this stage in life that requires certain developmental tasks to be performed.

16.2.5 Developmental Tasks in the Middle Years

The developmental tasks related to changes in the middle as well as later years involve communication, self-esteem, sexual needs, conflict resolution and problem solving. Couples may have to negotiate these tasks so that they can address certain life areas:

- 1) Correct imbalances in separateness and togetherness,
- 2) Rearrange physical facilities and resources,
- 3) Meet the costs as launching centre families,
- 4) Re-define and re-align relationships with siblings and other family members of their own generation,
- 5) Cultivate and maintain a support network of friends,
- 6) Maintain open systems of communication between the family members,
- 7) Widen the family circle through release of young adult children and recruitment of young members by marriage.



Fig. 16.3: Widening the family circle through social gathering is an important developmental task during the middle years of life

Family developmental tasks are critical as the family may shift from a household with children to husband-wife pair. The major family goal is reorganising of the family into a continuing unity while releasing matured and maturing young persons into lives of their own. In spite of acknowledging the stage when children may leave home parents may not be able to adjust to an empty home. Thus, we need to focus on the contracting nature of families today as young adults leave home leading the family to shrink in size.

There are significant changes that occur in the phase of life called middle age. Biologically, onset of menopause begins in women. Psychologically, there are changing attitudes toward self, toward significant others and towards children. Research on marital satisfaction in the middle years shows that most persons were found to give positive rather than negative ratings to marital satisfaction in the middle years (Duvall & Miller, 1985). The success of a marriage at any stage is related to the ability of each spouse to be empathetic, to adapt, to adjust to changes in marital relationship as needed. The characteristics associated with higher life satisfaction and marital happiness in middle years are greater gender equality and increased sharing of couple-oriented activities. In this stage spouses come to rely more on each other for companionship and support. Spouses who have high levels of trust are apt to achieve greater marital satisfaction and sexual satisfaction.

Dissatisfaction in marriage may be due to biological changes as menopausal women would experience a life transition. The post-menopausal years, which start on an average at 51 years, account for about one-third of every woman's life. This phase can be distressing especially as the physiological changes cause many different kinds of medical problems. In the middle years men may be especially vulnerable to a *mid-life crisis* (a process during middle age in which one questions one's self-worth and values). They often start to check their sexual performance for any signs of ageing. During the middle years, men tend to have either very high or very low expectations regarding sexuality. They either believe that their sexual experience will be very intense during every episode of sexual activity or that their sexual experience will become boring. Men and women thus would be grappling with their own sexuality during the middle life stage.

Check Your Progress Exercise 1

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1) List the developmental tasks of young adults and middle aged adults.

.....

.....

.....

2) Write a short note on family as launching centre.

.....

.....

.....

16.3 CONTRACTING FAMILIES

Once the children leave home the family begins to contract. From the maximum size at the beginning of the stage, the nuclear family shrinks during the launching period to the original married pair. Personal positional developmental tasks continue for the parents: as mother, homemaker, wife, employee (if working) and probably mother-in-law and grandmother. Similarly for men as father, husband, employee or employer, possibly father-in-law and grandfather.

The stage when young adults leave home has been described variously as launching stage, empty nest and midlife crisis. We will now understand these terms that describe the post parental stage.

16.3.1 Empty Nest Syndrome

Empty nest refers to the post parental stage of family life, which begin as a value-laden term based on the assumption that parents, particularly mothers, would feel lonely and depressed once their children had grown and left home; it is often associated with negative stereotypes of the menopausal woman (Lamanna and Riedmann, 1991). The old stereotypes of the depressed empty nest mother are also ironic because fathers may pass through transition pains and the hormonal changes occur in both women and men. The empty nest may even be described as ‘bittersweet’ depicting the ambivalence characteristic of this period in the life-cycle (Davidson and Moore, 1996). The basic cause of such conflicting feelings is that children leaving home precipitate a life change involving personal shifts in role involvements and social identity.



Fig. 16.4: Significant change in life cycle begins with children leaving home

Studies and popular literature has associated the launching stage with the so-called *midlife crisis* that men experience and the *empty nest syndrome* experienced by women. It is however considered to be a stereotypical view of women at midlife as they begin to miss their children and experience depression and dissatisfaction with their empty nest. These crisis may be experienced more in the West though in Indian context too there is an increasing number of urban youth moving abroad for higher education or for jobs which can lead to a sense

of emptiness especially for the mother if she has devoted her years to child care and has dedicated herself to rearing of children. In fact, the stage at which all the children have left home and the husband is still deeply involved in his career has been considered a time of significant stress for midlife women. Let us examine the following case to understand the way in which a mother of two daughters coped with her loneliness following the departure of her daughters after they got married.

Mrs. Sonal had dedicated her life to home, husband and their daughters. She had always been a homemaker and was happy managing it. She had been over involved in her daughters' upbringing. She was however encouraged by her husband and the daughters to get involved in a hobby or to cultivate interest outside the family. For several years she practiced yoga. She took up yoga training and became an instructor. After her daughters were married and her husband was busy in his demanding career she was occupied with her yoga classes. Though she missed her daughters she was able to cope with it and after many years she felt a sense of achievement.

There are varied reports regarding the existence of 'empty nest' syndrome. Recent studies even question the actual existence of the empty nest. Sociologist Norval Glenn's (1975) review of data from six national surveys found that middle-aged women whose children had left home reported somewhat greater happiness and enjoyment of life than did women of a similar age with children still at home. Studies show that many women today look forward to the time when their youngest child leaves home. Summarising her own study of the empty nest transition, Elizabeth Harkins (1978) concludes that the transition has, at most, a rather slight and transitory effect on the psychological well-being of women and no effect on their physical well-being. However it is important to note that in the Indian family context mothers may feel greater loss after the children have left home to chart their own life. The family in-group solidarity which is culturally reinforced makes it difficult for mothers to accept the empty nest feeling.

Most people manage the transition of a child leaving home reasonably well. However, the major changes in relationships required at the time can precipitate family crisis. A significant relationship exists between parent-role stress and family-system resources during the dispersal transition. In families having existing resources such as open and effective communication and a sense of emotional connectedness and support, there is less vulnerability to stress. Further, in our country the prevalence of parents living with one or more of their married sons makes the stage of launching a transitory phase without the perils of the family contracting. However, when two or more generations live together there are adjustments and adaptations that must be made continuously.

16.3.2 Reduced Family Size due to Separation, Divorce or Death

The family contracts further if there is separation of parents, divorce or death in the family. The transitions that individuals make during their adult lives may lead to stressors that need to be addressed. The family, nuclear or extended, has to deal with a situation when one of its members may not be a part of its setup. Stress under such circumstances can become stressor overload if there is divorce taking place and children are in the stage when they have to be launched. In addition a family may contract further due to the death of an elderly parent who

was living with the family. The parent may have coping problems which could escalate into physical and mental disorders.

At times, series of relatively small stressors can add up to a major demoralising crisis. A family then requires re-organising itself and tries to function at the same level as before or at a reduced level or the crisis may stimulate them to reorganise in a way that makes them more effective. There are various factors that can bind marriages and families together such as economic interdependence; legal, social and moral constraint; and the spousal relationship. The binding strength of some of these factors is loosening. When a couple with children decides to end their marriage the children may be adversely affected. However, it may not be the case at a point when their last child leaves the home. Although divorces at this stage of a marriage are less common than divorces earlier on, one reason for divorce at this stage is that all the children have been “launched” and the partners believe that the cost of divorce for themselves and their children have been significantly lowered.

Let us take a brief look at the theory that explains the transitions in middle adulthood.

16.3.3 Erikson’s Theory : Generativity *Versus* Stagnation

Erikson’s psychological conflict of midlife is called *generativity versus stagnation*. *Generativity* involves reaching out to others in ways to guide the next generation. The generative adult combines his or her need for self-expression and personal goals with the welfare of the larger social environment. Parenting is in itself a major means of realising generativity. Adults can be generative in other family relationships, as mentors in workplace, in volunteer endeavors and through many forms of productivity and creativity. Given today’s lengthening life spans, the stage of generativity increasingly includes the dimension of love. Members of the so-called ‘*sandwich generation*’ (those persons who are concurrently responsible for caring for their parents and for their own children) have dual responsibility for both their parents and their children. They must modify their love for their parents, whose ageing often creates inordinate dependency needs.

The negative outcome of this stage is *stagnation*. Erikson recognised that once a person has attained certain life goals like marriage, children and vocation, there is a tendency to become self-centered. Their self absorption is expressed in many ways; one way is lack of involvement with and concern for young people (including their own children). Erikson’s theory suggests that highly generative people tend to be psychologically fulfilled and healthy (Berk, 2001).

It is necessary to note that life events are no longer as age graded as they were in the past. The changes that occur may be varied and hence there cannot be a single cause of midlife change. Most experts regard adaptation during midlife as a combined effort of growing older and social experiences.

Check Your Progress Exercise 2

- Note:** a) Read the following questions carefully and answer in the space provided below.
- b) Check your answers with those provided at the end of this unit.

- 1) Write a short note on empty nest syndrome.
.....
.....
.....
.....
.....
- 2) Fill in the blanks:
 - i) Erikson's psychological conflict of midlife is called
 - ii) In families having existing resources such as open and effective and a sense of emotional and support, there is less vulnerability to
 - iii) Those persons who are concurrently responsible for caring for their parents and for their own children are known as
 - iv) Erikson's theory suggests, highly generative people tend to be psychologically..... and.....

16.4 LET US SUM UP

In this Unit, we learnt about the launching stage in the family life cycle. The stage is marked by simultaneous release of the family's children and also the addition of new members by marriage. We also discussed the various issues which concern families in this phase such as challenges faced by young adults and middle aged adults. Further, we looked at family contracting after the children have been launched and what implications it can have for the parents.

16.5 GLOSSARY

- Crisis** : Can be defined as a crucial change in the course of events, a turning point, an unstable condition in life.
- Empty nest** : Refers to the post parental stage of family life, which began as a value-laden term based on the assumption that parents, particularly mothers, would feel lonely and depressed once their children had grown and left home; it is often associated with negative stereotypes of the menopausal woman.
- Neolocal** : The married couple establishes a home of their own, apart from both sets of parents.
- Patrilocal** : Residence after marriage wherein the newly married bride lives with her groom and his parents.
- The launching stage** : The period when children begin to leave home; some may go for higher education to college or universities or even for jobs whereas others may get married.

16.6 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

- 1) i) Developmental tasks of young adults are:
 - Establishing one's autonomy as an individual,
 - Planning a direction for one's life,
 - Getting an appropriate education, training or skill,
 - Appraising love and sexual feelings,
 - Becoming involved in love relationship/s,
 - Selecting a marriage partner and being married, and
 - Managing additional responsibilities as a spouse and parent.
- ii) Developmental tasks of middle aged adults are:
 - Correct imbalances in separateness and togetherness,
 - Rearrange physical facilities and resources,
 - Meet the costs as launching centre families,
 - Re-define and re-align relationships with siblings and other family members of their own generation,
 - Cultivate and maintain a support network of friends,
 - Maintain open systems of communication between the family members, and
 - Widening the family circle through release of young adult children and recruitment of young members by marriage.
- 2) The launching stage is the period when children begin to leave home; some may go for higher education to college or universities or even for Jobs whereas others may get married. The launching of the last child cannot be the marker of middle stage of family life as there is a tendency to overlook voluntary or involuntary childless couples. However, for married couple with children middle life stage is associated with launching of children. Most parents play active role over a considerable period of time in getting their young adults successfully launched into the world. Parents take it up on themselves to smoothly launch their children and this can lead to tremendous strain on the filial relationship.

Check Your Progress Exercise 2

- 1) Empty nest refers to the post parental stage of family life, which began as a value-laden term based on the assumption that parents, particularly mothers, would feel lonely and depressed once their children had grown and left home; it is often associated with negative stereotypes of the menopausal woman. The empty nest may even be described as 'bittersweet' depicting

the ambivalence characteristic of this period in the life-cycle. The basic cause of such conflicting feelings is that children leaving home precipitate a life change involving personal shifts in role involvements and social identity.

- 2) Fill in the blanks:
 - i) generativity versus stagnation.
 - ii) communication, connectedness, stress.
 - iii) sandwich generation.
 - iv) fulfilled, healthy.

16.7 UNIT END QUESTIONS

- 1) Explain how families become launching centres.
- 2) Discuss how relevant is the 'empty nest' syndrome in the Indian context by citing examples.
- 3) Examine the stage of midlife and enumerate the issues that parents face in this stage.
- 4) Discuss Erikson's theory of generativity *versus* stagnation and assess if it is applicable in the middle phases of the life cycle.

16.8 FURTHER READINGS AND REFERENCES

Berk, L. (2001). *Development through the life span*, (pp 521- 28). Boston: Allyn & Bacon.

Davidson, J.K. & Moore, N.B. (1996). *Marriage and family: change and continuity*, (pp. 10-13, 607-648). Boston: Allyn & Bacon.

Duvall, E.M. & Miller, B. (1985). *Marriage and family development*, (pp. 263-284). New York; Harper & Row, publishers.

Gelles, R. J. (1995). *Contemporary Families*, (pp. 258-361). Thousand Oaks: Sage Publications.

Glenn, N. (1975). Psychological well-being in the postparental stage: some evidence from national surveys. *Journal of Marriage and the family*. 37 (February): 105-110.

Harkins, E. (1978). Effects of empty nest transition on self-report of psychological and physical well-being. *Journal of Marriage and the family*. 40 (August): 549-56

Lamanna, M. & Riedmann, A. (1991). *Marriages and families: making choices and facing change*, (pp. 37-44, 441-476). California: Wadsworth publishing company.

UNIT 17 FAMILIES WITH MIDDLE-AGED PARENTS AND AGEING FAMILY MEMBERS

Structure

- 17.1 Introduction
- 17.2 Family Life Cycle
 - 17.2.1 Midlife Families
 - 17.2.2 Families in Later Life
 - 17.2.3 Changing Demographic Scene
 - 17.2.4 Changing Families in India
- 17.3 Psychosocial Issues in Midlife and Old Age
 - 17.3.1 Midlife Issues
 - 17.3.2 Issues in Later Life
 - 17.3.3 Successful Ageing
- 17.4 Psychosocial Theories of Ageing
 - 17.4.1 Normative Stage Theories— Jung and Erikson
 - 17.4.2 Disengagement and Activity Theories
 - 17.4.3 Other Theories
 - 17.4.4 Indian Views on Ageing
- 17.5 Major Areas of Psychosocial Adjustment in the Ageing Family
 - 17.5.1 Health Issues and Disability
 - 17.5.2 Family and Living Arrangement
 - 17.5.3 Bereavement, Death and Dying
 - 17.5.4 Indian Views on Death and Dying
 - 17.5.5 Providing Long Term Care
- 17.6 Coping with Changes in the Family
 - 17.6.1 Living in a Multigenerational Family
 - 17.6.2 Becoming a Caregiver to Ageing Parents
 - 17.6.3 Neglect and Abuse
 - 17.6.4 Counselling Issues
- 17.7 Let Us Sum Up
- 17.8 Glossary
- 17.9 Answers to Check Your Progress Exercises
- 17.10 Unit End Questions
- 17.11 Further Readings and References

17.1 INTRODUCTION

Family is the most basic unit of society. Human beings are socialised in the family setting. One of the important areas of human adjustment is that of adjusting to marital partners and family situations. Families are not static. They grow and change just like individuals. In the life cycle of an individual, from birth to death, there are different milestones. Similarly, families go through a cycle with milestones that mark stages in the development of the family. The size, structure

and functioning of families may vary, but family support is essential for human well-being. It is not clear whether marriage came first or family. However, in most cultures marriage begins the process of establishing an independent family for most couples. Just as normal behaviour is shaped in family, problems also have origins in the family setting. A counsellor should have a good understanding of the family dynamics in order to deal with a client. Family counselling aims at improving the function of the family unit as well as the person designated as having a 'problem'. In this Unit, you will learn about the latter stages in family life cycle. As couples age, family dynamics change and new issues emerge. A counsellor needs to be aware of these issues in order to be able to help clients effectively.

Objectives

After studying this Unit, you will be able to:

- Understand psychosocial issues during mid life and of ageing families;
- Discuss psychosocial theories of ageing;
- Explain major areas of psychosocial adjustment in later life; and
- Describe the importance of geriatric counselling.

17.2 FAMILY LIFE CYCLE

1) Defining the Family

The word family originates from the Roman word '*famulus*' meaning servant. In Roman law, the word denoted a group of producers, slaves, servants and other members connected by common descent or marriage. Sociologist Burgess (1960) defined family as a group of people united by ties of marriage, blood or adoption constituting a major household, interacting and communicating with each other in respective social roles of husband-wife, mother-father, son-daughter, brother-sister and creating and maintaining a common culture. There are different types of families — nuclear, joint, extended and so on. Mutual aid, financial support and social interactions are common among family members even when they live apart.

2) Evolution of the Family

Family appears to be a universal phenomenon. Society of some type is a prerequisite for family to exist. The institution of family obviously has a long history as it is alluded to in ancient mythologies and epics. Morgan, an anthropologist theorised that family has developed through three successive but interrelated stages. First was '*savagery*' when people depended on hunting and gathering. The second was '*barbarism*' with the invention of pottery, domestication of animals and use of iron tools. Third was '*civilisation*' with the invention of alphabets and writing. Scientific advances have uncovered the biological and socio-cultural basis of family. Common biological factors for the origin of family are: the sex drive and the need to reproduce; extended periods of dependency of human infants etc. Socio cultural factors are: inherent gregariousness of humans, incest taboo which solidified family structure and advantage of kinship.

3) Family Life Cycle

The concept of family life cycle suggests that marriage proceeds from its inception through regular and predictable stages in which adjustments are necessary. The span of time from the beginning of a family with marriage through the time the couple have children, the time they are alone again when children leave home, till death of one or both spouses is called *family life cycle*. Cultural and historical factors influence the family life cycle. Early marriage and birth control, for example, will prolong the 'post-parental' stage when the couple may live alone with grown up child moving out. Longevity and early marriage together may result in 'four generational families'. Duvall (1977) has given an eight-stage model of family life cycle as follows:

- i) Beginning families (couples without children),
- ii) Child-bearing families (eldest child from birth — 30 months),
- iii) Families with preschool children (eldest child 2 ½ years - 6 years),
- iv) Families with school children (eldest child 6 years - 13 years),
- v) Families with teenagers (eldest child 13 years - 20 years),
- vi) Families as launching centres (first child gone - last child leaving home),
- vii) Families in middle years (empty nest - retirement), and
- viii) Ageing families (from retirement to death of one or both spouses).

17.2.1 Midlife Families

Chronological age is just a marker. For conveniences, human life span is divided into different stages. Usually the years between 45- 60 are considered as middle age. For administrative and other purposes, most countries have accepted the UN definition of 60 years as marking the beginning of old age. There are variations in what age is considered as separating '*senior citizens*' from other adults. Age at retirement is also not constant for all professions and in all countries.

Usually, when people reach middle age, they are in what could be called '*post parental*' families. As children reach adulthood, they begin leaving home and make their own living arrangement. This phase of family life cycle is often described as the '*launching centre*'. The effect of launching children may involve some degree of upset and conflict but it depends on several cultural factors. In cultures where women are overprotective and over-involved in mothering, moving away of children may be a disturbing event. For others it may bring in a sense of freedom and opportunity for a '*second career*'.

Very often, midlife families are described as "*empty nest*" as grown up children would have become independent and left home. When families are small and nuclear, the probability of the nest emptying is greater. In India, where large families were more common earlier, many middle aged parents would find a '*large full nest*' rather than an empty one. If there are more children, while the eldest has reached young adulthood, the youngest may still be of school age. However, now with families becoming nuclear and smaller, Indian midlife families may soon face the phenomenon of empty nest.

17.2.2 Families in Later Life

As the couple grows old, there is a change in the family structure. Children may have moved out and established their own households. In such cases, there will be only two old people living by themselves. In case of death of one of the pair, the household gets reduced to a single person family. Because of longevity, it is also possible that different generations live together. It is not uncommon to find grandparents, parents and adult children living together. Especially, with decline in fertility, a single child may become responsible for four sets of grand parents. This process is known as the “*verticalisation*” of the family lineage. Thus, older people today are more likely to have multiple intergenerational roles, simultaneously being a parent, grandparent, great-grandparent and great-great-grandparent.

The number of shared years across generations is known as *co-survival*; adult children are increasingly co-surviving their parents and grandparents into their own middle and old-age. Together with the high fertility of women in the 1950’s (the baby-boom in the West), it is estimated that in the year 2020, almost 90% of people 85 years and older will have at least one surviving child. Given that being childless is a principal risk factor for institutionalisation, these demographic trends have great importance for projected long-term care planning. Parents and their adult children maintain relationships in many different ways.

17.2.3 Changing Demographic Scene

Historical and social factors have brought about changes in the structure and functions of the family. Gerontologists believe that there are major social changes that have had an impact on intergenerational relationships. These changes are:

- 1) **Increase in the divorce rate:** This has weakened the strength of intergenerational ties with adult children, and particularly with divorced fathers. Divorce among adult children has weakened their capacity to provide for their older parents.
- 2) **Women’s employment outside home:** This trend has also strained women’s capacity to provide for older parents, a stressor added to child-caring responsibilities among “women in the middle”.
- 3) **Decrease in geographical proximity:** Geographic separation of adult generations and migration is affecting intergenerational relations. The demands of long-distance caregiving to older parents has emerged as a central family issue in the 1990’s.
- 4) **Changing economy:** The economy plays a strong role in the need and capacity for family support. Wage stagnation and corporate downsizing, inflation of property values, the expansion of pensions and government policies will affect family finance and purchasing power of elderly.
- 5) **Improvement in health in later life:** The functional health of older people has shown consistent improvement. Improvements in diet, exercise, early detection and in the availability and delivery of health care have produced the healthiest older population in human history.
- 6) **Changing fertility patterns:** Historical changes in fertility patterns over the twentieth century have produced fluctuations in family size that have a direct bearing on opportunities for intergenerational solidarity and support.

- 7) **Changed perception of family responsibility:** This is affecting intergenerational commitments.

17.2.4 Changing Families in India

Indian family has and is undergoing change. The core characteristics of changes are:

- a) their all embracing character,
- b) rapidity with which changes are occurring and
- c) their unfolding in a non-orderly sequence.

Changes encompass entire society and relate to all spheres and levels of functioning. Countries in developing world are impatient and want to achieve within the span of a generation what took centuries for the West to attain. Such changes are rapid involving temporal compression or '*telescoping*'. The sequence of change is what could be called '*cacophonic*'.

In India, family was the traditional care and support system. Some specific changes in Indian families are:

- 1) **Trend toward nuclearisation with regard to size, structure and composition:** Locus of power, ownership of property and such economical factors are also changing. Rapid shift from filial relationship to conjugal relationship is seen. There is a shift from extended-kin to primary-kin system. Indian families are still in 'transitional state'. While fast assuming nuclear character, they still retain some features of joint family. Psychologically, Indians are not prepared to break away from the advantages of joint family. But the trend toward nuclearisation has drastically reduced the psychological support for children and aged.
- 2) **Changes in child rearing and parent-child relationship:** In traditional families, there was minimal demand on child to function independently from mother. There was little encouragement toward autonomy and individuation. Today the situation is different. If mother is employed, alternate arrangement may be made for child care. Both physically and psychologically child and mother are distanced.
- 3) **Changes in roles, status and position of women:** Though there is a gap between what is legally possible and reality, there are signs of change.

Check Your Progress Exercise 1

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

- 1) What is family life cycle?

.....

.....

.....

- 2) How are midlife families described?
.....
.....
.....
- 3) Longevity and small families lead to..... of the family in old age.
- 4) Name any two global changes affecting family.
.....
.....
.....
- 5) What are the major changes in Indian families?
.....
.....
.....

17.3 PSYCHOSOCIAL ISSUES IN MIDLIFE AND OLD AGE

All societies have age-grade system that rationalises the passage of time. It is a way of dividing the individual's life into socially relevant units and transform biological time into social time. By this criterion, middle age stands out as an important stage in human life cycle. There is no clear-cut mark between when middle age ends and old age begins. Yet, in every society, events typically happen between years 45 and 60 that may be considered as midlife issues.

17.3.1 Midlife Issues

- 1) **Physical and social changes during midlife:** Middle age is often considered a major turning point in life. People become aware of their personal ageing and mortality by this time. Suddenly one becomes aware of changes in the body and finiteness of time. Some Western theorists have speculated that just as there is adolescence, there is '*midolence*'. Neugarten (1968) was one of the earliest theorists to study midlife issues. She says there is 'stock taking' and increased reflection during middle age. There is also a new perception of time, self and death. Some significant issues in this stage of life are outlined below.
- 2) **Menopause:** A significant physiological change that takes place in women in middle age is menopause when the reproductive function comes to an end. Some of the Indian studies (Indira, 1980; Prakash, 1989) report that Indian women often welcome menopause as it frees them from many social taboos and fear of pregnancy. Among traditional Hindus, there is a ritual called '*Rishi Pancami*' performed by post-menopausal women that gives them status and a feeling of well being (Shastri, 2004). This is a good example of how culture can influence reactions to primarily biological events. Mental

health professionals have been interested in the impact of menopause on well-being of women. In old days, *involutional melancholia* was considered to be due to menopause. Carefully controlled studies show that age around menopause is related to depression but menopause and depression may not be correlated. Health problems, familial stress, social devaluation and sex-roles may cause depression rather than menopause *per se*. The question of 'Andropause' as a male equivalent to menopause has given rise to much debate.

- 3) **Empty nest syndrome:** While menopause may not drive a woman to a counsellor, a significant change in family may. In the 1970s much research focused on 'empty nest syndrome'. It was believed that women are so wrapped in their mothering roles, when children move out of house as adults, women will suffer a crisis. Indian studies show that many middle aged families may still have a large full nest rather than an empty nest. With small family norms being accepted widely, this condition may change in the near future. It is true, however, that living alone without family support is stressful for both men and women.
- 4) **Sandwich generation:** Middle aged are called the 'sandwich generation'. In some families, it is the people in the mid 40s who are caught between the demands of children and older people. The parental generation has to cater to the ever growing needs of their own adolescent children and attend to the needs and demands of their own parents. Such a stage taxes one's coping abilities. The role reversal "parenting the parent" and the financial and other implications add to the emotional stress. Earlier experience with parents, attitudes toward parents, the amount of time and energy spent in care-giving influence the adjustment made in this phase of life.
- 5) **Midlife marriage and sexuality:** Marital satisfaction in most studies follows a "U" shaped curve. Marital satisfaction is highest in the beginning of marriage and starts falling gradually. It nearly hits the bottom in middle age when people experience maximum work and parental responsibilities. It starts to rise again in late adulthood. Many children, even adults believe that satisfying sex ends with midlife. Advances in health care and more liberal attitudes may keep middle aged sexually active. But sexuality during midlife often declines may be due to non-physiological reasons. Monotony in relationship, preoccupation with work or family affairs, depression, fatigue and lack of a partner are often the culprits of low sexuality.
- 6) **Relationship with ageing parents:** Due to the dramatic increase in life expectancy, many middle aged adults end up providing care to older parents. Developmental scientists have proposed a new life stage called *filial maturity*; when middle aged children learn to accept and meet their parent's dependency needs. This normative development is seen as the healthy outcome of a '*filial crisis*' in which adults learn to balance love and duty to their parents with autonomy within a two-way relationship (Marcoen, 1995).

Adjustment to middle age is influenced by several personal factors too. Attaching a great deal of importance to youth, not accepting reality of ageing, negative attitude toward old age and having a narrow set of roles lead to maladjustment. Middle age should be looked upon as a time for evaluation and a time to develop

new interests. According to *social convoy theory* of Kahn and Antonucci (1980), people move through life surrounded by social convoys. This refers to circles of close friends and family members of varying degrees of closeness on whom they can rely for assistance, wellbeing and social support. Middle aged people in industrialised countries tend to have largest convoys because they are likely to be married, have children and be in work force. Carstenson (1995) proposes *socioemotional selectivity theory* that offers life-span perspective. Middle aged people increasingly seek out those who will make them feel good. Older people place more emphasis on emotional affinity in choosing hypothetical social partners.

17.3.2 Issues in Later Life

In order to understand the relationship between parents and their adult children, it is necessary to define the meaning of the term *generation*. A *generation* is a position of ranked descent in a family lineage. The family roles of children, parents and grandparents define the generational position within a family and denote the potential number of *intergenerational relationships* (for example, grandparents who are also children have at least three types of intergenerational relations). The term *cohort*, on the other hand, is a term used to designate a group of people born in the same time in history and “travel” through time together as part of the same age-group. Thus, both intercohort relationships and intergenerational relationships are ways of viewing how members in different age-groups are related to each other. However, an important distinction must be made. The intergenerational relations are personal in nature and experienced within the context of families, whereas intercohort relations are between groups of people at the societal level. The former involves the redistribution of societal resources from one age group to another, whereas the latter involves direct transfers between generations. In spite of these differences, there is an important connection between the two types of relationships.

Some of the major issues in old age are:

- 1) **Retirement:** Exit from work force is a major turning point in adult development. It is often seen as marking the shift from the middle years to old age. It also marks the end of work and beginning of a period of relative leisure. Retirement may become a trauma and cause major adjustment difficulties when people are not prepared for it or attach negative meaning to retired life.



Fig. 17.1: Retirement brings satisfaction and a feeling of pride

- 2) **Widowhood:** Marriages inevitably end either in divorce or death of a partner. Losing a spouse is a major event in later life. There are disproportionately more widows than widowers in old age. This is due both to longevity of women as well as socio cultural practices. Widowhood reduces social status, economic status, creates psychological distress and in general lowers the quality of life. There is a *feminsation of ageing* with more women in older group.
- 3) **Grandparenthood:** Bereavement is an issue in later part of adulthood — both middle and old age. On the other hand, at the opposite end of the generational continuum, parents will probably become grandparents. This often begins before the end of active parenting. Becoming a grandparent replaces the roles that are lost due to age. It is often considered as biological renewal and gives a sense of continuity in life. Grandmothers tend to be kin keepers. Many are sole caregivers. Grandparents are a source of guidance, companionship and links to past to the young.
- 4) **Generation gap:** The theme of *generation gap* has attracted much attention. Differences in values, attitudes and life styles between old and young people are inevitable and obvious. From a developmental perspective, the difference results from the differing life cycle of young persons and parents. The alternative explanation suggested by anthropologist Margaret Mead emphasises historical factors. Mead argues that young people are living in radically different times; a period of *cultural discontinuity*. This leads to generation gap.
- 5) **Dealing with illness, disability and death:** People come face to face with the idea of personal death by midlife and definitely in old age. Dealing with bereavement, illness, disability induces the anxiety about one's own death. There are several ways in which people deal with these issues.
- 6) **Safety and wellbeing:** Many older people are living alone now, especially in urban areas. Crimes against elderly are on the rise as is evident from daily media reports. This is because old people are perceived as 'soft targets' by criminal elements. A survey conducted by a leading Indian newspaper indicated that 78% of the people interviewed believed that crimes against senior citizens have increased. 43% felt there was a nexus between politicians and criminals, 25% were distressed that public was unconcerned about the plight of the elderly and 18% blamed the police inefficiency for the same (Barai, 2002).

The developmental issues during adulthood may be different for men and women. Female life cycle is often closely associated with family life cycle. Timing of marriage, childbearing, education and work roles have long term implications for the life pattern of women. Historical changes in the status of women, role choices and socio- cultural changes are influencing the life course of woman that was traditionally intertwined with marital and maternal roles. A sense of responsibility and concern for others may impair a woman's sense of well being. Women are affected more when problems or misfortunes beset their mate, children, parents, friends or coworkers. The *vicarious stress* makes women susceptible to depression and other mental health problems.

17.3.3 Successful Ageing

The concept of successful ageing emerged in 1950s and was popularised in the 1980s. Earlier studies on ageing had focused on ‘problems’ and exaggerated the negative effect of ageing. Now, we know that all problems are not due to ageing alone. Even with age, people continue to live gracefully and actively. This is called *successful ageing*, which has three components (Rowe & Kahn 1997):

- 1) Low probability of disease or disability,
- 2) High cognitive and physical function capacity, and
- 3) Active engagement with life,

The terms *healthy ageing*, and *optimal ageing* have been proposed as alternatives to successful ageing.



Fig. 17.2: Social gathering gives an opportunity for socio-emotional support and interreaction

Gilmer & Aldwin (2003) identify six dimensions of successful ageing, that are:

- 1) Absence of physical disability over the age of 75 years as rated by a physician
- 2) Good subjective health assessment (that is good self-ratings of one’s health).
- 3) Length of ‘non-disabled’ life,
- 4) Good mental health,
- 5) Objective social support, and
- 6) Self-rated life satisfaction in eight domains, namely marriage, income-related work, children, friendship and social contacts, hobbies, community service activities, religion and recreation or sports.

Indians had a beautiful vision of ageing and death. It was crystallised in the statement “*vina dainyena jeevanam, anayasena maranam*” – meaning “life with dignity and an easy death”. If life were to proceed as per the stages outlined, one would enjoy the material world and also prepare for spiritual outlook with age (Prakash, 2006).

Check Your Progress Exercise 2

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1) Fill in the blanks with appropriate answers:

- i) The male equivalent of menopause is
- ii) Accepting the dependency needs of ageing parents is called
- in) A family from which young adults have left is called
- iv) Marital satisfaction is lowest during
- v) Biological continuity is assured due to

2) Name some factors leading to successful ageing.

.....

.....

.....

.....

.....

17.4 PSYCHOSOCIAL THEORIES OF AGEING

There are biological and psychosocial theories of ageing. In psychosocial terms, middle adulthood once was considered a relatively settled period. Sigmund Freud saw no point in psychotherapy for people over 50 years because he believed personality is permanently formed by that age. By contrast, humanistic theorists such as Abraham Maslow and Carl Rogers looked on middle age as an opportunity for positive change. According to Maslow, self-actualisation can come only with maturity. Rogers held that full human functioning requires a constant lifelong process of bringing the self in harmony with experience.

Researchers study three types of psychosocial developmental changes (Franz 1997).

- i) change related to maturational needs or tasks that all human beings experience at particular times of life;
- ii) change related to culturally endorsed roles or historical events that affect a particular population; and
- iii) change related to unusual experiences or the unusual timing of life events.

Classic theories that deal with these three types of change are *normative-stage models* and *timing-of-event models*. Normative stage theories generally propose maturational stages of development.

17.4.1 Normative Stage Theories — Jung and Erikson

Two early normative-stage theories that continue to provide a frame of reference for much developmental theory and research on middle adulthood are that of

C.G. Jung and E. Erikson. Jung, a psychoanalyst, held that healthy midlife development calls for '*individuation*'. This refers to the emergence of *true self* through balancing or integrating conflicting parts of the personality, including those parts that previously have been neglected. According to Jung, two necessary but difficult tasks of midlife are: giving up the image of youth and acknowledging mortality. Until 40 years of age, Jung believed, adults concentrate on obligations to family and society. They develop those aspects of personality that will help them reach external goals. Women emphasise expressiveness and nurturance. Men are primarily oriented toward achievement. At midlife, people shift their preoccupation to their inner, spiritual selves. Both men and women seek a "union of opposites" by expressing what they had previously disowned in their selves.



Fig. 17.3: Middle age is marked by increased interest in religious and spiritual aspects of life

Erik Erikson was a trained psychoanalyst who proposed a psychosocial stage theory of personality. According to this theory, every individual must successfully navigate a series of psychosocial stages, each of which present a particular conflict or crisis. Erikson identified eight stages in the life cycle. At each stage a particular conflict comes into focus. Although each conflict never completely disappears, it needs to be sufficiently resolved at a given stage if the individual is to cope successfully with conflicts of later stages. In the first stage, infant needs to develop a basic sense of *trust*. Failure to develop trust leads to the development of *mistrust*. The second stage deals with *autonomy versus self doubt*. By school age, *initiative versus guilt* becomes important. From 6 years to puberty the crisis is of *competence versus inferiority*. Adolescents face *identity versus role confusion* while early adulthood is marked by *intimacy versus isolation*.

Our interest here is in the later part of adulthood. Middle age is characterised by the crisis of *generativity versus stagnation*. *Generativity*, as Erikson defined it, is the concern of mature adults for establishing and guiding the next generation, perpetuating oneself through one's influence on others to follow. Looking ahead to the waning of their lives, people feel a need to leave a legacy — to participate

in the continuation of life. People who do not find an outlet for generativity become self-absorbed, self-indulgent or stagnant. The ‘virtue’ of this period is *care*. It is a widening commitment to take care of persons, the products and ideas one has learned to care for. Generativity can be expressed not only through parenting and grandparenting, but also through teaching or mentorship, by being productive and creative. It can extend to the world of work, politics, art, music and other spheres. Erikson called it ‘*maintenance of world*’.



Fig. 17.4: A successful and satisfactory life leads to sense of ego integrity during old age

For Erikson the achievement of late adulthood is a sense of *ego integrity* as opposed to *despair*. This is the eighth and final stage of development. In the final stage of the life span, older adults need to evaluate, sum up and accept lives so as to accept the approach of death. People struggle to achieve a sense of coherence and wholeness. If this does not happen, it gives way to despair over their inability to relive the past differently. It is an integrative task to gain a sense of order and meaning of lives within larger social order. The virtue that may develop is *wisdom*. Erikson defined *wisdom* as “an informed and detached concern with life itself in the face of death itself”. Wisdom means accepting the life one has lived without major regrets, without dwelling on ‘should-have-dones’. It is to accept imperfections in self and others. People who do not achieve this are overwhelmed by despair, realising life is too short. People must maintain “*vital involvement*” in society, by being creative.

According to *timings-of-events models*, adult personality development is influenced more by important life events than age itself. Middle age brings a restructuring of social roles, launching children, becoming grandparents, changing jobs or careers and eventually retirement. Neugarten (1968), one of the proponents of this model, considered ‘social clocks’ governing the timing of biological events.

17.4.2 Disengagement and Activity Theories

Cumming and Henry (1961) proposed disengagement theory from a study of small sample of older adults in Kansas city. This theory proposes that ageing entails a gradual withdrawal or disengagement from personal relationships or society in general. This results in the *marginalisation of older people* in the society. Separation of older people from active roles in society is normal and appropriate, and benefits both society and older individual. This theory looks upon old age as a time when both the older person and society engage in mutual separation. Disengagement is considered natural reflecting the basic biological rhythm of life. Such withdrawal is natural and universal. But this theory did not stand the test of research. Many found very little evidence for disengagement. Most studies found that while social relationships change with age, they don't disappear. When disengagement does occur, it may be due to other factors such as disability, poverty, retirement or widowhood. It is not the normal or natural state of ageing. What appears like disengagement may be a transition between the active roles of middle age and the more spiritual roles of late adulthood. True disengagement occurs only in societies in which elderly people have no established roles appropriate to that stage of life.

Activity theory is based on the concept that successful ageing is due to maintaining the attitudes and activities of middle age. In contrast to disengagement, it implies that more active the elderly, more satisfied they will be with life. The work of Havighurst and others (1963) shows that the roles adults play are the major sources of satisfaction. With age, people lose roles (due to widowhood or retirement) which lowers life satisfaction. People need to find substitute activities to have a sense of purpose and social contact. This theory has a more positive view of ageing.

17.4.3 Other Theories

Sociologists have examined the impact of ageing on social roles and lifestyle of people. *Continuity theory* as described by Robert Atchley, emphasises peoples' need to maintain a connection between past and present. Activity is not important for its own sake, but to the extent it represents the continuation of life style. The sense of continuity helps to contribute to well-being in later life. Another sociological theory is the *exchange theory* which proposes that interactions are only sustained as long as it is profitable to the participants. This theory argues that as older people have less to give in an economic sense, they become powerless, passive and compliant.

Labeling theory views old age as a deviant condition and labels it as such. Older people become the victims of the stereotypes and see themselves in a negative way. This creates a false impression that older people are a homogeneous group. The *social stratification theory* divides people according to age and age is viewed as a way of explaining how people should behave. If an older person does not behave in a certain way he or she might be negatively evaluated. In this way the individuality of older people is denied. The *political economy* theory argues that ageing is shaped by social and economic factors and that the way many people experience ageing depends on the way society values older people. If older people are seen as an economic burden in society this will cause intergenerational tensions and negative attitude to ageing.

Selective optimisation with compensation is another viewpoint proposed by Baltes and Baltes (1991). They argue that ageing is an adaptive process. There is *variability* in how people age. Also there is considerable *plasticity* in people that helps them adapt. Successful ageing depends on having achievable goals and making the best use of available resources. The ageing brain compensates for losses in certain areas by selectively “optimising” or making the most of other abilities. Adults can be more flexible in selecting strategies so that they can retain control over certain areas of life. One thing is certain from all these view points. Old people differ greatly in the way they can and do live in later years.

17.4.4 Indian Views on Ageing

Indian views on lifecycle and ageing emerged within the sociocultural setting over a long period. The Vedic culture was life-affirming and glorified ageing. By the *Bramhana period*, there was sense of ‘*gerontophobia*’ (fear of ageing) and disenchantment with life. By the time *Upanishads* were compiled, old age was projected as unavoidable and incurable. The life-negating Buddhist philosophy considered old age as a disease and one of the causes of sorrow.

The Hindu concept of *ashrama* or stages of life was codified by the time of Manu. Manu, the ancient Indian lawgiver considered human life to be of one hundred years. This was divided into four quarters. The first was *brahmacharya*, the life of a student. A man had to spend the first quarter of life in education and training as a celibate. The second stage was that of *grihastha* or householder. A man was to marry, beget children and fulfill all the duties specified for a householder. When his children grew up and his hair turned gray, he was to give up the mundane concerns and become a *vanaprasthi*. He would retire to forest for spiritual pursuits. Finally, when he was mentally ready he would renounce everything and become a *samnyasi* or ascetic. The final goal of life was *moksha* or liberation from bonds of life. Marriage and family were considered very important in Indian culture. For the fulfillment of *dharma*, *artha* and *kama*- that is for righteous living, earning livelihood and satisfying libidinal urges, marriage and family provided an approved framework. The *ashramadharma* prescribed the duties and responsibilities at each stage of life. The formal organisation of duties by age was a method to avoid conflicts that could emerge within generations of kins living together. It also provided for social and mental development of people within the family set up.

Present scenario: These cultural concepts and traditions have undergone several changes in modern India. Education, employment opportunities, migration of the young and modernisation in general has resulted in changes in life style also. Having a second career or seeking post retirement employment is becoming common. Senior citizens clubs and pensioners associations try to fight for the rights of older people. There is a general tendency to encourage the elderly to maintain an active lifestyle and keep fit as can be seen from the media programmes, senior centres and the work of ‘silver’ activists. There are Non-Government Organisations (NGOs) such as HelpAge India, Harmony and Dignity foundation that work for empowering the senior citizens.

Check Your Progress Exercise 3

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1) Match the following

- | | |
|------------------|--------------------|
| A) Disengagement | a) Atchley |
| B) Activity | b) Cumming & Henry |
| C) Continuity | c) Havighurst |

2) Fill in the, blanks with appropriate answers:

- a) According to Jung, healthy development leads to in midlife.
- b) In Erikson's theory, the crisis of midlife is versus
- c) The virtue that emerges in old age is.....
- d) The first ashram in Hindu life cycle is

17.5 MAJOR AREAS OF PSYCHOSOCIAL ADJUSTMENT IN THE AGEING FAMILY

As people move from adulthood to middle age, several events take place. Some are biological changes and some are psychosocial in nature. Some such changes that make demands on coping ability during mid and late adulthood are discussed here. *Resilient families* are characterised by a high degree of commitment, focusing on positive and good qualities of members, free flow of communication, shared interest, respect, concern, desire to spend time together, strong value system and ability to deal with crisis and stress in a positive manner.

17.5.1 Health Issues and Disability

It is common knowledge that sensorymotor changes start taking place from young adulthood itself. These become obvious by middle age. Age-related visual problems and slight loss in visual acuity (sharpness of vision), slight loss of hearing are commonly seen. Some loss of muscle strength is usually noticeable by the age of 45 years. Manual dexterity generally becomes less efficient. Tasks that involve a choice of response and complex motor skills involving many stimuli, decline more. Changes in hair, skin, weight and body fat become noticeable with age. People need to accept the changes occurring.

Menopause related problems, chances of osteoporosis, chances of cervical and breast cancer increase in women with age. Chronic illness such as diabetes, hypertension, cardio-vascular disorders are also related to age. Aches and pains that may not be fatal but that reduce *quality* of life cause concern. Major mental health problems in later period of life are — dementia, depression, delirium and a general lowering of life satisfaction. These will be discussed in Course-II in greater detail. Frailty and disability in old age cause dependence on others for managing activities of daily living. This damages the self esteem of people and causes distress.

17.5.2 Family and Living Arrangement

Already you have read about changes in family during middle age. Decisions as to where and with whom to live are affected by social and cultural traditions; values; availability of support and personal factors. Widowhood, health problems, retirement, disability and economic factors force people to change their living arrangement. Relocating to be closer to children, or for health reasons is common in old age. When a partner dies, family sometimes shrinks to a single person household. Migration of the young is forcing old people to live by themselves.

Living arrangement has implications for health and well-being. When old people live alone, they cannot get help immediately in case of emergency. They miss daily interaction with young people. Long term care in case of need becomes difficult. More than anything, old people miss the companionship and affection of people for which they crave. Living alone is often considered a risk factor especially if people are frail and have multiple health problems.

Apart from living with adult children or living alone, there are other options. *Ageing in place*; that is, staying in one's own household, is most satisfying to people. Suitable changes can be made to accommodate age related problems. Grab bars, ramps, toilets that accommodate wheel chair and assistive devices can help old people stay in their homes as long as possible. More and more elderly prefer to remain within their own home and community for as long as possible to maintain their independence. Several other alternatives include assisted living facilities, senior apartment complexes, group housing options, retirement communities, shared housing, congregate housing, foster-care homes and community care homes. Living in an institution (old age home) is often the last resort for older people.

17.5.3 Bereavement, Death and Dying

Bereavement is natural and even normal at some point in the life cycle. As people grow older, chances of losing older parents increases. One may lose a sibling, spouse and sometimes even a younger member of the family. Coping with bereavement can be a challenging task for an older person who already may have health and other problems. Loss of someone can affect all aspects of survivor's life. *Grief*, the emotional response to bereavement is a highly personal experience. Depression is the commonest mental health problem in old age.

Grief goes through several stages, that are shock and disbelief; preoccupation with the memory of the dead person and finally to resolution. People differ in the level of depression experienced and how quickly they recover from grief. Usually the extreme grief at the loss of loved one is overcome in 8 to 12 weeks. The feeling of 'emptiness', however may persist for much longer. If a person continues to remain severely depressed for an indefinite period, it is termed *pathological* or *abnormal grief reaction*. Family needs to identify the problem and take appropriate action.

Coming to terms with one's personal death is an issue in late adulthood. Death is a biological fact but has social, cultural, religious, legal, medical, ethical, psychological and developmental aspects. *Thanatology*, the study of death and dying, has emerged as an applied field of study. Elisabeth Kubler-Ross (1969)

has the distinction of being the first psychiatrist to study death and dying. She outlined the following five stages in coming to terms with death:

- i) **Denial:** The person refuses to accept the reality of what is happening;
- ii) **Anger:** The person feel cheated and angry that one has to die;
- iii) **Bargaining for extra time:** One vows that one will change, or do something; or give up something if only he or she is given more time to live;
- iv) **Depression:** Depression occurs when reality hits that there is no escape; and
- v) **Acceptance:** Finally there is acceptance of the inevitable.

17.5.4 Indian Views on Death and Dying

Old age is seen as a preparation for death. However, death is not an end in itself. Hindu worldview believed in rebirth. The belief that the spirit has no death is very dominant in India. As told repeatedly in the *Bhagvad Gita* (a religious text), organism discards the body that is old or worn out just as one discards torn and old clothes. The spirit assumes a new body and is born again with a new identity. Translated into real life practice, this implies that one need not fear old age and death as there is always life. Buddhism holds '*Nirvana*' as the only answer to the cycle of birth and death. Jainism propounds that the entire life of a person is a preparation for a sacred death. In Jainism, there are spiritual practices to prepare oneself for calm and serene death, as also a practice of voluntary death; "*Sallekhana* " or fasting unto death to find liberation (Rashmi, 2002). In general, in most of the Indian religions, death is not seen as a threat, rather it is considered as a natural stage. There were and are elaborate rituals that help a person work through grief and accept bereavement. An Indian study reports (Chengti & Patil, 2005) that older people and those living with families had considerably less death anxiety than younger subjects and those living in institutions.

17.5.5 Providing Long Term Care

Long term care facilities are often referred to as nursing homes. Such hospitals or nursing homes have two primary purposes. The first is for short term stays for recovery after injuries, surgeries and from rehabilitation. Usually this is after a stay in acute care hospital. The second type of patient in the nursing home is the very frail individual who requires assistance with even simple activities of daily living such as feeding and bathing. Institutionalisation has advantages as well as disadvantages.

With regard to the Indian scenario, today there are more older people in India than ever before (more than 8% of the population). In the future, among the older group, there will be older women. Older people will live longer, a sixty year old person has the chance of living for another decade at least. There will be relatively less number of people in the younger age group. In India, even now family is the major caregiver, even in case of long term care. This may be due to economic reasons, lack of geriatric facilities and for cultural reasons. Though family support and care is unlikely to disappear, problems in caring are emerging. There is likely to be a 'crisis in caring' due to social changes.

Though old age homes (OAH) are not a popular option in India, they are growing in numbers. HelpAge India did a survey of such institutions. There are nearly

600 registered OAH (many more on paper) of which 52% are in Kerala state alone. There are mostly two types of OAH in India — those for poor and destitute run by charitable organisations or the government and pay-and-stay ones. A recent trend is special housing complexes and apartments for senior citizens which are more age-friendly (Bhattacharya, 2005).

Check Your Progress Exercise 4

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1) List some characteristics of resilient families.

.....

.....

.....

.....

.....

2) List some types of living arrangements for aged people.

.....

.....

.....

.....

.....

3) Name the stages in facing death as given by Elisabeth Kubler Ross.

.....

.....

.....

.....

.....

17.6 COPING WITH CHANGES IN THE FAMILY

Coping is adaptive thinking or behaviour aimed at reducing or relieving stress that arises from challenging conditions. Usually a distinction is made between *emotion focused coping* and *problem focused coping*. Adjustment is better when people have a *repertory* of coping skills and use them flexibly. Depending on the situation and the context, different strategies should be used. Some issues in middle and late life families that require coping are discussed in this Section.

17.6.1 Living in a Multigenerational Family

Presence of many members of different age and kinship in the family can be an enriching experience. It can also create special pressures. Members will have

diverse needs and priorities. In such families, there will be at least one person with severe chronic illness that requires family adjustment. Intergenerational relations influence the quality of elder care and also the quality of life of people. In India, grandparent generation is considered the custodians of culture and family values in the community. Teenagers often find it easier to relate to grandparents than parents. They enjoy the attention and lenience that they cannot expect from parents. But they resent any interference from the elders. When both parents are employed, much of emotional support and care tends to be provided by grandparents.

It is not true that always the young provide help and support to the old. Very often, resources and services flow from the old to the young. The much talked about *generation gap* is because the young, the middle aged and the old belong to different generations. The way they are socialised and their life conditions differ, sometimes drastically. The behaviour toward one another is influenced by attitudes, dispositions and values. *Stereotypes* about old people — that old are slow, rigid, conservative etc. influence how they are perceived. Similarly, the young may be dismissed as rash, insensitive, impulsive etc. This leads to what Robert Butler called *ageism*.

The major issues in multigenerational families are: giving care while one's own health may be faltering, adjusting to demands of different age groups (for example, the needs of school going children, adolescents, newly weds, middle aged, old and very-old members), facing death of an older person, surviving without a spouse, keeping harmony and unity in the family. The key to harmony at home appears to be: respect for one another, giving enough space for everyone and not try to 'make over' the other.

17.6.2 Becoming a Caregiver to Ageing Parents

The chances of becoming a caregiver increase through middle age. One of the toughest tasks in ageing families is providing long term care to an ageing parent. There is a role reversal, the parent now becomes a child to be cared for. A frail, disabled or cognitively challenged older person can tax family resources. Unlike caring for infants and children, elder care is emotionally and physically taxing. As people grow old, the level of dependence increases. Physical frailty and disability increases the caring burden. If there is cognitive decline or dementia, then the behavioural problems of the person add to the difficulty of caring.

The world over, caregiving is mostly a female function. This is called '*femmisation of caring*'. When older people become infirm, the burden may strain the relationship. Many find the task a physical, emotional and financial burden. It is hard for women who work outside to assume added caregiving role. Emotional strain may come not only from caregiving itself but from the need to balance it with other aspects of caregiver's life such as marital relationship, work responsibility, personal interest, health etc. People of the middle generation may be caught in a squeeze between the competing needs and limited resources and strains.

Caregiver stress and burnout refers to a physical, mental and emotional exhaustion that affects adults who care for aged relatives. A number of variables will influence how caring for elder will affect family functioning. These include the quality of relationship between caregiver and receiver; family values and interaction process;

and shared *versus* independent living arrangements. Families need to plan for long term caregiving.

17.6.3 Neglect and Abuse

Family violence is not new. Spouse and child abuses have been serious social problems since a long time. In recent years, abuse of elders in families and institutions is coming to light. Broadly, elder abuse has been defined as infliction of physical, emotional, financial, sexual and psychological harm on an older adult. Neglect and verbal abuse appear to be more common in India than physical and sexual abuse. Elder abuse is often invisible because it is treated as family affair, it occurs in private, there is inadequate detection and people are reluctant to complain against their own children. Older widows are especially more vulnerable.

Some likely causes of elder abuse are:

- Pathological caregiver: Hostile, cruel person in-charge of old person,
- Life crisis: Caregiver is exhausted by life stress,
- Socialisation of aggression: People learn violence from parents or siblings,
- Intergenerational conflict,
- Dependency of the old person, and
- Incompetent or inexperienced caregiver.

Indian studies do report increasing incidence of elder abuse (Deviprasad, 2008, Prakash, 2001, 2004, Veeton, 2001). Since families are the major care providers and there are not many other alternatives, abused elderly may not report such instances. In general, neglect and psychological abuse (calling names, scolding) is much more rampant than physical abuse. Helplines run by NGOs with Government support report financial abuse and family tensions as more common (Nayak, 2003). Sexual abuse is not common or may not be reported. Most parents refuse to report abuse due to fear of recrimination or for fear of 'losing face in the community'.

17.6.4 Counselling Issues

Counselling services for elderly is relatively new. Counselling intervention helps deal with older people's problems. It helps families deal with several intergenerational issues. Grief, depression and low satisfaction in ageing persons require psychological assistance. Some areas of counselling are:

- 1) **Counselling the caregivers:** This helps caregivers to plan for quality care, avoid stress and also maintain their own physical and mental health.
- 2) **Counselling the family for dementia care:** In view of the demand for prolonged care and the progressive nature of the disease, counselling is essential.
- 3) **Counselling for intergenerational problems:** Here treating the family as the client, counsellor helps work out the family dynamics.

- 4) **Counselling for prevention of elder abuse:** This involves early detection and prevention of abuse. Work is carried out both with the abused and the abuser.
- 5) **Counselling for healthy ageing:** Old people can be helped to maintain healthy life style and avoid problems.

The principles and methods of counselling are the same. In *geriatric counselling*, apart from the usual methods, the following methods are also used.

- 1) *Reminiscence and life review:* This involves deliberately focusing the consciousness on past events to help reinterpretation of life.
- 2) *Validation therapy:* It is useful in cases of dementia. Counsellor validates the feelings and needs behind the distorted perceptions of the confused client.
- 3) Training in mentoring and volunteering to provide meaningful roles for the lost ones.
- 4) Cognitive retraining for people experiencing cognitive decline.

Check Your Progress Exercise 5

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

- 1) Define the following:

i) Ageism

.....
.....
.....

ii) Generation gap

.....
.....
.....

iii) Burnout

.....
.....
.....

- 2) Why is gerontological counselling necessary?

.....
.....
.....
.....
.....

17.7 LET US SUM UP

Families, like individuals, go through different stages of development. Midlife families are often described as launching pads or empty nests. As grown up children become independent, the task of parenting has to be given up. In late life, families shrink due to death of a partner. Adjustments need to be made to accommodate such changes. There are several theories which try to explain the psychosocial changes in midlife. While disengagement theory considers gradual withdrawal from society functional as people age, activity and continuity theories advocate maintaining the previous active life style as leading to adjustment. Erikson considered generativity — being productive — as an important midlife concern. In late adulthood, integrity- making sense or meaning of life helps people face their mortality. Family dynamics change with age. In midlife families, people need to come to terms with their increasing dependence, sexuality of their children, decline in health and fitness and cope with bereavement and grief. Becoming grandparents, caregivers to elders or care recipients due to illness are issues in the ageing family. Counselling interventions help in dealing with caregiving stress, prevention of elder abuse and also to promote positive or productive ageing.

17.8 GLOSSARY

Ageism	: Discrimination based on age.
Burnout	: Exhaustion caused by excessive and unrelieved stress.
Co-survival	: The number of shared years across generations.
Family	: Group of people united by ties of marriage, blood or adoption constituting a major household, interacting and communicating with each other in respective social roles of husband-wife, mother-father, son-daughter, brother-sister, and creating and maintaining a common culture.
Family life cycle	: The time period from beginning of family to its end due to death of one or both partners.
Feminisation of caring	: Caregiving is mostly a female function.
Generation gap	: Differences in attitudes, values and lifestyle of different age groups.
Resilient families	: Families with a high degree of commitment, focusing on positive and good qualities of members, free flow of communication, shared interest, respect, concern, desire to spend time together, strong value system and ability to deal with crisis and stress in a positive manner.

17.9 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

- 1) The time period from beginning of family with marriage through the time couple have children, the time they are alone again when children leave home, till death of one or both partners is called family life cycle.
- 2) The midlife is also called 'launching centre', 'post parental' or 'empty nest'.
- 3) Verticalisation
- 4) Two global changes affecting the family are change in fertility pattern and employment of women outside home.
- 5) Some major changes in Indian families are nuclearisation, changed roles of women and changed parenting practice.

Check Your Progress Exercise 2

- 1)
 - i) andropause
 - ii) filial maturity
 - iii) empty nest or launching family
 - iv) middle age
 - v) grand parenthood
- 2) The factors leading to successful ageing are absence of disability, activity, cognitive fitness, objective social support and self-rated life satisfaction in eight domains, namely marriage, income related work, children, friendship and social contacts, hobbies, service activities, religion and recreation or sports.

Check Your Progress Exercise 3

- 1) A-b; B-c; C-a
- 2)
 - a) individuation
 - b) generativity, stagnation.
 - c) *wisdom*
 - d) *brahmacharya*

Check Your Progress Exercise 4

- 1) The main characteristics of resilient families are commitment, focusing on positive and good qualities of members, free flow of communication, shared interest, respect, concern, desire to spend time together and strong value system.
- 2) The alternative types of living arrangements for aged people are: assisted living facilities, senior apartment complexes, group housing options, retirement communities, shared housing, and congregate housing and foster-care home.

- 3) According to Elisabeth Kubler-Ross the stages in facing death are: denial, anger, bargaining, depression and acceptance.

Check Your Progress Exercise 5

- i) Ageism: Ageism can be defined as discrimination based on age.
- ii) Generation gap: Generation gap is the differences in attitudes, values and lifestyle of different age groups.
- iii) Burnout: Burnout is defined as exhaustion caused by excessive and unrelieved stress.
- iv) Gerontological counselling is necessary because of various reasons such as to prevent elder abuse, to help caregivers, to improve intergenerational relations and to promote positive ageing.

17.10 UNIT END QUESTIONS

- 1) Discuss the theories of ageing by giving examples you see around in day-to-day life.
- 2) What are the major issues of middle age and ageing adults?
- 3) How can one help a person who is facing problems due to ageing?
- 4) Discuss the importance of geriatric counselling.

17.11 FURTHER READINGS AND REFERENCES

Atchley, R. C. (1977). *The social forces in later life*. 2nd ed. Belmont: CA Wadsworth.

Baltes, P. & Baltes, M. (1991). Psychological perspectives on successful ageing. In Schaie, K. W. & Lawton, M. P. (Eds.), *Annual review of gerontology and geriatrics*. 11. 1-34.

Barai, D. (2002). Senior citizens: A soft target for criminals in Bangalore. An analysis. In I. J. Prakash (Ed.), *Ageing: The diverse experience*. Bangalore: Bangalore University.

Bhattacharya, S. (2005). A sociological case study of an old age housing project in Pune. In I. J. Prakash (Ed.), *Ageing in India. Retrospect and Prospect*. Bangalore: Bangalore University.

Burgess, E. W. (1960). Family structure and relationship. In E. W. Burgess (Ed.), *Ageing in Western societies. A comparative survey*. Chicago: Chicago University Press.

Butler, R. N. (1975). *Why survive? Being old in America*. New York: Harper & Row.

Carstenson, L. L. (1995). Evidence for a life-span theory of socio-emotional selectivity. *Current directions in Psychological Science*. 4, 150-156.

- Chengti, S .K. & Patil, S. (2005). Death anxiety in senior citizens. In I.J.Prakash (Ed.), *Aging in India. Retrospect and Prospect*. Bangalore: Bangalore University.
- Cumming, E. & Henry, W. E. (1961). *Growing old: The process of disengagement*. New York: Basic Books.
- Deviprasad, B. (2008). *Elder abuse, causes and prevention*. Project report submitted to ICMR, New Delhi (Personal communication).
- Duvall, E. M. (1971). *Family Development*. (4th ed.). Philadelphia: Lippincott.
- Erikson, E. H. (1985). *The life cycle completed*. New York: Norton.
- Franz, C. E. (1997). Stability and change in the transition to midlife. In L.E. Lachman & J. B. James (Eds.), *Multiple paths of midlife development*. Chicago; University of Chicago press.
- Gilmer, D. F. & Aldwin, C. M. (2003). *Health, illness and optimal ageing. Biological and psychosocial perspectives*. Thousand Oaks: Sage publications.
- Havighurst, R. J., Neugarten, B. L. & Tobin, S. S. (1963). *Disengagement and pattern of ageing*.
- Indira, S. N. (1980). *Midlife crisis: A Psycho social study of Menopause*. Unpublished Doctoral dissertation submitted to Bangalore university.
- Kahn, R. L. & Antonucci, T. C. (1980). Convoys over the life course: Attachment, roles and social support. In P. B. Baltes & O. G. Brim. Jr. (Eds.), *Life-span development and behavior* (pp.253-286) New York: Academic Press.
- Kubler-Ross, E. (1969). *On death and dying*. New York: McMillan.
- Marcoen, A. (1995). Filial maturity of middle aged adult children in the context of parent care. Model and measures. *Journal of adult development*, 2. 125-136.
- Morgan, L. A. (1976). Are-examination of widowhood and morale. *Journal of Gerontolgy*. 31(6)687-695.
- Nayak, J. (2003). Elder Helpline, 1090. In I.J Prakash (Ed.), *Aging: Emerging Issues*. Bangalore: Bangalore University.
- Neugarten (Ed.) (1968). *Middle age and aging*. Chicago: Chicago University Press.
- Prakash, I. J. (1989). *Life cycle changes in aging Indian women*. Monograph submitted to HelpAge India.
- Prakash, I. J. (2001). Elder abuse: Global response and Indian initiatives. (Special issue on family violence) *Indian Journal of Social work*. 62 (3) July 446-463.
- Prakash, I. J. (2004). Elder abuse: Nature, causes and consequences. In I.J Prakash (Ed.), *Aging : Search or new paradigms*. Bangalore: Bangalore University.

Prakash, I. J. (2006). *Aging with health and dignity*. Bangalore: Bangalore University.

Rashmi, D. (2002). Jainism perspective on ageing and death. In I.J Prakash (Ed.), *Aging: The diverse experience*. Bangalore: Bangalore University.

Rowe, J. W., & Kahn, R. L. (1997). Successful ageing. *Gerontologist*, 37 (4) 433-440.

Shastri, K. (2004). Rishi panchami vratam. In I.J Prakash (Ed.), *Aging: Search for new paradigms*. Bangalore: Bangalore University.

Veeton, R. (2001). Elder abuse in the urban context. (Special issue on family violence). *Indian Journal of Social Work*. 62 (3) 480-491.

