

Developmental changes in understanding/ perceiving friendship

- What is a friend?

- Children are exposed to a number of through media, books, modelling relationships with their parents, siblings, friends to get a definition of a friend.
- Children are exposed to different ideas of a friend
- The definition of a friend is not simple, it is not made up of tangible things, and it becomes more complex and abstract as you grow older.

How does friendship conception change with age?

- Selman (1980)

- Momentary physical interaction (3-6 years old): egocentric relationships; it's all about who they play with and with whom they are in close proximity to.
- One way assistance (5-9 years old): still egocentric and still about what they get out of the relationship.
 - Often children would say a friend is someone who is kind to me, shares with me. So they are not thinking about their own role in the relationship.
- Fair-weather cooperation (7-12 years old): the relationship starts to become reciprocal. They realise that there is a back-and-forth in the relationship and although self-interest is still the main focus, they are aware that they have a responsibility in the relationship too.
- Intimate & Mutual sharing (10-15 years old): There is an expectation that there is an individual but there is also a relationship.
 - They would be talking about friendship as a relationship rather than 2 individuals.

- Damon (1982, 1991) & Berndt (1981,2004)

- Handy playmate (4-7 years old): key features are proximity and shared-interest
 - Kids are likely to play with similar things to themselves
 - These relationships are quick to form and disappear (having different best friends weekly)
- Mutual trust & assistance (8-10 years old): the reciprocal component in the relationship starts to surface, and these relationships are more enduring.
 - Not just basing their connections on shared interest, but also like shared values start becoming important.
- Intimacy and loyalty (10-15 years old): shift from disclosing things to parents and sharing things with friends as more of their social world.
 - The idea of relying on friends for social support becomes really important
 - These friendships are even more enduring.

- Comparing Selman vs. Damon & Berndt

- They both have different ages suggesting when changes occur (discrete but with individual differences)
- They have been criticised on relying on child interviews: it is hard for children to articulate the concept of friendship, so they might be underestimating the abilities of children under 3 years old or even 6 months old.
 - Children as young as 6 months start reaching, smiling babbling when they see another baby or peer. They try to interact but they've got limitations: no language, no motor skills, the cognitive awareness.
 - When children reach 12 to 18 months, they start to show preference towards peers and babies they see frequently.
 - When they reach 2 years of age they start to share their toys. If a child's upset, some will go over to them and pat their back or give them a hug or a teddy.
 - This suggests that there is an interaction element to friendship, and its not just about their own needs. This becomes more and more complex as they grow up.

Social competence

- What is social competence?

- The abilities in terms of your social skills, developmental tasks that have a social nature.

- Examples are: entering a group, asking for help, managing a conflict, apologising, listening, forgiving, negotiating rules, resisting distraction by others, sharing resources/belongings, complimenting, maintaining interactions, coping with frustrating situations, eliciting disclosure, expressing affection, self-disclosure, sticking up for a friend.
- It's not just about making connections but being able to maintain them over time.
- How do you measure social competence?
 - Asking parents or teachers or even children themselves what their strengths and weaknesses might be.
 - But sometimes children don't have a great awareness of their own social abilities and sometimes they do.
 - Sociometric tests are one way that indicate how children are viewed by other members of their peer group. Using sociometric, researchers ask children to indicate the classmates with whom they would or would not choose to play with or work with.
 - When children choose one another, it is indicative of a friendship. But when only one of them chooses the other, it is indicative of a relationship that is not reciprocated.
 - There is a number of categories that children can fall into when we think about sociometric testing.
 - Most children will be in the average group: no extreme nominations, they got friendships that are reciprocated but they're not being selected by lots of children or selected negatively.
 - Children who are popular have many positives, and few or no negative nominations. Commonly popular children are found to be pro-social, good at sports, academically bright, good sense of humour, and fun to be with. These children also have good social processing skills, they tend to read social cues better than most.
 - Children who are rejected have many negatives and few or no positive nominations. There are children who show antisocial behaviours – unprovoked aggressiveness, disruptive, and withdrawn behaviours – isolated and uninvolved.
 - Children who are neglected gave few or no negative or positive nominations. These children have low levels of positive and negative behaviour, and minimal peer impact. They might avoid social interaction and they go under the radar.
 - Children who are controversial show many negative and many positive nominations. They might have antisocial behaviours but they are also bright and sociable and show leadership qualities.
- Benefits of social competence
 - Children with more stable friendships show increased emotional knowledge by the end of the first semester of kindergarten (Dunsmore & Karn, 2004).
 - There is a suggestion that emotional knowledge – understanding your own emotions and the emotions of others and being able to self-regulate with that knowledge is something that is developed through interactions and vice versa.
 - Kindergarten boys who had many conflicts with friends in the middle of a school year, exhibited a decrease by the end of the year in liking for school and engagement (school refusal) (Ladd et al., 1996).
 - If they are struggling to be accepted by their peers then they wouldn't want to be in school.
 - Children's social play during the toddler years predicted increased prosocial behaviour and decreased social withdrawal during preschool years as well as decreased social withdrawal and aggression at age 9 (Howes & Phillipsen, 1998).
 - This prevents things like internalising problems like anxiety and mood problems that might cause social withdrawal.
- The snowball effect
 - This research looked at whether children who were in the neglected or rejected categories (so they're avoiding social interactions or being excluded from social interactions) have a snowball effect in their mood.

- If they were rejected at grade 4, and they've shown depressive affects and symptoms of sadness, would there be a cascading/ accelerating effect in mood at grade 5 and 6.
 - They measured this using a sociometric test and a class-play technique (asked children to nominate a role for each person in their class) and got an idea of which children would be excluded and which children would be more avoidant in interaction styles. If children were high on both avoidance and exclusion, so they were rejected and neglected by their peers, then they are represented in this blue diamond line.
 - If they were low on both, so they were not rejected and excluded and had no roles indicating that they were, then they were on this green line.
 - If they were high in exclusion but moderate in avoidance then this slight blue line.
 - Red line is moderate on both.
 - Purple line shows high avoidance and moderate in exclusion.
- They used growth curves to look at the trajectory of this depressed affect. Where children are at time 1 (grade 4), were high on both, then they found that there was this steady increase (top blue line) in their depressed affect.
- They also found that having friends at both times or time 2 would decrease the depressive affect trajectory.
- Having a friend can protect children from internalising problems.

Play

- What is play?

- Activities of a non-serious nature, which are highly individual, are engaged in for pleasure and which may not be associated with reality (Hoffnung, 2015).
- Play is varied and universal,
- Engages and allows exploration,
- Natural form of expression,
- Helps children problem solve: e.g. constructing something with blocks or play dough allows them to learn about organisation of space and perception.
 - Also helps with problem solving interactions: some play are cooperative and so they got to negotiate, practice being the leader and follower.
- Stimulates development,
- Strengthens self-concept: when they play they engage in the world and helps them reflect where they fit in that world.
 - It also helps them regulate their emotions, and understand themselves in terms of others. When children play with other people, they will start to realise that they don't know what the other person is thinking, and that they have their own perspective on things. Through interactive play, they learn to negotiate that.
- Teaches cultural life forms, values, ideas: Children play in different ways and different social context in terms of what they enact
 - Especially in imaginative play, where they are able to enact situations in the real world.

- Parten's categories of play: based on the social aspects of play.

- Unoccupied play: the children wander about, watching whatever is of momentary interest, but does not become involved in any activity.
 - Often this might be when they keep a distance of other children playing to watch and learn because they don't have the capacity or capabilities to play.
 - Common in infants, or children with developmental delays and difficulties in interaction.
- Solitary play: the child plays alone with different toys or other objects and with no direct or indirect awareness of or involvement with other children, even if nearby.
- Onlooker play: the child watches others at play but does not engage. The child may engage in forms of social interaction, such as conversation about the play, without actually joining in.

Parenting styles and adolescence

- Baumrind's 4 parenting styles (warmth/nurturance vs. control)
 - o Authoritative: high warmth and control
 - *"You can have broccoli or peas but you have to have one of them because vegetables are good for you."*
 - Giving options, but controlling what those options are.
 - o Authoritarian: low warmth and high control
 - *"You have to eat your vegetables because I said so"*
 - Suitable with dangerous neighbourhoods where the child needs lots of care.
 - o Permissive: high warmth and low control
 - *"You don't have to eat your vegetables, you can have whatever you like, tell me and I'll make it for you"*.
 - Important on the child's birthday.
 - o Uninvolved (neglecting, rejecting): low warmth and control
 - *"I didn't make you dinner, I forgot."*
 - o These parenting styles are not parents, they are styles that occur throughout your life and changes with each occasion.
- An extended model of parenting styles (Maccoby & Martin, 1983).
 - o 4 dimensions: control, nurturance, clarity of communication and maturity demands
 - Clarity of communication: offers a lot of information to the child
 - Maturity demands: to what extent does the parents expect the child to be mature and taking responsibility for the things that they do.
- Parenting styles have an impact on 2 features of adolescence: decision-making and identity. All of these parenting styles are in some ways good and someways not-so-good for the way the child learns to make decisions for themselves, especially in adolescence.
 - o Parenting styles support and limit adolescent's opportunities for decision-making in varied ways.
 - Authoritarian & Authoritative aren't great for decision making: A parenting style that has high control is less likely to lead the child to make decisions for themselves because they're controlling all the available decisions.
 - Nurturance in terms of decision-making is around the level is support the parent provides and the capacity of the parent to bail the child out if they make a bad or dangerous decision.
 - Clarity of communication is important for helping the child make informed decisions when they make decisions.
 - Parenting styles that have high maturity demands that expect the child to have high responsibility for their decisions is better, so the child will be more intuitive, and learning consequences for their decisions.
 - o Effect on identity development.
 - Authoritarian = foreclosure
 - This is because they are being told what to do and not given any capacity to explore for themselves.
 - Uninvolved = foreclosure
 - This is because the decisions that they have to make are unguided and not supported. The idea is that they are sticking to what they know, once they learn that this particular strategy work they just stay there and don't question or explore it.
 - Permissive = moratorium
 - They are more likely to explore and keep exploring without any demand on maturity and not committing to any identities.
 - Authoritative = achievement

- 2 caveats:
 - People don't stay in one style and we don't tend to develop into only one style.
 - The identity status diffusion is missing; the point of this is that the young person is not at a stage where they are ready to start answering these questions so it doesn't matter what the parenting style is. This speaks to the fact that parenting styles can be conducive to specific identity statuses but the child is not passive, they have an active role in that relationship.
- Parenting styles facilitate specific environments that are conducive to different developmental pathways. They facilitate decision-making and is associated with specific identity statuses
- The young person is not a passive recipient of these environments: the interaction between parent and child also matter.

Changes in parent-child relationships

- Independence: freedom of the support, control, aid or influence of others.
 - *Walking to school on one's own: not driven by some internal decision of theirs, its just doing an activity without the help of others.*
- Autonomy: independence and control over one's life, and having the freedom & ability to govern & regulate one's own thoughts, feelings, actions & decisions.
 - *Overlap of independence & autonomy = making all study decisions based on what they're interested in.*
- Self-regulation: a person's ability to monitor and direct their behaviour to meet environmental demands.
 - *Overlap of self-regulation & autonomy = monitoring your own health and well-being in order to engage in tasks that are meaningful for you e.g. getting up early to go surfing means going to bed and waking up early*
 - *Self-regulation without autonomy is being quiet so that the other students can hear the class*
- Autonomy and the parent-child relationship
 - Before adolescence, the parent has most (if not, all) of the power around how the child spends their time and what they spend their time doing. Responsibility of the child's health and safety is in the parent's domain.
 - After adolescence, when the child is an adult, the child has more or equal power about how they spend their own time. The balance between responsibilities is there as well, so the child has an equal responsibility about the parents' care and their own care and the parents has responsibility of the child's care and their own care. They look after each other on their own volition.
 - This change in power and responsibility happens throughout adolescence, and its not a steady change, its a change that involves multiple discussions, negotiations, reminders, messaging, referring back to previous experiences and challenging the current status.
 - The end point is that in doing all that, the adolescence is establishing their independence from their parent and gaining their autonomy and more and more regulating their own needs (self-regulation).
 - This shift in power is a shift in decisions around the way the other person spends their time, and the shift in responsibility is the shift in how the young person regulates and takes responsibility for their own behaviours.
 - Just like parenting styles, both of these influences the young person's experience of decision-making and identity as well.
 - Adolescent can practice self-regulation and self-awareness
 - Decisions around the other person spending their own is indicative of identity: where and who they spend their time is indicative of exploration of different identity domains that matter to them outside of the family context.
 - Adolescent has increased decision-making capacity and ownership.
 - When the young person is getting more responsibility for their lives, when they are regulating their own needs and decisions around their own needs increasing across adolescence shows a shift in responsibility across self-regulation framed as decision-making.
 - Other relationships/experiences that affect the power shift
 - This is a culturally specific model that starts from the assumption that independence, autonomy and self-regulation are values of that particular culture (western). Might be delayed in other cultures and/or take a backseat in regards to other more important cultural values.

Features of middle adulthood

- What age is middle adulthood?

- Time period: 40-60 years of age; the start of the second half of someone's life (only a conceptual number)
 - This changes for each person in terms of the numbers that we use to think about MA, the changes in terms one each person's perception in terms of where they are in their life.
 - Usually when we think about development in age we use this number, which represents the time since birth – the number of years since birth. Using this we can measure time since birth and amount of development that's taken place.
 - Once we get to MA, some things in our development starts to decline. So when we use this age measure, there's a mismatch. Thus, it might be a misrepresentation of how much we've actually developed and where we are at our lives.
 - So we think about MA as the time from our peak, or time left until the end of our lives.
 - There are times in MA where there are more days behind you (since birth) than there are days until the expected end of your life – we call this point midlife. We calculate midlife by thinking about life expectancy.
- Life expectancy: a statistical estimate of the number of years remaining in a person's life.
 - This is for every single cohort/person based on science, medical advances, nutrition, lifestyle, etc.
 - We can calculate life expectancy in terms of the number of years we're expected to live from birth to the end, and divide that by 2 for the midlife, or just minus whatever age we are at now.
 - This table shows the progressive increase of life expectancy throughout the years in response to advancements in technology, medicine, lifestyle, etc.
 - So MA doesn't actually start at 40, and a person's development doesn't just start to decline once they hit a certain age.

- Personal perspectives

- Another way to think about MA is in the indicators that each person uses to decide/or come to terms with the idea that they are in MA.
- Identifying oneself as living in "mid-life" depends on: (relative to what it was before)
 - Relative physical abilities (a decline)
 - Strength
 - Vision
 - Concentration
 - Physical appearance (a decline)
 - Skin
 - Hair colour
 - Body shape
 - Career status (changes with time)
 - Increased status/responsibility
 - Career end/change
- These are the types of things that start to change (or they notice the change) in the way that they look and feel, the way they engage with others, their understanding of the discipline compared to others.

- Developmental tasks (Normative)

- These are not indicators, but things that occur in various points that changes each person throughout their MA years.
- Physical:
 - Recognising and adjusting for declining physicality

- There is a tension and balance about acknowledging and ignoring the decline.
 - ◆ If there's a person acknowledges that their health is declining and they need to be screened for illnesses of middle and late adulthood and they go and get treatment, this brings on an acknowledgement that they are getting older and the perception that they are getting older earlier. However, this also leads to earlier treatment, thus delaying the trajectory of decline.
 - ◆ If another person doesn't acknowledge it, and they don't go and get screened on illnesses and don't receive treatment, the perception of their age is delayed but their rate of decline is steeper.
- Parental decline and mortality
- Menopause
- Cultural/social:
 - Taking responsibility for family
 - Ageing parents
 - Growing children
 - Career progression
 - Community
 - Relationships
 - Marriage
 - Divorce
- Psychological
 - Reassessing life goals
 - Generativity and legacy

Psychosocial Crisis

- Crises of Middle Adulthood

- For Erikson, the developmental task in middle adulthood is the balance between generativity and stagnation.
 - Generativity: building one's skill base, looking after the upcoming generation – caring for them, fostering them and maintaining the same trajectory that you're on now but for others, and leaving behind some kind of legacy that will be enduring similar view in what you represent.
 - Stagnation: fear of lack of generativity and legacy. Feeling of loss and that life has not been purposeful up to this point.
- There needs to be a balance between these two; the need to support others and the satisfaction and pride in what we've achieved.
 - If we only have generativity – satisfied with what we have achieved and with our legacy that is getting passed on and if we think future generations are safely heading in the way that we want them to, then we are not going to do anything at that point, we are satisfied and that's it.
 - If we have just stagnation – if we continue to drive to build this legacy and continue to try and support the younger generation – we'll never find satisfaction in what we're doing.
- This is happening alongside all the other psychosocial crises, as they are not likely to be resolved by MA. In asking this particular psychosocial crisis of generativity vs. stagnation, many of the other psychological crises come up again throughout MA.
- Study by Whitbourne, Sneed and Sayer (2009):
 - This study is a longitudinal sequential – had 4 time points (20,30,40,50 roughly)
 - One cohort starts at 30yo, and next timepoint is 42yo and 55yo.
 - Another cohort starts at T2, so 18yo, then 32yo then 44yo.
 - The idea is that if there is a difference between these groups, then its due to the time in which they are living and the cultural experiences going on around them. If these groups are the same, then its more likely because of the age that they are in and the things that they are going through.
 - They asked these groups how well they were achieving the 6 psychosocial tasks, including generativity and stagnation.

What is Ageism?

- Ageism is the discrimination against people on the basis of their age. It is manifested through negative stereotypes and perceptions about older adults.
 - o Younger people tend to conceptualise ageing as a negative developmental process compared to older people.
- Butler's 3 constructs of ageism
 - o Attitudes and beliefs (prejudiced)
 - o Behavioural Discrimination (on the basis of their age e.g. not getting a job because of their age)
 - o Formalised policies and practices (may perpetuate negative conceptualisations of ageing)
- Age discrimination
 - o As people get older, they think that age discrimination is more common in Australia. It is likely that discrimination may happen to themselves as well.
 - o Locations of age discrimination: workplace, retail situations, social situations, healthcare system, access to services, government policies, banking/insurance, families (in descending order)
 - o Discrimination experiences: Turned down from a position (employment), ignored, treated with disrespect, subjected to jokes, verbally insulted, refused services, denied access to service or products, refused promotion, physically abused.
- Perceptions of older people
 - o Boring, don't have sexual relations, have difficulty learning new things, are bad drivers, likely to be sick, don't like change, don't like being told what to do by someone younger, forgetful, victims of crime, lonely.
 - o These perceptions are mostly influenced by personal experience, stories seen and read in the media. Other influences can be from ads, culture, and work colleagues.
- How do you know when you're getting told?
 - o First instances that conveyed the message of growing old include:
 - For men: being offered a discount of benefit (in a restaurant), ageing comments.
 - So messages conveyed from other people, more so than experiences with their own health and physical features tend to relay the message that one is getting old.
 - For women: physical features, ageing comments, and mistaken relationship (being a grandparents etc.)
 - Often it's not coming from one person's experience, but a message that might be conveyed by society or the community.

Impacts of Ageism in Late Adulthood

- Subjective Age-Bias
 - o As people get older, their subjective age (the age they feel compared to their chronological age) gets younger.
 - STUDY: When old people were primed with negative questions (age-related losses), they perceive themselves as younger, so their subjective age was younger than those who were primed with positive/neutral questions. This suggests that the idea of perception plays a part in subjective-age bias.
- Social Identity theory (focuses on cognitive and motivational components of age group classification and comparison)
 - o Personal identity: Based on the premise that they strive towards positive self-concept.
 - Cognitive components: beliefs about abilities e.g., verbal, relational, intellectual abilities
 - Evaluative components: how we see ourselves in terms of self-esteem, self-worth, values.
 - o Social identity: sense of belonging to a social group.

- Distinct social groups: in-group “we” and out-group “they”.

- When you belong to a positive group and strive for positive self-concept, then part of distinguishing yourself as part of an in-group is to distinguish yourself with an out-group. To do this, we have to make comparisons and so stereotypes form over time.
 - When we talk about young vs. old, we talk about young as being the in-group, and young as being youthful, superior in culture, consumerism, relative to the old out-group, which over time, becomes marginalised and stigmatised.
- Maintenance strategies: Caused by his idea that they fear getting old as they get closer to moving from the in-group to the out-group, so they’re trying to prevent it.
 - Dis-identification: Things like dyeing your hair, getting rid of wrinkles, face-lifts. These ideas can also come from the society. Can also include reframing of what old is e.g. “40 is the new 30”
 - Social creativity: Distancing themselves from the out-group by creating another in-group that just a little more palatable e.g. young-old and old-old.
 - Social competition: People internalising/embodying stereotypes but they try to change it. Instead of negative perceptions of ageing, they try to change how they themselves see getting old as well as trying to convey that to society as well. E.g., senior games portraying the idea of physical activity and physical fitness enjoyment at old age.

- Age perceptions and health in older adults
 - Health status and wellbeing: higher self-efficacy, higher quality of life, higher self-rated health (relates with SOC as people focus on what they can’t do impacting their self-efficacy and engagement in physical activity).
 - This idea of negative ageing is self-fulfilling: if they think ageing is going to be about being sick, frail, lonely, isolated, then maybe they will doubt their capabilities regarding things that they used to do and therefore they are less active.
 - Physical activity is important to prevent frailty and has impacts on cognitive benefits.
 - Disability and functioning: being able to function in everyday life seems to impact ageing perceptions. People who have more positive ageing perceptions can function more and do more for themselves for longer.
 - Physical and physiological performance: things like vision and hearing tests is associated with ageing perceptions. People perform better on hearing and vision tests if they have more positive perceptions on ageing.
 - Memory and cognitive performance: in terms of recall (positive perceptions better recall)
 - Medical condition: people with same conditions tend to go to the doctor often and miss more days of work if they had more negative ageing perception compared to positive ageing perceptions.
 - Healthy behaviours: engage in more healthy behaviours if positive perceptions than negative.
 - Mortality: healthy behaviour affect mortality.

- Promoting positive views of ageing
 - Can physical activity engagement be improved by targeting ageing perceptions and encouraging people to think more positively about ageing?
 - Behavioural approach for physical activity (Individual-based)
 - Cognitive restructuring that targets negative automatic thoughts about ageing. This takes some time to be effective, but it was effective in changing people’s views about being more positive towards ageing.