

# [Eight stages in the development of man](https://assignbuster.com/eight-stages-in-the-development-of-man/)

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Aging in the middle ages is certain that life has meaning and it is clear what life really is, it assigned to humans as highly important compare to all living things. The life p on earth is only diminutive interval, as we stay on earth the soul temporary become a prison of the body, the human body experience a short trial and test meant to end death. The important aspect is the life after death of the body, the existence ofhuman beingis not focused on what was gained in this material world, what life can offer, but reserves the immortal soul from death and ceaseless death and torture, by gaining endless life and everlastinghappiness.

In the development of man in a chronological way there are eight stages infancy (0-2years), earlychildhood(age 2-6), middle childhood (6-12 years), adolescence (12-18 years), early adulthood (18-40), middle adulthood (40-60), the irregular sounding early late adulthood (60-75) and late adulthood (75+).  In childhood development, children develop rapidly as they are exposed to different attitudes and behaviors. They learn many things formally and informally, these experiences contribute to their emotional, intellectual, physical and social development.

Adolescence has traditionally been viewed to begin with puberty, a sudden spurt in physical growth accompanied by sexual maturity. There is a common image of adolescents as unpredictable creatures, prone to mood swing and wild emotional outbursts. This shows that adolescents are more emotionally volatile than adults. In adulthood the individuals grow older they confront new combinations of biological drives and societal demands.

By forty years old, most people are all too aware of the changes occurring within their bodies. Strength and vigor in various organ systems decline and changes are readily visible in body shapes and skin as bulges and wrinkles gradually replace gradually replace the sleek torsos and smooth exterior of youth. Sexual activity tends to decrease for both sexes and women in their late forties or early fifties experience pause.

Physical changes are inevitable during mid-life, but the magnitude and the rate of such changes are strongly influenced by the the individual lifestyle. Growing evidence suggests that such factors as physical exercise, personal nutrition and effective management ofstressmay be better predictors of physical vigor andhealththan age.

Comparative research has been made choosing animal models for research in aging, examination of animals is made so that the importance and suitability of particular genus for studies on aging. They use animal model on research for aging because it is a living life form on which a normative natural or behavioral characteristic of aging can be studied. It a semantic confusion when we hear the term research on aging, so we must characterize the areas of scientific analysis on aging.

There are two wide categories to do research – the biology of aging or pathology of aging. When we refer to the biology of aging it is commonly based on the origin that aging and are normal processes, a fraction of physiological range in which aging is a step in the progress of the normal life p. Whereas, the pathology of aging is based on the basis that aging is a disease.

To define aging more precisely, research should give more focus on genetic inclination from birth to old age, which may require the evaluation of very young subjects to typify its growth and eventual appearance in the aged. The occurrence of disease, exposure to environmental pollutants, and infectious agents that affect the elderly that manifest only at their old age. The most importantgoalsof biomedical and behavioral research on aging is to develop the worth of life for the aged, to have a direct development of efficient health concern services for the aged.  There are two kinds of aging, primary aging and secondary aging.

Primary aging refers to changes produced by increasing age. Secondary aging can be traced to changes resulting from disease, disuse, or abuse of our bodies. It is incorrect to attribute ill health and discomfort to simply the negative effects of old age. Factors such as lifestyle and specific illnesses, which are not age related, should be considered as possible causes.

Indeed, our physical state during later life is more under our control. Such psychological ideas came from Greek and Roman thought. There is a concealed measurement of ancientphilosophythat appeal to a theory divine transcendence ultimately triumphed in form of religion. Both prehistoric and medieval civilizations took for granted that the thoughtful means of life represented the utmost opportunity of human subsistence. This reality is essential to understand the contemporary apprehension of old age, which is a horror of the vacuum, the indeterminate state of apathy.

The attitudes that the Greek holds do not necessarily replicate the realism of other people’s lives. Even healthier individuals have a pessimistic outlook towards aging thus, influence the perception of younger people to the ways they choose to interact with the elderly. There are two conflicting traditions of thought that propose our ideas and attitudes about aging, the traditional Greek view of aging is very negative, because the Greeks strained the enormous luck and the great hardship of the old. In their own view if a person has already conceded his/her youthful years, it is better to die than experience the indignities of aging.

On the other hand the medieval attitudes towards aging is very positive, since they believe that as a a person grows older, it brings position and prestige to him and hisfamilyand also the community where he lives. This discrepancy among the contrasting civilization is best seen in the reasons specified for the death of a young person.

In the Middle Eastern view is that the bad man dies young whereas, an old age is a sanction which means when a person dies young he is not blessed, in contrast to ancient

Greek which believes that a man who dies at an early age is loved by the Gods and a individual who lives into old age is being punished by the Gods. The attitudes that the Greek holds do not necessarily replicate the realism of other people’s lives. Even healthier individuals have a pessimistic outlook towards aging thus; influence the perception of younger people to the ways they choose to interact with the elderly.

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Deprived wellbeing in aging requires increased beneficial expenditures that transmit income from other essential areas such as home preservation or the purchase offood. There should be a concerned social or physicalenvironmentmay retard the rate of functional loss to some degree. Successful planning for an aging society obviously requires attention to the qualitative aspects of aging as well as to the quantitative features. Such factors mostly define the value of life at any age and include not only health status but also monetary standing and aspects of both social and substantial environment.

There are large numbers of changes in the ways aging people experience in their environments, during the years of adulthood and into old age. These changes engross the course of sensation and perception. We define sensation as the transmission of the sights, sounds, smells, tastes, and feel of the internal and outside environments, into terms that the brain can use to interpret these signals. In contrast, the term perception is the procedure that happens in the brain as it integrates these signals with the person’s past comprehension and information coming from the different experiences.

The aging process affects both sensation and perception in the tangential and central mechanism of the nervous system. Lots of information is available which are responsible on the aging of the structures for sensation compare on the aging of upper level brain centers concerned in perception. There are deep effects on adjustment of the many age correlated changes in the understanding of intellect information. In every day existence adults use sensory and perceptual processes, from ordinary routine interaction to difficult problem situations, and even on matters of life and death.

Context is a common issue that may strengthen the usual cognitive problems of aging. The associated changes in the brain dopamine has influence how people process background information, which in turn can hurt concentration memory and more. The psychologist have establish the “ absent link” between the aging brain and waning cognitive abilities, there are also studies that shows where the older people and younger people pathways in context processing. The slow lessening of the ability to gain and utilize background clues could clarify why aging people refuse cognition across a range of function. Psychologist develops complete, brain based representation of normal aging, that makes them able to eventually slow or stop these worrying cognitive decline.

The best example is when psychologist uses dopamine to be used in context   processing which is a kind of psychological “ operating system” that sits among the brain’s prefrontal cortex and cognition; they believe that definite sufficient levels of the chemical messenger dopamine, the prefrontal cortex consistently enables to course for a thought, memory of the actions. Therefore, context processing can have a wide impact, straddling cognitive process once thought to be autonomous. The context processing, has the capability to supersede a defaulting behavior to perform something in a contextually suitable way. To sum it up, in this process helps aging people to decide which way to go to the market, what to utter based on who is listening or what uncertain word would mean in a meticulous sentence.

Health promotion has been a functional socialsciencewhose theoretical structure has developed from apsychology, anthropology andsociologyfoundation. Since 1970’s there are already programs given based on the theories of health promotions, usually implemented across large populations. It is also a mixture of healtheducationand related managerial, political, and economic changes conductive to wellbeing. A health promotion program, then, is planned to improve the health and welfare of individuals and communities by giving the people with the information, expertise, services, and sustainability needed to take on and preserve optimistic lifestyle changes.

Successful health promotion programs are health enhancement programs; they go further than providing information to effect behavioral alteration. It emphasize has been on physical health condition and health assurance, usual study of insurance price infer that the health promotion program could decrease morbidity from disease.

Two types of learning programs for older drivers have been developed, the first one is precautionary driving approach to decrease fears and sharpen driving skills. The next program is for older citizens who had one or other accidents and uses a defensive-driving/traffic school approach to decrease threat of accident. Programs may be offered in a multiplicity of setting such as senior and district centers.

The organization of support groups, conducting of meetings of people with meticulous emotional wants share and discuss the crisis the member faces. These groups can be organized by retirement homes, hospitals, senior centers, and community interest society.

Reassurance of telephone programs, it is the duty of a fit and self sufficient person to voluntary calls a homebound or apprehensive elder person each day at the same time to check on his protection and well being. Transportation programs, there are vans or minibuses that provide transport for older adults or the handicapped to physicians, hospital, clinics.

Volunteer programs, any sort of organization that operates more efficiently and has increased sense of community importance if an efficient volunteer is developed and equipped. Program developments include advances in public wellbeing, preventive and curative medicine, health education, and medicaltechnologyhave caused enormous changes in the configuration of the populace of aging populations.

Conclusion

Everyone of us started from being a child until we reach old age, as we grow older we become unique to other people, each of us has a different genetic make up. During the life course, the range of those persons is created by how person invested time and energy. The life time approach to the learning of aging is one way of conceptualizing many of the factors that influence how individual modify as they grow older, and how differentpersonalityshow unlike patterns of change in aging.

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