U06d1 personality changes over the lifespan

Health & Medicine, Mental Health

u06d1 Personality Changes Over the Lifespan due 8/14/12 Analyze how personality changes throughout life from your chosen theory's perspective. What type of specialized training might counselors need to address the clinical needs of elderly clients? What specific clinical skill sets may be needed? Eysenck’s Three Dimensions of Personality British psychologist Hans Eysenck (Schultz, 2009) developed a model of personality based upon three universal traits: Introversion/Extraversion: Introversion involves directing attention on inner experiences, while extraversion relates to focusing attention outward on other people and the environment. So, a person high in introversion might be quiet and reserved, while an individual high in extraversion might be sociable and outgoing. Neuroticism/Emotional Stability: This dimension of Eysenck’s trait theory is related to moodiness versus even-temperedness. Neuroticism refers to an individual’s tendency to become upset or emotional, while stability refers to the tendency to remain emotionally constant. Psychoticism: Later, after studying individuals suffering from mental illness, Eysenck added a personality dimension he called psychoticism to his trait theory. Individuals who are high on this trait tend to have difficulty dealing with reality and may be antisocial, hostile, non-empathetic and manipulative (Eysenck, H. J., 1992). Eysenck based his theory focusing on physiology and genetics. While he believed that learned habits are important, Eysenck felt that personality stems from genetic influence or what we are born with. An example may be a person’s initial response to stressful or emergency situations. One person may appear calm and collected, whereas others may appear hysterical and fearful. When this behavior becomes the normal way to respond, the response then becomes a

habit. Eysenck proposed that introverts were more internally stimulated than extroverts. Therefore extroverts seek out more external stimulation than introverts to balance their system whereas introverts try to stay away from additional stimulation so they will not become overloaded. So, as one matures, our personality takes form genetically and perhaps through environmental influences. In the following study, empathy was examined over the adult lifespan. Participants initially ranged in age from 10 years to 87 years. Cross-sectional and longitudinal associations of age with empathy revealed divergent patterns. Whereas cross-sectional analyses suggested that older adults scored lower in empathy than younger adults, longitudinal analyses showed no age-related decline in empathy. This combined pattern suggests that the cross-sectional age-differences reflect a cohort rather than an age effect, with older cohorts reporting lower levels of empathy than younger ones. Independent of age, empathy was associated with a positive well-being (e. g., life satisfaction) and interaction profile (e. g., positive relations with others). In addition, a subsample of participants (n = 114) conducted experience-sampling about social interactions for a week. People with high self-reported empathy perceived their interactions as more meaningful, felt more positive in these interactions, and thought that their interaction partner felt also more positive. Thus, self-reported empathy was meaningfully associated with adults' actual social interactions (GrÃ¼hn (2008). It appears empathy has no age requirement or limitation, and the capacity in which to share in one’s experience the greater the interaction between individuals. Having the common bond of “ walking in someone else’s shoes" despite the age appears to bring greater understanding and

cohesiveness among human beings. People are living longer, and in better health, than in any prior point in history, with far-reaching but as yet under recognized implications for mental health professionals. This phenomenon affects both the developed and the developing world. With greater numbers of older people, mental health professionals will need to develop greater awareness, understanding, and appreciation of gerontology to deliver optimally effective psychotherapy with this population. The nature of psychological issues encountered in clinical practice will also change–for example, intergenerational issues among blended families, increased retirement and leisure time, and expectations of greater health and productivity in later life from baby boomer cohorts. These issues are important for mental health professionals to recognize, as the increased sophistication of the baby boomer generation in terms of health care will lead to higher expectations of mental health care. The authors have chosen to discuss the implications of an aging population with reference to a cognitive—behavioral perspective, but the issues raised here and practical suggestions contained within this article are not restricted to practitioners of Cognitive—Behavior Therapy (Laidlaw & Pachana, 2009). In the interview given, many suggestions were recommended for counselors and future counselors to consider while working with the elderly. Specific skills or sensitivities that are needed for working with the elderly are to not be condescending, to be very open to what that life experience is for that particular person. A lot of our seniors lived through the depression, they have lived through divorce, they have raised families, they have held jobs, keep that in mind that you are not dealing with an age you are dealing with a

person that has a lot of diversity in their backgrounds, and to keep that in mind and treat them the same way that you would treat a client of 30 or 40 or 50. They are at a different stage in life. How they feel is very valuable, that all of their life experiences bring them to where they are at right now. They know their end of life issues are coming up fairly quick. Most of us think about death and shy away. These people that are living with it, they have lost their friends, they have lost their spouses, they truly look at things in a unique way, different than what our average person nowadays would look at it. I think if you put yourself in that position regarding seniors, and remember that as a professional you are looking at a person instead of an age (Shirmbeck, 2006). An area that was not touched upon in the interview is the gay, lesbian or transgender elderly. Is there AIDS support for the elderly? Or does this exist under an umbrella description? This an area of interest for me to further investigate. I shall be in the lesbian elderly population in thirty years, so perhaps this is an area to be of service to my community. More will be revealed as I continue my studies. In three words I can sum up everything I've learned about life: it goes on. Robert Frost Mary Emily Cox References Eysenck, H. J. (1992). Four ways five factors are not basic. Personality and Individual Differences, 13, 667-673. GrÃ¼hn, D., Rebucal, K., Diehl, M., Lumley, M., & Labouvie-Vief, G. (2008). Empathy across the adult lifespan: Longitudinal and experience-sampling findings. Emotion, 8(6), 753-765. doi: 10. 1037/a0014123 Laidlaw, K., & Pachana, N. A. (2009). Aging, mental health, and demographic change: Challenges for psychotherapists. Professional Psychology: Research And Practice, 40(6), 601-608. doi: 10. 1037/a0017215 Schultz, D. P., & Schultz, S. E. (2009). Theories of personality

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