



328en14



Notes

**14****ADULTHOOD AND AGING**

*‘What will you do when you grow up?’*

*‘What do you want from life?’*

*‘What have you planned for your old age?’*

**T**hese and many more questions come to our mind everyday. Our lives are becoming more complex day by day. We now have several options to choose from along the way. At every stage of life, there are several changes coming up in the lifestyle of the people. Adulthood is the most stable period of the life span. Adults achieve stability by making adjustment with the world outside as well as within one’s own self. For example, a person who loses job, makes a desperate attempt to find a new one and tries to adjust himself/ herself with it.

The present lesson starts by describing some of the important features of adulthood. It then brings out the physical and psychological changes taking place during adulthood. The later section of the lesson deals with problems of coping and adjustment during this period. Some of the psychological interventions for the aged are also given briefly.

**OBJECTIVES**

After studying this lesson, you will be able to:

- describe some of the important developmental tasks to be performed during adulthood;
- explain the important features of adulthood; and
- enumerate the problems of adjustment in old age.



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## 14.1 PSYCHOLOGICAL PERSPECTIVE ON ADULTHOOD

It is believed that most of the development ends with adolescence. Only wisdom continues to grow during adulthood. However, there are many specific development tasks during adulthood and old age requiring the grown up to engage in specific development and make special adjustments in life. In this respect the perspectives given by Havighurst and Levison are quite relevant.

### Box 14.1: Havighurst's Development Tasks

#### Early Adulthood:

Selecting a mate, Learning to live with a married partner, Starting a family, Rearing children, Managing a home, Getting started in an occupation, Taking on civic responsibility and Finding a congenial social group

#### Middle Age:

Achieving adult civic and social responsibility, Establishing and maintaining an economic standard of living, Assisting teenage children to become responsible and happy adults, Developing adult leisure-time activities, Relating to one's spouse as a person, Accepting and adjusting to the physiological changes of middle age and Adjusting to aging parents

#### Old Age:

Adjusting to decreasing strength and health, Adjusting to retirement and reduced income, Adjusting to death of spouse, Establishing an explicit affiliation with members of one's own age group, Meeting social and civic obligations and Establishing satisfactory physical living arrangements.

Havighurst's developmental tasks are based on life situations. Another psychological perspective is that of Daniel Levinson who derived his data from clinical studies of men only. Levinson's stages are described in Box 14.2.



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#### Box 14.2: Levinson's Stages

**Leaving the family** (20-24): A transitional period from adolescence to early adulthood that involves moving out of the family home and establishing psychological distance from the family, analogous to Erikson's stage of identity versus role diffusion.

**Getting into the adult world** (early 20s to 27-29): A time of exploration and provisional commitment to adult roles in occupational and interpersonal areas and of fashioning an initial "life structure".

**Settling down** (early 30s to early 40s): A period of deeper commitment, sometimes involving the expansion motif of Jung and Kuhlén.

**Becoming one's own man** (35-39): The high point to early adulthood.

**The midlife transition** (early 40s) : A developmental transition involving a sense of bodily decline and a vivid recognition of one's mortality, as well as an integration of the feminine aspects of the self as postulated by Jung.

**Restabilization and the beginning of middle adulthood** (middle 40s): A period in which some men make new creative strides but others lose their vitality.

If you look at the developmental tasks and also Levinson's analysis of stages of adult development, you can realize that the specific development tasks are related to the different social demands on a person at different stages of life. The need to take up an occupation or to enter into a marital relationship during early adulthood, for example, may be seen as leading to developmental tasks and challenges of seeking and succeeding in an occupational role or selecting a life partner in marriage. The social demands of different stages of life and hence, the developmental tasks depend on the nature of the society and the cultural norms. In Indian joint family system, for example, the nature of marriage and mate selection are different and, therefore, the nature of developmental tasks are also different from what has been observed by Levinson or by Havinghurst. Similarly, moving out from the family home is a common feature of western societies or modern urban industrial economies. As such, the processes and problems of development during adulthood and old age are specific to the social context of the grown ups.



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## 14.2 THE PERIOD OF ADULTHOOD

**Young adulthood:** The period of young adulthood begins from the age of twenty years onward. The major concerns of young adults in 20s are to establish themselves in life, job, and family. The young adult wants to seek social and economic security in preparing for a role of greater independence and responsibility in society.

**Middle Age:** From the period of his twenties and thirties, the individual arrives at middle age in the forties and fifties. Middle age is characterized by competence, maturity, responsibility and stability. These are the important characteristics for middle-aged adults. This is the time when one wants to enjoy the success of job, satisfaction derived from family and social life. The individual looks forward to the successes of children. Attention gets more focussed on health, the fate of children, aging parents, use of leisure time and plans for old age. For women, menopause occurs between the age of forty-five and fifty. Menopause is sometimes accompanied by some distressing physical and psychological symptoms in women. Men during this period show greater amount of concern towards their health, strength, power, and sexual potency.

**Old Age:** The period of old age begins at the age of sixty. At this age most individuals retire from their jobs formally. They begin to develop some concern and occasional anxiety over their physical and psychological health. In our society, the elderly are typically perceived as not so active, deteriorating intellectually, narrow-minded and attaching new significance to religion. Many of the old people lose their spouses and because of which they may suffer from emotional insecurity.

*'Nobody has ever died of old age'*, is a true statement. Since old age is close to the end point of life, death has been associated with old age. Death is actually caused by disease, pollution, stress, and other factors acting on the body. In the biological sense, some organs and systems of the body may start deteriorating. In the psychological sense, there may be measurable changes in the cognitive and perceptual abilities. There are also changes in the way a person feels about him/herself.

You must have come across old people who are very active in life and socially very participative. Such persons seem to be productive and stable and happy. Mental or physical decline does not necessarily have to occur. Persons can remain vigorous, active, and dignified until their eighties or even nineties. In fact, the older persons have vast reservoir of knowledge, experience, and wisdom on which the community can draw. In view of increase in life expectancy increasingly greater proportion of society is joining the group of aged people. Hence they need greater attention in national planning and making them feel as an integral part of society.



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### 14.3 PHYSICAL AND COGNITIVE CHANGES DURING ADULTHOOD AND AGING

Normally people see old age as a period of decline in physical and mental health. This section deals with physical and psychological aspects of aging. With advancing age, there are certain inevitable and universal changes such as chemical changes in cells, or gradual loss of adaptive reserve capacity. There are also certain cognitive changes taking place from middle adulthood onwards. These changes are slow and gradual. They become more prominent among the elderly people.

#### (a) Physical Changes

It has been found that the organ system of most persons show a 0.8 to 1 percent decline per year in functional ability after the age of 30. Some of this decline is normal, some is disease related and some are caused by factors such as stress, occupational status, nutritional status and various environmental factors.

Major physical changes with ageing are described as

- (1) external changes
- (2) internal changes, and
- (3) changes in sensory capacities.

#### 1. External Changes

External changes refer to the outward symptoms of growing old. The more observable changes are those associated with the skin, hair, teeth, and general posture.

There are changes in the skin. The most pronounced change is wrinkling. Wrinkling process begins during middle years. Skin also becomes thick, hard and less elastic. It becomes brittle and dry.

With advancing age, the hair of the person continues to turn white and loses its luster. It continues to thin. By the age of fifty-five, about 65 percent of men become bald.

It is estimated that at age 65, fifty percent people have lost all their teeth. For many, dentures become a way of life. Over the time, the production of saliva is diminished. This increases the risk of tooth decay.

**Physical strength** begins to decline from age 30 to age 80 and above. Most weakening occurs in the back and leg muscles, less in the arm muscles. There is a progressive decline in energy production. Bones become increasingly brittle and tend to break easily. Calcium deposits and disease of the joints increase with age.



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Muscle tissue decreases in size and strength. Muscle tone becomes increasingly difficult to maintain with age because of an increase in fatty substance within the muscle fibres. This is often caused by the relative inactive role thrust on the elderly in our society. Exercise can help maintain power and sometimes even restore strength to the unused muscles. Changes in the general posture become more evident in old age.

The loss of teeth, balding and greying of the hair, wrinkling of the skin, and lack of physical strength all have a potentially negative effect on an individual's self-concept and confidence.

## 2. Internal Changes

Internal changes refer to the symptoms of growing old that are not visible or obvious. We shall examine some of the changes taking place with increasing age in the respiratory system, gastrointestinal system, cardiovascular system, and central nervous system.

***The Respiratory System:*** With increasing age, there is reduction in breathing efficiency. The lungs of an old person do not expand to take in as much air as the lungs of a young person. Decreased oxygen supply makes the old person less active, less aware and less strong. This decline seems to be part of normal aging process.

***The Gastrointestinal System :*** With increasing age there is decreased capacity for biting and chewing, decrease in the production of digestive enzymes, decreased gastric and intestinal mobility and lack of appetite.

***The Cardiovascular System:*** Cardiovascular system which includes the heart and the blood vessels show the effects of normal aging rather slowly. With the aging process there is a decrease in the elasticity of blood vessels and blood cell production also. Increase-in time required for heart to return to rest and arterial resistance to the passage of blood is also found. Many old individuals are found to be suffering from high blood pressure. However, healthy old individuals are found to have blood pressure similar to those of young healthy individuals.

***The Central Nervous System (CNS) :*** The CNS shows certain universal changes as a function of age. There is decreasing rate of arterial and venous flow. Beginning at about age 60, there is a reduction of cerebral blood flow. There is also a decline in oxygen and glucose consumption. Number of cells and cell endings are found to be decreasing. The most definite change is the slowing down of responses.

## 3. Changes in Sensory Capacities

With advancing age, there is gradual slow down in the sensory abilities. We communicate with the outer world through our senses. Losses in any senses can have profound psychological consequences.

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**Vision:** Increasing age brings in several problems in vision. The lens continues to lose elasticity. The pupils become smaller, irregular in shape. The eyelids have a tendency to sag. Colour vision becomes less efficient. Cataract and glaucoma are commonly found among the elderly. People with cataracts have blurred vision. This also interferes with normal vision.

**Hearing:** Hearing seems to be at best around the age 20. From then onwards there is a gradual decline. Most hearing loss is not noticed. However, in the case of hearing problem, it can be improved by a hearing aid.

**Other senses:** The senses of taste and smell decline with old age. This decline affects appetite and nutritional requirements of the elderly. You must have noticed that many old persons demand food that is overly sweet or spicy. This is because the four basic tastes, sweet, bitter, sour, and salty, all generally diminish in sensitivity. Sensitivity to touch appears to increase from birth to about 45 and then decreases sharply.

## **14.4 COGNITIVE CHANGES DURING ADULTHOOD AND AGING**

The term 'Cognition' refers to the processes by which information is acquired, stored, and used. In this section, four major aspect of cognition-memory, learning, attention and intelligence will be discussed in relation to adulthood and aging.

### **a) Memory**

Memory is one of the most central aspects of cognition. Memory has been defined as 'the mental processes of retaining information for later use and retrieving such information'.

No significant age differences may be found in short-term memory task like forward digit span or word span. Older subjects do not perform as well on the tasks that demand repeating numbers in reverse order. Old persons are found to perform poorer than young ones on long-term memory tasks which require processing of information and organization of material.

### **b) Memory of the Elderly**

Memory performance with advanced age is affected by several factors. Some of the important factors are given below.

#### **(i) Beliefs about Memory**

Old persons' beliefs and attitudes about their memory ability affect their memory performance. Research shows the role of beliefs, perceptions, attitudes, and



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knowledge in memory abilities. Questionnaires typically ask respondents how frequently they forget names and events, how anxious they are about forgetting, what they know about how to improve memory and what strategies they employ in remembering. Older adults have been found to have more difficulties with their memory than do younger adults. The common expression among elderly has been 'I am getting old'. Elderly persons are often found to be complaining about their memory failures.

### (ii) Use of Memory Strategies

Memory requires the use of strategies. Memory performance would be better for those who can use effective memory strategies. An example of memory strategy is repeating to yourself over and over again the items you want to buy is connected with something that is familiar. For example, if you want to remember the name of somebody, you may associate that person with some popular figure. You can also use memory aids such as a diary or writing out a list of items you want to buy at the grocery store. Most of us use some such strategies every now and then but we are not aware of using them. In their everyday lives, the elderly persons are more likely to use diaries, making lists of things to buy, etc. than using rehearsal or association strategy.

### (iii) Life Styles of Elderly

The type of daily activities in which elderly persons engage determines their memory performance. The elderly persons who engage in daily activities like playing chess or bridge, their performance on some of the memory and reasoning tasks is found to be better than elderly non-players. Another aspect of lifestyle determining cognitive performance is regularity in the structure of daily life. Regularity of sleep patterns, daily exercise, following regular schedule of every day activities helps to maintain everyday cognitive functioning.

### c. Learning

Learning involves formation of new association. It means acquisition of general rules and knowledge about the world. It is believed that learning performance tends to be poorer during late than early adulthood. Can older people acquire new information and skills? Can they try new careers? Such questions are difficult to answer. We must note that the ability to learn may be relatively unchanged in old persons. Factors such as poor motivation, lack of confidence, test anxiety, etc. may lower performance on learning tasks.

Old persons' learning performance maybe very close to that of young persons if older persons are allowed more time or can self-pace the tests. They were found to perform better when there is no time pressure and the material is presented very distinctly and in a simplified manner.





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**d. Attention**

The term attention refers to the manner in which we focus on what we are doing. People vary in how wide their attention span is. If attention span is too narrow, one loses a lot of information. Old people may not differ from young people in terms of their attention span as such. However, they get easily distracted by any kind of interference. With training, attention can be improved.

**e. Intelligence**

As has been pointed out earlier many of our impressions of old age originate from inaccurate knowledge or misconceptions. How do elderly persons perform on intelligence test? Most of the intelligence tests require speed of performance. We have already discussed that old persons are slower on reaction time. Thus lower performance on intelligence tests may be due to slower reaction time than due to a decline in intellectual functions. General knowledge does not decline with age. Among the elderly, we often find reduced abilities for complex decision making and slowing of performance. Hardly any losses in verbal comprehension, social awareness and the application of experience may be noticed among the older people.

Intelligence in adulthood and aging maybe viewed as enabling the individual to cope with a variety of demanding everyday tasks and events. Everyday intelligence of the elderly maybe determined by their ability in reading road maps, understanding labels, filling out forms, understanding charts, conversations, TV programmes, doing shopping, driving during rush hours, and performing many other daily jobs.

You may remember that we have already discussed that elderly work best when they are away from pressure and can set their own pace. Moreover, the factor of general health is very important to be considered. Healthy individuals and those who lead happy and active life generally show no or little loss of intellectual abilities during old age.



**INTEXT QUESTIONS 14.1**

1. List the factors in memory performance of the elderly.

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2. How can be everyday intelligence of the elderly be judged?

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## 14.5 PROBLEMS OF ADJUSTMENT IN OLD AGE

How does one adjust to the aging process? Different people adopt different coping strategies to adjust with their current life situations. Some aged people try to remain very active by engaging themselves in social roles, enjoy interpersonal relationships and happily participate in some type of occupational activities while others tend to remain socially isolated and withdrawn. The level of activity and nature of engagement is determined by health status, socioeconomic status and family status of the elderly. Let us study about some of the related problems.

### A. Poor Image Problems faced by Older People

Older people in general do not like themselves as much as younger people. Older men are generally found to have lower self-esteem than older women. This may be due to the fact that men's self-esteem is related to their occupational achievement while women tend to derive their feelings of self-worth from family circumstances. Thus when men retire in old age or lose their occupational status, their self-esteem goes down. Women, on the other hand, continue to derive self-satisfaction by their family involvements.

### B. Happiness

When asked "Is your life exciting?" majority of elderly men and women report that they hardly had any feeling of excitement in their lives and that their life is very dull with nothing to look forward to. However, before we conclude that life gets duller as one goes along, we need to consider many factors towards one's own self as an old person and kind of expectations from life.

### C. Economical Problems

Self-employed elderly persons or those having their family business continue to work until they die or become disabled. Those who work for others retire after a certain age. Individual's personal attitude toward retirement varies as a function of a number of factors such as income, educational level, and occupational level.

Adjustment to retirement is often difficult for individuals. Retirement requires adjustment to a new life-style characterized by decreased income, lesser activity level, and increased free time. Retirement causes extreme stress in males because in our society a significant part of men's identity depends on their jobs. Loss of job thus results in loss of self-esteem and self-worth. Retired people find it difficult to adjust to retirement because of financial problems, illness, and feelings of loneliness. Retired individuals have to make several adjustments in their roles, personal and social associations, and in their sense of accomplishment and productivity. However,

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it does not necessarily mean that retirement results in negative consequences for every body. In case of some, it may not have any adverse effects on their self-esteem and life satisfaction. Health may even improve for some after retirement. Retired individuals may find more time for social and hobby-related activities especially if they have adequate economic resources and are healthy to engage in these activities.

**D. Death**

Elderly persons are not afraid of death per se. They do, however, fear to a great extent the dying process — the process of dying in pain or dying alone. Their feelings related to death may be due to specific occurrences in their lives such as being moved from home to nursing home, failing health, or the loss of one's spouse. Thus fear about death must be understood in light of current life circumstances, the individual's own value system, and what death personally means to a person.

**E. Depression**

Older persons often show two major symptoms of depression : depressive mood (sadness, guilt, hopelessness, helplessness) and reduced behaviour (giving up, apathy). Many elderly persons also represent their depression somatically by complaints (such as loss of appetite, sleep disturbances). Both biological factors (biochemical disturbances) and social/cultural factors (cultural views regarding the worth of the aged person, isolation, retirement, institutionalization) can contribute to depression in aged persons. Other factors such as perceived loss of sexuality, material possessions, and failures also contribute to depression.

**14.6 COPING WITH THE PROBLEMS**

How does one cope with increasing age? Different people adopt different coping strategies to meet their life challenges. Some of the effective coping strategies may be summarized as follows:

- (1) The elderly need to develop an attitude of flexibility so that they may adapt to life's pressures and problems of old age.
- (2) They need to recognize that they have to explore new ways of coping with their life events.
- (3) The elderly need to make greater use of information seeking and of problem solving rather than withdrawing or isolating.
- (4) Increasing one's self-confidence, self reliance, developing healthy attitude about one's strengths and weaknesses, learning and maintaining effective coping skills



and adopting an active approach toward the environment are some of the important ways of making healthy adjustments in old age.

- (5) Enlarging social networks is another way of coping with life problems. Participating in various group activities such as joining clubs and certain organizations for informal social interaction is very helpful for the aged. Building a social network of people of their own age group in the neighbourhood or elsewhere provides them with greater opportunity to share their life circumstances and find emotional expression to their existing problems. Through such social networks, one can get an unconditional expression of approval, share secrets, provide new experiences to each other, and develop trusting relationships.
- (6) Involvement in grand parenting helps elderly satisfy many of their personal and emotional needs. Grandparents can serve as important role models. Old people find these roles emotionally self fulfilling and tend to derive self-satisfaction through achievement of their grandchildren.

### 14.7 PSYCHOLOGICAL INTERVENTIONS FOR THE AGED

All of us need to turn to others (friends, relatives, professionals) for help in times of severe stress. In this section we will examine what kinds of psychological interventions can be used for dealing with difficulties of elderly and enabling them to cope with life on a daily basis.

Our chief concern with elderly can be improving their quality of life. The attempt needs to be in the direction of building adaptive resources. The most important goals of psychological interventions are:

1. Insight into one's behaviour
2. Anxiety or depression relief
3. Adaptation to a present situation
4. Improving self-care skills
5. Encouraging activity
6. Facilitating independence
7. Accepting one's weakness and difficulties
8. Improving interpersonal relationships

There are several psychological interventions which are needed for the aged and have proved to be very useful. Some of the important ones are described below:

**Notes****A. Seeking Help through Mental Health Services**

Old persons can be provided help from professionals or from family, friends or neighbours to solve their personal or social problems. Many of their problems may be solved by joint family members. Depending on their resources, elderly need to seek professional help for their personal and family matters. Counselling psychologists can help people prepare for and cope with potentially stressful life events like retirement, death of spouse and financial insecurity. They can be motivated to have an active orientation toward oneself and the world and to keep their options open.

**B. Cognitive Behavioural Interventions**

Elderly persons seem to be lacking realistic feedback about themselves from others, and thus make 'thinking errors'. Feelings of inadequacy about one self can lead to fear, anger, frustration and depression. Cognitive therapy is very effective in substituting irrational thoughts with rational thoughts. Relaxation training helps reducing anxiety and tension. Cognitive-behavioural interventions have been found to be useful in treating depression, anxiety, memory loss, and response speed in the aged.

**C. Behavioural Interventions**

Behavioural interventions are based on positive and negative reinforcing stimuli. Elderly persons for example can be given positive reinforcement such as verbal or material reward for the desired self-care behaviour and negative reinforcement (depriving of reward) for the undesirable aggressive behaviour. It is relatively brief and economical. However, it requires a great deal of expertise to use effectively.

**D. Family Therapy**

Family therapy aids in adjustment to various life problems such as retirement, family care giving role, grandparenthood, family conflicts between young and the aged, coping with illness of elderly, and family decision about institutionalization of the elderly people. If properly handled, family therapy can strengthen the feelings of love, closeness and interdependence.

**E. Societal Intervention**

In addition to changing the individual, we might like to change the environment or the context in which a person functions. Attention needs to be paid to home environment, activity programmes, as well as to neighbourhood and community in which the person lives. Societal intervention would involve altering attitudes towards the aged and increasing the older person's reliance on the community, family, and friends.



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**INTEXT QUESTIONS 14.2**

1. What factors cause depression in old age?

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2. Name three psychological interventions.

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**WHAT YOU HAVE LEARNT**

- Age is one of the basic categories in which people are classified. At each sub stage of adulthood, there are certain special needs and demands which need to be fulfilled for healthy adjustment. During young age, need for an appropriate job and family security is very important. During middle-age, one is trying to derive satisfaction from a successful job and family life. In old age, concern is more towards physical and psychological health, and emotional and financial security.
- The patterns of physiological aging in the brain and the body are as varied as the individuals who age. Factors such as diet, smoking, excessive drinking, stress all affect the status of health. Many of our society's myths about aging are based on misinformation or prejudice. Though there is a systematic decrement and loss of reserve, it does not necessarily create physical or psychological incompetence and invalidism. Also, early studies on human aging were conducted on hospital or mental patients. Few studies were conducted on normally functioning elderly persons who led active lives. It is important to establish which physiological changes are due to the aging process itself and which are due to environmental factors like disease, diet, lack of activity or exercise. Most of the aged people have more than enough systematic capacities to meet the demands of everyday life. It is a matter of developing positive attitude towards their own health care from adulthood onwards.
- Sensory capacities decline with age. Because of decreased sensory efficiency, old persons are less able to participate in many social activities. As a result, they seem to be gradually losing interest in their personal hobbies and tend to experience loneliness.
- With advancing age, there may be decline in some of the mental functions, such as reaction time, complex decision making and difficulty in retrieving



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stored material. Intelligence remains fairly constant. If allowed more time and self-paced task performance, elderly can perform much better as compared to time controlled conditions.

- Self-esteem, or how much one likes oneself, depends on one's concept of what one should be like.
- Women tend to derive their self-worth from family circumstances and men from job circumstances.
- Happiness or excitement seems to decrease with age. However, factors such as health, attitude towards one's self, life circumstances are important determiners of happiness.
- For most individuals, retirement is a difficult and stressful event. For some, retirement can be perceived positively as they can devote more time to their hobbies and leisure activities.
- In bereavement, elderly persons suffer from depression, loss of social support and physical problems. Loneliness is a chief problem for all bereaved.
- Aged persons tend to suffer from depression due to biochemical disturbances, personal inabilities, and social/cultural factors. They may represent their depression somatically.
- With increasing age, people seem to gradually build up a repertoire of coping skills which give them survival power during old age. Older people can endure greater stress than young ones.
- Psychological interventions at multilevels — individual, family and societal, prove to be effective in enabling the elderly cope with daily life events. They help the elderly in their personal growth and improving their quality of life. Elderly can deal more effectively with their stresses, conflicts, anxiety, depression and health-related problems of themselves and of the family members. Psychological interventions should be geared to the needs, interests, capabilities and life goals of the elderly.



### TERMINAL EXERCISE

1. What are the major developmental tasks for the middle aged people?
2. Describe some of the external changes taking place with advancing age.
3. What happens to the cardiovascular system during old age?
4. What are the economical problems in old age?
5. What are the chief goals of psychological interventions?
6. Write short notes on
  - (i) Bereavement

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- (ii) Societal interventions for the aged
- (iii) Depression in old age
- (iv) CNS changes with age
- (v) Family therapy

**ANSWER TO INTEXT QUESTIONS****14.1**

1. a) Belief about memory                      b) Use of memory strategies  
c) Life styles of elderly
2. It can be judged through their ability in reading road maps, understanding labels, filling out forms, understanding conversations, doing shipping and performing daily jobs.

**14.2**

1. Biological factors like the biochemical disturbances and socio cultural factors (like retirement, isolations etc. cause depression in old age).
2. (i) Seeking help through mental health service  
(ii) Family therapy                      (iii) Societal intervention

**HINTS TO TERMINAL EXERCISE**

1. Refer Section 14.1 & 14.2
2. Refer Section 14.3
3. Refer Section 14.3
4. Refer Section 14.6
5. Refer Section 14.8
6. (i) Refer Section 14.6  
(ii) Refer Section 14.8  
(iii) Refer Section 14.6  
(iv) Refer Section 14.5  
(v) Refer Section 14.8