

ADULTHOOD AND AGING

16.1 Introduction

'What will you do when you grow up?'

'What do you want from life?'

'What have you planned for your old age?'

These 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 course. Stability is achieved by adults by making several adjustments with 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 the period of adulthood. It then goes on to describe the physical changes taking place in adulthood. The section on cognitive changes during adulthood and aging deals with some of the changes in mental processes such as memory, learning, attention and intelligence. The later section of the lesson deals with problems of coping and adjustment in adulthood. Some of the psychological interventions for the aged are also given briefly.

16.2 Objectives

After reading this lesson, you will be able to :

- understand some of the important psychological characteristics of adulthood;
 - describe the important features of adulthood;
 - describe the problems of adjustment in old age.
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16.3 Psychological perspective on adulthood

It is believed that most of the development ends with adolescence. Only wisdom continues to grow during adulthood. There are different psychological perspectives which have tried to describe various developmental tasks for adulthood and old age.

Havighurst has enlisted the major developmental tasks for adulthood and old age as presented in Table 1.

Table 1. Havighurst's developmental tasks

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 below

<i>Levinson's Stages</i>	Havighurst's developmental tasks for adulthood and old age
<p><i>Leaving the family (20-24):</i> 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</p> <p><i>Getting into the adult world (early 20s to 27-29):</i> A time of exploration and provisional commitment to adult roles in occupational and interpersonal areas and of fashioning an initial "life structure"</p> <p><i>Settling down (early 30s to early 40s):</i> A period of deeper commitment, sometimes involving the expansion motif of Jung and Kuhlén</p> <p><i>Becoming one's own man (35-39):</i> The high point of early adulthood</p> <p><i>The midlife transition (early 40s):</i> 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</p> <p><i>Restabilisation and the beginning of middle adulthood (middle 40s):</i> A period in which some men make new creative strides but others lose their vitality</p>	<hr/> <p style="text-align: center;">Early adulthood</p> <p>Selecting a mate Learning to live with a marriage partner Starting a family Rearing children Managing a home Getting started in an occupation Taking on civic responsibility Finding a congenial social group</p> <p style="text-align: center;">Middle age</p> <p>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 Adjusting to aging parents</p> <p style="text-align: center;">Old age</p> <p>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 Establishing satisfactory physical living arrangements</p>

Havighurst's and Levinson's theories stress about the demands and behaviours of particular ages. However, there may be some commonalities at different ages because of certain common experiences. Different from these perspectives social learning theories have tried to emphasize upon the social determinants of adult behaviour and the influence of important life events. To bring about changes in adult behaviour, social learning perspectives are particularly useful.

16.4 The period of adulthood

Young adulthood : From the age of twenty onwards, the period of *young adulthood* begins. 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.

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 personality 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, the use of leisure time and plans for old age. For women, menopause occurs between the ages of forty-five and fifty. Menopause is supposed to be 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 lose their jobs. They begin to fear about 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 through death 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 perceptive abilities. There are also changes in the way the person feels about him/herself.

In the movies you must have seen actor Ashok Kumar. He is active and participating in activities of daily life. So it is important to note that old age can be a much happier and fuller time for majority of

old people. Mental or physical decline does not necessarily have to occur. Persons can remain vigorous, active, and dignified until their eighties or even nineties. This is quite possible if they take adequate care of themselves right from their middle age years. In fact, the older persons have vast reservoir of knowledge, experience, and wisdom on which the community can draw.

Intext Questions 16.1

1. What are the major concerns of young adults ?

2. What are the characteristics of middle age ?

16.5 Physical and cognitive changes during adulthood and aging

This section describes some of the major physical and cognitive changes during adulthood and aging. In the present day society, with increasing health consciousness, both men and women want to be physically fit. 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.

Normally people see old age as a period of physical and mental health decline. This section deals with physical and psychological aspects of aging.

(a) Physical Changes

It has been found that the organ systems 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, some is caused by factors such as stress, occupational status, nutritional status and many other environmental factors.

Major physical changes with age are described as

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

(1) External changes

External changes refer to the superficial 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 time, the production of saliva is diminished. This increases the risk of tooth decay.

Physical strength is found 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. 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 elderly are forced to take 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 can't be seen. 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, decreased 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 shows the effects of normal aging rather slowly. With age there is decreasing elasticity of blood vessels, increasing time required for heart to return to rest, decreasing blood cell production and increasing arterial resistance to passage of blood. Many old individuals are found to be suffering from high blood pressure. However, healthy old individuals are found to have blood pressures similar to those of young healthy subjects.

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 response slowing.

(3) Changes in Sensory Capacities

With advancing age, there is a 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.

Cataracts refer to opaqueness of the lens that interferes with the passage of light to the retina

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. Cataracts and glaucoma are commonly found among the elderly. People with cataracts have blurred vision. This also interferes in normal vision.

Glaucoma is pressure within the eyeball.

Hearing

Hearing seems to be best at about age 20. From then on 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.

Intext Questions 16.2

1. What are the three areas of physical changes ?

2. Which are the sensory organs in which changes occur ?

16.5 Cognitive changes in adulthood and aging

Cognition is defined as the processes by which information is acquired, stored, and used. In this section, four major aspect of cognition, memory, learning and 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 tasks like forward digit span or word span. Older subjects do not perform as well on backward digits (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) Factors in Memory Performance 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 has been done on measuring beliefs, perceptions, attitudes, and knowledge about personal 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, so I cannot remember things', 'I forget things very fast because I am getting old'. Elderly persons are always 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 at the grocery store. Another strategy is to associate something to be remembered 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. If the daily activities of the elderly involve intellectual activities like playing chess or bridge, their performance on some of the memory and reasoning tasks is found to be better than elderly nonplayers. 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 day activities helps to maintain everyday cognitive functioning.

c. Learning

Learning is the formation of new associations. It means acquisition of general rules and knowledge about the world. It is believed that learning performance tends to be poorer in late than early adulthood. Can older people acquire new information and skills? Can they try new careers? Such questions are difficult to be answered. 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 learning performance.

Old persons' learning performance may be 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 was no time

pressure and the materials were presented very distinctly and in a simplified manner.

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 performance can be improved.

e.Intelligence

As has been pointed out earlier many of our impressions old age originate from inaccurate knowledge or misconceptions. How do elderly persons perform on intelligence tests? 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 times 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.

f. Intelligence and Everyday Life

Intelligence in adulthood and aging may be viewed as enabling the individual to cope with a variety of demanding everyday tasks and events. Everyday intelligence of the elderly may be 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.

Intext Questions 16.3

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

2. How can the everyday intelligence of the elderly be judged ?
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16.6 Problems of adjustment in old age

How does one best 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, interpersonal relationships and some type of occupational activities while others tend to remain socially isolated, 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 problems

A. Poor Image Problems faced by Older people

Older people in general do not like themselves as much as younger people like themselves. 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 reported 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 such as health status, life circumstances of an individual, attitude 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 their identity lies with their jobs. Loss of job thus results in a loss of self-esteem and self-worth. Retired people find it

difficult to adjust to retirement because of financial problems, health reasons, and feelings of loneliness. Loneliness would be greater in cases where spouse has died. Retired individuals have to make several adjustments in their roles, personal and social associations, and in their sense of accomplishment and productivity. However, it does not necessarily mean that retirement results in negative consequences for all individuals. 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 health 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. Older persons' feelings related to death may be due to specific occurrences in their lives such as being moved from home to a 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 in Old Age

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.

16.7 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 can 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 more use of information seeking and of problem solving rather than withdrawing or isolating.

- (4) Increasing one's self-confidence, self-reliance, developing healthy attitudes 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, 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 makes 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 grandparenting 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.

16.8 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 interentions are :

1. insight into one's behaviour
 2. anxiety or depression relief
 3. relief to relatives
 4. adaptation to a present situation
 5. improving self-care skills
 6. encouraging activity
 7. facilitating independence
 8. accepting one's weaknesses and difficulties
 9. improving interpersonal relationships
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There are several psychological interventions which are needed for the aged and prove to be very useful. Some of the important ones are described below.

A. Seeking Help through Mental Health Services

Old persons can be provided help from professional 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. Counseling psychologists can help old people prepare for and cope with potentially stressful life events like retirement, widowhood, and financial security in old age. They can be motivated for an active orientation toward oneself and the world and to keep their options open.

Many types of mental health services could be provided at various levels, depending upon the need of an individual in a variety of settings, by both professional, family members and friends.

Psychological services need to take into consideration (1) the capacities of the elderly individual, (2) societal demands regarding 'appropriate' behaviour for the aged, (3) expectations of the significant others, and (4) what the elderly person expects of himself/herself.

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 con-

flicts between young and the aged, coping with illness of elderly, and family decision about institutionalization of the elderly person. If properly handled, family therapy can strengthen 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 the 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 toward the aged and increasing the older person's reliance on the community, family, and friends.

Intext Questions 16.4

1. What factors cause depression in old age.

2. Name three psychological interventions.

What you have learnt

Here are the main points of the lesson to remember :

- ★ Age is one of the basic categories in which people are classified. At each period of adulthood, there are certain special needs and demands which need to be fulfilled for healthy adjustments. 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 life and family life. In old age, concern is more towards physical and psychological health, 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 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 incompe-
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tence 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. Further research needs 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 population 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 times, complex decision making and difficulty in retrieving stored materials. Intelligence remains fairly constant. If allowed more time and self-pace the 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 in old age. Old 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
 - (ii) Societal interventions for the aged
 - (iii) Depression in old age
 - (iv) CNS changes with age.
 - (v) Family therapy
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Key to Intext Questions

16.1

1. The major of young adults are to establish themselves in life, job and family.
2. The characteristics of middle age are
competence
maturity
responsibility
stability

16.2

1. The three areas of physical changes are:
external changes, internal changes and change in sensory capacities.
2. a) Vision
b) Hearing
c) Sense of taste and smell
d) Sensitivity to touch

16.3

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 shopping and performing daily jobs.

16.4

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 exercises

1. Refer Section 16.3
2. Refer Section 16.5

3. Refer Section 16.5
 4. Refer Section 16.6 (c)
 5. Refer Section 16.5 (physical changes internal)
 6. (i) Refer Section 16.6 (D)
 - (ii) Refer Section 16.8 (D)
 - (iii) Refer Section 16.6 (E)
 - (iv) Refer Section 16.5 (physical internal changes)
 - (v) Refer Section 16.8 (D)
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