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### Unit 7 Questions

(Required Question): Late adulthood is the developmental period that begins at around 65 years of age and continues until death. During this stage, individuals may experience significant physical and physiological changes. Some of the most notable changes include Physical changes: Late adulthood is associated with a decline in physical abilities such as strength, endurance, flexibility, and coordination. Aging also affects sensory systems, leading to decreased vision, hearing, taste, and smell. Cognitive changes: Older adults may experience some cognitive decline, including difficulty with memory, attention, and processing speed. However, it is important to note that this decline is not universal, and many older adults maintain their cognitive abilities. Emotional changes: Emotional regulation may become more difficult in late adulthood, and older adults may experience more negative emotions such as anxiety and depression. Health changes: Older adults may be more susceptible to chronic health conditions such as diabetes, heart disease, and arthritis. They may also experience more frequent illnesses and slower recovery times. Social changes: As friends and family members pass away, older adults may experience social isolation and loneliness, which can negatively impact their mental health and overall well-being. It is important to note that while these changes are common in late adulthood,

they are not universal. Many older adults remain healthy and active well into their later years, and there is a great deal of individual variability in how aging impacts physical and physiological functioning

1. Cognitive mechanics and cognitive pragmatics are two components of cognitive functioning that are important for understanding changes in late adulthood. Cognitive mechanics refers to the basic cognitive abilities that underlie all thinking and problem-solving tasks. These abilities include processing speed, working memory, and perceptual abilities. In other words, cognitive mechanics are the building blocks of thinking and learning. Cognitive pragmatics, on the other hand, refers to the practical knowledge and strategies that are necessary for effective communication and social interaction. These abilities include language comprehension, social awareness, and the ability to navigate complex social situations. Research suggests that cognitive mechanics tend to decline more sharply in late adulthood than cognitive pragmatics. For example, processing speed, working memory, and perceptual abilities all show significant declines in late adulthood. However, older adults often compensate for these declines by relying on their accumulated knowledge and experience, as well as using strategies such as selective attention and inhibition. In contrast, cognitive pragmatics may actually improve in late adulthood. For example, older adults tend to have better emotional regulation and problem-solving skills, which can contribute to more effective communication and social interaction. Additionally, older adults may have a greater appreciation for diverse perspectives and experiences, which can lead to more effective social interactions.

2. Memory changes are a common concern among older adults. There are several types of memory, and each may be affected differently by aging. The following are some common changes in memory that occur in late adulthood, Working memory refers to the ability to hold and manipulate information for short periods of time. Older adults may experience declines in working memory capacity, which can make it more difficult to perform tasks that require the simultaneous processing of multiple pieces of information. Episodic memory: Episodic memory is the ability to remember specific events or experiences. Older adults may experience declines in episodic memory, particularly for events that occurred recently or that require complex retrieval processes. Semantic memory: Semantic memory is the ability to remember facts and general knowledge. Older adults generally maintain their semantic memory abilities, although retrieval speed may decline. Procedural memory: Procedural memory is the ability to remember how to perform specific tasks or skills. Older adults generally maintain their procedural memory abilities, although there may be some declines in motor coordination. Memory retrieval: Older adults may experience difficulty with memory retrieval, particularly for memories that are not frequently accessed. This may be due in part to changes in the brain's retrieval processes. It is important to note that while some memory changes are common in late adulthood, they are not universal. Many older adults maintain their memory abilities well into their later years, and there is a great deal of individual variability in how aging impacts memory functioning. Additionally, there are several strategies that can help older adults maintain and improve their memory, such as engaging in mentally stimulating activities, getting regular exercise, and practicing good sleep habits.

8. Depression is a common mental health problem among older adults, and it can have a significant impact on quality of life. Older adults may be at increased risk of depression due to factors such as social isolation, physical health problems, and the loss of loved ones. Anxiety is another common mental health concern among older adults, and it can be related to a variety of factors such as health problems, financial concerns, and the fear of falling or other accidents. Dementia is a group of conditions that affect memory, thinking, and behavior, and it is most commonly associated with Alzheimer's disease. Dementia can have a significant impact on an individual's ability to function independently and may require significant support from caregivers. Substance abuse can be a significant mental health concern among older adults, particularly for those who have experienced significant life changes such as retirement or the loss of a loved one. Suicide is a serious concern among older adults, particularly among men. Factors that may contribute to suicide risk among older adults include social isolation, physical health problems, and depression. It is important to note that while these mental health concerns are common among older adults, they are not a normal part of aging. Mental health problems and concerns should be taken seriously and addressed through appropriate interventions, such as therapy, medication, and support from caregivers and loved ones. Additionally, there are several strategies that can help older adults maintain their mental health, such as staying socially connected, engaging in regular physical activity, and practicing stress-management techniques.

11. Religion can play an important role in the lives of many older adults, providing them with a sense of purpose, meaning, and community. The following are some common ways in which older adults are involved in religion and the benefits they may receive Religious participation: Many older adults attend religious services regularly, pray regularly, and read religious texts.

Religious participation can provide older adults with a sense of connection to a community, which can help combat feelings of loneliness and isolation. Spiritual support, religion can provide older adults with a source of spiritual support during times of difficulty, such as when coping with illness or the loss of a loved one. Coping with illness and disability: Religion can also provide older adults with a framework for understanding illness and disability, as well as the hope and comfort that comes from a belief in an afterlife. Improved mental health: Religious participation has been linked to improved mental health outcomes in older adults, including reduced rates of depression and anxiety. Improved physical health: Some studies have also found that religious participation is associated with better physical health outcomes in older adults, such as a reduced risk of mortality and better overall health.

15. Socioemotional Selectivity Theory: This theory, developed by Laura Carstensen, proposes that as individuals age, they become increasingly aware of the finite nature of their lives and prioritize goals that are emotionally meaningful and focus on maintaining and maximizing positive emotional experiences. This can lead to a greater emphasis on social connections with close family and friends and a decrease in the importance of more distant relationships or social activities that do not provide a sense of emotional fulfillment. Selective Optimization with Compensation Theory: This theory, developed by Paul Baltes and colleagues, proposes that older adults are able to adapt to the physical and cognitive changes that come with aging by selectively choosing activities and social relationships that are most important to them, optimizing their performance in those areas through continued practice and learning, and compensating for any losses or declines through the use of cognitive strategies or assistive devices. Gerotranscendence Theory, this theory, developed by Lars Tornstam, proposes that as individuals age, they

experience a shift in their perspective on life that leads them to transcend the limitations of their earlier life stages and to focus on spiritual or existential concerns, such as a deeper understanding of the interconnectedness of all things, a greater appreciation for the beauty of life, and a reduced emphasis on material possessions or social status.

16. Ageism is a form of discrimination or prejudice based on a person's age, typically against older adults. Ageism can manifest in different ways, such as stereotyping, prejudice, or discrimination. Ageism can lead to negative outcomes for older adults, including social exclusion, decreased self-esteem, and reduced access to resources.

Two examples of ageism are, A job advertisement that specifically states a preference for younger applicants or indicates that the job is not suitable for older adults, even though there is no justifiable reason for such a restriction. A doctor dismissing an older patient's symptoms or concerns as "just a normal part of aging" without fully assessing their condition or exploring potential treatments, which can lead to inadequate or inappropriate medical care.

24. The definition of death has evolved over time and can vary across cultures, religions, and legal systems. There are several alternative definitions of death, including: Clinical Death: This definition of death is based on the cessation of cardiac and respiratory function. When the heart stops beating and the lungs stop functioning, the person is considered clinically dead. However, with the advent of modern medical technology, it is possible to revive some people even after a prolonged period of clinical death. Brain Death: This definition of death is based on the complete and irreversible loss of all brain function, including the brainstem, which controls basic life-sustaining functions such as breathing and heart rate. Brain death is considered legal death in

many countries and is used as the standard definition for organ donation. Legal Death: This definition of death is based on legal criteria that vary across jurisdictions. Legal death may be defined as the absence of vital signs, the irreversible cessation of brain function, or other criteria defined by law. Social Death, This definition of death refers to the point at which an individual is no longer recognized or valued as a member of society. This may occur in situations where a person has been declared legally dead but their family or community refuses to accept this diagnosis or where an individual is deemed no longer productive or useful to society. It is important to note that these definitions of death can have significant implications for end-of-life care, organ donation, and legal rights, and they may continue to evolve as medical and technological advances change our understanding of death and dying.