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Human Growth and Development

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Required Question

A we age, it becomes increasingly likely that we will have some disease or illness. The majority of adults still alive at 80 years of age or older have some type of impairment. Chronic diseases are rare in early adulthood, increase in middle adulthood, and become more common in late adulthood. Arthritis is the most common chronic disorder in late adulthood followed by hypertension. Older women have a higher incident of arthritis, hypertension, and visual problems but a lower incident of hearing problems than older men do. Nearly sixty percent of U.S. adults sixty-five to seventy-four years old die of cancer or cardiovascular disease. Cancer recently replaced cardiovascular disease as the leading cause of death in U.S. middle-aged adults.

Normal aging brings some loss of bone tissue, but for some individuals loss of bone tissue becomes severe. Osteoporosis involves an extensive loss of bone tissue and is the main reason many older adults walk with a mark stoop. Decline of vision began for most adults begin in early or middle adulthood and these can include cataracts, glaucoma, macular degeneration. Memory changes during aging, but not all types of memory change with age in the same way. Also touch, pain, smell, and taste are changes that can occur in older adults. Some of the mental health problem a older adult can encounter include dementia and Alzheimer disease.

Question 2.

Memory does changes during aging, but not all types of memory change with age in the same way. We will begin by exploring possible changes in explicit and implicit memory. Explicit memory is the memory of facts and experiences that individuals consciously know and can state. Explicit memory also is sometimes called declarative memory. Examples of explicit memory include recounting the plot of a movie you have seen or being at the grocery store and remembering what you wanted to buy. Implicit memory is the memory without the conscious recollection. It involves skills and routine procedures such as driving a car, typing on a computer keyboard, that you perform without having to consciously think about what you are doing. Explicit memory is less likely to be adversely affected by aging than implicit memory is.

Episodic and semantic memory are viewed as forms of explicit memory. Episodic memory is the retention of information about the where and when of life's happening. For example, what was the color of the walls in bedroom when you were a child, or what did you eat for breakfast this morning? Younger adults have better episodic memory that older adult have. Older adults think that they can remember long-ago events better than more recent events. However, researchers consistently have found that the older the memory is, the less accurate it is in older adults.

Question 4.

Wisdom is expert knowledge about the practical aspects of life that permits excellent judgement about important matters. This practical knowledge involves exceptional insight into human development and interactions, good judgement and an understanding of how to cope with difficult life problems. In regards to wisdom, Paul Baltes and his colleagues have reached

the following conclusions: High levels of wisdom are rare. Few people, including older adults, attain a high level of wisdom. The fact that only a small percentage of adults show wisdom supports the contention that it requires experience, practice, or complex skills. Factors other than age are critical for wisdom to develop to a high level. For example, certain life experiences, such as being trained and working in a field involving difficult life problems and having wisdom-enhancing mentor, contribute to higher levels of wisdom. Also, people higher in wisdom have values that are more likely to consider the welfare of others that their own happiness.

Personality-related factors, such as openness to experience, generativity, creativity, are better predictors of wisdom than cognitive factors such as intelligence. A recent study found that self-reflective exploratory processing of difficult life experience was linked to higher levels of wisdom. Another recent study found that personality trait of openness to experience in early adulthood predicted wisdom sixty years later. Also in this study, wisdom in late adulthood could be traced back to experiences and characteristics at different points in development, such as supported childhood, adolescent competence, emotional stability in young adulthood, and generativity in middle adulthood.

Question 14.

The eight stages of the human life according to Erickson theory include: Integrity versus despair which individuals experience in late adulthood. This stage involves reflecting on the past and either piecing together a positive view or concluding that one's life has not been well spent. Though many different routes, the older adult may have developed a positive outlook in each of the preceding periods. If so, retrospective glances and reminiscences will reveal a picture of a

life well spent, and the older adult will be satisfied. But if the older adult resolved one or more of the early stages in a negative way (socially isolated in early adulthood or stagnating in middle adulthood, for example) retrospective glances about the total worth about his or her life might be negative. Life view is prominent in in this final stage. It involves looking back at one's life experience and evaluating, interpreting, and often reinterpreting them.

Question 15.

It should be apparent that there are large individual differenced in the patters of change for older adults. The most common patter is normal aging, which characterizes most individuals. Their psychological functioning often peaks in early midlife, plateaus until the late fifties to early sixties, then modestly declines through the early eighties, with mark decline often occurring prior to death. Another pattern involves pathological aging, which characterizes individuals who in late adulthood show greater than average decline. These individuals may have mild cognitive impairment in early old age, develop Alzheimer disease late, or have chronic diseases that impair their daily functioning. A third patter of change in old age is successfully aging, which characterizes individuals whose physical, cognitive, and socioemotional development is maintained longer than for most individuals and declines later than for most people.

Define ageism, and provide two original examples of ageism.

Ageism is defined as a prejudice or discrimination on the grounds of a person's age. Social participation by older adults is often discouraged by ageism. They are often perceived as incapable of thinking clearly or learning new things, enjoying sex, contributing to the community or holding responsible jobs. Many older adults face painful discrimination and

might be too polite and timid to object openly to negative stereotyping. Because of their age, adults might not be hire for new jobs or might eased out of old ones, they might be shunned socially and they might be aged out of their family life.

Ageism is spread. One study found that men were more likely to negative stereotype older adults than were women. The most frequent form of ageism is disrespect for older adults, follow by assumptions about ailments or frailty caused by age.

Question 24.

Twenty-five years ago, determining whether someone was dead was simpler than it is today. The end of certain biological functions such as breathing and blood pressure and the rigidity of the body were considered to be clear signs of death. Defining death today is more complex. Brain death is a neurological definition of death which states that a person is brain dead when all the electrical activity of the brain has ceases for a specified period of time. A flat electroencephalogram or EEG recording for a specified period of time is one criterion for determining brain death. The higher portion of the brain often die sooner than the lower portion. Because the brain's lower portion monitor heart beat and respiration, individuals whose higher brain areas are dead may continue the breath and have a heartbeat. The definition of brain death currently followed by most physicians includes the death of both the higher cortical function and the lower brain stem function.

Some medical experts argue that the criteria for death should include only higher cortical functioning. If the cortical death definition were adopted, then physicians should claim a person is dead who has no cortical functioning, even if the lower brain stem is functioning.

Supporters of the cortical death policy argue that the function we associate with being human, such as intelligence, and personality are located in the higher cortical part of the brain. They believe that when these functions are lost, the human being is no longer alive.

Question 25.

Euthanasia or easy death, is the act of painlessly ending the life of an individual who is suffering from an incurable disease or severe disability. Sometimes euthanasia is called "mercy killing." Distinctions are made between two types of euthanasia: passive and active. Passive euthanasia occurs when a person is allowed to die through the withholding available treatment, such as withdrawing a life-sustaining device. For example, this may involve turning off a respirator or a heart-lung machine. Active euthanasia occurs when death is deliberately induced, as when a physician or a third party ends the patient's life by administering a lethal dose of a drug.

Question 28.

Elizabeth Kubler-Ross divided the behavior and thinking of dying person into five stages: Denial and isolation, anger, bargaining, desperation, and acceptance. Denial and isolation is the first stage of dying in which the person denies that death is really going to take place. The person may say, "No, this can't happen to me." "It is not possible." This is a common reaction to terminal illness. Anger is the second stage of dying, in which the dying person recognizes that denial can no longer be maintain. Denial often gives away to anger, resentment, rage, and envy. The dying person's question is "why me." At this point, the person becomes increasingly difficult to care for as anger may become displaced and projected onto physicians, nurses, family members, and even God. The third stage is bargaining in which the person develops the

hope that death can somehow postpone or delayed. Some persons enter into a bargaining or negotiation often with God as they try to delay their death. Psychologically, the person is saying "yes, me, but…" in exchange for a few more days, the person promises to lead a reformed life dedicated to God or to the service of others.

The Fourth stage is depression, in which the dying person comes to accept the certainty of death. A period of depression or preparatory grief may appear. The dying person may become silent, refuse visitors, and spend much of the time crying or grieving. This behavior is normal and is an effort to disconnect the self from love objects. Acceptance is the fifth stage of dying, in which the person develops a sense of peace, an acceptance for his or her fate, and in may cases, a desire to be left alone. Emotional and physically pain may be virtually absent. This stage is the end of the dying struggle, the final resting stage before death.