Chapters 20-23 Psychology 102

**Chapter 20-21**

1. As an individual ages, the neurotransmitter production in his/her brain starts to experience a decline. In turn, this results in a nerve impulse to travel relatively slowly across neurons. Furthermore, neural fluid begins to decrease and the circulation of blood in the brain slows down. The slowing down of these critical process leads to reduced reactions times, alongside a visible decrease in processing thoughts, movements, and speech.
2. Even as neurotransmitter production slows down in older age, scientists have found that the formation of neurons continues in adulthood alongside the growth of dendrites. Two notable portions in the brain experience a particular development of neurons; the hippocampus region, which aids in remembering, and the olfactory region, which helps experience smells and fragrances. Furthermore, the older neurons experience the growth of dendrites that aid adults in resisting anxiety and depression.
3. In order for information to be perceived, it has to cross the sensory threshold in the brain. The average cognitive scores of adults unaware of their hearing loss were found to be only 2% less compared to adults who were aware. Although cognitive decline can increase with increased sensory loss, however, an individual may not recognize its effects because of the brain's ability to fill in missed sounds and sights (Berger, 2014).
4. Older adults tend to experience greater declines in explicit and prospective memory. This implies that it becomes slightly harder to recall information or facts that were stored, alongside the ability to remember any future plans or appointments. Moreover, older adults are also known to commonly develop source amnesia, which makes it easier to forget where the stored information originated from.
5. In contemporary times, source memory is particularly important as it enables an individual to trace the origins of ideas and facts. This is because of the explosion of mass media and digital sources of information where audiences are bombarded with audio, print, and video information nearly all the time. Retaining a strong source memory in such cases is important so that older adults will not give in easily to misinformation, propaganda, or false advertisements.

**Chapter 22-23**

1. Even as sexual function and desire decline with age, it is still possible for elder couples to enjoy their sexual relationships. This can be done through increasing foreplay such as kissing, cuddling, or caressing one another. It could also be improved by employing means to increase desire or fantasize about one another to make the experience more satisfying.
2. Even though many couples stay sexually active throughout adulthood, and some continue to maintain that frequency pass the age of 65; however, it has been observed that in most cases sex becomes less frequent and may even stop. Conversely, sexual satisfaction starts to increase after middle age and continues until older adulthood.
3. Since it is known that older adults can experience a notable reduction in response and reaction times, there is a need to design newer tests for older drivers which can test their peripheral vision, reaction and judgment time. One such test could be a computer simulation in which the driver is asked to perform various driving functions while watching video screens and manipulating input devices that simulate an accelerator, steering wheel, gear, and brakes. Older adults that pass the test could have their driving licenses renewed for a marked period.
4. In primary aging, the vascular network in the heart becomes less flexible and heart-pumping rates begin to reduce which, in turn, can increase the risk for cardiac arrest and stroke. Moreover, heart diseases caused by repeated or chronic stress can also signify secondary aging.
5. Some of the after-effects of the Tuskegee study is the continued mistrust of prescription medicine by African American men. This results in delayed treatment or seeking alternative therapies that they trust. In turn, it serves as one factor, among many, which leads African-American men to be at a higher risk of heart disease than other ethnic groups.
6. A broken hip from a fall could lead to a range of complex conditions for an older adult. The lack of mobility can further cause bodily systems to deteriorate, cause stress and infection, and make it difficult for the individual to perform basic functions and manage themselves.
7. Early detection of osteoporosis in older adults can indicate a weakening of the bones before they experience a fracture. With appropriate medication, exercises, and improved diet, older adults can maintain bone strength and reduce the likelihood of fracture from any potential accidents. This, in turn, can lead to the compression of morbidity.
8. The notions of racism and ageism are closely connected. The former is based on stereotyping and prejudice based on race while the latter on age. Both lead the affected party to be treated based on qualities that they have no control over and which should not matter. They both lead to discriminatory treatment that causes detriment to the receiving individual or party.
9. Benevolent ageism is also harmful because the impact of ageism itself causes detriment to the individual in various forms. It can erode an older adult's self-esteem, sense of confidence, and identity, which in turn, leads to the accumulation of anxiety, stress, and morbidity.
10. Older people in long-term relationships have usually been observed to be accepting of each other’s needs and dependencies. They are aware of their earlier times when they were relatively more self-sufficient, and thus, they are not bothered by how other people may judge their relationships.

# **References**

Berger, K. S. (2014). *The Developing Person Through the Lifespan* (9th ed.). New York, NY: Worth Publishers.