Age-related decline in face identification can be trained away, and is explained by horizontal bias.

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horizontally oriented

structure.







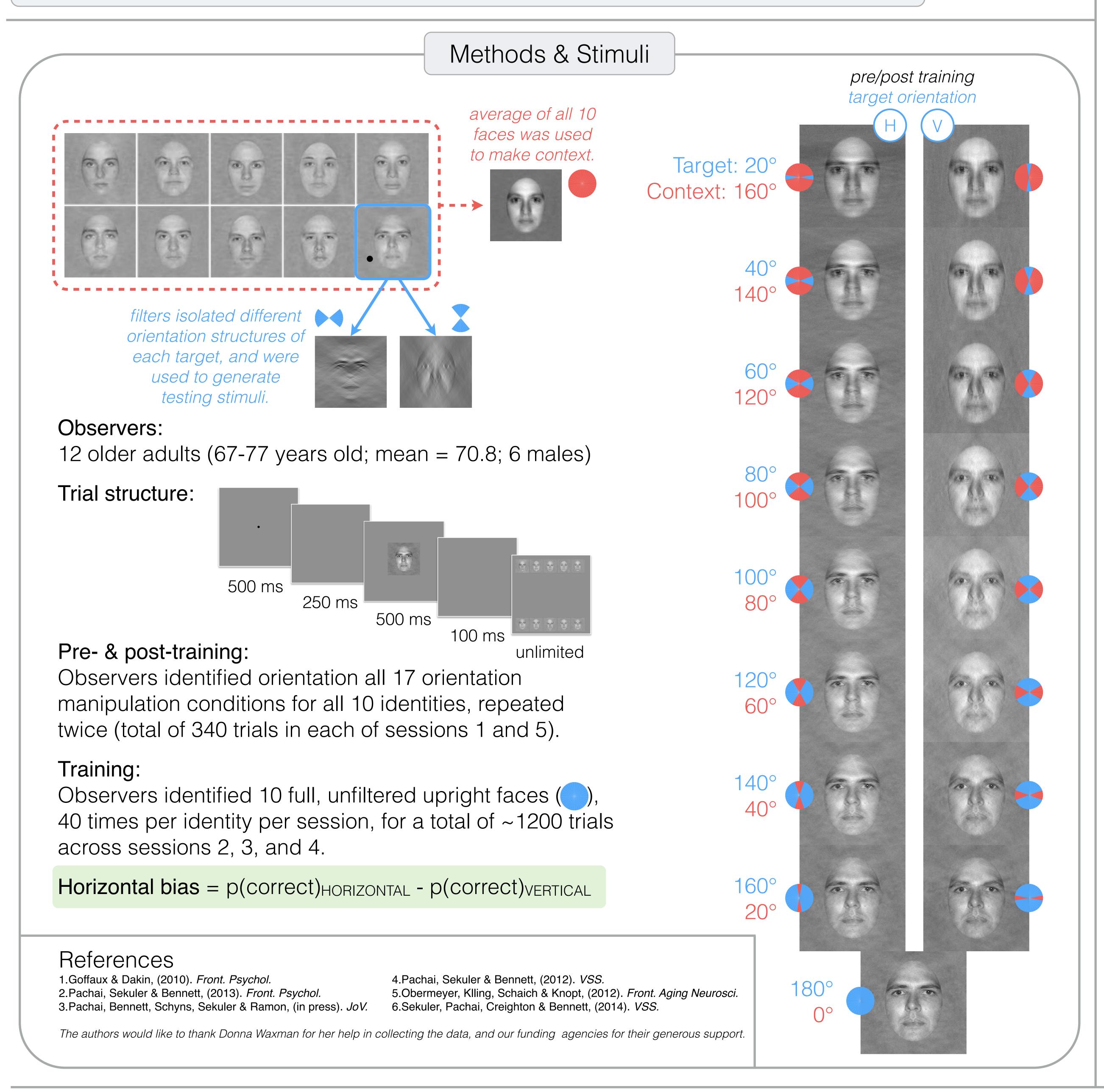
Background

Information diagnostic for face identity is carried by a narrow orientation band centred around horizontal. 1,2

More efficient use of diagnostic information by young adults correlates with upright face identification accuracy², enhanced identification of familiar upright faces³, and improvements from training on inverted faces.⁴

Older adults are less accurate at face identification, and rely less on horizontal structure^{5,6} for broad orientation bands, especially when diagnostic identity structure is presented in a facial context.6

Can training improve older adults' identification of upright faces? Are changes in the use of specific orientation bands able to explain such improvements?



Training: Older adults improved in upright face discrimination. Inverted, pre-training⁴ complete session 2 training, hence the session 2 session 3 session 4 0.0

block (100 trials each)

Training improved overall face identification accuracy in older adults.

Mean improvement: $0.24 \pm 0.046 SEM$

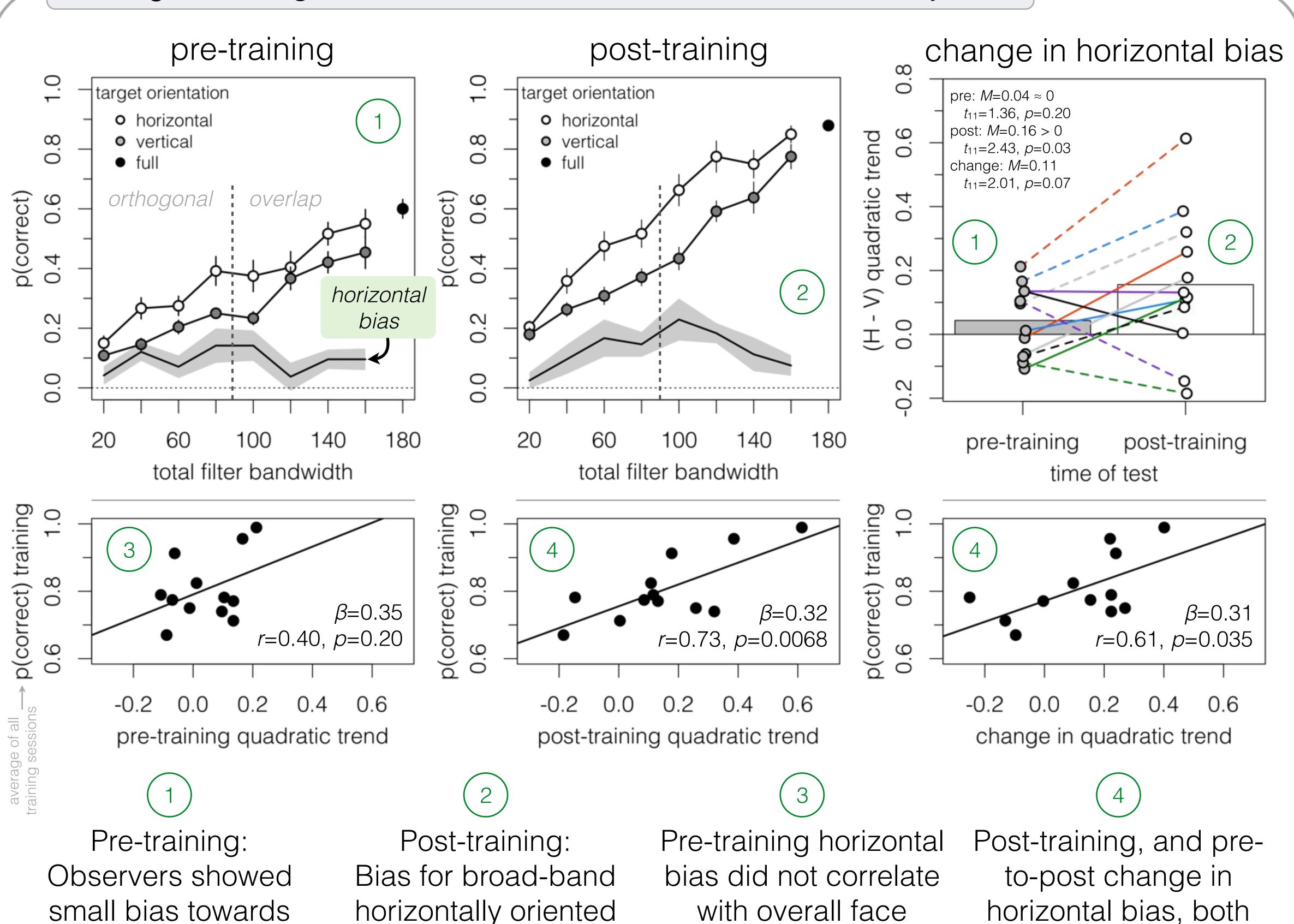
Linear trend test $t_{11} = 5.93, p < 0.0001$

Quadratic and cubic trends were smaller, but also significant.

correlate with face

identification accuracy.

Testing: Learning increased horizontal bias for almost all subjects.



disconnected line.

Age-related deficits in upright face identification can be reduced, and the reduction is limited to changes in orientation structure bias. Training paradigms to enhance face perception with seniors should consider promoting better use of diagnostic orientation structure.

structure increased

following training.

identification

accuracy.