

Disengagement theory cumming and henry engagement essay sample

[Life](#), [Death](#)



Disengagement theory 1961

Elaine Cumming and William Henry stated that old people will naturally isolate themselves as they age. Cumming - According to Cumming older people will become more 'individual' as they have grown up and this process is natural for elderly people. They also start caring less about people views and opinions on them. Many people agreed with the disarrangement theory. Bromley stated it was 'bound to happen', no matter how much we try and avoid it. "Old people have neither the physical nor the mental resources they had when young"...(Health and Social Care Book 1, Amy Whitehouse PG, 170) Some issues can be the reason for elderly people to disengage and pull away. These issues can be things like;

Physical abilities - disabilities, poor mobility or difficulties hearing/seeing can cause barriers to socialising. They may feel embarrassed or discriminated against so they might think its better to not socialise. Geographical memory- they may feel alone and left out if family members move away. This will make them less motivated to socialise with others as they may feel like they would probably move away as well. They may feel scared of losing more people. Retirement- they may give up on socialising as they might not keep in-touch with former collages and people from work. They won't feel motivated enough. Ill-health of friends and relatives- their friends may stop keeping in contact with them as they have physical abilities and illness issues. Travel and technology- older people may find it harder to keep up with all the new technology and how its used. They may feel embarrassed about trying to participate and may feel "too old" for the new technology. They might not have access to a car or may feel pressured in public so they

limit going out and socialising. They may also feel discriminated against or judged by the public.

On the other hand Zimbardo 1992 disagreed with the disengagement theory and stated that some elderly people still engage in social activities. Although they still engage with people they know and are used to instead of making new friends this may still mean that they are engaged. The activity theory
The activity theory was developed by Bromley during 1996 in response to the disengagement theory. It suggests that old people can avoid disengagement when they stay active and maintain social interactions by enjoying the company of others. The activity theory of ageing proposes that older adults are happiest when they stay active, particularly when it is purposeful as it encourages the elderly to replace 'lost life roles' after retirement and, therefore, keep up an interest in life. Bromley also said that its essential to avoid disengagement in order to prevent stagnation and loss of mental as well as physical skills. M2 Discuss two major theories of ageing in relation to the development of the individual Case Study 1- Mrs Thompson

Mrs Thompson is a 70 year old retired midwife that lives on the outskirts of a large town in the north of London. Although Mrs Thompson has been feeling lonely since she lost her husband, she still remains active by attending fit classes and different types of events. Mrs Thompson is more likely to avoid disengagement going to far as she enjoys life by staying active, socialising and keeping in touch whilst maintaining a positive attitude. Bromley suggested that it is important for elderly people to avoid disengagement going to far and that they need to be encouraged to abandon fixed

habits whilst staying mentally active and keeping an interest in life. The activity theory states the importance of staying active in order to avoid stagnation and a loss of mental and physical abilities. In this case Mrs Thompson stays mentally active by reading books that she enjoys. The continuity theory is a theory that older people will still be interested in the things they used to do and continue with interests, social contacts and lifestyles. Atchley explained the importance of continuing as the person you have always been. Mrs Thompson continues with her interests by still enjoying reading and following several programmes on television.

She also attends events at her local community centre where she may be required to socialise and work with other people. She gives another elderly person a lift when she attends the lunch club which indicates that she has not disengaged and still makes an effort to develop relationships. Mrs Thompson avoids disengagement as she would rather not live alone because she enjoys company and also spends some time sleeping over at her daughters house. Geographical mobility was also not an issue and did not give her a reason to disengage as she was looking forward to a trip to America in the summer to spend time with her other daughter. The reason for her actions to avoid disengagement can be because she stays active and involved in order to feel like her life is worthwhile. She might have grown up being used to other peoples company or it can be because of where she used to work.

For example she was trained as a nurse so she could be used to communicating, socialising and meeting new people whilst experiencing new

things throughout. It might be something that she has adapted to. Mrs Thompson may find it hard to cope without staying active in order to limit the risks associated with disengaging. Overall miss Thompson is less likely to disengage and withdraw from people as she still keeps in contact with both of her daughters although one of them lives in America. She also enjoys other peoples company like other people from her community and her daughter's husband. She makes the best of things whilst appreciating her own space. Case study 2- Fred

Fred is a lonely 75 year old man that has difficulties trusting his family. Fred is already withdrawing from people around him as he does not trust his son or his daughter in law however the reason he moved from his semi-detached house was to live amongst other people so that he doesn't feel lonely. His reasons for disengaging can be because he is worried about his health and wellbeing. For example he refuses to go out because he might fall from his leg pains. He has dementia and therefore has doctor visits at home and gets his shopping delivered to him. In other words he is disengaging and does not make an effort to go out due to health issues. Fred is experiencing reduction in social contact and does not care about other people's view about him. Cummings stated that older people may become more ' individual' and may be less concerned with the expectations of others. This is all part of the disengaging process. In this case Fred is showing that he is slowly disengaging by constantly being angry when the social worker visits and ' takes the opportunity to complain at length'. He also makes several complaints against other residents.

On the other hand Bromley argued that ' Although some individuals fight the process all the way, disengagement of some sort is bound to happen'. For example Fred moved to the flat to avoid isolation. He couldn't cope on his own and thought it would have been better to live amongst other people as he grew older. However he seemed to not enjoy other peoples company as he progressed meaning that he tried fighting the disengagement process although it was going to happen either way. Fred may also feel disengaged because of geographical mobility as his only son lives in Wales. This can also be the reason for Fred's trust issues. He might not trust him as he may feel like his only son left him behind so anyone else he gets close to may also leave him behind. Overall Fred is more likely to disengage as he grows older because of ill-health, geographical mobility, and travel and technology.

P5 Explain the physical and psychological changes associated with ageing
Cardiovascular system- our heart rate becomes faintly slower as we age. Our blood vessels and our arteries also become stiffer, making it harder for the heart to pump blood around the body. This can lead to high blood pressure (hypertension), narrowing of the arteries and increased cholesterol. This is a result of the fat being laid down in the walls of the blood vessels. Elderly people are more likely to develop coronary heart disease, strokes or heart attacks. Elderly people tend to develop high blood pressure because of atherosclerosis (clogging up) and because the elasticity in the walls of the blood vessels may decrease causing the heart to work harder. Fatty deposits may break away and block the artery which may result in coronary heart disease. Heart attacks occur when blood flow is blocked. Physical

changes - With age, bones incline to shrink in size and density, which weakens them and makes them more vulnerable to fracture.

Muscles tend to lose strength and flexibility, the skin becomes less dense, ligaments become looser and we can even become shorter. We get shorter because the cartilage (that splits the vertebrae in the backbone) becomes compressed which can also lead to the spine becoming rounded. Senses- as we age our senses can become compromised and our ability to smell and taste, see and hear can deteriorate. It may be harder to hear high pitched noises. Elderly people are more at risk of hypothermia as their skin lack sensitivity. Organs- elderly people are more at risk of constipation because of weak muscles. Our breathing may become less efficient as our respiratory muscles will become fragile as we age. Elderly people don't have the ability to absorb nutrients as efficiently as before. The elastic walls of the small air pockets called alveoli become damaged resulting in weakened gas exchange in the lungs. Respiratory system- there is a high chance of elderly people to develop emphysema, chronic obstructive pulmonary disease and bronchitis.

Bronchitis is a result of weakened lungs and reduced strength of chest muscles. Emphysema can be a consequence of smoking. This is when the air sacs in the lungs are impaired due to the lungs generating chemicals.

Nervous system- neurotransmitters are the chemicals released by the nerves to communicate and control muscles. Unfortunately these may function less efficiently with age. People aged 50-70 are more at risk of developing motor neuron disease. This is when the muscle tissues are damaged due to the nerves deteriorating. Musculoskeletal- older people may develop muscle

thinning, decline in mobility and arthritis. As we age we start losing muscles and our skeletal muscles tend to shrink resulting in less mobility/ Cognitive- As we age we lose nerve cells in the brain which then reduces the ability of nerves to transmit electrical signals. This then affects a persons thinking, memory or mental abilities. For instance elderly people may need some time responding, they may be asked a question and they might answer back after 10 minutes or so. This however does not mean they have dementia.

Dementia

There are two types of dementia; Alzheimer's disease (damage to the structure and brain) and vascular disease (problems with blood supply to the brain). Dementia is something that is very common in old people. Usually over the age of 65 years. People with dementia have difficulties dealing with many things like finding their way, processing things, remembering things, communicating and solving problems. M3 Discuss the effects on self esteem and confidence of the physical changes associated with ageing Elderly people may not enjoy adapting to their new lifestyle as a retired person or being less capable to do the things they did when they were younger. " Old people have neither the physical nor the mental resources they had when they were younger" (Amy Whitehouse, BOOK1 pagee168) . They might feel less motivated about life which can lead to feelings of insecurity and loss of self worth.

For instance a retired social worker may have worked hard to support and help people, so he or she would be used to that kind of job as they have worked hard to get where they were. They may feel useless as they age and

feel useless as there won't be people to help or the fact that people may think they're useless. They may miss the things they used to do as well as keeping in touch with other colleagues or friends from work. Old people might also feel scared and discriminated against because of health issues. They may think of themselves as 'worn out' or 'wrinkly'. They may not have enough confidence to go out and enjoy the things they used to. They may feel scared of either getting hurt or of what people may think of them as they have grown old.

They may also feel isolated and alone if their loved ones have started their own lives or moved to different places. This can also lead to them disengaging from people in fear that they might leave too so they would want to avoid getting hurt. Elderly people can experience many health issues and memory loss that can lead to them being less confident in communicating or socialising with other people. For example they might have problems hearing so they wouldn't be able to communicate properly. They may also feel as if they lost their self independence as they may not be able to go to places or do certain things without assistance. This will make them feel more vulnerable and depressed. Other issues

Ageism- Ageism is also known as discrimination and can have a huge impact on an elderly person's self esteem. Elderly people can sometimes be categorized by the media as being useless, demented, old, and diseased. People may automatically make assumptions about elderly people. For instance someone might think that there's no need to communicate with an elderly person as they assume they won't be able to hear them properly or

understand anyway. This may make them feel neglected, isolated and disrespected. Grief- losing people close can have many impacts on anyone specifically for an elderly person. This can make them feel scared about the future. They may feel abounded and lonely.