

Two theories of ageing essay



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The Activity Theory was originally an idea that was proposed by Lemon Bengtson & Peterson this proposal was seen to have a much more hopeful and positive view on ageing in comparison to the disengagement theory by Cumming and Henry. The activity theory suggests that as people get older their ageing process will be more successful if they maintain their roles and responsibilities as they did when they were younger this is if they continue to occupy themselves with activities and keep a positive outlook on life.

Moreover if a person has increased social contact and continuously engages themselves with activities and has a positive attitude towards life. In order to the maintain their social, emotional, physical and intellectual abilities and skills and have a good quality of life old people will need to receive the support/ facilities they need for them to be able to seize any opportunity to stay active, these opportunities will come from having roles, responsibilities and relationships which they can share their life experiences with.

These are the factors that will affect whether or not and old person will go through the disengagement process or the activity process in later life. In comparison to the disengagement theory the activity theory views old age as an extension to the middle age instead of a separate psychological and biological stage in an individual's life. So the activity theory proposes that old age is a continuity of the middle age as an individual should carry forward the biological and psychological stage of life from the middle age into old age.

In the 1950's Havighurst said that in old age if there is a loss of roles, activities or relationships that individual should replace those roles with new

roles, responsibilities or activities in order to stay happy and have a positive outlook on life which will give the individuals life value and well-being. He also said that if an individual stays actively involved with others on a social level they will be more satisfied with their own life. In old age, events such as bereavement and retirement can inhibit the levels of social networking and a person's outlook and perspective on life.

However Bromley argued and said that an old person will need to disengage to a certain extent but at the same time stay active, this is to ensure that the process of disengagement does not fully complete. He argued that: ' It is not sufficient merely to provide facilities for elderly people. They need to be educated to make use of them and encouraged to abandon apathetic attitudes and fixed habits. ' In this quote from Bromley we can see how he thinks that just by giving older people facilities to use it will not help them to come out of the disengagement process or for some it does not prevent them from experiencing the process of disengagement in the first place.

In order to stop this from taking place elderly people will need to be taught how to make use of these facilities to their full extent. Disengagement Theory- Cumming/Henry 1961 Cumming and Henry came up with the idea of The Disengagement Theory, this theory suggests that as people begin to get older they start to withdraw from all the positive things that they previously did in their lives from when they were younger.

According to Cumming and Henry this was as a result of a decline in their health and ability to do things as they normally would, this decline could be in their physical, social, emotional and intellectual skills and abilities. Due to

the disengagement process people lower their interests and reduce the amount of activities that they participate in because they feel like there is not much expected from them as they have become older and weaker. Therefore they are willing to give and retire from the things that they once used to live for e. g. work, hobbies and relationships.

At this stage old people are disengaging from the responsibility and livelihood that they were previously experiencing and decide to become inactive, less social and have minimum friendly interactions with others. When people get older they start to live their life in the opposite way to how they lived it when they were younger. When in the disengagement process those people who were usually active and social as they get older they would begin to withdraw from all these positive things in their lives and give up on what was seen as traditional and normal behaviour, this could be anything from going to work or visiting the social club.

In the disengagement process any normal and routine thing such as work or visiting friends would reverse and change into something that was completely negative like retiring from work and being anti-social. Cumming said that the amount of social contact that the old people would experience will slowly reduce as they get older and they would chose to become more independent and individual in terms of shutting other out of their lives and resorting to doing nothing active or meaningful in their lives with this they have a less concern with what others expect from them.

He also said that disengagement was a natural process that comes with aging which is appropriate and healthy for older people to withdraw from the

people around them. P5: Physical and psychological changes of ageing As an individual is going through the ageing process there is a range of changes that they may experience, these changes could be physical or psychological; there are a number of different physical changes that an individual may experience due to ageing such as changes to the bones.

As bones are made from living tissue when we age our bones get weaker because of the loss of bone tissues and this makes them less dense which alters the structure of the bones. With ageing the bones become less dense for different reasons for instance living an inactive lifestyle can cause bone wastage and if the bones are losing calcium this could also make them weaker. When the bones get weaker it means that the bone mass is low and this puts people at a greater risk of breaking bones, this may be as a result of falling or unexpectedly bumping into something.

This is one of the reasons why elderly people are more prone to getting fractured bones, for example if an elderly person falls down the stairs and breaks their hip this will affect them, both physically and psychologically. A condition that can be linked in with this is arthritis The physical affect would be that the hip is broken which will prevent them from walking and may even result in the person becoming housebound, stopping them from conducting their daily routines and activities, these activities may be anything from visiting the community centre or simply looking after the house or making food for themselves.

Thus, this will affect the individuals self-confidence and independence as they may have to rely on others help in order to conduct daily activities or just

have someone there to look after them. Therefore this is seen as the psychological effect of breaking bones as this may change the ways in which a person perceives their own ability of doing things for themselves, these are considered as psychological affects because it alters the way in which a person thinks about themselves. An example of someone who went through the processes involved in the disengagement theory of ageing is Mrs M, who was once a very sociable individual.

There were many ways in which she was sociable as she used to go visit friends, attend social events such as wedding functions and parties. As well as this Mrs M was also significantly active, aside from playing the role of a housewife who cooks, cleans, and looks after the family she also went for regular visits to the park for a walk with her husband and their friends. She would often choose to walk into town for the groceries instead of using the bus or going in the car with her son or daughter. However, Mrs M's life was turned upside down when her husband died after suffering a heart attack.

This is when she began to experience the different stages that were involved in the process of disengagement. The shock of losing her husband so suddenly had affected Mrs M in a major way; her outlook on life drastically went from positive to negative. She had changed from a cheery, socially active individual into someone who was constantly miserable and tried to cut off her links with the outside world. After the death of her husband she was not alone as she was living with her son, daughter, son-in-law and grandson, so she was surrounded by people who loved and cared for her.

But at the time of grieving in spite of the fact that she had her friends and family around her she did not share her feelings and emotions with them. She chose to grieve in silence, pushing her dear ones away from her. On numerous occasions when her children and grandchildren went to visit her it was as if she was physically in the room but she was mentally/psychologically withdrawn. As stated by Cumming and Henry in terms of the disengagement theory an individual retires from the roles, relationships and responsibilities that they previously engaged in.

Similarly in the case of Mrs M she also disengaged from conducting the tasks and responsibilities that she once did when her husband was alive. As time passed she gradually stopped participating in the activities that she regularly did before her husband passed. Whether it was something as little as going for a walk with friends or as big as attending social event like wedding she became totally reserved and stopped participating in such activities. As well as this she also didn't maintain the relationships that she previously had, for example he stopped visiting her friends and when they would come to visit her she was withdrawn and did not engage with them.

In the case of Mrs M it was the death of her spouse (bereavement) that triggered her experiencing the state of disengagement. But an individual may go through the process of disengagement as a result of various reasons such as health problems which may cause a decline in a person's ability to do things, retirement, bereavement and many others. These different factors could affect an individual's physical, social, emotional and intellectual ability.

There is a number of ways in which the theories of ageing that are mentioned above can have an effect on the health and social care provision. The government have put in place a number of different health care provisions to help individuals to lead an active lifestyle and to give them a good quality of life when they reach old age. Although these facilities are provided by the government many of the funds come from the taxes that are paid by UK citizens. However the facilities can cause a strain on the health care system because not all of the facilities that are available are used to their full extent.

For Instance in terms of the disengagement theory if an individual does not want to use the different health care provisions that are available for them then they can't be forced or pressured into taking part in these activities e. g. going to the local community centre to interact and socialise with other individuals of their age. Although there is lots of facilities available there is still hundreds of old people that choose not to go and make use of the facilities that are available, many of these people are those individuals that may be going through the disengagement process.

Many people argue that spending so much money on these health care provisions for elderly people is not worthwhile because many of the individuals are in the later stages of their life. Therefore, many think that the money will be better spent on other facilities for example community centres for the youth. However on the other side of the argument, having these health care provisions available can be very beneficial for other individuals such as the people who experience the activity theory of ageing.

There are various facilities available including day outs to places such as the Black Country museum, having bingo nights Activities for Older People, Adult Protection, Community Transport, Home Care, Luncheon Clubs, Residential Care, Travel Passes and playing memory games with the residents. These activities enable the residents to stay positive and engage them in activities that help stimulate their brain. As health care providers it's their job to provide these facilities for older people to help them to stay active and stay in the activity theory for as long as possible.