Disengagement theory



This is the first formal theory of aging and it was brought forward by Elaine Cumming and William Henry in 1961, and they looked at how society views older people. During their research they found that older people disengaged from society. They argue that older personnel withdraw from society, for example they stop working/retirement, they stop socialising, they feel that they are no longer needed by wider society, for example they younger generation, the wider society does not include family and friends, and that age is a number that represents what we can and cannot do.

On reflection we can see that this view is flawed because it is very dated and does not show a true picture of today's society and views. Also this view is the total opposite of the newer activity theory. M2 Agnes is clearly part of disengagement theory because of the lifestyle she leads. She is a widow meaning that she has lost her lifelong partner and has retracted from society meaning she isn't talking to people and staying active. She has no social life meaning that she has stopped socialising following the disengagement theory.

She has also past retirement age so she isn't staying active at work and keeping her brain mentally healthy so she is more likely to become depressed as she has retreated back into her own world. Activity Theory Robert Havighurst shuns disengagement theory and states that we fight shrinking into our own little world. He believes that a person who manages to remain optimistic and stay active in their old age won't retract from society for example they will remain in employment longer.

He also stated that people choose what they want to do, for example regardless of age they might choose to go skydiving because they are active

enough to do so. Research has shown that, if we remain active in our old age we are more likely to be mentally healthier and are less likely to suffer from depression, for example older people who engage in social activities and have a social network of friends are less likely to become depressed then those who are not engaging in social activities. However research has concluded that ill health, disabilities and widowhood all contribute to inhibiting 65+ people from remaining active within society.

M2 Marion in the case study is clearly following the activity theory because she has a healthy social life and a good social network of friends and is socially active; she is of good health therefore nothing can stop her choosing to do anything she wants, she exercisers regularly therefore her body is fit and she is happier because exercise releases endorphins which is a happy hormone, she's independent and she doesn't have a anyone relying on her and she doesn't have the stress of a husband or children making her a happier person overall.

P5 explain the physical and psychological changes which may be associated with ageing The cardiovascular system Age changes the blood in many ways and these include a decrease in the volume of red blood cells, it constricts the blood and it can cause blockages in the peripheral veins by a blood clot. Also, there might be pooling of blood in the veins in the legs because valves are not working effectively.

Age-related changes in the heart include a reduction in cardiac output, a reduction in the elasticity of the heart's fibrous tissues this makes them weaker, progressive atherosclerosis (fatty build-up or plaques) that can restrict circulation, and replacement of damaged cardiac muscle fibres by

scar tissue, which limits expansion of the cardiac muscle. Age-related changes in blood vessels are often related to arteriosclerosis. This is a thickening and toughening of arterial walls the walls become less tolerant of sudden increases in pressure.

Aging affects aerobic capacity and cardiovascular performance during exercise. Maximum exercise capacity and maximum oxygen consumption slowly decrease during the ageing process, but there is great variation from one individual to another, for example if someone maintains a healthy exercise routine throughout their lives they will be fitter and the effects of ageing won't impact them as much, but someone who does not maintain a healthy exercise routine will deteriorate faster. Aerobic capacity decreases by 50% between ages 20 and 80.

Exercise can also improve the aerobic capacity of older persons by increasing cardiac output and oxygen utilization. The respiratory system The way the aging process affects the respiratory system is about the same as how it affects other organs, which is a gradual deterioration of function. The aging process brings changes to the lungs and its surroundings such as stiffness, loss of elasticity, weaker muscles and shrunken airways. The result of these changes leaves an elderly person more susceptible to breathing problems as they age.

As the aging process progresses, the chest wall lose elasticity and become more rigid due to rib calcification restricting expansion of the rib cage leading to an individual not being able inhale as much oxygen. Respiratory muscles become weaker, most likely due to muscle mass loss within the diaphragm and the muscles between the ribs. These factors, along with the

lung tissue itself losing elasticity, lead to labored breathing, especially in those who have led sedentary lives, because they are more likely to have weaker muscles.

The aging process can also affect the respiratory system by causing a type of emphysema known as senile emphysema, even in those who do not smoke cigarettes. This happens when the alveoli—where the actual gas exchange of oxygen and carbon dioxide takes place—lose depth and become flatter, therefore reducing the alveoli's surface area. Typically, a person will have lost about 25% of their alveolar surface area by the time they are in their 90s, which causes shortness of breath, coughing and wheezing. Nervous system As people age, their brain and spinal cord lose nerve cells and weight.

Nerve cells will transmit messages slower to the brain. Waste products can collect in the brain tissue as nerve cells break down, causing abnormal structures called plaques to form. A fatty brown pigment can also build up in nerve tissue. The breakdown of nerves can affect the five senses. For example you might have reduced reflexes or sensation, leading to problems with movement; this can cause you to have slips and trips more easily. Some slight slowing of thought, memory, and thinking seems to be a normal part of aging.

But there are misconceptions; people might put this down to the elderly becoming 'senile' when really this could be illness setting in such as dementia. Dementia and severe memory loss are abnormalities in relation to the ageing of an individual. They can be caused by degenerative brain disorders such as Alzheimer's disease. But this isn't a universal rule; ageing

can affect people's nervous function in different ways. Poorly controlled blood sugar or glucose levels in the blood with people who have diabetes is another common cause of temporary difficulties with thinking and behavior.

Rising and falling blood sugar levels can interfere with thought and can cause confusion within the individual. Musculoskeletal As people age their skeletal muscle mass starts to deteriorate. Your skeletal muscles (also known as tendons) are the muscles that attach to your bones and are under voluntary control, meaning we control them. A recent study stated that total muscle mass decreases by almost 50% for people between the ages of 20 and 90.

They also concluded that an average people lose about 30% of their strength between ages 50 and 70, and another 30% of what's left per decade after that. Generally, people lose about 1 of their lean muscle mass per year after age 40. Sedentary Lifestyle: Muscle deterioration is a natural process, but a sedentary lifestyle can bring this process on faster. You can rebuild muscle mass lost from a sedentary lifestyle, to do this you need to make the choice to do something physical. Some sedentary people include those who are bedridden, astronauts, and people with minimal physical activity.