

Disability is a very personal experience sociology essay



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Disability is a very personal experience with many pathways. Factors such as age, sex, race/ethnicity, and sexuality all play a factor in a person's experience with disability in the United States. These factors play a role in deciding the needs of the individual and what care they need. The following will show how the different socio-demographic factors play a role in different pathways towards disability. Disability is defined as having limited mobility in either the upper or lower body (Binstock and George 2011).

Disability pathways can vary by age in what stage of the life course the person is in. While not always the case, younger people tend to have less of a risk of becoming disabled than older people (Binstock and George 2011). Disability itself is a difficult term to identify because of the use of the word is not universal as the book points out. The statistic given is that 64% of adults over the age of 65 have some problem with mobility (Binstock and George 2011). This is important to note for age because it shows what age is generally accepted to be the start of some form of disability. Life expectancy has also risen over the past decades as healthcare continues to make improvements. These are important to note because as the population ages, than more people would seem to need assistance as they grow older. One reason discussed for an increase in longevity is lifestyle changes in daily tasks have been made easier for the older population. The text also notes that more seniors are living in places where they can get assistance (Binstock and George 2011). These developments are important when discussing disability pathways because healthcare is always changing and finding new and better ways to care for the disabled population.

Disability pathways can also vary by the person's sex. According to statistics, Women tend to need assistance with a disability earlier in life than men do while women have a longer life expectancy than men (Binstock and George 2011). These differences present a different outcome than age would as a socio-demographic factor because women might need assistance longer than men in cases like this. This is important to note because sometimes men are the primary caregiver in this situation and if they become disabled also then more assistance would be needed. This can also be true if women are the primary caregiver to men. These examples show how couples would handle differences in sex in aging. Single women and single men would have different pathways to disability than couples would and different ways of dealing with their disabilities. Single people would likely have no choice than to seek outside help for their disability and find ways to help pay for their required help. Single people also tend to have less income over their lifetime and single women tend to make even less creating inequality in access to assistance for a disability. These are important differences to note because couples would seem to have more security than single people in regards to sex because of the income differences.

Another way disability pathways can vary is by race/ethnicity because of inequality faced by the minority population. The data show that, on average, racial/ethnic populations have a lower socioeconomic status (Binstock and George 2011). This can create problems with access to the better assistance, discussed earlier with living arrangements and daily task management. This can also lead to a problem with accessing needed healthcare which can lead to more problems with becoming disabled. The text writes that there is no

one reason as to why racial and ethnic minorities have these inequalities by “The law of small effects” (Binstock and George 2011). They further note that more study is needed in the way of “environment” of the people during the life course (Binstock and George 2011). It is also documented that racial and ethnic minorities experience racism and discrimination in their lives and this does have an effect on their overall health (Binstock and George 2011). Race/ethnic pathways differ than age or sex because socioeconomic status plays a larger role in regards to these statuses. These are important to note because the study of minorities and pathways to disability are often times harder for the individuals.

Another socio-demographic factor that affects disability pathways is sexuality. Similar to race/ethnicity, discrimination faced by LGBT minority groups would likely lead to shorter life expectancy. Sexuality as a socio-demographic factor would be different from sex or age pathways because of the discrimination factor and because this minority communities do not have the same legal protections as the heterosexual community does. The LGBT population might also have other areas of inequality in relation to pathways to disability such as access to needed medical services and support. These are important to note as more people have come to identify as LGBT in recent years more specialized care is needed for the population.

These demographic and life course concepts show how disability pathways vary and why they are important to study. These concepts show that, while better in recent years, there is a long way to go in terms of equality for minority populations. Minority groups seem to be at the heart of this problem and that shows how individual pathways may differ because of status.

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Discrimination also plays a role in all levels of the different pathways as it tends to shorten life expectancy.

Question #2

The theories introduced by the various authors in the class are activity theory, disengagement, age integration, and the life course. All of these have useful elements in the discussion of the book "Aging Our Way." In Loe's book, the Age integration theory is shown in lessons one and six on connecting with peers. Also lesson ten and thirteen all suggest a life course theory while the rest of the book seems to support Activity theory. The book would seem to show the evidence for the particular theories.

Most of the theories discussed have some evidence shown in Loe's book, while disengagement theory did not have much support. Disengagement theory is defined by the gaining population disengaging from other people as they grow older (Achenbaum and Bengtson 1994). I think that, while useful, disengagement among the elderly population is not as prevalent as it was when the theory was first introduced. People now have a longer life expectancy and since retirement and I think that the disengagement theory does not take this into account. Disengagement theory as a whole is still relevant to some extent, just not in the context of Loe's book where the focus of the book is on the various activities done and how the people engage more in their final years.

An example of age integration theory is shown in lesson one in Loe's book.

The couple in this chapter had to integrate with people of all age groups to

continue with what they wanted to do. This chapter was about the couple, <https://assignbuster.com/disability-is-a-very-personal-experience-sociology-essay/>

after retiring, keeping their same routine as much as they could which meant having to branch out and find other people their age to keep going (Loe 2011). This meant that activities would range from sports to music and service that would mean people from all ages would be involved with the activity. Lesson six is about connecting with peers. This chapter follows the age integration theory because it shows people interacting with different age cohorts. In Johanna's scrabble group the chapter writes about the different socio economic statuses of the members which would suggest age interaction is going on in this group (Loe 2011).

The life course theory comes into play in chapters ten and thirteen. These chapters write about the importance of family and the acceptance of death. Chapter ten is about how family is important and how of accepting non-traditional types of families is important. This chapter makes a point to talk about friends of the people in the study. These people are defined as new family members because of their closeness with the elderly and that they become better friends (Loe 2011). This is important to note in the life course as a transition to old age where roles are redefined after retirement or a medical issue. Chapter thirteen is about death and how they are preparing for it. This shows evidence for the life course theory and how people deal with it. This is important to note because not all people do this and it seemed to be very important for the people mentioned in this chapter.

Finally, the remaining chapters show support for the activity theory of aging. All of these chapters show how the people would engage more leisurely or more supportive activity than they might have in their working lives. Chapter 7 on resorting to "tomfoolery" shows how the people used humor in many <https://assignbuster.com/disability-is-a-very-personal-experience-sociology-essay/>

ways during their daily lives. Most of this was to engage in social activities as the people in the chapter lived alone for the most part. Chapter 8 on care for others also shows how the activity theory is useful because it shows how caring for others helps all people involved. These examples are important in activity theory because they show people willing to go outside the norm and take different steps than other theories like disengagement would suggest.

I think that the activity theory of aging is more strongly supported by Loe's book. More of the lessons in the book were about people engaging in activity in their normal routine and finding new ways of socializing. Specifically, lesson thirteen where the chapter is about the importance of touch to the people. This chapter shows the importance of physical contact such as hugs. This chapter was important to show how the activity theory can mesh with physical actions such as a hug.

Chapter eight and chapter nine are about reaching out to family and caring for others also show evidence for activity theory. This is done by re engaging people who may have grown apart in the way of family or by caring for others. Both of these acts involve a high level of activity to achieve the goals. Chapter eight discusses how the elderly can care for other elderly and what benefits this action has. The activity is shown to be very beneficial for the people because they have to check up on their neighbors and their family members. This activity is shown to be beneficial because the activity is needed and wanted in most cases. Chapter nine writes about spending time together with family and the benefits this has. Benefits such as engaging family members that may be new or have been separate for many years.

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These chapters in Loe's book show support for the activity theory of aging because they show that people who are more socially engaged with friends and family have a better time with the aging process. These chapters, I think, are specifically important because they show specific ways people engage in activity with others.