

Abstract

Aging is at once a biological, psychological, and social phenomenon. It is a universal feature of human life. It is unique to each individual. It can be delightful, and can be miserable. Everyone wants to be delighted throughout aging, but many things happen alter our lives, especially the death of a spouse while growing old. Coping with the loss of a spouse is often one of the difficult challenges in life. Indeed, accepting the fact of widowhood means realizing that one is now alone. There are curious parallels between widow and alone. As Lopata (1996) pointed out that such loneliness may be intensified by isolation in one's home and the absence of physical and emotional intimacy and touch; also, Parkes (1992) explained if the widowed adult depended on his or her partner for certain roles or activities, adjustment will be especially difficult (as cited in Hooyman and Karamer, 2006. p. 308). The purpose of this paper is to interview someone I know, over age 65, provide a brief life history, using the materials of Social Theories of Aging of Social Gerontology, to demonstrate the topic – Moving from disengagement to activity to continuity: applied to Glenda – approach.

Introduction

The one whose life history I have studied, and whom I refer to as “Glenda” for this paper, is a 65-year old Chinese woman. This is part of her self description:

I was born with the winning ticket, a major reason I was able to study.

My mother died when I was young. My father was a survivor of the civil war in Mainland. He came to Hong Kong with some belongings. And for

his livelihood, in short, he was a businessman; he ran his small business

in Wan Chai. His clients were mostly middleclass. As his daughter, I

knew a thing or two about his extremely high expectations, and that

became my good fortune. I grew up comfortably middle class in Central.

Money was never an issue in our house, mostly because my father never

saw a need to spend much. My father always said to me: “Spend what

you need the most.” After I got my Diploma, I got married to a Catholic.

My father lived with us until he lost his battle with lung cancer when he

was seventy-eight, at my age of fifty. My husband died of terminal

illness – liver cancer at my age of sixty, two years before my retirement.

Today, I live with an empty house in a public housing estate in Wong Tai

Sin.

In a word, Glenda is a 65-year old Chinese woman with no offspring. She worked for more than 30 years as an educator in Hong Kong. She retired at age 60, 2 years after the death of her husband. In the first two years of her retirement, she isolated herself in her living room; she attended her friends gathering occasionally. In the course of time, she had participated in Catholicism frequently and has often traveled Mainland and overseas.

Glenda mentioned at lunch with me last month that she has reduced her participation in Catholicism to once a month, and she is a voluntary worker in a Childcare center today.

Moving from disengagement to activity to continuity – Applied to Glenda

It is not difficult to understand, because, if I compare Glenda's life between young adulthood, middle adulthood and late adulthood, I believe Glenda spent too much time for external such as occupations and social activities, and probably it is very easy for Glenda to go straightforward when she reach 60 something and she please her herself disengage from the external world and please her herself spare more time for self-understanding such as self-awareness and self-identity.

According to Achenbaum and Bengtson (1994), disengagement theory was the first comprehensive, explicit, and multidisciplinary theory advanced in Social Gerontology (as cited in Hooyman & Kiyak, ninth edition, p. 317) and the main idea is that older people decrease their activity levels, seek more passive roles, interact less frequently with others and become increasingly preoccupied with their inner lives, thus, disengagement viewed as adaptive behavior.

Death of spouse should be the most stressful life event Glenda can have in her life. In fact, the Thomas H. Holmes and Richard H. Rahe stress scale has identified "death of a spouse" as the top stressor, with a score of 100 assigned to it.

In research carried out by Arnold Brown (1991) it was discovered that disengagement is related to a number of different events, especially the loss of a spouse (as cited in "Sample Life History Paper," n.d.).

Yes, Glenda shared with me that during the first two years following her husband's death she had slow down her social activities and had effectively isolated herself from the outside world the immediate couple of years.

However, although Glenda did disengage from the society and she felt comfortable in the very beginning; she become lonely and she had the feeling of isolation.

Some people asked: "Why Glenda stays at home all days long?"

True, as per Alliance for Aging Research (2000):

Becoming a widow often means losing a relationship lasting most of a lifetime, it can cause profound grief. Recovery can be painful and takes time. The period of most intense grief can last from a few months to a year or more. During this time it is normal for a woman to feel despair or depression, irritability, and even anger toward the person who died. Until the death is accepted, crying or talking a great deal about the lost loved one is normal. Loneliness is also common. The initial intense period of grief is usually followed by a woman increasing her range of independence. She may seek out new friends and activities.

So Glenda had been encouraged go outside to involve more and more in activities.

No doubt, the mentality of Activity Theory is opposed to the Disengagement

Theory in Social Gerontology. Activity Theory believed that the well-adjusted older person is one who takes on large numbers and variety of productive roles through activities in voluntary associations, churches, and leisure organizations and, the more active the older person, the greater the life satisfaction, positive self-concept, and adjustment in late-life (Melillo, n.p.).

The problem is, Glenda has felt too much activities and too busy for her to get rest.

It is true that life satisfaction is determined by how consistent current activities or lifestyles are with one's lifetime experiences. So it is good for Glenda to move a bit backwards to just continue get involve in activities of her interest just because suitable activities can stabilize her emotional and psychological dissonance.

Clearly, the continuity theory of aging relates that personality, values, morals, preferences, role activity, and basic patterns of behavior are consistent throughout the life span, regardless of the life changes one encounters.

In brief, Glenda is a retired childless young-old widow in Hong Kong. She reports she has no chronic diseases and continues her longtime exercise routine: walking 2 hours a day. She also reports she has no difficult on bathing and dressing, and she does her own cooking, cleaning, and laundry at home. Her physician tells her that her vital signs resemble that of a 50-year-old. Glenda believes that keeping her active can slow and delaying the problems of biological, psychological and social aging confronting her, so

she spends twelve hours per week in a community center on child care, four hours participating catholic assembly, and socializes with old and new friends at least twice a week and visiting friends overseas twice a year. Meanwhile, she volunteers for an elderly center three days per week as a way to meet new friends.

Discussion

What does aging mean to Glenda? Is it excitement, change, opportunity? Or is it threat, decline and stagnation? Aging is a universal feature of human life. It is unique to each individual. Moving from disengagement to activity to continuity can be applied to Glenda doesn't mean can be applied to all others. For instance, Glenda cannot maintain her late-adulthood lifestyle, due to lack of a desire to do so. In contrast, some young-old people may desire to remain occupied and involved with society, due to the insufficiency of saving for their late-life.

What I have learned from the case of Glenda?

Taken together, neither Disengagement nor Activity Theory has account for variability in individual preferences, personality, socioeconomic status, lifestyle, differences in the sociocultural settings and environmental opportunities. Regarding the Continuity Theory, the theory builds upon and modifies the Activity Theory. The Theory offers the backdrop of life perspective to describe normal aging. The latter part of life is simply a continuation of the earlier part of life, a component of the entire life cycle. However, by focusing on the individual, it overlooks the role of external social, economic, and political factors the influence the aging process.

References

Alliance for Aging Research. (2000). Resources for Womens Health & Aging.

Washington, DC. Retrieved from

<http://www.mdhealthdisparities.org/pdf/ResourcesforWomensHealth&Aging.pdf>

Hooyman, N. R., & Kiyak, H. A. (2010). *Social gerontology – A multidisciplinary perspective*, (10th ed.). Boston: Pearson Edition.

Hooyman, N. R., & Karamer, B. J. (2006). *Living through loss – Interventions across the life span*. New York: Columbia University Press.

Melillo, K. D., (n.d.), *The Social Context of Aging*. Retrieved from

http://faculty.uml.edu/kmelillo/30.306/slides/Ch%208%20Social%20Theories%20of%20Aging%203-04_files/frame.htm#slide0010.htm

Sample Life History Paper. Retrieved from

<http://www.unf.edu/~ashapiro/aging/lifehist.htm>

Vicky, R. N., (August 03, 2009), *Theories of Aging (Part 3) - Sociological Theories*.

Retrieved from

<http://allnurses-central.com/general-blogs/theories-aging-part-412760.html>