**EXAMPLAR ONLY** – THIS ASSESSMENT IS NOT REALTED TO ASSESSEMENT ONE IN HAGE 20005. THIS WILL PROVIDE AN EXAMPLE OF HOW TO WRITE AND CONSTRUCT AN ASSESSMENT. PLEASE NOTE GOOD GRAMMAR, SENTENCE STRUCTURE, CORRECT REFERENCING AND HOW THE CONTENT ADDRESSED THE QUESTION.

Unit Code:

Assignment 1: Written Report – Part A

*The Disengagement Theory in relation to an Older Person with Dementia*

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Due Date:

Word Count:

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Introduction

This paper is a report to demonstrate the application of the disengagement theory of ageing to a client with dementia. It will explore and review the literature around the disengagement theory and the significance it has in relation to a chosen person who has dementia. In addition, it will provide knowledge and understanding in the field of dementia and assist comprehension when caring for someone with dementia. The report will use relevant literature and articles pertaining to this topic and give recommendations on benefits for future practice.

Main Body

The World Health Organisation, (WHO, 2018), summarises that ageing occurs on many different levels. It highlights the biological changes that can lead to ‘a gradual decrease in physical and mental capacity, a growing risk of disease, and ultimately, death’ (WHO, 2018). Furthermore the WHO (2018) identify that there are many other external factors that can contribute to how people age, however for the purposes of this report, one disease in particular is prevalent in society today. This disease is known as dementia. Dementia Australia (2020) define dementia as a ‘collection of symptoms that are caused by disorders affecting the brain’. Dementia is more common in people over 65 but is now being seen in people in their 30’s, 40’s and 50’s (Dementia Australia, 2016). The most common dementia is Alzheimer’s disease, however all dementias can affect cognition such as memory and confusion, behaviour such as personality changes, withdrawal and apathy (Dementia Australia 2020). One important factor about dementia is this disease affects the ability for people to perform normal daily tasks. (Dementia Australia, 2020). Around 50 million people worldwide are diagnosed with dementia (WHO, 2019) and in Australia alone, dementia has been the second leading cause of death since 2017 and is predicted to affect 550,000 Australians by the year 2030 (Australian Institute of Health and Welfare [AIWA], 2019).

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Psychosocial theories of ageing are there to assist us to understand ‘human development and ageing in terms of individual changes’ (Wadensten, 2006). For the purpose of this report, the disengagement theory of ageing will be applied to a client with dementia. The disengagement theory of ageing was developed by Elaine Cumming and William Henry in 1961. The theory posits the idea that when people grow older, it is inevitable that they voluntarily begin to disengage in the world around them and the relationships they have (Cumming & Henry, 1962). It is believed that this is a mutual withdrawal with society disengaging from the individual and vice versa which results in decreased social interactions with others (Cumming, Dean, Newall & McCafferty, 1960). This theory has been chosen in this report as it is evident that those who are diagnosed with dementia in clinical practice have been witnessed to display the characteristics and behaviour of disengagement.

Alzheimer’s Australia (2017) produced a stigma report where they identified that stigma towards people with dementia in today’s society is still prevalent (Alzheimer’s Australia, 2017). In the report it was evident that people suffering from dementia feel impacted by stigma and this causes feelings of incompetency, being separate from others and that people are uncomfortable around them (Alzheimer’s Australia, 2017). This instigates that stigma can cause people with dementia to avoid others due to actual or perceived internal stigmatisation. In line with the theory of disengagement, this supports the theory that people may no longer be seen as individuals who contribute or benefit society and so begins the exclusion process and separation from society.

In 2015, Kate Swaffer coined the term ‘prescribed disengagement’ following her own early onset diagnosis of dementia. Swaffer (2015) claims she was subject to negativity around the diagnosis with advice from health professionals to prepare for end of life which she believes sets people up to live without hope and in fear of what the future holds (Swaffer, 2015). Further research was conducted on ‘prescribed disengagement’ that showed people struggled with independence and stigma post

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diagnosis of dementia, which may have a detrimental effect on their ability to be positive and cope in society (Swaffer, 2015).

Apathy affects over 70% of people with dementia and can often be under recognised (Cipriani, Lucetti, Danti, & Nuti, 2014). Symptoms such as withdrawal and apathy are prominent in people who suffer from dementia and these symptoms can lead to disengagement from society which can have a significant effect on healthcare and cause avoidance of activities and rehabilitation (Honda, Meguro, Meguro, Akanuma, 2013). Apathy is associated with functional impairment and presents as a loss of motivation to perform activities of daily living and to engage in meaningful activities (Cipriani et al., 2014). There is some evidence that therapeutic activities can improve apathy but that they are most effective in people with mild to moderate dementia (Cipriani et al., 2014).

Recommendations

This report shows that disengagement and dementia are intrinsically linked. This is significant as it reflects that many people with dementia feel stigma from society and from health professionals post diagnoses. There is still a negative view of dementia in Australia and it is believed that people with dementia can be irritating and cannot hold meaningful conversations (Phillipson, Magee, Jones, & Skladzien, 2012). De stigmatising dementia and providing more education can encourage health professionals to acknowledge that dementia does not define a person. There are still positive aspects post diagnosis such as people with dementia are able to engage in meaningful activities and their company can be enjoyable (Phillipson et al., 2012). Symptoms of dementia can also cause unintentional disengagement and withdrawal from society (Honda et al., 2013). Apathy is often not recognised by health professionals and if not treated can cause faster functional decline (Beuttner, Fitzsimmons, Atav & Sink, 2011). Having an awareness of this can assist health professionals to understand why disengagement occurs and this highlights the benefits for early intervention and

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how early mental stimulation and activities could significantly alter the course of the illness (Beuttner et al., 2011).

Conclusion

The disengagement theory of ageing is relevant to a significant number of people who suffer from dementia and the disengagement can be both intentional and unintentional. People can voluntarily disengage with the world around them due to the perception of stigma held by others and the internal stigma of how they feel about themselves. Society can also be seen to be disengaging with people with dementia due to lack of understanding and preconceived ideas. Disengagement can also happen unintentionally through symptoms of the disease that cause withdrawal and apathy and can lead to social isolation. Dementia is on the rise and although it is evident that disengagement occurs, it may be able to be prevented. Increased education for health professionals, tackling stigma within the general public and more emphasis on early intervention and therapeutic measures are what is needed to guide this disease on a different path which will then lead to an improved quality of life.

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