CHORE Program Reflection

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Human Services and Human Development 315

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Fall 2012

I began the CHORE program with nervous curiosity and, when I met my client, my curiosity grew. We first met in the presence of another person, who I now know to be her lover and/or friend-with-benefits. There were moments I definitely caught him looking at her, and it made me smile (and more curious!) about who this woman was and what she had done/was doing with her life. After having many long conversations with her, I’ve learned that she is divorced and can deduce that she is a voluntary permanent single when it comes to marriage. But, that’s just the beginning of what I have learned—I have since learned much more about my client.

Before I go further into describing my client and what I learned from the experience, I must admit that I held many stereotypes about her. There were times I felt like I needed to switch clients because she constantly backed out on meeting times and I was struggled to catch up to the required 10 hours. So, I considered her to be abusing the system. Later I learned that she was prepping for knee surgery. Secondly, I stereotyped her as low-income and living in a home for disabled people. On my last visit of the quarter, I learned that the people who live in her apartment complex are all required to have a job or working income. My client just happened to be on disability leave because of her health problems. I also immediately assumed that she had fibromyalgia, which I tend to stereotype as the “imaginary pain” syndrome. Little did I know, she actually does suffer from the illness, but it is not the same as I have been taught to stereotype it as. The final stereotype I made about my client was that her family was broken and disconnected. The first mentioning of her family was about how they didn’t come to visit or used to, but stopped.

Now for observations, the first I will note is about my client’s age. She is in her 70s, and so is around the same age as two of my aunts. However, she looks much, much older. I suppose, where my aunts have normal/optimal aging, this woman’s aging was impaired because of her health problems.

She is also incredibly social and loves to help the community. Though her health impairs her to do everything she did in her youth, she did speak about exercising on occasion, one day when we met she went on a walk to the local convenience store, and she plays poker every day with friends. She admitted that she wanted to help the community more as well, but was unsure how to go about making a “dent” when she could barely walk on an average day. So, I helped her rummage through old clothing in anticipation of winter for the homeless and have collected several cans from her to being to a center that I live quite close to. I think my helping her achieve this opportunity to help gives her a chance (even if it’s small) to do what she has always loved to do.

My client is also in the role of grand-parenting. She has a six year old grandson that has come over and stayed the weekend twice this quarter, though I was not there to meet him. I did, however, see the toys that scattered my client’s apartment around those visit times and the pictures and letters he left her to pin on the fridge. From this I can affirm Erickson’s stage of *integrity* vs. *despair*. My client loves affirmations from those around her. Her lover is more proof of that. She once told me, “He kisses me all over the face. That’s just how he greets me. It lets me know he cares about me.”

After learning more about my client, I have further proof that late adulthood is an age that I stereotype. I don’t think about my aunts and uncles that are at that stage—only my grandparents. In that way, I forget about the early and middle years of late adulthood and only focus on the end, right before the person’s death. But there is far more to that age group than meets the eye. I think I always knew many of the things we learned during this quarter, such as this age group’s want to live their life as they always wanted, the different types of relationships that evolve or change during this period, and the health ranges (my grandpa is an optimal aging late adult; I tend to forget that). However, stereotypes are powerful and the media’s portrayal and the lack of discussing this stage in life does not help us stand up from the integrity of late adulthood.

What I hope to do with this knowledge I have gained is spread the truth, not the stereotypes, about late adulthood. I *can* do that through human services; I *can* do that through my daily life conversations. I *should* do it, out of respect for my fellow humans, and I *will*. When I first began my college experience, I never thought I’d work with kids. But that changed and I came to Western Washington University for Special Education, Elementary Education, and, eventually, Human Services and Disability Studies. Before taking this class, I thought the same way about adults of *all* ages. I now see that that very possibly will change as well, and I am ok with that. All age groups deserve help from individuals that care about them directly as the person they are, not their age or the state of their life. Those in late adulthood deserve the same, for they are the *last* stage of life. Let us not make their whole life before that point meaningless!