(Torrey 1997). The argument was that with medication and therapeutic treatment, patients could be reintegrated into their communities. Whereas in 1955 there were 558,239 mentally ill patients in public psychiatric hospitals, by 1994 the number of patients was reduced to only 71,619 (Torrey 1997). This number has continued to decline, with approximately 35,000 people in state psychiatric hospitals today (Mencimer 2014).

What happened to people who were deinstitutionalized? Unfortunately, new treatment approaches were underfunded, and many mentally ill people were left without treatment. This is especially difficult for people who have **severe mental illness**, which is a diagnosis that involves psychosis—losing touch with reality or experiencing delusions; examples include schizophrenia and bipolar disorder (National Institute of Mental Health 2015b). Indeed, between 50 and 60 percent of those who were deinstitutionalized had schizophrenia (Torrey 1997). Many of the people who had severe mental illness ended up homeless or in prison. In fact, approximately one-third of the homeless, 15 percent of prisoners, and 20 percent of jail inmates have a serious mental illness (National Institute of Mental Health, 2017).

Importantly, the institutionalization and subsequent deinstitutionalization of the mentally ill underscores the role that social structure plays in defining and treating mental illness. In both cases, mental illness is approached as a form of deviance described and addressed through the rhetoric of medicine, illness, and health. Social structure, then, has real, material effects on individual lives.

Disability

17.3.2 Describe the role of social structure in determining what is defined as a disability.

Disability is defined as a physical or mental impairment that substantially limits one or more of an individual's life activities (Americans With Disability Act 2009). Disabilities can be temporary, as when an individual gets

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Disability is a socially constructed phenomenon.

injured on the job and cannot work for a limited amount of time, or permanent, as when someone is born with a neurological disorder. Disabilities come in different forms and include those that are hearing, vision, cognitive, and ambulatory based as well as those that render a person unable to provide self-care or to live on one's own (Kraus 2017). Disabilities are also not always visible, as when a person has a cognitive disorder.

In the United States, about 12.8 percent of the population has a disability (Kraus, Lauer, Coleman, and Houtenville 2018). The risk of having any type of disability increases with age, with children under 5 years old having a less than 1 percent rate of disability. That rate jumps up to 10.6 percent in adults ages 18 to 64, and even further to more than 35.2 percent in individuals who are 65 and older (Kraus, Lauer, Coleman, and Houtenville 2018).

The most common forms of disability are ambulatory disabilities (disabilities in which an individual is unable to move from place to place without the aid of a wheelchair), followed by cognitive and independent living disabilities, as shown in Figure 17.4.
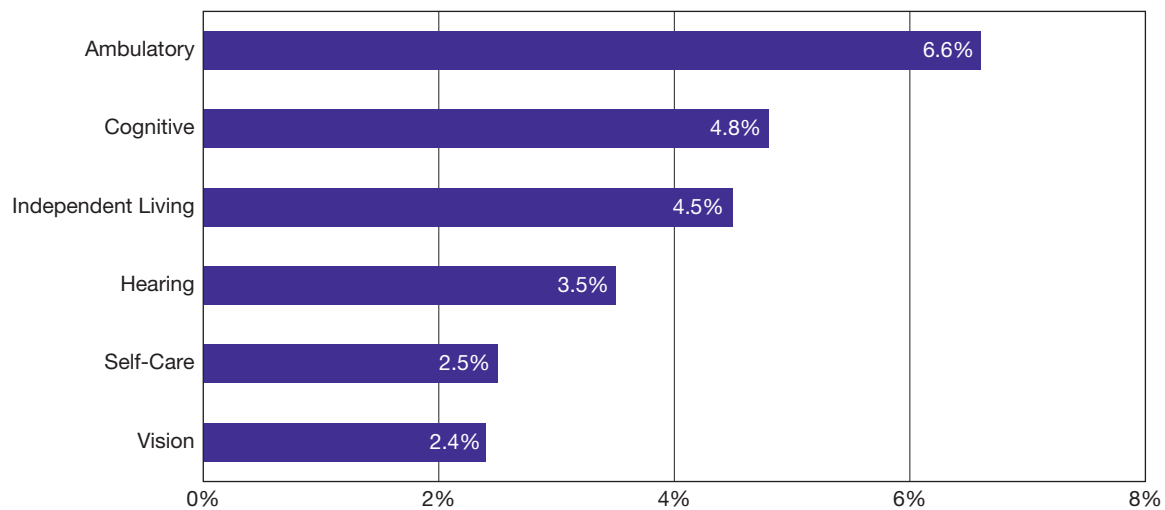
Of people with disabilities, 51 percent were people of working age (18–64), while 41.4 percent were 65 and older (Kraus, Lauer, Coleman, and Houtenville 2018). In addition, the rate of disability differs by race, ethnicity, and gender, as Figure 17.5 shows. Groups that experience higher rates of poverty—blacks, Latinos/as, women—have higher rates of disabilities than whites or men. Disabilities, then, reflect—and then become the basis for more—social inequality.

The Americans with Disabilities Act (ADA), passed in 1990, prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places open to the general public (ADA National Network 2017). Its purpose was to ensure that people with disabilities have the same rights and opportunities as people without disabilities. Still, people with disabilities are employed at less than half the rate of people without disabilities (35.9 percent vs. 76.6 percent) and make about two-thirds the median earnings of people without disabilities ($22,047 vs. $32,479) (Kraus, Lauer, Coleman, and Houtenville 2018). Like people with mental illness, people with disabilities often face stigma in the form of assumptions that they are dependent, more helpless, and less intelligent than people without disabilities (often referred to as "able-bodied people"). This can easily turn into discrimination in the form of not hiring them for jobs, despite the guidelines included in the ADA.

It is important to recognize that "disability" is a socially constructed phenomenon, with ideas about disability being used to create differences and hierarchies in society between disabled and able-bodied people (Vehmas and Watson 2014; Anastasiou and Kauffman 2011).

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Figure 17.4 People with Disabilities by Type, 2016

Type	Percent
Ambulatory	6.6%
Cognitive	4.8%
Independent Living	4.5%
Hearing	3.5%
Self-Care	2.5%
Vision	2.4%

SOURCE: Kraus, Lauer, Coleman, and Houtenville 2018.

Conflict theorists argue that differences between disabled and able-bodied people are socially constructed and exist simply to maintain the dominance of the able-bodied group of people (Vehmas and Watson 2014). Because non-disabled people are the norm in society, anyone outside of that norm can be labeled as deviant or inferior. Moreover, the medicalization of people with disabilities has turned them into "sick" people who need medical care and treatment to return to a healthy state of what medical professionals and society deem "normalcy"; medicine becomes a social gatekeeper and forces people with disabilities to accept a diagnosis and treatment with which they may or may not agree (Dasgupta 2015).

In some cases, those labeled "disabled" do not even consider themselves as such. For example, many people who are deaf and communicate via American Sign Language do not consider themselves disabled, but see deafness as a cultural identity (Mundy 2008). People labeled disabled by society, then, have agency to forge their own identities despite a social structure that defines them in limiting ways.

An example of people with disabilities forging their own identities and working to change society's assumptions about disability can be seen in athletes that participate in the Challenged Athletes Foundation, discussed next on page 384.

Figure 17.5 Rate of Disability by Race, Ethnicity, and Gender

Category	Percent
Men	19.1%
Women	22.9%
White, non-Hispanic	31.5%
Black, non-Hispanic	34.9%
Asian, non-Hispanic	11%
Hispanic	34.6%
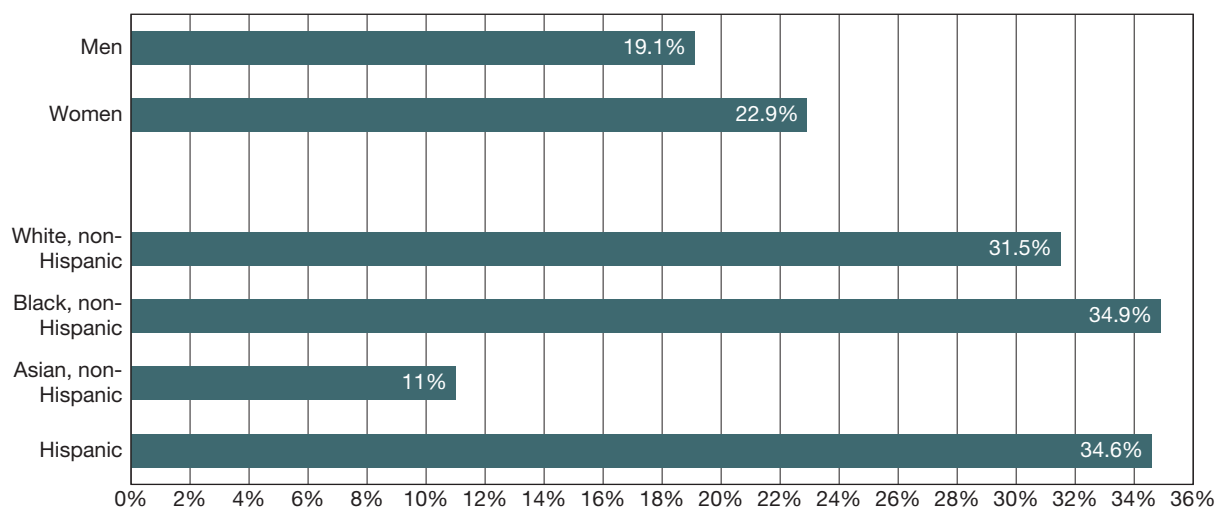
SOURCE: Taylor 2018.

What Have Others Done? Challenged Athletes Foundation (CAF)

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The Challenged Athletes Foundation (CAF) is an organization located in San Diego, California, that sets out to provide opportunities and support to people with physical disabilities or challenges so that they can pursue active lifestyles through physical fitness and competitive athletics. The organization seeks to help create a world in which physically-challenged athletes are accepted at the same level and with the same importance as able-bodied athletes. CAF also works to have a positive impact on each physically-challenged athlete served.

CAF's "Access for Athletes" program offers grants to help athletes overcome the financial burden of trying to pay for equipment, training, coaching, or competition costs, and their camps and clinics help to support physically-challenged athletes to reach their personal and fitness goals. Additionally, their "Reach High" program works to change societal perceptions and stereotypes about people with physical challenges through community outreach, awareness, and education programs. CAF's athletes defy limiting beliefs disseminated by society, which position disabled people as not being able to participate or compete in sports, or otherwise perform in physically challenging ways.

To learn more about CAF, visit http://www.challengedathletes.org.

17.4 Aging, Death, and Dying

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Just as society constructs how we understand and experience our physical and mental health, society has a role in how we perceive and experience the inevitable process of aging. Tune into any film or television program, for example, and it quickly becomes clear that we live in a youth-obsessed society. The Hollywood actors and actresses who are featured in prominent film and television roles tend to be youthful, and older actors—and particularly actresses—have a harder time being cast. As people age, we see far less of them in the media. Yet, there are more elderly people in society than ever before. The following sections explore the social issues associated with the aging and graying of society.

The Graying of Society

17.4.1 Describe factors contributing to an aging U.S. population.

The population of the United States has experienced a long trend of aging from 1900 to the present. Persons aged 65 and older comprised about 4 percent of the population in the year 1900; by 2016 (the latest year for which data is available) they represented about 14.5 percent of the population, or 49.2 million people (Administration for Community Living 2018). By 2040, this group is expected to almost double, to 98 million (Administration for Community Living 2018). This rise in the elderly population—which is broken